

|   |   |  |
|---|---|--|
| <p><b>Form 5500</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security<br/>Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | <p>OMB Nos. 1210-0110<br/>1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold; text-align: center;">2012</p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p> |
|---|---|--|

|  |   |
|--|---|
| <b>Part I</b>  | <b>Annual Report Identification Information</b>   |
| For calendar plan year 2012 or fiscal plan year beginning <u>11/01/2012</u> and ending <u>10/31/2013</u> |   |
| <b>A</b> This return/report is for:  | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| <b>B</b> This return/report is:  | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>  |
| <b>D</b> Check box if filing under:  | <input type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)  |

|  |   |   |            |   |  |   |  |
|--|---|---|------------|---|--|---|--|
| <b>Part II</b>   | <b>Basic Plan Information</b> —enter all requested information  |   |            |   |  |   |  |
| <b>1a</b> Name of plan<br><u>THE DEFINED BENEFIT PLAN OF THE INSTITUTION FOR SAVINGS IN NEWBURYPORT</u>  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>11/01/1981</u></td> </tr> </table>  | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u> | <b>1c</b> Effective date of plan<br><u>11/01/1981</u>       |  |   |  |
| <b>1b</b> Three-digit plan number (PN) ▶   | <u>001</u>  |   |            |   |  |   |  |
| <b>1c</b> Effective date of plan<br><u>11/01/1981</u>  |   |   |            |   |  |   |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><br><u>INSTITUTION FOR SAVINGS IN NEWBURYPORT</u><br><br><u>93 STATE STREET</u><br><u>NEWBURYPORT, MA 01950</u> | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)<br/><u>04-1471660</u></td> </tr> <tr> <td colspan="2"><b>2c</b> Sponsor's telephone number<br/><u>978-462-3106</u></td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/><u>522120</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>04-1471660</u> |            | <b>2c</b> Sponsor's telephone number<br><u>978-462-3106</u> |  | <b>2d</b> Business code (see instructions)<br><u>522120</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>04-1471660</u>  |   |   |            |   |  |   |  |
| <b>2c</b> Sponsor's telephone number<br><u>978-462-3106</u>  |   |   |            |   |  |   |  |
| <b>2d</b> Business code (see instructions)<br><u>522120</u>  |   |   |            |   |  |   |  |

**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.

|  |   |            |   |
|--|---|------------|---|
| <b>SIGN HERE</b>   | Filed with authorized/valid electronic signature. | 05/15/2014 | G. KEVIN FOX  |
|  | <b>Signature of plan administrator</b>            | Date       | Enter name of individual signing as plan administrator        |
| <b>SIGN HERE</b>   | Filed with authorized/valid electronic signature. | 05/20/2014 | PATRICIA FERGUSON   |
|  | <b>Signature of employer/plan sponsor</b>         | Date       | Enter name of individual signing as employer or plan sponsor  |
| <b>SIGN HERE</b>   |   |            |   |
|  | <b>Signature of DFE</b>                           | Date       | Enter name of individual signing as DFE                       |
| Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) |   |            | Preparer's telephone number (optional)<br><u>999-999-9999</u> |

|  |   |
|--|---|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address<br><br>COOPERATIVE BANKS EMPLOYEES RETIREMENT ASSOCIATION<br><br>ONE EDGEWATER DRIVE<br>NORWOOD, MA 02062 | <b>3b</b> Administrator's EIN<br>04-6035593<br><br><b>3c</b> Administrator's telephone number<br>781-551-8500 |
|--|---|

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

|   |              |
|---|--------------|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> 117 |
|---|--------------|

|  |               |
|--|---------------|
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |               |
| <b>a</b> Active participants.....  | <b>6a</b> 96  |
| <b>b</b> Retired or separated participants receiving benefits.....   | <b>6b</b> 5   |
| <b>c</b> Other retired or separated participants entitled to future benefits.....  | <b>6c</b> 18  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....   | <b>6d</b> 119 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....  | <b>6e</b> 1   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....  | <b>6f</b> 120 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> 0   |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> 0   |

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

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

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

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

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

|   |   |
|---|---|
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input checked="" type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |
|---|---|

**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

**2012**

**This Form is Open to Public Inspection**

For calendar plan year 2012 or fiscal plan year beginning 11/01/2012 and ending 10/31/2013

▶ **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.

|   |  |   |
|---|--|---|
| <b>A</b> Name of plan<br><u>THE DEFINED BENEFIT PLAN OF THE INSTITUTION FOR SAVINGS IN NEWBURYPORT</u>                                    |  | <b>B</b> Three-digit plan number (PN) ▶ <u>001</u>  |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>INSTITUTION FOR SAVINGS IN NEWBURYPORT</u>                 |  | <b>D</b> Employer Identification Number (EIN)<br><u>04-1471660</u>  |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B |  | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|   |   |
|---|---|
| <b>Part I Basic Information</b>   |   |
| <b>1</b> Enter the valuation date: Month <u>11</u> Day <u>01</u> Year <u>2012</u>   |   |
| <b>2</b> Assets:  |   |
| <b>a</b> Market value .....   | <b>2a</b> <u>10011878</u>                     |
| <b>b</b> Actuarial value .....  | <b>2b</b> <u>10011878</u>                     |
| <b>3</b> Funding target/participant count breakdown:  |   |
|   | (1) Number of participants (2) Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....   | <b>3a</b> <u>5</u> <u>281972</u>              |
| <b>b</b> For terminated vested participants .....   | <b>3b</b> <u>18</u> <u>661985</u>             |
| <b>c</b> For active participants:   |   |
| (1) Non-vested benefits .....   | <b>3c(1)</b> <u>0</u>                         |
| (2) Vested benefits .....   | <b>3c(2)</b> <u>2955551</u>                   |
| (3) Total active .....  | <b>3c(3)</b> <u>95</u> <u>2955551</u>         |
| <b>d</b> Total .....  | <b>3d</b> <u>118</u> <u>3899508</u>           |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....   | <input type="checkbox"/>                      |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....   | <b>4a</b>                                     |
| <b>b</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 ..... | <b>4b</b>                                     |
| <b>5</b> Effective interest rate .....  | <b>5</b> <u>7.23 %</u>                        |
| <b>6</b> Target normal cost .....   | <b>6</b> <u>406904</u>                        |

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

|  |  |
|--|--|
| <b>SIGN HERE</b>                             | <u>05/07/2014</u>                      |
| Signature of actuary                         | Date                                   |
| <u>DANIEL S. ATKINSON</u>                    | <u>14-06852</u>                        |
| Type or print name of actuary                | Most recent enrollment number          |
| <u>P-SOLVE CASSIDY</u>                       | <u>781-373-6901</u>                    |
| Firm name                                    | Telephone number (including area code) |
| <u>200 WEST STREET<br/>WALTHAM, MA 02451</u> |  |
| 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

| <b>Part II Beginning of Year Carryover Prefunding Balances</b> |  | (a) Carryover balance | (b) Prefunding balance |
|--|--|-----------------------|------------------------|
| <b>7</b>   | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                  | 0                     | 0                      |
| <b>8</b>   | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                               | 0                     | 0                      |
| <b>9</b>   | Amount remaining (line 7 minus line 8) .....   | 0                     | 0                      |
| <b>10</b>  | Interest on line 9 using prior year's actual return of <u>13.52%</u> .....   | 0                     | 0                      |
| <b>11</b>  | Prior year's excess contributions to be added to prefunding balance:   |                       |                        |
| <b>a</b>   | Present value of excess contributions (line 38a from prior year) .....   |                       | 1265390                |
| <b>b</b>   | Interest on (a) using prior year's effective interest rate of <u>5.85%</u> except as otherwise provided (see instructions) ..... |                       | 74025                  |
| <b>c</b>   | Total available at beginning of current plan year to add to prefunding balance .....   |                       | 1339415                |
| <b>d</b>   | Portion of (c) to be added to prefunding balance .....   |                       | 0                      |
| <b>12</b>  | Other reductions in balances due to elections or deemed elections .....  | 0                     | 0                      |
| <b>13</b>  | Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....   | 0                     | 0                      |

| <b>Part III Funding Percentages</b> |  |           |          |
|-------------------------------------|--|-----------|----------|
| <b>14</b>                           | Funding target attainment percentage .....   | <b>14</b> | 256.74 % |
| <b>15</b>                           | Adjusted funding target attainment percentage .....  | <b>15</b> | 256.74 % |
| <b>16</b>                           | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 182.75 % |
| <b>17</b>                           | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....  | <b>17</b> | 0.00 %   |

| <b>Part IV Contributions and Liquidity Shortfalls</b>                                    |                                |                              |                       |                                |                              |              |   |
|--|--------------------------------|------------------------------|-----------------------|--------------------------------|------------------------------|--------------|---|
| <b>18</b> 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 |              |   |
| 02/07/2013   | 1065000                        | 0                            |                       |                                |                              |              |   |
|  |                                |                              |                       |                                |                              |              |   |
|  |                                |                              |                       |                                |                              |              |   |
|  |                                |                              |                       |                                |                              |              |   |
|  |                                |                              |                       |                                |                              |              |   |
|  |                                |                              |                       |                                |                              |              |   |
|  |                                |                              | <b>Totals ▶</b>       | <b>18(b)</b>                   | 1065000                      | <b>18(c)</b> | 0 |

|  |  |            |         |
|--|--|------------|---------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |  |            |         |
| <b>a</b>   | Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0       |
| <b>b</b>   | Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0       |
| <b>c</b>   | Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 1045225 |

|   |  |   |
|---|--|---|
| <b>20</b> Quarterly contributions and liquidity shortfalls: |  |   |
| <b>a</b>  | Did the plan have a "funding shortfall" for the prior year? .....  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>b</b>  | If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| <b>c</b>  | 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   |
| 0   | 0  | 0   |
|   |  | (4) 4th   |
|   |  | 0   |

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

**21** Discount rate:

**a** Segment rates:

|                       |                       |                       |   |
|-----------------------|-----------------------|-----------------------|---|
| 1st segment:<br>5.54% | 2nd segment:<br>6.85% | 3rd segment:<br>7.52% | <input type="checkbox"/> N/A, full yield curve used |
|-----------------------|-----------------------|-----------------------|---|

**b** Applicable month (enter code)..... **21b** 0

**22** Weighted average retirement age ..... **22** 65

**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** Is the plan required to provide a Schedule of Active Participants? 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 6) ..... **31a** 406904

**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 406904

**32** Amortization installments:

|   | Outstanding Balance | Installment |
|---|---------------------|-------------|
| <b>a</b> Net shortfall amortization installment ..... | 0                   | 0           |
| <b>b</b> Waiver amortization installment .....        | 0                   | 0           |

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

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

|   | Carryover balance | Prefunding balance | Total balance |
|---|-------------------|--------------------|---------------|
| <b>35</b> Balances elected for use to offset funding requirement..... | 0                 | 0                  | 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** 1045225

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

**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 1045225

**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 Pension Relief Act of 2010 (See Instructions)**

**41** If an election was made to use PRA 2010 funding relief for this plan:

**a** Schedule elected .....  2 plus 7 years  15 years

**b** Eligible plan year(s) for which the election in line 41a was made .....  2008  2009  2010  2011

**42** Amount of acceleration adjustment ..... **42**

**43** Excess installment acceleration amount to be carried over to future plan years ..... **43**

**SCHEDULE D  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

**DFE/Participating Plan 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

**2012**

**This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 11/01/2012 and ending 10/31/2013

|   |  |
|---|--|
| <b>A</b> Name of plan<br><u>THE DEFINED BENEFIT PLAN OF THE INSTITUTION FOR SAVINGS IN NEWBURYPORT</u>                | <b>B</b> Three-digit plan number (PN) ▶ <u>001</u>                 |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>INSTITUTION FOR SAVINGS IN NEWBURYPORT</u> | <b>D</b> Employer Identification Number (EIN)<br><u>04-1471660</u> |

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

|   |  |  |
|---|--|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SYNTHETIC U.S. FIXED RATE 2022</u>    | <b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST CO., N.A.</u>   |  |
| <b>c</b> EIN-PN <u>20-5690387-001</u>   | <b>d</b> Entity code <u>C</u>  | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>189069</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK MONEY MARKET FUND</u>       | <b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST CO., N.A.</u>   |  |
| <b>c</b> EIN-PN <u>94-6450621-001</u>   | <b>d</b> Entity code <u>C</u>  | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>32144</u>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG TERM CREDIT BOND INDEX FUND</u>  | <b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST CO., N.A.</u>   |  |
| <b>c</b> EIN-PN <u>94-3118550-001</u>   | <b>d</b> Entity code <u>C</u>  | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1116134</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CIF OPPORTUNISTIC INV. ALLOCATION</u> | <b>b</b> Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY</u>                  |  |
| <b>c</b> EIN-PN <u>04-2767481-076</u>   | <b>d</b> Entity code <u>C</u>  | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1145982</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB TEMPORARY INVESTMENT</u>           | <b>b</b> Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>               |  |
| <b>c</b> EIN-PN <u>25-6078093-023</u>   | <b>d</b> Entity code <u>C</u>  | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7718</u>    |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>GMO MULTI-STRATEGY FUND</u>           | <b>b</b> Name of sponsor of entity listed in (a): <u>GRANTHAM, MAYO, VAN OTTERLOO AND CO., LLC</u> |  |
| <b>c</b> EIN-PN <u>01-0745810-001</u>   | <b>d</b> Entity code <u>E</u>  | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>280225</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PANAGORA GROUP TRUST RISK PARITY</u>  | <b>b</b> Name of sponsor of entity listed in (a): <u>PANAGORA ASSET MANAGEMENT, INC.</u>           |  |
| <b>c</b> EIN-PN <u>04-3183235-004</u>   | <b>d</b> Entity code <u>E</u>  | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1874760</u> |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **TREASURY US 15 YR KEY RATE DURATION**

**b** Name of sponsor of entity listed in (a): **BLACKROCK INSTITUTIONAL TRUST CO., N.A.**

|                                       |                               |   |               |
|---------------------------------------|-------------------------------|---|---------------|
| <b>c</b> EIN-PN <b>45-3856099-001</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>127925</b> |
|---------------------------------------|-------------------------------|---|---------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **TREASURY US 20 YR KEY RATE DURATION**

**b** Name of sponsor of entity listed in (a): **BLACKROCK INSTITUTIONAL TRUST CO., N.A.**

|                                       |                               |   |               |
|---------------------------------------|-------------------------------|---|---------------|
| <b>c</b> EIN-PN <b>45-3856189-001</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>184553</b> |
|---------------------------------------|-------------------------------|---|---------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **TREASURY US 25 YR KEY RATE DURATION**

**b** Name of sponsor of entity listed in (a): **BLACKROCK INSTITUTIONAL TRUST CO., N.A.**

|                                       |                               |   |               |
|---------------------------------------|-------------------------------|---|---------------|
| <b>c</b> EIN-PN <b>45-3856224-001</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>353428</b> |
|---------------------------------------|-------------------------------|---|---------------|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

|                |   |
|----------------|---|
| <b>Part II</b> | <b>Information on Participating Plans (to be completed by DFEs)</b><br>(Complete as many entries as needed to report all participating plans) |
|----------------|---|

**a** Plan name

|                               |                 |
|-------------------------------|-----------------|
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |
|-------------------------------|-----------------|

**a** Plan name

|                               |                 |
|-------------------------------|-----------------|
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |
|-------------------------------|-----------------|

**a** Plan name

|                               |                 |
|-------------------------------|-----------------|
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |
|-------------------------------|-----------------|

**a** Plan name

|                               |                 |
|-------------------------------|-----------------|
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |
|-------------------------------|-----------------|

**a** Plan name

|                               |                 |
|-------------------------------|-----------------|
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |
|-------------------------------|-----------------|

**a** Plan name

|                               |                 |
|-------------------------------|-----------------|
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |
|-------------------------------|-----------------|

**a** Plan name

|                               |                 |
|-------------------------------|-----------------|
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |
|-------------------------------|-----------------|

**a** Plan name

|                               |                 |
|-------------------------------|-----------------|
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |
|-------------------------------|-----------------|

**a** Plan name

|                               |                 |
|-------------------------------|-----------------|
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |
|-------------------------------|-----------------|

**a** Plan name

|                               |                 |
|-------------------------------|-----------------|
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |
|-------------------------------|-----------------|

**a** Plan name

|                               |                 |
|-------------------------------|-----------------|
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |
|-------------------------------|-----------------|

**a** Plan name

|                               |                 |
|-------------------------------|-----------------|
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |
|-------------------------------|-----------------|



|  |   |  |
|--|---|--|
| <b>SCHEDULE I</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information—Small Plan</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2012</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|---|--|

For calendar plan year 2012 or fiscal plan year beginning **11/01/2012** and ending **10/31/2013**

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><b>THE DEFINED BENEFIT PLAN OF THE INSTITUTION FOR SAVINGS IN NEWBURYPORT</b>         | <b>B</b> Three-digit plan number (PN) ▶                                | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>INSTITUTION FOR SAVINGS IN NEWBURYPORT</b> | <b>D</b> Employer Identification Number (EIN)<br><br><b>04-1471660</b> |            |

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

**Part I Small Plan Financial Information**

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.**

|   |              | (a) Beginning of Year | (b) End of Year  |
|---|--------------|-----------------------|------------------|
| <b>1 Plan Assets and Liabilities:</b>   |              |                       |                  |
| <b>a</b> Total plan assets .....  | <b>1a</b>    | 10021279              | 11426708         |
| <b>b</b> Total plan liabilities .....   | <b>1b</b>    | 9401                  | 7654             |
| <b>c</b> Net plan assets (subtract line 1b from line 1a) .....                      | <b>1c</b>    | 10011878              | 11419054         |
| <b>2 Income, Expenses, and Transfers for this Plan Year:</b>                        |              | <b>(a) Amount</b>     | <b>(b) Total</b> |
| <b>a</b> Contributions received or receivable:                                      |              |                       |                  |
| <b>(1)</b> Employers .....  | <b>2a(1)</b> | 1065000               |                  |
| <b>(2)</b> Participants .....   | <b>2a(2)</b> | 0                     |                  |
| <b>(3)</b> Others (including rollovers) .....                                       | <b>2a(3)</b> | 0                     |                  |
| <b>b</b> Noncash contributions .....  | <b>2b</b>    | 0                     |                  |
| <b>c</b> Other income .....   | <b>2c</b>    | 805008                |                  |
| <b>d</b> Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) .....             | <b>2d</b>    |                       | 1870008          |
| <b>e</b> Benefits paid (including direct rollovers) .....                           | <b>2e</b>    | 373959                |                  |
| <b>f</b> Corrective distributions (see instructions) .....                          | <b>2f</b>    | 0                     |                  |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) ..... | <b>2g</b>    | 0                     |                  |
| <b>h</b> Administrative service providers (salaries, fees, and commissions) .....   | <b>2h</b>    | 88873                 |                  |
| <b>i</b> Other expenses .....   | <b>2i</b>    | 0                     |                  |
| <b>j</b> Total expenses (add lines 2e, 2f, 2g, 2h, and 2i) .....                    | <b>2j</b>    |                       | 462832           |
| <b>k</b> Net income (loss) (subtract line 2j from line 2d) .....                    | <b>2k</b>    |                       | 1407176          |
| <b>l</b> Transfers to (from) the plan (see instructions) .....                      | <b>2l</b>    |                       | 0                |

**3 Specific Assets:** If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

|  |           | Yes | No | Amount |
|--|-----------|-----|----|--------|
| <b>a</b> Partnership/joint venture interests .....             | <b>3a</b> | X   |    | 511094 |
| <b>b</b> Employer real property .....                          | <b>3b</b> |     | X  | 0      |
| <b>c</b> Real estate (other than employer real property) ..... | <b>3c</b> |     | X  | 0      |
| <b>d</b> Employer securities .....                             | <b>3d</b> |     | X  | 0      |
| <b>e</b> Participant loans .....                               | <b>3e</b> |     | X  | 0      |

|  | Yes | No | Amount |
|--|-----|----|--------|
| <b>3f</b> Loans (other than to participants) ..... |     | X  | 0      |
| <b>3g</b> Tangible personal property .....         |     | X  | 0      |

**Part II Compliance Questions**

| <b>4</b> During the plan year:  | Yes | No | Amount |
|---|-----|----|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)..... |     | X  | 0      |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.....  |     | X  | 0      |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? .....   |     | X  | 0      |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.).....  |     | X  | 0      |
| <b>e</b> Was the plan covered by a fidelity bond? .....   | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....   |     | X  | 0      |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....  |     | X  | 0      |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....  |     | X  | 0      |
| <b>i</b> Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?.....   |     | X  | 0      |
| <b>j</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....   |     | X  | 0      |
| <b>k</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.) .....                | X   |    | 0      |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....  |     | X  | 0      |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....   |     | X  | 0      |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....  |     | X  | 0      |

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

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

**Part III Trust Information (optional)**

|                         |                       |
|-------------------------|-----------------------|
| <b>6a</b> Name of trust | <b>6b</b> Trust's EIN |
|-------------------------|-----------------------|

|  |  |   |
|--|--|---|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2012</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

For calendar plan year 2012 or fiscal plan year beginning 11/01/2012 and ending 10/31/2013

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>THE DEFINED BENEFIT PLAN OF THE INSTITUTION FOR SAVINGS IN NEWBURYPORT</u>         | <b>B</b> Three-digit plan number (PN) ▶                            | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>INSTITUTION FOR SAVINGS IN NEWBURYPORT</u> | <b>D</b> Employer Identification Number (EIN)<br><u>04-1471660</u> |            |

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

**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..... 

|          |          |
|----------|----------|
| <b>1</b> | <u>0</u> |
|----------|----------|

**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): 13-5160382

**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..... 

|          |          |
|----------|----------|
| <b>3</b> | <u>6</u> |
|----------|----------|

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

**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.**

|   |           |          |
|---|-----------|----------|
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....  | <b>6a</b> | <u>0</u> |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....  | <b>6b</b> | <u>0</u> |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)..... | <b>6c</b> | <u>0</u> |

**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

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

**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

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

**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 contributed more than 5% of total contributions to the plan during the plan year (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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

|   |            |   |
|---|------------|---|
| <b>a</b> The current year .....   | <b>14a</b> | 0 |
| <b>b</b> The plan year immediately preceding the current plan year..... | <b>14b</b> | 0 |
| <b>c</b> The second preceding plan year .....                           | <b>14c</b> | 0 |

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

|   |            |   |
|---|------------|---|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> | 0 |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> | 0 |

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

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

**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) through (c)

- a** Enter the percentage of plan assets held as:  
 Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%
- b** Provide the average duration of the combined investment-grade and high-yield debt:  
 0-3 years  3-6 years  6-9 years  9-12 years  12-15 years  15-18 years  18-21 years  21 years or more
- c** What duration measure was used to calculate line 19(b)?  
 Effective duration  Macaulay duration  Modified duration  Other (specify): \_\_\_\_\_

**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

**2012**

**This Form is Open to Public Inspection**

For calendar plan year 2012 or fiscal plan year beginning 11/01/2012 and ending 10/31/2013

▶ **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.

|   |  |   |     |
|---|--|---|-----|
| <b>A</b> Name of plan   |  | <b>B</b> Three-digit plan number (PN) ▶   | 001 |
| The Defined Benefit Plan of the Institution for Savings in Newburyport  |  |   |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF  |  | <b>D</b> Employer Identification Number (EIN)   |     |
| Institution for Savings in Newburyport  |  | 04-1471660  |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B |  | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |     |

**Part I Basic Information**

|  |   |
|--|---|
| <b>1</b> Enter the valuation date:   | Month <u>11</u> Day <u>1</u> Year <u>2012</u> |
| <b>2</b> Assets:   |   |
| <b>a</b> Market value .....  | <b>2a</b> 10,011,878                          |
| <b>b</b> Actuarial value .....   | <b>2b</b> 10,011,878                          |
| <b>3</b> Funding target/participant count breakdown:   |   |
|  | (1) Number of participants (2) Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....  | <b>3a</b> 5 281,972                           |
| <b>b</b> For terminated vested participants .....  | <b>3b</b> 18 661,985                          |
| <b>c</b> For active participants:  |   |
| (1) Non-vested benefits .....  | <b>3c(1)</b> 0                                |
| (2) Vested benefits .....  | <b>3c(2)</b> 2,955,551                        |
| (3) Total active .....   | <b>3c(3)</b> 95 2,955,551                     |
| <b>d</b> Total .....   | <b>3d</b> 118 3,899,508                       |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>  |   |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....  | <b>4a</b>                                     |
| <b>b</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..... | <b>4b</b>                                     |
| <b>5</b> Effective interest rate .....   | <b>5</b> 7.23 %                               |
| <b>6</b> Target normal cost .....  | <b>6</b> 406,904                              |

**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.

|                           |                               |  |
|---------------------------|-------------------------------|--|
| <b>SIGN HERE</b>          | <u>DSA</u>                    | <u>05/07/2014</u>                      |
|                           | Signature of actuary          | Date                                   |
| <u>Daniel S. Atkinson</u> |                               | <u>14-06852</u>                        |
|                           | Type or print name of actuary | Most recent enrollment number          |
| <u>P-Solve</u>            |                               | <u>(781) 373-6901</u>                  |
|                           | Firm name                     | Telephone number (including area code) |
| <u>200 West Street</u>    |                               |  |
|                           | Firm name                     |  |
| <u>Waltham</u>            | <u>MA 02451</u>               |  |
|                           | 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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

**Part II Beginning of Year Carryover Prefunding Balances**

|    |  | (a) Carryover balance | (b) Prefunding balance |
|----|--|-----------------------|------------------------|
| 7  | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                    | 0                     | 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) .....   | 0                     | 0                      |
| 10 | Interest on line 9 using prior year's actual return of <u>13.52</u> % .....  |                       |                        |
| 11 | Prior year's excess contributions to be added to prefunding balance:   |                       |                        |
|    | a Present value of excess contributions (line 38a from prior year) .....   |                       | 1,265,390              |
|    | b Interest on (a) using prior year's effective interest rate of <u>5.85</u> % except as otherwise provided (see instructions)..... |                       | 74,025                 |
|    | c Total available at beginning of current plan year to add to prefunding balance .....   |                       | 1,339,415              |
|    | 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) .....   | 0                     | 0                      |

**Part III Funding Percentages**

|    |   |           |          |
|----|---|-----------|----------|
| 14 | Funding target attainment percentage.....   | <b>14</b> | 256.74 % |
| 15 | Adjusted funding target attainment percentage .....   | <b>15</b> | 256.74 % |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 182.75 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....  | <b>17</b> | %        |

**Part IV Contributions and Liquidity Shortfalls**

| 18 Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
|---|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| (a) Date<br>(MM-DD-YYYY)  | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 02/07/2013  | 1,065,000                         |                                 |                          |                                   |                                 |
|   |                                   |                                 |                          |                                   |                                 |
|   |                                   |                                 |                          |                                   |                                 |
|   |                                   |                                 |                          |                                   |                                 |
|   |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>   |                                   |                                 | <b>18(b)</b>             | 1,065,000                         | <b>18(c)</b>                    |
|   |                                   |                                 |                          |                                   | 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 .....                               | <b>19a</b> | 0         |
|    | b Contributions made to avoid restrictions adjusted to valuation date .....   | <b>19b</b> | 0         |
|    | c Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....            | <b>19c</b> | 1,045,225 |

|    |   |   |
|----|---|---|
| 20 | Quarterly contributions and liquidity shortfalls:   |   |
|    | a Did the plan have a "funding shortfall" for the prior year? .....   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|    | b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
|    | c If line 20a is "Yes," see instructions and complete the following table as applicable:                        |   |

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|--|---------|---------|---------|
| (1) 1st  | (2) 2nd | (3) 3rd | (4) 4th |
|  |         |         |         |

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

21 Discount rate:

a Segment rates:

|                        |                        |                        |   |
|------------------------|------------------------|------------------------|---|
| 1st segment:<br>5.54 % | 2nd segment:<br>6.85 % | 3rd segment:<br>7.52 % | <input type="checkbox"/> N/A, full yield curve used |
|------------------------|------------------------|------------------------|---|

b Applicable month (enter code)..... **21b** 0

22 Weighted average retirement age..... **22** 65

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 Is the plan required to provide a Schedule of Active Participants? 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 6)..... **31a** 406,904

b Excess assets, if applicable, but not greater than line 31a..... **31b** 406,904

32 Amortization installments:

|   | Outstanding Balance | Installment |
|---|---------------------|-------------|
| a Net shortfall amortization installment..... | 0                   | 0           |
| b Waiver amortization installment.....        | 0                   | 0           |

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

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

|  | Carryover balance | Prefunding balance | Total balance |
|--|-------------------|--------------------|---------------|
| 35 Balances elected for use to offset funding requirement..... | 0                 | 0                  | 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** 1,045,225

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

a Total (excess, if any, of line 37 over line 36)..... **38a** 1,045,225

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 Pension Relief Act of 2010 (See Instructions)**

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected.....  2 plus 7 years  15 years

b Eligible plan year(s) for which the election in line 41a was made.....  2008  2009  2010  2011

42 Amount of acceleration adjustment..... **42**

43 Excess installment acceleration amount to be carried over to future plan years..... **43**



**The Defined Benefit Plan of the Institution for Savings in Newburyport  
Institution for Savings in Newburyport  
EIN: 04-1471660 Plan Number: 001  
Attachment to 2012 Schedule SB  
Line 24 Change in Actuarial Assumptions**

The Social Security wage base assumption was decreased from 3.50% in 2011 to 3.00% in 2012.

The Salary Scale assumption was decreased from 5.00% in 2011 to 4.00% in 2012.

**The Defined Benefit Plan of the Institution for Savings in Newburyport  
 Institution for Savings in Newburyport  
 EIN: 04-1471660 Plan Number: 001  
 Attachment to 2012 Schedule SB  
 Part V Summary of Plan Provisions**

**Definitions**

|   |  |
|---|--|
| Effective Date                                      | November 1, 1981, as in effect November 1, 2012.   |
| Participation Date                                  | On the Entry Date coincident with or next following the date on which the Eligible Employee completes two Years of Eligibility Service and attains age 21.   |
| Entry Date  | The first day of each month.   |
| Plan Year   | November 1 to October 31.  |
| Fiscal Year   | January 1 to December 31.  |
| Eligible Employee                                   | Common-law employees of the Institution for Savings in Newburyport.  |
| Hour of Service                                     | As defined in Section 3.4 of the plan document.  |
| Employment Commencement Date                        | The date on which an Employee first performs an Hour of Service.   |
| Year of Eligibility Service                         | A 12-consecutive-month period commencing on an Employee's Employment Commencement Date (or Reemployment Commencement Date, if applicable), or any anniversary thereof, during which s/he completes 1,000 Hours of Service.   |
| Compensation  | In general, Compensation includes W-2 wages determined on the basis of the 12-month period from October 1 to September 30 and also includes amounts which would have been received by the Participant but for an election under sections 125, 132(f)(4), 401(k), 403(b), or 457(b) of the Internal Revenue Code.   |
| Average Annual Compensation                         | The average of a Participant's Compensation for the highest three consecutive computation periods up to his/her applicable determination date (e.g., retirement or termination date). If a Participant has fewer than 3 complete computation periods, the Average Annual Compensation equals his/her total Compensation divided by his/her total period of employment. For this purpose, "computation period" is defined as October 1 to September 30. |
| Covered Compensation                                | The 35-year average of Social Security wage bases ending in the year in which the participant first becomes eligible to receive unreduced Social Security Retirement benefits.   |
| Normal Retirement Date (NRD)                        | First of month coincident with or next following the Participant's 65th birthday.  |
| Year of Benefit Service                             | A Plan Year during which an Eligible Employee completes at least 1,000 Hours of Service.   |
| Amount of Accrued Pension at Normal Retirement Date | The annual pension payable to a Participant who retires on his/her Normal Retirement Date is equal to the sum of (a) plus (b):<br>(a) 1.25% times Average Annual Compensation up to Covered Compensation times Years of Benefit Service (not exceeding 25 years); plus<br>(b) 1.85% times Average Annual Compensation above Covered Compensation times Years of Benefit Service (not exceeding 25 years).  |

**The Defined Benefit Plan of the Institution for Savings in Newburyport  
 Institution for Savings in Newburyport  
 EIN: 04-1471660 Plan Number: 001  
 Attachment to 2012 Schedule SB  
 Part V Summary of Plan Provisions (continued)**

**Definitions (continued)**

|  |  |
|--|--|
| Amount of Accrued Pension at Deferred Retirement Date                    | As of any date after a Participant's Normal Retirement Date, the greater of (1) and (2):<br><br>(1) The annual pension calculated using the formula for "Amount of Accrued Pension at Normal Retirement Date" but based on Average Annual Compensation, Covered Compensation, and Years of Benefit Service as of the Participant's Deferred Retirement Date; or<br><br>(2) The annual pension calculated using the formula for "Amount of Accrued Pension at Normal Retirement Date" increased to its Actuarial Equivalent as of the Participant's Deferred Retirement Date. |
| Benefit Payable Upon Death of Participant Prior to Annuity Starting Date | If a Participant dies prior to his/her annuity starting date, his/her Beneficiary is entitled to the Actuarial Equivalent of the deceased Participant's accrued pension calculated as of the date of the Participant's death.  |
| Actuarial Equivalence  | Actuarial adjustments are generally based on the following assumptions:<br><br><b>Mortality:</b><br><u>Post-retirement:</u> 1971 Individual Annuity Mortality Table for males, set-back three years.<br><u>Pre-retirement:</u> None.<br><br><b>Interest:</b><br><u>Post-retirement:</u> 6.00%.<br><u>Pre-retirement:</u> 7.00%.  |

**Eligibility for Benefits**

|                     |   |
|---------------------|---|
| Normal Retirement   | Retire as of Normal Retirement Date (NRD).  |
| Early Retirement    | Retire before NRD, and on/after the date which is the earliest of (a), (b), and (c):<br><br>(a) Age 62;<br>(b) Age 55 and completion of ten Years of Eligibility Service; and<br>(c) Age 50 and completion of fifteen Years of Eligibility Service. |
| Deferred Retirement | Retire after NRD.   |
| Terminated Vested   | Terminate for reasons other than death or retirement with at least two Years of Eligibility Service.  |

**The Defined Benefit Plan of the Institution for Savings in Newburyport  
 Institution for Savings in Newburyport  
 EIN: 04-1471660 Plan Number: 001  
 Attachment to 2012 Schedule SB  
 Part V Summary of Plan Provisions (continued)**

**Monthly Benefits Paid Upon the Following Events**

|  |   |
|--|---|
| Normal Retirement                        | Amount of Accrued Pension at Normal Retirement Date.  |
| Early Retirement                         | Amount of Accrued Pension Prior to Normal Retirement Date, reduced by 7% for each year by which the annuity starting date precedes the Participant's NRD.   |
| Deferred Retirement                      | Amount of Accrued Pension at Deferred Retirement Date.  |
| Terminated Vested                        | Amount of Accrued Pension Prior to Normal Retirement Date, payable at NRD or decreased to its actuarial equivalent on the early commencement date.  |
| Death With Preretirement Spouse Benefits | Benefit Payable Upon Death of Participant Prior to Annuity Starting Date.   |
| Standard Form of Pension                 | If not married: Single life annuity.<br>If married: Actuarially equivalent 100% joint and survivor annuity.   |
| Optional Forms of Pension                | Upon valid waiver of the Standard Form of Pension, the Participant may elect one of the following actuarially equivalent forms:<br>(a) Single life annuity;<br>(b) 50% contingent annuitant (benefit reduces on the first death);<br>(c) 66-2/3% contingent annuitant (benefit reduces on the first death)*;<br>(d) 100% contingent annuitant (benefit reduces on the first death)*;<br>(e) 10-year certain and continuous annuity; or<br>(f) Lump sum payment.<br>* These forms are also available with a 10-year guarantee. |
| Maximum on Benefits and Pay              | All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.   |

**The Defined Benefit Plan of the Institution for Savings in Newburyport**  
**Institution for Savings in Newburyport**  
**EIN: 04-1471660 Plan Number: 001**  
**Attachment to 2012 Schedule SB**  
**Line 26 Schedule of Active Participant Data as of November 1, 2012**

| Attained Age | Years of Credited Service |        |          |          |          |          |          |         | Total |
|--------------|---------------------------|--------|----------|----------|----------|----------|----------|---------|-------|
|              | 0 to 4                    | 5 to 9 | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | Over 34 |       |
| 15 to 24     | 0                         | 3      | 0        | 0        | 0        | 0        | 0        | 0       | 3     |
| 25 to 29     | 3                         | 5      | 1        | 0        | 0        | 0        | 0        | 0       | 9     |
| 30 to 34     | 2                         | 7      | 1        | 0        | 0        | 0        | 0        | 0       | 10    |
| 35 to 39     | 1                         | 5      | 0        | 3        | 0        | 0        | 0        | 0       | 9     |
| 40 to 44     | 2                         | 7      | 0        | 1        | 1        | 0        | 0        | 0       | 11    |
| 45 to 49     | 3                         | 10     | 2        | 1        | 0        | 1        | 0        | 0       | 17    |
| 50 to 54     | 4                         | 10     | 1        | 0        | 1        | 1        | 0        | 0       | 17    |
| 55 to 59     | 2                         | 0      | 2        | 1        | 0        | 0        | 1        | 0       | 6     |
| 60 to 64     | 0                         | 6      | 2        | 0        | 0        | 0        | 0        | 0       | 8     |
| 65 to 69     | 0                         | 1      | 2        | 0        | 0        | 1        | 0        | 0       | 4     |
| Over 69      | 0                         | 1      | 0        | 0        | 0        | 0        | 0        | 0       | 1     |
| Total        | 17                        | 55     | 11       | 6        | 2        | 3        | 1        | 0       | 95    |

**The Defined Benefit Plan of the Institution for Savings in Newburyport  
Institution for Savings in Newburyport  
EIN: 04-1471660 Plan Number: 001  
Attachment to 2012 Schedule SB  
Part V Statement of Actuarial Assumptions/Methods**

| Valuation Date   | November 1, 2012   |                  |      |    |       |   |       |   |       |   |       |    |       |
|--|--|------------------|------|----|-------|---|-------|---|-------|---|-------|----|-------|
| Actuarial Cost Method                                  | Present value of accrued benefits (unit credit).   |                  |      |    |       |   |       |   |       |   |       |    |       |
| Actuarial Value of Assets                              | Fair market value of assets as of October 31, 2012, adjusted to reflect interest-adjusted receivable contributions and expenses payable.   |                  |      |    |       |   |       |   |       |   |       |    |       |
| Changes in Actuarial Methods Since the Prior Valuation | None.  |                  |      |    |       |   |       |   |       |   |       |    |       |
| Discount Rate  | MAP-21 Segment Rates for 2012.<br>First Segment: 5.54%<br>Second Segment: 6.85%<br>Third Segment: 7.52%  |                  |      |    |       |   |       |   |       |   |       |    |       |
| Rate of Salary Increases                               | 4.00%  |                  |      |    |       |   |       |   |       |   |       |    |       |
| Provision for Expenses                                 | \$50,000 has been added to the Target Normal Cost for 2012. This amount is deemed to approximate the administrative expenses expected to be paid out of the trust during the 2012 plan year.   |                  |      |    |       |   |       |   |       |   |       |    |       |
| Mortality- Healthy Lives                               | IRS 2012 Static Mortality Table, as published in IRS Notice 2008-85, sex distinct, with separate rates for annuitants and non-annuitants.  |                  |      |    |       |   |       |   |       |   |       |    |       |
| Mortality- Disabled Lives                              | Same mortality table applied to healthy lives.   |                  |      |    |       |   |       |   |       |   |       |    |       |
| Social Security Wage Base Increase                     | 3.00%  |                  |      |    |       |   |       |   |       |   |       |    |       |
| Termination Rates                                      | Unisex rates, based on service:<br><table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;">Years of service</th> <th style="text-align: center;">Rate</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">&lt;1</td> <td style="text-align: center;">0.300</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">0.200</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">0.100</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">0.050</td> </tr> <tr> <td style="text-align: center;">≥5</td> <td style="text-align: center;">0.025</td> </tr> </tbody> </table> | Years of service | Rate | <1 | 0.300 | 2 | 0.200 | 3 | 0.100 | 4 | 0.050 | ≥5 | 0.025 |
| Years of service                                       | Rate   |                  |      |    |       |   |       |   |       |   |       |    |       |
| <1   | 0.300  |                  |      |    |       |   |       |   |       |   |       |    |       |
| 2  | 0.200  |                  |      |    |       |   |       |   |       |   |       |    |       |
| 3  | 0.100  |                  |      |    |       |   |       |   |       |   |       |    |       |
| 4  | 0.050  |                  |      |    |       |   |       |   |       |   |       |    |       |
| ≥5   | 0.025  |                  |      |    |       |   |       |   |       |   |       |    |       |
| Retirement Rates                                       | 100% at age 65.  |                  |      |    |       |   |       |   |       |   |       |    |       |
| Disability Rates                                       | None.  |                  |      |    |       |   |       |   |       |   |       |    |       |
| Percent Married and Spousal Age Difference             | 100% of participants (both male and female) are assumed to be married. Husbands are assumed to be 3 years older than their wives.  |                  |      |    |       |   |       |   |       |   |       |    |       |

**The Defined Benefit Plan of the Institution for Savings in Newburyport  
Institution for Savings in Newburyport  
EIN: 04-1471660 Plan Number: 001  
Attachment to 2012 Schedule SB  
Line 22 Description of Weighted Average Retirement Age**

100% assumed to retire at age 65. Weighted average retirement age = 65.