

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
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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.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan THE RETIREMENT PLAN OF DIME COMMUNITY BANK
1b	Three-digit plan number (PN) ▶ 003
1c	Effective date of plan 01/01/1958
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) DIME COMMUNITY BANK 898 VETERANS MEMORIAL HIGHWAY SUITE 340 HAUPPAUGE, NY 11788
2b	Employer Identification Number (EIN) 11-2934194
2c	Plan Sponsor's telephone number 631-537-1000
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	CHELSEA CLARK
	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 ☒ 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	259
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)	14
a(2) Total number of active participants at the end of the plan year	6a(2)	12
b Retired or separated participants receiving benefits	6b	117
c Other retired or separated participants entitled to future benefits	6c	94
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	223
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	17
f Total. Add lines 6d and 6e	6f	240
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 1I 3D

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	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 THE RETIREMENT PLAN OF DIME COMMUNITY BANK	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 DIME COMMUNITY BANK	D Employer Identification Number (EIN) 11-2934194	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

BANK OF AMERICA

56-0906609

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 51	NONE	76159	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE BENEFIT PRACTICE

13-1444565

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	52356	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BANK OF AMERICA

56-0906609

(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?
24	NONE	8591	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
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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 THE RETIREMENT PLAN OF DIME COMMUNITY BANK	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 DIME COMMUNITY BANK	D Employer Identification Number (EIN) 11-2934194

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	1939	119155
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	122339	111331
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	189551	185086
(2) U.S. Government securities	1c(2)	20533122	18603220
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other.....	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	20846951	19018792
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	20846951	19018792

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)	0	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(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)	6382	
(B) U.S. Government securities	2b(1)(B)	470004	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		476386
(2) Dividends:			
(A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	5853483	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5785211	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	-623657	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		8042
d Total income. Add all income amounts in column (b) and enter total	2d		-70957

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1588937	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1588937
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	76159	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	92106	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		168265
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1757202

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1828159
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **NAWROCKI SMITH LLP**

(2) EIN: **74-3216978**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☒ Yes ☐ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 575453.

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 THE RETIREMENT PLAN OF DIME COMMUNITY BANK				B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 DIME COMMUNITY BANK				D Employer Identification Number (EIN) 11-2934194	
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): _____					
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	1
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					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

**THE RETIREMENT PLAN OF DIME
COMMUNITY BANK**

**FINANCIAL STATEMENTS
TOGETHER WITH AUDITOR'S REPORT**

**AS OF SEPTEMBER 30, 2025 AND 2024
AND FOR THE YEAR ENDED
SEPTEMBER 30, 2025**

THE RETIREMENT PLAN OF DIME COMMUNITY BANK
INDEX TO FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
The Retirement Plan of Dime Community Bank:

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

We have performed audits of the financial statements of The Retirement Plan of Dime Community Bank (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of September 30, 2025 and 2024 (in liquidation), and the related statement of changes in net assets available for benefits for the year ended September 30, 2025 (in liquidation), and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of September 30, 2025 and 2024 and for the year ended September 30, 2025, stating that the certified investment information, as described in Note 5 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 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.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

NawrockiSmith

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 ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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 one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatements 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.

NawrockiSmith

- 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.

Our audits did not extend to certified investment information, except for obtaining and reading the certification, comparing the certified investment information with related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets Held (At End of Year) and Schedule of Reportable Transactions as of September 30, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

NawrockiSmith

In our opinion:

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

Hauppauge, New York
June 25, 2026

A handwritten signature in black ink that reads "Nawrocki Smith" followed by a stylized flourish or set of initials.

THE RETIREMENT PLAN OF DIME COMMUNITY BANK
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS (IN LIQUIDATION)
AS OF SEPTEMBER 30, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
ASSETS:		
Non-interest bearing cash	\$ 119,155	\$ 1,939
Investments, at fair value:		
U.S. government securities	18,603,220	20,533,122
Money market account	<u>185,086</u>	<u>189,551</u>
Total investments	<u>18,788,306</u>	<u>20,722,673</u>
Receivables:		
Accrued income from investments	<u>111,331</u>	<u>122,339</u>
Total receivables	<u>111,331</u>	<u>122,339</u>
Total assets	19,018,792	20,846,951
LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS (IN LIQUIDATION)	<u>\$ 19,018,792</u>	<u>\$ 20,846,951</u>

The accompanying notes to financial statements
are an integral part of these statements.

THE RETIREMENT PLAN OF DIME COMMUNITY BANK
STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR PLAN BENEFITS (IN LIQUIDATION)
FOR THE YEAR ENDED SEPTEMBER 30, 2025

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment income (loss):	
Net depreciation in fair value of investments	\$ (555,385)
Interest	<u>476,386</u>
Total investment income (loss)	(78,999)
Other income	<u>8,042</u>
Total additions	<u>(70,957)</u>

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid directly to participants	1,588,937
Administrative expenses	<u>168,265</u>
Total deductions	<u>1,757,202</u>
Net decrease	(1,828,159)

NET ASSETS AVAILABLE FOR PLAN BENEFITS (IN LIQUIDATION), BEGINNING OF YEAR	<u>20,846,951</u>
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NET ASSETS AVAILABLE FOR PLAN BENEFITS, (IN LIQUIDATION), END OF YEAR	<u><u>\$ 19,018,792</u></u>
--	-----------------------------

The accompanying notes to financial statements
are an integral part of this statement.

THE RETIREMENT PLAN OF DIME COMMUNITY BANK

NOTES TO FINANCIAL STATEMENTS

(1) Plan Description

The following description of The Retirement Plan of Dime Community Bank (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General -

The Plan is a defined benefit pension plan sponsored by Dime Community Bank (the “Bank”). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). Effective March 31, 2000, the Plan was amended to suspend new enrollments and future benefit accruals to current participants. This did not affect vesting benefits.

Substantially all full-time employees who attained age 21 were eligible for participation after one year of service. Former employees of Pioneer Savings Bank (“Pioneer”) who became employees of the Bank and were not listed in any excluded classifications of the Plan, became eligible to participate upon the earlier of attaining age 21 or completion of at least one year of eligibility service. Eligibility service included any service recognized for purposes of eligibility to participate under Pioneer’s Retirement Plan. Former employees of Financial Federal Savings Bank (“Finfed”) who became employees of the Bank became eligible to participate in the Plan under the Plan’s existing terms. Service with Finfed was recognized as service with the Bank for purposes of eligibility and vesting.

On February 1, 2021, the Bank merged with BNB Bank. Due to the previous amendment to freeze the Plan, the merger did not impact the Plan’s eligibility or benefit provisions.

On September 30, 2021, the Board of Directors approved a resolution to withdraw the Plan from the Pentegra Retirement Trust. Plan assets were transferred to Bank of America, N.A., the successor Trustee, on November 10, 2021. As a result, the Plan name was changed from The Retirement Plan of Dime Community Bank in Pentegra Retirement Trust to The Retirement Plan of Dime Community Bank.

Termination -

On December 21, 2023, the Bank passed a resolution to terminate the plan effective December 31, 2023. Participants were given notice of the intent to freeze and terminate the Plan in October 2023. Notices of Plan Benefits will be prepared and sent to each participant in 2024. The Plan Administrator expects the Plan to be fully terminated and distributed by 2026.

Pension Benefits -

Normal retirement age is defined as the later of (a) the participant’s attainment of age 65 or (b) the fifth anniversary of the participant’s participation in the Plan, if later. The normal retirement benefit is based on the frozen accrued benefit and retirement plan formula equal to 2% of the participant’s average monthly compensation multiplied by the years of creditable service. Participants’ benefits are subject to a maximum amount of 60% of the participant’s average monthly compensation.

THE RETIREMENT PLAN OF DIME COMMUNITY BANK
NOTES TO FINANCIAL STATEMENTS (CONTINUED)

A participant is eligible for early retirement benefits upon attaining age 55 or a combined aggregate of 30 or more years of vested service with a participating bank. In addition to any one of the two criteria, a participant must complete five years of creditable service. The benefit, deferred to age 65, is calculated in the same manner as the normal retirement benefit on the basis of salary and service to date of early retirement. At the option of the participant, an immediate benefit or a benefit deferred to any date subsequent to retirement, but not beyond age 65, is payable. If benefits commence prior to age 65, the benefit deferred to age 65 (without regard to the Plan maximum) is reduced actuarially. The benefit is subject to a maximum annual amount equal to 60% of the average monthly compensation.

The following pension benefits are available to former participants in the Pioneer Retirement Plan (the "Merged Plan"), which merged with this Plan effective September 30, 1996, who were retained by the Bank:

- Normal retirement age is 65. The normal retirement benefit equals 2% of a participant's average compensation, defined as the maximum consecutive five year average compensation, inclusive of bonus and overtime, multiplied by a) 2% for the first 35 years of creditable service up to June 26, 1996, and b) 1 ½% for years thirty-five to forty of creditable service up to June 26, 1996, with a maximum offset of .49% of the participant's final average compensation multiplied by creditable service up to June 26, 1996. Average compensation for the purposes of calculating pension benefits is defined under the provisions of the Merged Plan. All benefits are to be paid under a straight life formula.
- A participant is eligible for early retirement upon attaining age 55 and can elect to either defer receipt of benefit payments until age 65 under the normal benefit formula or begin receiving benefits on the first day of any month following the participant's termination of service. Should the participant elect to receive benefit payments prior to age 65, the benefits paid for service performed prior to June 26, 1996 are reduced by 2%, and the maximum offset is reduced by 6% for each year by which the commencement date of the participant's early retirement benefit precedes the participant's normal retirement date. Early retirement benefits paid for credited service after June 26, 1996 are paid in accordance with the terms noted above.
- Participants who were receiving disability benefits under the Merged Plan on June 26, 1996, continue to receive those benefits under the terms of the Merged Plan. Otherwise, disability retirement benefits are not offered under the Plan.

Former participants in the Finfed Retirement Plan began receiving eligible benefit payments under the Plan as of February 8, 1999. The Plan was amended in June 1999 to preserve certain options, as required by law, for the portion of benefits to former employees of Finfed that were provided under Finfed's Retirement Plan.

Employees may elect to receive their pension benefits in the form of a joint and survivor annuity, straight life annuity, period certain life benefit, or a lump sum payment. Additional forms of payment are available to certain merged participants.

THE RETIREMENT PLAN OF DIME COMMUNITY BANK
NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Death Benefits -

A participant is eligible for death benefits before retirement upon attaining age 60 or when his age plus years of vested service with a participating bank total 65 full years or more. Before retirement, an immediate benefit is payable to an eligible spouse until death or to minor children during their minority. This benefit is computed as if the participant had retired on the day before his death and elected a 100% joint and survivor benefit. The participant's own contributions, if any, are refunded to the beneficiary or his estate. To be eligible, the spouse must have been married to the participant for at least one year prior to the participant's death and an adopted child must have been adopted not less than one year prior to the participant's death.

Vesting -

All participants in the Plan, including former employees of Pioneer and Finfed, are fully vested in their Plan benefits.

Funding Policy -

Funding for the Plan's benefit obligations is achieved primarily through the performance of the Plan's underlying assets, which have traditionally been invested at the discretion of the Bank and in accordance with the underlying provisions of the Plan document. During the year ended September 30, 2022, the Bank, as Plan sponsor, transferred direct oversight of the investment levels of the Plan assets to Bank of America, N.A. During the year ended September 30, 2025 and 2024, the asset allocation target remained at 100% of assets in fixed income securities.

In the event that the Plan assets are not deemed sufficient to permit the Plan to pay pension benefits to participants, the Bank makes annual cash contributions to the Plan. Cash contributions are invested in accordance with the allocation levels noted above. Such contributions are determined by the Plan's actuary on the basis of a) annual actuarial valuations of the Plan, b) the maximum amount permitted by law or regulation as a Federal income tax deduction, and c) the minimum amount certified by the actuary as necessary during the Plan year to avoid an accumulated funding deficiency as defined by ERISA. No contributions were made to the Plan for the year ended September 30, 2025 as the minimum funding requirements of ERISA were met.

(2) Summary of Significant Accounting Policies

Basis of Accounting -

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles.

Use of Estimates -

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the Plan Administrator to make estimates and assumptions that affect the reported amounts and disclosures. Accordingly, the actual amounts could differ from those estimates. Any adjustments applied to estimated amounts are recognized in the year in which such adjustments are determined.

THE RETIREMENT PLAN OF DIME COMMUNITY BANK

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Investment Valuation and Income Recognition -

Investments are reported at fair value. Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date.

Net depreciation includes realized and unrealized gains and losses on the fair value of investments held by the Plan. Realized gains and losses are recorded on the average cost basis. Purchases and sales of investments are recorded on a trade date basis. Investment management fees are charged to the Plan as a reduction of investment return and included in net investment income.

Payment of Benefits -

Benefit payments to participants are recorded upon distribution.

Plan Expenses -

The Bank assumed certain costs of the Plan's administration during the year ended September 30, 2025. Certain administrative functions are performed by employees of the Bank. No such employee receives compensation from the Plan.

(3) Fair Value Measurements and Investments

The Financial Accounting Standards Board guidelines on fair value measurements establish a fair value hierarchy, which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the reported entity has the ability to access at the measurement date.
- Level 2 inputs are other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.
- Level 3 inputs are unobservable and significant to the fair value measurement.

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

The following is a description of the valuation methodologies used for assets measured at fair value at September 30, 2025 and 2024:

U.S. Government securities: U.S. Treasury securities are valued using quoted market prices. In the absence of this information, fair value is calculated using comparable bond credit spreads. Current interest rates, credit events, and individual bond characteristics such as coupon, call features, maturity, and revenue purpose are considered in the valuation process.

THE RETIREMENT PLAN OF DIME COMMUNITY BANK
NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Money market accounts: Valued at the daily closing price as reported by the fund.

The following table represents the Plan's fair value hierarchy for investments at fair value as of September 30, 2025:

	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>
U.S. government securities	\$ 18,603,220	\$ -	\$ 18,603,220
Money market account	<u>185,086</u>	<u>185,086</u>	<u>-</u>
Total fair value measurements	<u>\$ 18,788,306</u>	<u>\$ 185,086</u>	<u>\$ 18,603,220</u>

The following table represents the Plan's fair value hierarchy for investments at fair value as of September 20, 2024:

	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>
U.S. government securities	\$ 20,533,122	\$ -	\$ 20,533,122
Money market account	<u>189,551</u>	<u>189,551</u>	<u>-</u>
Total fair value measurements	<u>\$ 20,722,673</u>	<u>\$ 189,551</u>	<u>\$ 20,533,122</u>

As of September 30, 2025 and 2024, the Plan did not possess any level 3 types of investments.

(4) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions 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.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The actuarial assumptions were determined by using an actuarial valuation as of September 30, 2024. Due to the plan termination, an actuarial valuation as of September 30, 2025 was not prepared. The actuarial valuation used the following assumptions:

Valuation method	Actuarial cost method
Assumed return on investments	7%
Mortality rate	Private Retirement Plans Mortality Tables (PRI-2012), with generational projection Scale (MP-2021)
Retirement age	Age 65
Expected retirement age	Age 62

THE RETIREMENT PLAN OF DIME COMMUNITY BANK
NOTES TO FINANCIAL STATEMENTS (CONTINUED)

The following table represents the actuarial present value of accumulated pension benefits as of September 30, 2025 and 2024:

	<u>2025</u>	<u>2024</u>
Vested benefits:		
Participants currently receiving benefits	\$ 10,109,875	\$ 11,483,333
Other participants	<u>4,143,452</u>	<u>3,992,665</u>
Total vested benefits	14,253,327	15,475,998
Nonvested benefits	<u>4,733</u>	<u>7,710</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 14,258,060</u>	<u>\$ 15,483,708</u>

The following table represents the changes in actuarial present value of accumulated pension benefits for the year ended September 30, 2025:

Actuarial present value of accumulated plan benefits, beginning of year	<u>\$ 15,483,708</u>
Increase (decrease) during the year attributable to:	
Increase for interest due to decrease in the discount period	1,023,612
Benefits accumulated and effects of actuarial experience	(660,323)
Benefits paid	<u>(1,588,937)</u>
Net decrease	<u>(1,225,648)</u>
Actuarial present value of accumulated plan benefits, end of year	<u>\$ 14,258,060</u>

(5) Information Certified by the Plan Trustee

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the Trustee, Bank of America, N.A. as of September 30, 2025 and 2024.

	<u>2025</u>	<u>2024</u>
Non-interest bearing cash	\$ 119,155	\$ 1,939
Investments, at fair value:		
U.S. government securities	18,603,220	20,533,122
Money market account	<u>185,086</u>	<u>189,551</u>
Total investments, at fair value	<u>18,788,306</u>	<u>20,722,673</u>
Accrued income from investments	<u>111,331</u>	<u>122,339</u>
Total assets	<u>\$ 19,018,792</u>	<u>\$ 20,846,951</u>

THE RETIREMENT PLAN OF DIME COMMUNITY BANK
NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Net depreciation in fair value of investments	<u>\$ (555,385)</u>
Interest	<u>\$ 476,386</u>

(6) Transactions with Parties-In-Interest

Plan assets are invested in accounts managed by Bank of America, N.A., who is the Trustee of the Plan. Therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services amounted to \$84,750 for the year ended September 30, 2025.

The Benefit Practice is the Plan's actuary. Fees for actuarial services amounted to \$52,356 for the year ended September 30, 2025.

(7) Income Tax Status

The Plan adopted an individual plan document effective August 1, 2021. Plan management filed Form 5310 *Application for Determination for Terminating Plan* in February 2024. A determination letter has not yet been received. Plan management believes that the Plan and its underlying trust are properly designed, and the Plan is currently being operated in compliance with the applicable requirements of the Internal Revenue Code and as such is exempt from federal income taxes.

U.S. generally accepted accounting principles require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would be sustained upon examination by the Internal Revenue Service. The Plan Administrator believes there are no such positions, and therefore, no provision for income taxes has been included in the Plan's financial statements. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

(8) Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain 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 Plan Benefits.

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

(9) Plan Termination

The Bank has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA and its related regulations. In the event the Plan terminates, the net assets of the Plan will be allocated among the participants and beneficiaries in the order provided by ERISA.

THE RETIREMENT PLAN OF DIME COMMUNITY BANK
NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (“PBGC”) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor benefits. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

Payment of benefits at termination will come only from Plan assets or from the Pension Benefit Guaranty Corporation.

(10) Subsequent Events

The Plan evaluated subsequent events through June 25, 2026, which is the date the financial statements were available to be issued, noting no matters requiring further consideration.

THE RETIREMENT PLAN OF DIME COMMUNITY BANK

PLAN NUMBER: 003

EIN: 11-2934194

FORM 5500, SCHEDULE H, PART IV, LINE 4j

SCHEDULE OF REPORTABLE TRANSACTIONS

AS OF SEPTEMBER 30, 2025

(a) Identity of Party Involved	(b) Description of Investment (Include Interest Rate and Maturity In Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category 3 - Series of Transactions in Excess of 5% of Plan Assets								
BlackRock	FedFund Cash Reserve	\$ 3,499,174	\$ -	\$ -	\$ -	\$ 3,499,174	\$ 3,499,174	\$ -
BlackRock	FedFund Cash Reserve	-	3,503,639	-	-	3,503,639	3,503,639	-

Reportable transactions are purchases and sales of the same security which, individually or in the aggregate, exceed 5% of Plan assets as of the beginning of the Plan year

See supplemental schedules paragraph in the auditor's report.

THE RETIREMENT PLAN OF DIME COMMUNITY BANK
PLAN NUMBER: 003
EIN: 11-2934194
FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF SEPTEMBER 30, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
<u>Money Market Account</u>				
	BlackRock	BLF FedFund Cash Reserve	\$ 185,086	\$ 185,086
<u>U.S. Government Securities</u>				
	United States Treasury	Bond	597,367	617,453
	United States Treasury	Note	584,719	595,843
	United States Treasury	Note	463,204	495,725
	United States Treasury	Bond	472,011	485,290
	United States Treasury	Note	415,171	446,209
	United States Treasury	Bond	442,353	439,111
	United States Treasury	Bond	409,164	416,039
	United States Treasury	Note	377,300	396,710
	United States Treasury	Note	359,319	382,656
	United States Treasury	Note	359,583	369,249
	United States Treasury	Bond	349,537	362,050
	United States Treasury	Bond	353,987	353,270
	United States Treasury	Bond	345,378	351,985
	United States Treasury	Bond	339,392	340,812
	United States Treasury	Bond	334,016	336,032
	United States Treasury	Note	296,703	315,962
	United States Treasury	Note	296,377	304,079
	United States Treasury	Note	286,751	303,775
	United States Treasury	Bond	292,209	302,949
	United States Treasury	Note	288,481	295,407
	United States Treasury	Note	279,727	294,387
	United States Treasury	Note	265,934	289,146
	United States Treasury	Principal STRIP	300,781	286,576
	United States Treasury	Bond	264,510	265,567
	United States Treasury	Bond	249,641	256,329
	United States Treasury	Note	227,652	247,629
	United States Treasury	Bond	239,834	238,133
	United States Treasury	Note	229,566	237,726
	United States Treasury	Bond	221,856	233,333
	United States Treasury	Note	226,964	230,007
	United States Treasury	Note	215,567	229,172
	United States Treasury	Note	221,762	228,771
	United States Treasury	Note	229,119	225,638
	United States Treasury	Note	204,459	222,827
	United States Treasury	Bond	219,161	221,798
	United States Treasury	STRIP	199,878	215,170
	United States Treasury	STRIP	198,337	213,583
	United States Treasury	Bond	213,915	213,291
	United States Treasury	Bond	207,961	202,126
	United States Treasury	Note	200,578	200,554
	United States Treasury	Principal STRIP	210,168	199,464
	United States Treasury	Note	183,839	199,076
	United States Treasury	Note	180,430	194,344
	United States Treasury	Note	174,619	192,300
	United States Treasury	Note	182,613	188,427
	United States Treasury	Note	168,624	186,899
	United States Treasury	Note	175,757	185,392
	United States Treasury	Note	169,304	177,259
	United States Treasury	Bond	171,351	172,357
	United States Treasury	STRIP	158,754	167,534
	United States Treasury	Note	141,500	148,744
	United States Treasury	Principal STRIP	153,826	147,407
	United States Treasury	Note	137,753	141,422
Subtotal			\$ 14,673,848	\$ 15,148,080

* Represents party-in-interest

See supplemental schedules paragraph in the auditor's report.

THE RETIREMENT PLAN OF DIME COMMUNITY BANK
PLAN NUMBER: 003
EIN: 11-2934194
FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR) CONTINUED
AS OF SEPTEMBER 30, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
U.S. Government Securities - Continued				
	United States Treasury	Note	\$ 128,432	\$ 137,514
	United States Treasury	Principal STRIP	130,640	127,208
	United States Treasury	Principal STRIP	123,218	120,641
	United States Treasury	Principal STRIP	111,060	115,425
	United States Treasury	Principal STRIP	109,248	109,478
	United States Treasury	Principal STRIP	111,044	104,613
	United States Treasury	Note	95,030	103,727
	United States Treasury	Note	100,074	102,313
	United States Treasury	Principal STRIP	93,977	98,513
	United States Treasury	Note	92,949	98,020
	United States Treasury	Note	93,275	95,549
	United States Treasury	Principal STRIP	101,187	95,090
	United States Treasury	Note	82,987	91,038
	United States Treasury	Bond	88,168	89,066
	United States Treasury	Principal STRIP	89,996	88,954
	United States Treasury	Principal STRIP	87,781	88,355
	United States Treasury	Note	83,044	86,912
	United States Treasury	Bond	85,337	85,702
	United States Treasury	Note	76,370	83,676
	United States Treasury	Principal STRIP	80,609	80,033
	United States Treasury	Note	71,269	72,745
	United States Treasury	Note	70,995	72,374
	United States Treasury	Principal STRIP	67,240	70,540
	United States Treasury	Note	67,372	70,049
	United States Treasury	Principal STRIP	67,710	67,510
	United States Treasury	Principal STRIP	64,403	67,087
	United States Treasury	Principal STRIP	63,579	64,658
	United States Treasury	Principal STRIP	60,698	63,315
	United States Treasury	Principal STRIP	68,062	62,529
	United States Treasury	Note	60,113	61,694
	United States Treasury	Principal STRIP	66,143	61,677
	United States Treasury	Principal STRIP	62,169	61,603
	United States Treasury	Note	51,084	51,781
	United States Treasury	Note	49,930	50,417
	United States Treasury	Principal STRIP	50,267	50,181
	United States Treasury	Principal STRIP	53,597	49,320
	United States Treasury	Note	43,254	47,103
	United States Treasury	Principal STRIP	49,214	45,733
	United States Treasury	Bond	45,287	44,272
	United States Treasury	Note	39,463	40,150
	United States Treasury	Note	38,984	40,126
	United States Treasury	Principal STRIP	40,258	38,826
	United States Treasury	Principal STRIP	40,244	36,800
	United States Treasury	Principal STRIP	37,835	35,008
	United States Treasury	Principal STRIP	32,912	34,424
	United States Treasury	Principal STRIP	28,900	30,084
	United States Treasury	Principal STRIP	30,661	28,973
	United States Treasury	Principal STRIP	26,483	28,299
	United States Treasury	Principal STRIP	27,770	28,093
	United States Treasury	STRIP	22,902	24,350
	United States Treasury	Principal STRIP	23,951	23,029
	United States Treasury	STRIP	21,561	22,088
	United States Treasury	STRIP	19,030	20,281
	United States Treasury	Note	19,701	20,163
	United States Treasury	STRIP	19,441	19,664
Subtotal			\$ 18,240,756	\$ 18,754,853

* Represents party-in-interest

See supplemental schedules paragraph in the auditor's report.

THE RETIREMENT PLAN OF DIME COMMUNITY BANK
PLAN NUMBER: 003
EIN: 11-2934194
FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR) CONTINUED
AS OF SEPTEMBER 30, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	<u>U.S. Government Securities - Continued</u>			
	United States Treasury	Principal STRIP	\$ 17,416	\$ 16,940
	United States Treasury	STRIP	12,185	12,953
	United States Treasury	Principal STRIP	3,499	3,560
			<u>\$ 18,273,856</u>	<u>\$ 18,788,306</u>

* Represents party-in-interest

See supplemental schedules paragraph in the auditor's report.