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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input checked="" type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                  |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

|         |                                                                                                                                                                                                                                                                                                                         |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                  |
| 1a      | Name of plan<br>CENTIER BANK ASSOCIATES' STOCK OWNERSHIP AND 401(K) PLAN                                                                                                                                                                                                                                                |
| 1b      | Three-digit plan number (PN) ▶ 002                                                                                                                                                                                                                                                                                      |
| 1c      | Effective date of plan<br>01/01/1987                                                                                                                                                                                                                                                                                    |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>CENTIER BANK<br><br>600 E. 84TH AVENUE<br>MERRILLVILLE, IN 46410 |
| 2b      | Employer Identification Number (EIN)<br>35-0161790                                                                                                                                                                                                                                                                      |
| 2c      | Plan Sponsor's telephone number<br>219-755-6160                                                                                                                                                                                                                                                                         |
| 2d      | Business code (see instructions)<br>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. | 10/14/2024 | CHRISANNE CHRIST                                             |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/14/2024 | CHRISANNE CHRIST                                             |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                             |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                            |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>5</b> 1268                                                                                                                                                                                                                                                |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 996<br><b>6a(2)</b> 1019<br><b>6b</b> 2<br><b>6c</b> 232<br><b>6d</b> 1253<br><b>6e</b> 9<br><b>6f</b> 1262<br><b>6g(1)</b> 1274<br><b>6g(2)</b> 1244<br><b>6h</b> 57 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b>                                                                                                                                                                                                                                                     |

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

2E 2F 2G 2I 2J 2K 2P 2S 2T 3I

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

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

**a Pension Schedules**

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)** ☐ **DCG** (Individual Plan Information) – Number Attached 0
- (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 1
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                      |     |
| A Name of plan<br>CENTIER BANK ASSOCIATES' STOCK OWNERSHIP AND 401(K) PLAN                 | B Three-digit plan number (PN) ▶                     | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>CENTIER BANK                     | D Employer Identification Number (EIN)<br>35-0161790 |     |

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

1 Coverage Information:

(a) Name of insurance carrier  
PRINCIPAL LIFE INSURANCE COMPANY

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 42-0127290 | 61271         | 631923                                | 1262                                                                        | 01/01/2023              | 12/31/2023 |

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

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 0                                    | 0                             |

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

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

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

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

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

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

**Part II Investment and Annuity Contract Information**

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

|                                                                                                        |          |         |
|--------------------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 0       |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 3630239 |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier .....**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....**6d**

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year .....**7b****c** Additions: (1) Contributions deposited during the year .....**7c(1)**

(2) Dividends and credits .....

**7c(2)**

(3) Interest credited during the year .....

**7c(3)**

(4) Transferred from separate account.....

**7c(4)**

(5) Other (specify below) .....

**7c(5)**

▶

(6) Total additions .....

**7c(6)****d** Total of balance and additions (add lines **7b** and **7c(6)**) .....**7d****e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year .....

**7e(1)**

(2) Administration charge made by carrier .....

**7e(2)**

(3) Transferred to separate account.....

**7e(3)**

(4) Other (specify below) .....

**7e(4)**

▶

(5) Total deductions .....

**7e(5)****f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) .....**7f**

0

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--|
| <b>a</b> Premiums: (1) Amount received .....                                                                                                      | <b>9a(1)</b>    |                 |  |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |  |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                         | <b>9a(3)</b>    |                 |  |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    |  |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |  |
| (2) Increase (decrease) in claim reserves .....                                                                                                   | <b>9b(2)</b>    |                 |  |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    |  |
| (4) Claims charged .....                                                                                                                          |                 | <b>9b(4)</b>    |  |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |  |
| (A) Commissions .....                                                                                                                             | <b>9c(1)(A)</b> |                 |  |
| (B) Administrative service or other fees .....                                                                                                    | <b>9c(1)(B)</b> |                 |  |
| (C) Other specific acquisition costs .....                                                                                                        | <b>9c(1)(C)</b> |                 |  |
| (D) Other expenses .....                                                                                                                          | <b>9c(1)(D)</b> |                 |  |
| (E) Taxes .....                                                                                                                                   | <b>9c(1)(E)</b> |                 |  |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |  |
| (G) Other retention charges .....                                                                                                                 | <b>9c(1)(G)</b> |                 |  |
| (H) Total retention .....                                                                                                                         |                 | <b>9c(1)(H)</b> |  |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |  |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                               |                 | <b>9d(1)</b>    |  |
| (2) Claim reserves .....                                                                                                                          |                 | <b>9d(2)</b>    |  |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |  |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                          |                 | <b>9e</b>       |  |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount ..... | <b>10b</b> |  |

Specify nature of costs.

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2023                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                      |     |
| A Name of plan<br>CENTIER BANK ASSOCIATES' STOCK OWNERSHIP AND 401(K) PLAN                 | B Three-digit plan number (PN) ▶                     | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>CENTIER BANK                     | D Employer Identification Number (EIN)<br>35-0161790 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| PRINCIPAL LIFE INSURANCE COMPANY                                                                           |
| 42-0127290                                                                                                 |

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

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

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

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

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

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

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

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

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

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

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

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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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 37 50<br>64         | CONTRACT ADMINISTRATOR                                                                            | 33727                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

WILSHIRE ADVISORS LLC

95-2755361

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 72                  | INVESTMENT ADVISORY                                                                               | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        |                                                                                                   |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| WILSHIRE ADVISORS LLC                                               | 27 72                                                                                                                                                              | 0                                         |
| (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. |                                           |
| PRINCIPAL LIFE INSURANCE COMPANY<br><br>42-0127290                  | 1 BASIS POINT ANNUALLY ON ELIGIBLE PLAN ASSETS IN WILSHIRE 3(21) OR WILSHIRE 3(21) AUTO-EXECUTE FIDUCIARY SERVICE.                                                 |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                   |                                                                                                                                                                                                                                   |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

|                                                                                           |                                                                  |                |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------|----------------|
| <div>A Name of plan<br/>CENTIER BANK ASSOCIATES' STOCK OWNERSHIP AND 401(K) PLAN</div>    | <div>B Three-digit plan number (PN) ▶</div>                      | <div>002</div> |
| <div>C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br/>CENTIER BANK</div> | <div>D Employer Identification Number (EIN)<br/>35-0161790</div> |                |

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

|                                                                                |                 |                                                                                                      |
|--------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------|
| a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP GROWTH SEP ACCT-Z          |                 |                                                                                                      |
| b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY    |                 |                                                                                                      |
| c EIN-PN 42-0127290-021                                                        | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2317405 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMCAP GROWTH I SEP ACCT-Z         |                 |                                                                                                      |
| b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY    |                 |                                                                                                      |
| c EIN-PN 42-0127290-070                                                        | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1312834 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL STABLE VALUE Z FUND          |                 |                                                                                                      |
| b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO |                 |                                                                                                      |
| c EIN-PN 93-6274328-001                                                        | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9631548 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: FEDERATED HERM CAP PRES R6P FD         |                 |                                                                                                      |
| b Name of sponsor of entity listed in (a): FEDERATED INVESTORS TRUST COMPANY   |                 |                                                                                                      |
| c EIN-PN 22-2712853-001                                                        | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0       |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                        |                 |                                                                                                      |
| b Name of sponsor of entity listed in (a):                                     |                 |                                                                                                      |
| c EIN-PN                                                                       | d Entity code   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                        |                 |                                                                                                      |
| b Name of sponsor of entity listed in (a):                                     |                 |                                                                                                      |
| c EIN-PN                                                                       | d Entity code   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                        |                 |                                                                                                      |
| b Name of sponsor of entity listed in (a):                                     |                 |                                                                                                      |
| c EIN-PN                                                                       | d Entity code   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

**Part II** **Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</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> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2023</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2023 or fiscal plan year beginning <b>01/01/2023</b> and ending <b>12/31/2023</b> |                                                                    |            |
| <b>A</b> Name of plan<br><b>CENTIER BANK ASSOCIATES' STOCK OWNERSHIP AND 401(K) PLAN</b>                 | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <b>002</b> |
|                                                                                                          |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>CENTIER BANK</b>                     | <b>D</b> Employer Identification Number (EIN)<br><b>35-0161790</b> |            |

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

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

| Assets                                                                                             |                 | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                      | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                            | <b>1b(1)</b>    | 103785                | 117756          |
| <b>(2)</b> Participant contributions .....                                                         | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                      |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | 990484                | 9904            |
| <b>(2)</b> U.S. Government securities .....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                            | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                               | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                 | <b>1c(8)</b>    | 1615015               | 1755361         |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    | 10154905              | 9631548         |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   | 4005607               | 3630239         |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 56903304              | 73454845        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                            | <b>1c(15)</b>   |                       |                 |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> | 123497587             | 146705250       |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 197270687             | 235304903       |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    | 3800801               | 7730000         |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 3800801               | 7730000         |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 193469886             | 227574903       |

**Part II Income and Expense Statement**

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

|                                                                                                            |                 |            |           |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 8740630    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 5774538    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 887883     |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 15403051  |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 174919     |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 86599      |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 261518    |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 1748240    |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 1308847    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 3057087   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 2428599    |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 163525     |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 2265074   |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 23371188   |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | 2b(6)  |            | 552832    |
| (7) Net investment gain (loss) from pooled separate accounts.....                               | 2b(7)  |            | 515219    |
| (8) Net investment gain (loss) from master trust investment accounts.....                       | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | 8991587   |
| c Other income .....                                                                            | 2c     |            | 5724      |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 54423280  |

**Expenses**

|                                                                                      |        |          |          |
|--------------------------------------------------------------------------------------|--------|----------|----------|
| e Benefit payment and payments to provide benefits:                                  |        |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1)  | 20280048 |          |
| (2) To insurance carriers for the provision of benefits.....                         | 2e(2)  |          |          |
| (3) Other .....                                                                      | 2e(3)  |          |          |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                        | 2e(4)  |          | 20280048 |
| f Corrective distributions (see instructions) .....                                  | 2f     |          | 2880     |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g     |          |          |
| h Interest expense .....                                                             | 2h     |          |          |
| i Administrative expenses:                                                           |        |          |          |
| (1) Salaries and allowances .....                                                    | 2i(1)  |          |          |
| (2) Contract administrator fees.....                                                 | 2i(2)  | 33727    |          |
| (3) Recordkeeping fees.....                                                          | 2i(3)  |          |          |
| (4) IQPA audit fees.....                                                             | 2i(4)  |          |          |
| (5) Investment advisory and investment management fees .....                         | 2i(5)  |          |          |
| (6) Bank or trust company trustee/custodial fees .....                               | 2i(6)  |          |          |
| (7) Actuarial fees .....                                                             | 2i(7)  |          |          |
| (8) Legal fees .....                                                                 | 2i(8)  | 837      |          |
| (9) Valuation/appraisal fees .....                                                   | 2i(9)  |          |          |
| (10) Other trustee fees and expenses .....                                           | 2i(10) |          |          |
| (11) Other expenses .....                                                            | 2i(11) | 771      |          |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....               | 2i(12) |          | 35335    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |          | 20318263 |

**Net Income and Reconciliation**

|                                                          |       |  |          |
|----------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 34105017 |
| l Transfers of assets:                                   |       |  |          |
| (1) To this plan .....                                   | 2l(1) |  |          |
| (2) From this plan .....                                 | 2l(2) |  |          |

**Part III Accountant's Opinion**

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ 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: **FORVIS MAZARS**

(2) EIN: **44-0160260**

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

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

**Part IV Compliance Questions**

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

During the plan year:

|                                                                                                                                                                                                                                                                                                                  | Yes                                 | No                                  | Amount   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|----------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....                 |                                     | <input checked="" type="checkbox"/> |          |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) ..... |                                     | <input checked="" type="checkbox"/> |          |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |          |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                                                                                                                  |                                     | <input checked="" type="checkbox"/> |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 10000000 |
| <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? .....                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |          |
| <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? .....                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |          |
| <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? .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |          |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                     | <input checked="" type="checkbox"/> |                                     |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |                                     | <input checked="" type="checkbox"/> |          |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                         |                                     |                                     |          |

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

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

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

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

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

|                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|---------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>                                                                                                                    |  | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |         |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |         |
| A Name of plan<br>CENTIER BANK ASSOCIATES' STOCK OWNERSHIP AND 401(K) PLAN                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                  |  | B Three-digit plan number (PN) ▶                                                                | 002     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>CENTIER BANK                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                  |  | D Employer Identification Number (EIN)<br>35-0161790                                            |         |
| 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                                                                                               | 2428599 |
| 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):<br>EIN(s): 42-0127290                                                                                                           |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |         |
| 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                                                                                               |         |
| 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)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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. .... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |         |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                  |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |         |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |         |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                  |  | Schedule R (Form 5500) 2023 v. 230707                                                           |         |

**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 \_\_\_\_\_.

**CENTIER BANK ASSOCIATES'  
STOCK OWNERSHIP AND 401(k)  
PLAN**

EIN 35-0161790

PN 002

**FINANCIAL STATEMENTS**  
December 31, 2023 and 2022

**CENTIER BANK  
ASSOCIATES' STOCK OWNERSHIP AND 401(k)  
PLAN**

**FINANCIAL STATEMENTS  
December 31, 2023 and 2022**

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## Independent Auditor's Report

401k/ASOP Committee, Plan Administrator and Plan Management  
Centier Bank Associates' Stock Ownership and 401(k) Plan  
Merrillville, Indiana

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

We have performed audits of the financial statements of Centier Bank Associates' Stock Ownership and 401(k) Plan, an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Centier Bank Associates' Stock Ownership and 401(k) 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 December 31, 2023 and 2022, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### ***Opinion***

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Centier Bank Associates' Stock Ownership and 401(k) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### ***Responsibilities of Management for the Financial Statements***

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Centier Bank Associates' Stock Ownership and 401(k) Plan's ability to continue as a going concern within one year after the date that these financial statements are available to be issued.

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

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Centier Bank Associates' Stock Ownership and 401(k) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Centier Bank Associates' Stock Ownership and 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

#### ***Other Matter – Supplemental Schedules Required by ERISA***

The supplemental schedules listed in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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.

401k/ASOP Committee, Plan Administrator and Plan Management  
Centier Bank Associates' Stock Ownership and 401(k) Plan

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).

**Forvis Mazars, LLP**

**Indianapolis, Indiana  
October 8, 2024**

Federal Employer Identification Number: 44-0160260

# Centier Bank Associates' Stock Ownership and 401(k) Plan

## Statement of Net Assets Available for Benefits December 31, 2023

|                                          | Participant<br>Directed | Non-Participant<br>Directed | 2023<br>Total  |
|------------------------------------------|-------------------------|-----------------------------|----------------|
| <b>Assets</b>                            |                         |                             |                |
| <b>Investments, at fair value</b>        |                         |                             |                |
| Mutual funds                             | \$ 73,454,845           | \$ -                        | \$ 73,454,845  |
| Common collective trust                  | 9,631,548               |                             | 9,631,548      |
| Pooled separate accounts                 | 3,630,239               |                             | 3,630,239      |
| First Bancshares, Inc. common stock      | -                       | 146,705,250                 | 146,705,250    |
| Money market fund                        | -                       | 9,904                       | 9,904          |
| Total investments                        | 86,716,632              | 146,715,154                 | 233,431,786    |
| <b>Receivables</b>                       |                         |                             |                |
| Notes receivable from participants       | 1,755,361               | -                           | 1,755,361      |
| Employer contributions receivable        | -                       | 117,756                     | 117,756        |
|                                          | 1,755,361               | 117,756                     | 1,873,117      |
| Total assets                             | 88,471,993              | 146,832,910                 | 235,304,903    |
| <b>Liabilities</b>                       |                         |                             |                |
| Notes payable                            | -                       | 7,730,000                   | 7,730,000      |
| <b>Net Assets Available for Benefits</b> | \$ 88,471,993           | \$ 139,102,910              | \$ 227,574,903 |

# Centier Bank Associates' Stock Ownership and 401(k) Plan

## Statement of Net Assets Available for Benefits December 31, 2022

|                                          | Participant-<br>Directed    | Non-<br>Participant-<br>Directed | 2022<br>Totals               |
|------------------------------------------|-----------------------------|----------------------------------|------------------------------|
| <b>Assets</b>                            |                             |                                  |                              |
| <b>Investments</b> , at fair value       |                             |                                  |                              |
| Mutual funds                             | \$ 56,903,304               | \$ -                             | \$ 56,903,304                |
| Common collective trusts                 | 10,419,320                  | -                                | 10,419,320                   |
| Pooled separate accounts                 | 4,005,607                   | -                                | 4,005,607                    |
| First Bancshares, Inc. common stock      | -                           | 123,497,587                      | 123,497,587                  |
| Money market fund                        | -                           | 990,484                          | 990,484                      |
| Total investments                        | <u>71,328,231</u>           | <u>124,488,071</u>               | <u>195,816,302</u>           |
| <b>Receivables</b>                       |                             |                                  |                              |
| Notes receivable from participants       | 1,615,015                   | -                                | 1,615,015                    |
| Employer contributions receivable        | -                           | 103,785                          | 103,785                      |
|                                          | <u>1,615,015</u>            | <u>103,785</u>                   | <u>1,718,800</u>             |
| Total assets                             | <u>72,943,246</u>           | <u>124,591,856</u>               | <u>197,535,102</u>           |
| <b>Liabilities</b>                       |                             |                                  |                              |
| Note payable                             | -                           | 3,800,000                        | 3,800,000                    |
| Administrative fees payable              | -                           | 801                              | 801                          |
| Total liabilities                        | <u>-</u>                    | <u>3,800,801</u>                 | <u>3,800,801</u>             |
| <b>Net Assets Available for Benefits</b> | <u><u>\$ 72,943,246</u></u> | <u><u>\$ 120,791,055</u></u>     | <u><u>\$ 193,734,301</u></u> |

# Centier Bank Associates' Stock Ownership and 401(k) Plan

## Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2023

|                                                              | Participant<br>Directed | Non- Participant<br>Directed | 2023<br>Total  |
|--------------------------------------------------------------|-------------------------|------------------------------|----------------|
| <b>Additions</b>                                             |                         |                              |                |
| <b>Investment Income</b>                                     |                         |                              |                |
| Net appreciation in fair value of investments                | \$ 9,800,947            | \$ 25,636,262                | \$ 35,437,209  |
| Interest and dividends                                       | 1,308,847               | 1,923,159                    | 3,232,006      |
| Net investment income                                        | 11,109,794              | 27,559,421                   | 38,669,215     |
| <b>Interest Income on Notes Receivable From Participants</b> | 86,599                  | -                            | 86,599         |
| <b>Contributions</b>                                         |                         |                              |                |
| Participants                                                 | 5,774,538               | -                            | 5,774,538      |
| Employer                                                     | 227                     | 8,740,403                    | 8,740,630      |
| Rollovers                                                    | 887,883                 | -                            | 887,883        |
| Total Contributions                                          | 6,662,648               | 8,740,403                    | 15,403,051     |
| Total Additions                                              | 17,859,041              | 36,299,824                   | 54,158,865     |
| <b>Deductions</b>                                            |                         |                              |                |
| Benefits paid to participants                                | 10,942,178              | 9,340,750                    | 20,282,928     |
| Administrative Expense (Credit)                              | 36,034                  | (699)                        | 35,335         |
| Total Deductions                                             | 10,978,212              | 9,340,051                    | 20,318,263     |
| <b>Net Increase</b>                                          | 6,880,829               | 26,959,773                   | 33,840,602     |
| <b>Transfers</b>                                             | 8,647,918               | (8,647,918)                  | -              |
| <b>Net Assets Available for Benefits, Beginning of Year</b>  | 72,943,246              | 120,791,055                  | 193,734,301    |
|                                                              |                         |                              | -              |
| <b>Net Assets Available for Benefits, End of Year</b>        | \$ 88,471,993           | \$ 139,102,910               | \$ 227,574,903 |

# Centier Bank Associates' Stock Ownership and 401(k) Plan

## Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2022

|                                                              | Participant-<br>Directed | Non-<br>Participant-<br>Directed | 2022<br>Totals        |
|--------------------------------------------------------------|--------------------------|----------------------------------|-----------------------|
| <b>Additions</b>                                             |                          |                                  |                       |
| <b>Investment (Loss) Income</b>                              |                          |                                  |                       |
| Net (depreciation) appreciation in fair value of investments | \$ (13,082,101)          | \$ 26,113,545                    | \$ 13,031,444         |
| Interest and dividends                                       | 1,106,983                | 1,594,171                        | 2,701,154             |
| Net investment (loss) income                                 | <u>(11,975,118)</u>      | <u>27,707,716</u>                | <u>15,732,598</u>     |
| <b>Interest Income on Notes Receivable From Participants</b> | <u>58,353</u>            | <u>-</u>                         | <u>58,353</u>         |
| <b>Contributions</b>                                         |                          |                                  |                       |
| Participants                                                 | 5,284,619                | -                                | 5,284,619             |
| Employer                                                     | 710                      | 7,498,890                        | 7,499,600             |
| Rollovers                                                    | 1,738,422                | -                                | 1,738,422             |
| Total contributions                                          | <u>7,023,751</u>         | <u>7,498,890</u>                 | <u>14,522,641</u>     |
| Total                                                        | <u>(4,893,014)</u>       | <u>35,206,606</u>                | <u>30,313,592</u>     |
| <b>Deductions</b>                                            |                          |                                  |                       |
| Benefits paid to participants                                | 9,867,378                | 6,174,919                        | 16,042,297            |
| Administrative expenses                                      | 24,095                   | 5,927                            | 30,022                |
| Total                                                        | <u>9,891,473</u>         | <u>6,180,846</u>                 | <u>16,072,319</u>     |
| <b>Net (Decrease) Increase</b>                               | (14,784,487)             | 29,025,760                       | 14,241,273            |
| <b>Transfers</b>                                             | 5,745,540                | (5,745,540)                      | -                     |
| <b>Net Assets Available for Benefits, Beginning of Year</b>  | <u>81,982,193</u>        | <u>97,510,835</u>                | <u>179,493,028</u>    |
| <b>Net Assets Available for Benefits, End of Year</b>        | <u>\$ 72,943,246</u>     | <u>\$ 120,791,055</u>            | <u>\$ 193,734,301</u> |

# **Centier Bank Associates' Stock Ownership and 401(k) Plan**

## **Notes to Financial Statements December 31, 2023 and 2022**

### **Note 1: Description of the Plan**

The following description of Centier Bank Associates' Stock Ownership and 401(k) Plan (Plan) provides only general information. Participants should refer to the Plan Document and *Summary Plan Description* for a more complete description of the Plan's provisions, which are available from the Plan Administrator.

#### **General**

Effective October 1, 2006, the Centier Bank 401(k) Plan merged into the Centier Bank Associates' Stock Ownership Plan and the Plan was renamed the Centier Bank Associates' Stock Ownership and 401(k) Plan. The Plan is a defined-contribution plan with two benefit features: an Associates' Stock Ownership Plan (ASOP) and a 401(k) Plan. The Plan is for all employees of Centier Bank (Bank) who are age eighteen or older. Employees may enter the Plan on January 1, April 1, July 1 or October 1 following completion of the eligibility requirements. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). The Bank is a wholly owned subsidiary of First Bancshares, Inc. (Company). Centier Bank serves as the trustee of the Plan and the custodian of the ASOP component of the Plan and Principal Life Insurance Company (Principal) serves as custodian of the 401(k) component of the Plan. Principal also serves as the Plan recordkeeper for both the ASOP and 401(k) components of the Plan.

#### **Contributions**

Participants may make salary redirection contributions and Roth contributions of up to 100% of eligible compensation each payroll period in the 401(k) Plan up to the maximum allowed by law. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participant rollover contributions are also permitted. The Plan has an opt-out clause wherein unless an active participant elects otherwise, they are deemed to have elected to make an automatic salary redirection contribution of 6% of eligible compensation.

If a participant's deferral percentage in effect on April 1 of any Plan year is less than 6%, the participant is automatically deemed to elect to increase his deferral percentage by 1% effective April 1 of each year. This does not apply to any participant who (1) previously elected to not make deferral elections to the Plan or (2) affirmatively declined the automatic increase. Participants may increase or reduce their salary redirection contribution effective as of the first day of the following payroll period, and may be discontinued at any time.

The Bank makes matching contributions to participants' accounts each pay period based on percentages set by the Board of Directors annually. Matching contributions may be made to the participant in cash or in whole shares of Company stock as determined by the Board of Directors.

The Bank elected to make a cash contribution of 67% of the first 6% of eligible compensation that a participant contributed to the Plan for the years ended December 31, 2023 and 2022.

# **Centier Bank Associates' Stock Ownership and 401(k) Plan**

## **Notes to Financial Statements December 31, 2023 and 2022**

All ASOP contributions to the Plan are made by the Bank as voted upon by the Board of Directors at the beginning of the Plan year. ASOP contributions may be made in cash or in shares of Company stock. Each participant will be credited with a portion of the Bank's contribution based on the ratio of each participant's eligible compensation to the total eligible compensation of all eligible participants for the year. Participants are eligible if they have worked at least 1,000 hours, is actively employed at December 31 or terminated due to death, disability, normal retirement age (over age 65) or early retirement age (over age 55 and at least six years of service). Allocation of the ASOP contribution is made on the last day of the Plan year to all employed participants who have met the eligibility requirements. For 2023 and 2022, the Bank made \$6,000,000 and \$5,000,000, respectively, of ASOP cash contribution to the Plan.

Contributions are subject to certain limitations.

### ***Participant Investment Account Options***

For the 401(k) Plan, investment account options available include various mutual funds, common collective trust fund and pooled separate accounts. Each participant has the option of directing his contributions into any of the separate mutual funds and may change the allocation daily. All Bank matching and ASOP contributions are nonparticipant-directed and are invested in the Company common stock.

### ***Participant Accounts***

Each participant's account is credited with the participant's contributions, an allocation of the Bank's contributions, an allocation of previously forfeited amounts and the Plan earnings and losses, and are charged for withdrawals and an allocation of administrative expenses. Allocations are based on the participant's eligibility, participant compensation, contributions and account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Except for shares forfeited during the year that will be reallocated at December 31, Company common stock held by the Plan has been allocated to participants.

### ***Vesting***

Participants are immediately vested in their salary redirection plus actual earnings thereon. Vesting in the remainder of such participant's account is based on years of credited service. A participant is fully vested after six years of credited service. Participants receive 20% of vesting service on the Company contribution account after the second year of credited service and 20% for additional years after year two with 100% vesting after six years of credited service. A participant is considered fully vested upon death, permanent disability or retirement after reaching normal retirement age of 65.

# **Centier Bank Associates' Stock Ownership and 401(k) Plan**

## **Notes to Financial Statements December 31, 2023 and 2022**

### ***Forfeited Accounts***

The nonvested balance is forfeited upon termination of service. Forfeitures are reallocated to participants as an additional discretionary employer contribution. At December 31, 2023 and 2022, 401(k) component forfeited accounts totaled \$70,197 and \$258,522, which was available as described above. During 2023 and 2022, forfeitures of \$327,277 and \$218,196 of the ASOP component was reallocated to eligible participants.

### ***Notes Receivable From Participants***

Participants are able to borrow from their 401(k) Plan fund accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their vested 401(k) Plan account balance, whichever is less. There can be no more than two loans outstanding. The notes are secured by the vested balance in the participant's account and bear interest rates equal to the prime rate listed in the Wall Street Journal. Principal and interest is paid ratably through payroll deductions. Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan Document.

### ***Payment of Benefits***

No distributions from the Plan will be made until a participant retires, dies (in which case, payment shall be made to the participant's beneficiary or, if none, his or her legal representatives), or otherwise terminates employment with the Bank and its participating subsidiaries. Distributions are made in cash or, if a participant elects, in the form of Company common stock plus cash for any fractional share. In-service withdrawals are available for certain portions of the 401(k) Plan under certain circumstances as described by the Plan Document. If a participant is a Qualified Inactive Participant, which is any participant who has died prior to December 1, 2006 or terminated employment: (1) on or after age 50 with 25 years of service; (2) on or after age 65; or (3) due to death, there are certain liquidation rules for Company common stock.

### ***Voting Rights***

Participants are entitled to direct the Trustee to vote the shares of Company Stock allocated to their Company Stock Account with respect to the approval or disapproval of certain corporate mergers or consolidations, the re-capitalization or re-classification of Company Stock, or the liquidation, dissolution or sale of substantially all the assets of the Company. The Trustee will, as directed by the Committee, vote shares on all other matters and on which no instructions have been received, shares on which instructions were not received in a timely or proper manner and shares which have not been allocated to Company Stock Accounts. The Trustee will vote all shares as directed, subject to the fiduciary obligations imposed on it by ERISA.

### ***Diversification***

Diversification is offered to participants close to retirement so that they may have the opportunity to move part of the value of their investment in Company common stock into investments which are more diversified. Participants who are at least age 55 with at least 10 years of participation in the Plan may elect to diversify a portion of their account. Diversification is offered to each eligible

# **Centier Bank Associates' Stock Ownership and 401(k) Plan**

## **Notes to Financial Statements December 31, 2023 and 2022**

participant over a six-year period. In each of the first five years, a participant may diversify up to 25% of the number of post-1986 shares allocated to his or her account, less any shares previously diversified. In the sixth year, the percentage changes to 50%. The ASOP balance available for diversification totaled approximately \$11,791,000 as of December 31, 2023.

If a participant has not elected to diversify 50% of their diversifiable shares by the end of the diversification period, they will be permitted to diversify 50% of the number of shares that have been allocated, less the number of shares previously diversified, for each of the four calendar years following the end of the diversification election period.

Participants are permitted to direct Centier Bank as to the diversification of the investment of his or her Company common stock within 90 days after each June 30 or December 31 stock valuation date.

### ***Term Notes/Company Advances***

During June 2023, a Loan Agreement was executed between First Bancshares, Inc. and Centier Bank for \$7,600,000. First Bancshares, Inc. lent the funds to the Plan to assist Centier Bank with fulfilling the Plan's pending cash distribution obligation to certain participants under the Plan. Centier Bank, not in its corporate capacity, but solely in its capacity as trustee of the Plan, promises to pay to First Bancshares, Inc. the full amount no later than June 2024. The loan is unsecured and no interest shall be payable. This loan was repaid in June 2024.

During December 2023, a Loan Agreement was executed between First Bancshares, Inc. and Centier Bank for \$130,000. First Bancshares, Inc. lent the funds to the Plan to assist Centier Bank with fulfilling the Plan's pending cash distribution obligation to certain participants under the Plan. Centier Bank, not in its corporate capacity, but solely in its capacity as trustee of the Plan, promises to pay to First Bancshares, Inc. the full amount no later than December 2024. The loan is unsecured and no interest shall be payable.

At December 2023, there were two notes outstanding with a total balance of \$7,730,000.

During June 2022, a Loan Agreement was executed between First Bancshares, Inc. and Centier Bank for \$3,800,000. First Bancshares, Inc. lent the funds to the Plan to assist Centier Bank with fulfilling the Plan's pending cash distribution obligation to certain participants under the Plan. Centier Bank, not in its corporate capacity, but solely in its capacity as trustee of the Plan, promises to pay to First Bancshares, Inc. the full amount no later than June 2023. The loan is unsecured and no interest shall be payable. At December 31, 2022, there was one note outstanding with a balance of \$3,800,000. The loan was repaid in June 2023.

### ***Put Option***

Under Federal income tax regulations, the Company stock held by the Plan includes a put option because it is not readily tradable on an established market. In general, and subject to cash liquidity in the Plan, the Company stock for terminated participants will be liquidated on June 30 or December 31 valuation dates following the participant's termination date. The proceeds will be transferred to the ASOP liquidation account and invested based on the funds chosen by the

# **Centier Bank Associates' Stock Ownership and 401(k) Plan**

## **Notes to Financial Statements December 31, 2023 and 2022**

participant. The Company is a C Corporation and, as a result, participants are eligible to take in-kind distributions of Company stock.

### ***Concentration of Credit Risk***

At December 31, 2023 and 2022, approximately 63% of the Plan's investments were invested in Company common stock. The Plan was established to enable employees of the Bank to share in the growth and prosperity of the Bank and to provide financial benefits for employees upon retirement or disability and for their dependents and beneficiaries in the event of death.

### ***Plan Termination***

Although it has not expressed any intent to do so, the Bank has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their Bank contributions.

## **Note 2: Summary of Significant Accounting Policies**

### ***Basis of Accounting***

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

### ***Use of Estimates***

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

### ***Investment Valuation and Income Recognition***

Investments are reported at fair value. Quoted market prices, if available, are used to value investments.

The fair values of the money market fund and mutual funds are determined by obtaining quoted prices on nationally recognized securities exchanges.

The common shares of the Company common stock are valued at estimated fair value. Fair value is determined by semi-annual independent appraisals as of June 30 and December 31.

Pooled separate accounts are valued at estimated fair value as provided by Principal.

The fair value of participation units in the common collective trust funds are based upon the net asset values of such fund as reported in the audited financial statements of the fund. The funds provide for daily redemptions, with no advance notice requirements, at reported net asset value per share.

Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

# **Centier Bank Associates' Stock Ownership and 401(k) Plan**

## **Notes to Financial Statements December 31, 2023 and 2022**

### ***Payment of Benefits***

Benefit payments to participants are recorded upon distribution.

### ***Administrative Expenses***

Loan origination fees associated with notes receivable from participants and the Plan's record keeping and trustee fees are paid by the Plan and are reflected in the financial statements as administrative expenses of the Plan. Investment management fees are charged to the Plan as a reduction of investment return and included in the investment income reported by the Plan. All other expenses of the Plan are paid by the Bank.

### **Note 3: Certification of Plan Custodians and Trustee**

The Company has elected the method of annual reporting compliance permitted by 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. Accordingly, Principal and Centier Bank, both qualified institutions, have certified the following information included in the accompanying financial statements and ERISA-required supplemental schedules is complete and accurate:

- Investments as shown in the statements of net assets available for benefits and related disclosures as of December 31, 2023 and 2022
- Investment income (loss) as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2023 and 2022
- Investment information included in the accompanying schedule of assets (held at year end) as of December 31, 2023 and the accompanying schedule of reportable transactions for the year ended December 31, 2023

The Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedules.

# Centier Bank Associates' Stock Ownership and 401(k) Plan

## Notes to Financial Statements December 31, 2023 and 2022

### Note 4: Disclosures About Fair Value of Plan Assets

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

**Level 1** Quoted prices in active markets for identical assets or liabilities

**Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities

**Level 3** Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets or liabilities

### *Recurring Measurements*

The following tables present the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2023 and 2022:

|                                     |                       | 2023                                                                          |                                                           |                                                    |
|-------------------------------------|-----------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|
|                                     |                       | Fair Value Measurements Using                                                 |                                                           |                                                    |
|                                     |                       | Quoted Prices<br>in Active<br>Markets for<br>Identical<br>Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
|                                     | Fair Value            |                                                                               |                                                           |                                                    |
| First Bancshares, Inc. common stock | \$ 146,705,250        | \$ -                                                                          | \$ -                                                      | \$ 146,705,250                                     |
| Mutual Funds                        | \$ 73,454,845         | \$ 73,454,845                                                                 | \$ -                                                      | \$ -                                               |
| Pooled separate accounts            | \$ 3,630,239          | \$ -                                                                          | \$ 3,630,239                                              | \$ -                                               |
| Common collective trust             | \$ 9,631,548          | \$ -                                                                          | \$ 9,631,548                                              | \$ -                                               |
| Money market fund                   | \$ 9,904              | \$ 9,904                                                                      | \$ -                                                      | \$ -                                               |
| Total assets                        | <u>\$ 233,431,786</u> | <u>\$ 73,464,749</u>                                                          | <u>\$ 13,261,787</u>                                      | <u>\$ 146,705,250</u>                              |

# Centier Bank Associates' Stock Ownership and 401(k) Plan

## Notes to Financial Statements December 31, 2023 and 2022

| 2022                                        |                       |                                                                               |                                                           |                                                    |
|---------------------------------------------|-----------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|
| Fair Value Measurements Using               |                       |                                                                               |                                                           |                                                    |
|                                             | Fair Value            | Quoted Prices<br>in Active<br>Markets for<br>Identical<br>Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
| First Bancshares, Inc. common stock         | \$ 123,497,587        | \$ -                                                                          | \$ -                                                      | \$ 123,497,587                                     |
| Mutual Funds                                | \$ 56,903,304         | \$ 56,903,304                                                                 | \$ -                                                      | \$ -                                               |
| Pooled separate accounts                    | \$ 4,005,607          | \$ -                                                                          | \$ 4,005,607                                              | \$ -                                               |
| Common collective trusts                    | \$ 3,801,399          | \$ -                                                                          | \$ 3,801,399                                              | \$ -                                               |
| Money market funds                          | \$ 990,484            | \$ 990,484                                                                    | \$ -                                                      | \$ -                                               |
| Total assets in the fair value hierarchy    | <u>\$ 189,198,381</u> | <u>\$ 57,893,788</u>                                                          | <u>\$ 7,807,006</u>                                       | <u>\$ 123,497,587</u>                              |
| Investments measured at net asset value (A) | <u>\$ 6,353,506</u>   |                                                                               |                                                           |                                                    |
|                                             | <u>\$ 195,551,887</u> |                                                                               |                                                           |                                                    |

(A) Investments measured using NAV practical expedient have not been classified within the fair value hierarchy. The fair value amounts of such investments are presented in the table to permit reconciliation of the hierarchy to the investments at fair value presented in the statements of net assets available for benefits.

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the year ended December 31, 2023. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis. For assets classified within Level 3 of the fair value hierarchy, the process used to develop the reported fair value is described below.

### **Investments**

Where quoted market prices are available in an active market, securities were classified within Level 1 of the valuation hierarchy. Level 1 securities included mutual funds and money market funds. If quoted market prices were not available, then fair values were estimated by using pricing models, quoted prices of securities with similar characteristics or discounted cash flows. In certain

# Centier Bank Associates' Stock Ownership and 401(k) Plan

## Notes to Financial Statements December 31, 2023 and 2022

cases where Level 1 or Level 2 inputs were not available, securities were classified within Level 3 of the hierarchy. See the table below for inputs and valuation techniques used for Level 3 securities.

Investments in Company common stock are valued by independent appraisals semi-annually as of June 30 and December 31. The valuation is performed by a third-party business appraiser accredited by the American Society of Appraisers. The Plan Trustee reviews the appraiser's qualifications and hires the appraiser. The Plan Trustee also reviews and evaluates the appraiser's methodology and assumptions, which involves discussions with the appraiser, verifies the financial information used in the appraisal, and approves the use of the appraised value in the Plan's financial accounting. The appraised values are derived using a combination of historical financial information and projected earnings and cash flow information for the Company and comparisons to other comparable businesses, as well as other input factors. The appraisal included a discount of 5% for lack of marketability. Management provides the appraiser with all necessary information to perform the valuation including historical and projected financial information of the Company.

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

The table below presents a reconciliation of Plan investments measured at fair value on a recurring basis using significant unobservable inputs (Level 3) for the years ended December 31, 2023 and 2022, including the reporting classifications for the applicable gains and losses included in the statements of changes in net assets available for benefits:

### **First Bancshares, Inc. common stock**

|                            |                       |
|----------------------------|-----------------------|
| Balance, January 1, 2022   | \$ 100,219,352        |
| Investment income          | 26,113,545            |
| In-kind distributions      | <u>(2,835,310)</u>    |
| Balance, December 31, 2022 | 123,497,587           |
| Investment income          | 25,636,262            |
| In-kind distributions      | <u>(2,428,599)</u>    |
| Balance, December 31, 2023 | <u>\$ 146,705,250</u> |

# **Centier Bank Associates' Stock Ownership and 401(k) Plan**

## **Notes to Financial Statements December 31, 2023 and 2022**

### **Note 5: Plan Tax Status**

The IRS has determined and informed the Bank by a letter dated February 22, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

### **Note 6: Party-in-Interest Transactions**

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association, or relatives of such persons.

The Plan invests in common stock of the Company. The Plan held 10,750 and 10,961 shares of First Bancshares, Inc. common stock as of December 31, 2023 and 2022, respectively. The Plan received \$1,748,240 and \$1,570,730 of dividends during 2023 and 2022, respectively, related to its investment in shares of Company common stock.

Administrative fees to Principal of \$33,727 and \$23,708 during 2023 and 2022, respectively, were paid by the Plan. Administrative fees to others of \$1,608 and \$6,314 for 2023 and 2022, respectively, were paid by the Plan. The Company provides certain administrative services at no cost to the Plan.

### **Note 7: Reconciliation of Financial Statements to Form 5500**

Differences between the Annual Return/Report of Employee Benefit Plan (Form 5500) filed with the Internal Revenue Service and the accompanying financial statements include the Federated Capital Preservation Fund in Form 5500 has not adopted ASU 2015-12 and the Form 5500 reflects an adjustment to the fair value of that investment as of December 31, 2022. This fund was sold during 2023 and this fair value adjustment was reflected in net appreciation for common collective trust on the Form 5500.

### **Note 8: Risks and Uncertainties**

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

# **Centier Bank Associates' Stock Ownership and 401(k) Plan**

**Notes to Financial Statements  
December 31, 2023 and 2022**

## **Note 9: Subsequent Events**

Effective January 1, 2024, the Plan was amended to allow seasonal and temporary employees to participate in the Plan.

Subsequent events have been evaluated through October 8, 2024, which is the date the financial statements were available to be issued.

## **Supplemental Schedules**

# Centier Bank Associates' Stock Ownership and 401(k) Plan

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2023

| (a)(b)<br>Identity of Issuer,<br>Borrower, Lessor or<br>Similar Party | (c)<br>Description of Investment        | (d)<br>Cost          | (e)<br>Current<br>Value |
|-----------------------------------------------------------------------|-----------------------------------------|----------------------|-------------------------|
| <b>Mutual Funds</b>                                                   |                                         |                      |                         |
| American Funds EuroPacific Growth Fund                                | 37,939 shares                           | **                   | \$ 2,075,284            |
| American Funds Retirement Target 2010 Fund                            | 69,584 shares                           | **                   | 788,385                 |
| American Funds Retirement Target 2015 Fund                            | 74,005 shares                           | **                   | 882,141                 |
| American Funds Retirement Target 2020 Fund                            | 214,751 shares                          | **                   | 2,798,208               |
| American Funds Retirement Target 2025 Fund                            | 48,043 shares                           | **                   | 703,825                 |
| American Funds Retirement Target 2030 Fund                            | 257,250 shares                          | **                   | 4,172,603               |
| American Funds Retirement Target 2035 Fund                            | 86,913 shares                           | **                   | 1,534,015               |
| American Funds Retirement Target 2040 Fund                            | 585,351 shares                          | **                   | 10,875,825              |
| American Funds Retirement Target 2045 Fund                            | 49,927 shares                           | **                   | 952,111                 |
| American Funds Retirement Target 2050 Fund                            | 340,382 shares                          | **                   | 6,382,163               |
| American Funds Retirement Target 2055 Fund                            | 21,878 shares                           | **                   | 517,425                 |
| American Funds Retirement Target 2060 Fund                            | 46,315 shares                           | **                   | 741,980                 |
| American Funds Retirement Target 2065 Fund                            | 17,668 shares                           | **                   | 274,565                 |
| American Funds New Economy Fund                                       | 31,549 shares                           | **                   | 1,713,765               |
| American Funds New Perspective Fund                                   | 17,485 shares                           | **                   | 977,938                 |
| Baird Aggregate Bond Institutional Fund                               | 123,491 shares                          | **                   | 1,217,622               |
| Columbia Dividend Indexed Fund                                        | 144,978 shares                          | **                   | 4,498,681               |
| Fidelity Mid Cap Index Fund                                           | 63,971 shares                           | **                   | 1,915,938               |
| Fidelity Small Cap Index Fund                                         | 66,901 shares                           | **                   | 1,675,190               |
| Fidelity US Bond Index Fund                                           | 108,883 shares                          | **                   | 1,135,654               |
| Fidelity 500 Index Fund                                               | 65,173 shares                           | **                   | 10,785,496              |
| Franklin Small Cap Value Fund                                         | 15,641 shares                           | **                   | 900,137                 |
| Invesco Developing Markets Fund                                       | 34,836 shares                           | **                   | 1,343,624               |
| John Hancock Funds Disciplined Value Mid Cap Fund                     | 12,234 shares                           | **                   | 334,734                 |
| JPMorgan Large Cap Growth Fund                                        | 30,875 shares                           | **                   | 1,948,839               |
| Parnassus Mid Cap Institutional Fund                                  | 16,823 shares                           | **                   | 629,512                 |
| PIMCO International Bond I Fund                                       | 36,036 shares                           | **                   | 355,671                 |
| TIAA-CREF International Equity Index Fund                             | 51,115 shares                           | **                   | 1,117,381               |
| Vanguard Balanced Indexed Fund                                        | 158,071 shares                          | **                   | 7,046,822               |
| Vanguard Equity Income Fund                                           | 30,301 shares                           | **                   | 2,553,436               |
| Vanguard GNMA Fund                                                    | 47,326 shares                           | **                   | 442,494                 |
| Vanguard International Bond Index Fund                                | 8,285 shares                            | **                   | 163,381                 |
|                                                                       |                                         |                      | <u>73,454,845</u>       |
| <b>Common Collective Trusts</b>                                       |                                         |                      |                         |
| *Principal Stable Value Z Fund                                        | 388,968 units                           | **                   | <u>9,631,548</u>        |
| <b>Pooled Separate Accounts</b>                                       |                                         |                      |                         |
| *Principal Mid Cap Growth Separate Account                            | 25,558 units                            | **                   | 2,317,405               |
| *Principal Small Cap Growth I Separate Account                        | 26,881 units                            | **                   | 1,312,834               |
|                                                                       |                                         |                      | <u>3,630,239</u>        |
| <b>Company Stock</b>                                                  |                                         |                      |                         |
| *First Bancshares, Inc.                                               | 10,750 shares                           | \$ 15,741,047        | <u>146,705,250</u>      |
| <b>Money Market Fund</b>                                              |                                         |                      |                         |
| *SEI Daily Income Trust Government Fund                               | 9,904 shares                            | 9,904                | <u>9,904</u>            |
| <b>*Participant Loans</b>                                             |                                         |                      |                         |
|                                                                       | 3.25% - 8.50%;<br>Maturing 2024 to 2038 | **                   | <u>1,755,361</u>        |
|                                                                       |                                         | <u>\$ 15,750,951</u> | <u>\$ 235,187,147</u>   |

\*Party-in-interest

\*\*Cost not required to be disclosed for these investments given they are fully participant-directed.

# Centier Bank Associates' Stock Ownership and 401(k) Plan

EIN 35-0161790    PN 002

## Schedule H, Line 4j - Schedule of Reportable Transactions Year Ended December 31, 2023

| (a)<br>Identity of Party<br>Involved | (b)<br>Description of<br>Assets        | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (g)<br>Cost of<br>Asset | (h)<br>Current Value<br>of Asset on<br>Transaction<br>Date | (i)<br>Net Gain<br>or (Loss) |
|--------------------------------------|----------------------------------------|--------------------------|-------------------------|-------------------------|------------------------------------------------------------|------------------------------|
| Issuer                               | SEI Daily Income Trust Government Fund |                          |                         |                         |                                                            |                              |
|                                      | Purchases                              | \$ 19,059,256            |                         | \$ 19,059,256           | \$ 19,059,256                                              |                              |
|                                      | Sales                                  |                          | \$ 20,039,836           | 20,039,836              | 20,039,836                                                 | \$ -                         |

**SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

CENTIER BANK ASSOCIATES' STOCK OWNERSHIP AND

EIN 35 0161790  
 PLAN NUMBER 002  
 PLAN YEAR 01/01/2023 TO 12/31/2023

| (A) | (B)<br>Identity of issuer, borrower,<br>lessor or similar party. | (C)<br>Description of investment including maturity date,<br>rate of interest, collateral, par or maturity value. | (D)<br>Cost | (E)<br>Current Value |
|-----|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
|     | The American Funds                                               | Registered Investment Company<br>Am Fds EuroPacific Grth R6 Fd                                                    | \$ 0.00     | \$ 2,075,284.56      |
|     | American Funds Service Company                                   | Registered Investment Company<br>Am Fds Trgt Dte Rtm 2010 R6 Fd                                                   | \$ 0.00     | \$ 788,384.84        |
|     | American Funds Service Company                                   | Registered Investment Company<br>Am Fds Trgt Dte Rtm 2015 R6 Fd                                                   | \$ 0.00     | \$ 882,141.08        |
|     | American Funds Service Company                                   | Registered Investment Company<br>Am Fds Trgt Dte Rtm 2020 R6 Fd                                                   | \$ 0.00     | \$ 2,798,208.28      |
|     | American Funds Service Company                                   | Registered Investment Company<br>Am Fds Trgt Dte Rtm 2025 R6 Fd                                                   | \$ 0.00     | \$ 703,825.12        |
|     | American Funds Service Company                                   | Registered Investment Company<br>Am Fds Trgt Dte Rtm 2030 R6 Fd                                                   | \$ 0.00     | \$ 4,172,602.86      |
|     | American Funds Service Company                                   | Registered Investment Company<br>Am Fds Trgt Dte Rtm 2035 R6 Fd                                                   | \$ 0.00     | \$ 1,534,015.16      |
|     | American Funds Service Company                                   | Registered Investment Company<br>Am Fds Trgt Dte Rtm 2040 R6 Fd                                                   | \$ 0.00     | \$ 10,875,825.29     |
|     | American Funds Service Company                                   | Registered Investment Company<br>Am Fds Trgt Dte Rtm 2045 R6 Fd                                                   | \$ 0.00     | \$ 952,111.20        |
|     | American Funds Service Company                                   | Registered Investment Company<br>Am Fds Trgt Dte Rtm 2050 R6 Fd                                                   | \$ 0.00     | \$ 6,382,163.16      |
|     | American Funds Service Company                                   | Registered Investment Company<br>Am Fds Trgt Dte Rtm 2055 R6 Fd                                                   | \$ 0.00     | \$ 517,425.07        |
|     | American Funds Service Company                                   | Registered Investment Company<br>Am Fds Trgt Dte Rtm 2060 R6 Fd                                                   | \$ 0.00     | \$ 741,979.62        |
|     | American Funds Service Company                                   | Registered Investment Company<br>Am Fds Trgt Dte Rtm 2065 R6 Fd                                                   | \$ 0.00     | \$ 274,564.95        |
|     | The American Funds                                               | Registered Investment Company<br>Am Funds New Economy R6 Fund                                                     | \$ 0.00     | \$ 1,713,764.87      |
|     | The American Funds                                               | American Funds NewPrsp R6 Fnd                                                                                     | \$ 0.00     | \$ 977,937.79        |

**SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

CENTIER BANK ASSOCIATES' STOCK OWNERSHIP AND

EIN 35 0161790  
PLAN NUMBER 002  
PLAN YEAR 01/01/2023 TO 12/31/2023

| (A) | (B)<br>Identity of issuer, borrower,<br>lessor or similar party. | (C)<br>Description of investment including maturity date,<br>rate of interest, collateral, par or maturity value. | (D)<br>Cost      | (E)<br>Current Value |
|-----|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------|----------------------|
|     | Baird                                                            | Registered Investment Company<br>Baird Aggregate Bond Inst Fund                                                   | \$ 0.00          | \$ 1,217,621.84      |
|     | Centier                                                          | Interest Bearing Cash<br>Centier Cash - Interest Bearing Cash                                                     | \$ 0.00          | \$ 9,903.64          |
|     | Columbia Funds                                                   | Registered Investment Company<br>Columbia Div Income I3 Fund                                                      | \$ 0.00          | \$ 4,498,680.97      |
|     | CENTIER BANK                                                     | Corporate Stock - Common<br>Common - Employer Security                                                            | \$ 15,356,155.17 | \$146,705,250.00     |
|     | Fidelity Investments                                             | Registered Investment Company<br>Fidelity Mid Cp Index Fund                                                       | \$ 0.00          | \$ 1,915,937.99      |
|     | Fidelity Investments                                             | Registered Investment Company<br>Fidelity Sm Cap Index Fund                                                       | \$ 0.00          | \$ 1,675,189.82      |
|     | Fidelity Investments                                             | Registered Investment Company<br>Fidelity US Bond Index Fund                                                      | \$ 0.00          | \$ 1,135,654.08      |
|     | Fidelity Investments                                             | Registered Investment Company<br>Fidelity 500 Index Fund                                                          | \$ 0.00          | \$ 10,785,495.67     |
|     | Franklin Templeton Investments                                   | Registered Investment Company<br>Franklin Small Cap Value R6 Fd                                                   | \$ 0.00          | \$ 900,136.94        |
|     | Oppenheimer                                                      | Registered Investment Company<br>Inv Dev Mark R6 Fd                                                               | \$ 0.00          | \$ 1,343,623.53      |
|     | John Hancock                                                     | Registered Investment Company<br>John Hancock Disc Val MC R6 Fd                                                   | \$ 0.00          | \$ 334,733.76        |
|     | JP Morgan Funds                                                  | Registered Investment Company<br>JP Morgan Large Cap Gr R6 Fd                                                     | \$ 0.00          | \$ 1,948,838.80      |
|     | Parnassus                                                        | Registered Investment Company<br>Parnassus Mid Cap Inst Fund                                                      | \$ 0.00          | \$ 629,512.18        |
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>Prin MidCap Growth Sep Acct-Z                                                         | \$ 0.00          | \$ 2,317,405.08      |
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>Prin SmCap Growth I Sep Acct-Z                                                        | \$ 0.00          | \$ 1,312,834.29      |

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

CENTIER BANK ASSOCIATES' STOCK OWNERSHIP AND

EIN 35 0161790  
PLAN NUMBER 002  
PLAN YEAR 01/01/2023 TO 12/31/2023

| (A) | (B)<br>Identity of issuer, borrower,<br>lessor or similar party. | (C)<br>Description of investment including maturity date,<br>rate of interest, collateral, par or maturity value. | (D)<br>Cost | (E)<br>Current Value |
|-----|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
| *   | Principal Global Investors Trust Co                              | Common/Collective Trust                                                                                           |             |                      |
|     |                                                                  | Principal Stable Value Z Fund                                                                                     | \$ 0.00     | \$ 9,631,548.00      |
|     | PIMCO Funds                                                      | Registered Investment Company                                                                                     |             |                      |
|     |                                                                  | PIMCO Intl Bond (USD-Hdg) I Fd                                                                                    | \$ 0.00     | \$ 355,671.32        |
|     | TIAA Investments                                                 | Registered Investment Company                                                                                     |             |                      |
|     |                                                                  | TIAA-CREF Intl Eq Idx Inst Fd                                                                                     | \$ 0.00     | \$ 1,117,381.13      |
|     | Vanguard Group                                                   | Registered Investment Company                                                                                     |             |                      |
|     |                                                                  | Vangd Ttl Intl Bond Idx Adm Fd                                                                                    | \$ 0.00     | \$ 163,380.68        |
|     | Vanguard Group                                                   | Registered Investment Company                                                                                     |             |                      |
|     |                                                                  | Vanguard Balncd Index Admr'l Fd                                                                                   | \$ 0.00     | \$ 7,046,822.02      |
|     | Vanguard Group                                                   | Registered Investment Company                                                                                     |             |                      |
|     |                                                                  | Vanguard Equity-Inc Adm Fund                                                                                      | \$ 0.00     | \$ 2,553,436.30      |
|     | Vanguard Group                                                   | Registered Investment Company                                                                                     |             |                      |
|     |                                                                  | Vanguard GNMA Admiral Fund                                                                                        | \$ 0.00     | \$ 442,494.28        |
| *   | Participant Loans                                                | Range of Interest Rates                                                                                           |             |                      |
|     |                                                                  | Rates Range From 3.25% To 8.50%                                                                                   | \$ 0.00     | \$ 1,755,361.00      |
|     |                                                                  |                                                                                                                   |             |                      |
|     |                                                                  |                                                                                                                   |             |                      |
|     |                                                                  |                                                                                                                   |             |                      |
|     |                                                                  |                                                                                                                   |             |                      |
|     |                                                                  |                                                                                                                   |             |                      |
|     |                                                                  |                                                                                                                   |             |                      |
|     |                                                                  |                                                                                                                   |             |                      |



# Centier Bank Associates' Stock Ownership and 401(k) Plan

EIN 35-0161790    PN 002

## Schedule H, Line 4j - Schedule of Reportable Transactions Year Ended December 31, 2023

| (a)<br>Identity of Party<br>Involved | (b)<br>Description of<br>Assets        | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (g)<br>Cost of<br>Asset | (h)<br>Current Value<br>of Asset on<br>Transaction<br>Date | (i)<br>Net Gain<br>or (Loss) |
|--------------------------------------|----------------------------------------|--------------------------|-------------------------|-------------------------|------------------------------------------------------------|------------------------------|
| Issuer                               | SEI Daily Income Trust Government Fund |                          |                         |                         |                                                            |                              |
|                                      | Purchases                              | \$ 19,059,256            |                         | \$ 19,059,256           | \$ 19,059,256                                              |                              |
|                                      | Sales                                  |                          | \$ 20,039,836           | 20,039,836              | 20,039,836                                                 | \$ -                         |