

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

Complete all entries in accordance with the instructions to the Form 5500.

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

1a Name of plan: HONAT BANCORP, INC. EMPLOYEE STOCK OWNERSHIP PLAN W/401(K) PROVISIONS
1b Three-digit plan number (PN): 003
1c Effective date of plan: 01/01/1985
2a Plan sponsor's name (employer, if for a single-employer plan): HONAT BANCORP, INC.
2b Employer Identification Number (EIN): 23-6758504
2c Plan Sponsor's telephone number: 570-253-3355
2d Business code (see instructions): 522110

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	218
<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> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <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) ..... <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) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	151
	<b>6a(2)</b>	151
	<b>6b</b>	27
	<b>6c</b>	37
	<b>6d</b>	215
	<b>6e</b>	0
	<b>6f</b>	215
	<b>6g(1)</b>	216
	<b>6g(2)</b>	213
<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:  
20 21

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

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

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan HONAT BANCORP, INC. EMPLOYEE STOCK OWNERSHIP PLAN W/401(K) PROVISIONS	<b>B</b> Three-digit plan number (PN) ▶	003
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 HONAT BANCORP, INC.	<b>D</b> Employer Identification Number (EIN) 23-6758504	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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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)

PROACCOUNT

10 W NATIONWIDE BLVD  
COLUMBUS, OH 43215

73-0988442

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	INVESTMENT ADVISORY	4652	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> 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.

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

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

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

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

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<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
<b>A</b> Name of plan <u>HONAT BANCORP, INC. EMPLOYEE STOCK OWNERSHIP PLAN W/401(K) PROVISIONS</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>HONAT BANCORP, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>23-6758504</u>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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> 0	3325
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b> 1947	3251
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b> 971364	0
<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>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<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> 11344645	13491457
<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>	16902054	17510255
(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>	29220010	31008288
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	4090	924
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	4090	924
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	29215920	31007364

**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>	1280349	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	897548	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	0	
(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>		2177897
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	35556	
<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>		
<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>		35556
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	396700	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	12305	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		409005
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<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>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	300950	
<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 .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		1455001
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		4378409

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	2582313	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		2582313
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	4652	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		4652
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		2586965

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		1791444
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **S R SNODGRASS**

(2) EIN: **25-1616561**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<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.)		X	
<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.)		X	
<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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		6000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<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.)	X		
<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.)		X	
<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?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>HONAT BANCORP, INC. EMPLOYEE STOCK OWNERSHIP PLAN W/401(K) PROVISIONS</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>HONAT BANCORP, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>23-6758504</u>	

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

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

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

1		0
---	--	---

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

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

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

3	
---	--

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

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

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

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

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

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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (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:

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

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

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

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

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

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

HONAT BANCORP, INC. EMPLOYEE STOCK OWNERSHIP PLAN (WITH 401(K) PROVISIONS)

HONESDALE, PENNSYLVANIA

AUDIT REPORT

DECEMBER 31, 2024

HONAT BANCORP, INC. EMPLOYEE STOCK OWNERSHIP PLAN (WITH 401(K) PROVISIONS)  
DECEMBER 31, 2024

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## INDEPENDENT AUDITOR'S REPORT

Plan Trustees

Honat Bancorp, Inc. Employee Stock Ownership Plan (with 401(k) Provisions)

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

We have performed an audit of the financial statements of Honat Bancorp, Inc. Employee Stock Ownership Plan (with 401(k) Provisions) (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023; the related statement of changes in net assets available for benefits for the year ended December 31, 2024; and the related notes to the financial statements (collectively, the financial statements).

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

Management has obtained a certification from qualified institutions as of December 31, 2024 and 2023, and for the year ended December 31, 2024, 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 (U.S. GAAP).

#### **PITTSBURGH, PA**

2009 Mackenzie Way • Suite 340  
Cranberry Township, PA 16066  
(724) 934-0344

#### **PHILADELPHIA, PA**

161 Washington Street • Suite 200  
Conshohocken, PA 19428  
(610) 278-9800

#### **WHEELING, WV**

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

#### **STEUBENVILLE, OH**

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

**Opinion (Continued)**

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

**Basis for Opinion**

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

**Responsibilities of Management for the Financial Statements**

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

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

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

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

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



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

In performing an audit in accordance with GAAS, we:

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

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

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

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



## **Other Matters**

### ***Supplemental Schedule Required by ERISA***

The supplemental schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of the year ended December 31, 2024, and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Cranberry Township, Pennsylvania  
July 31, 2025

HONAT BANCORP, INC. EMPLOYEE STOCK OWNERSHIP PLAN (WITH 401(K) PROVISIONS)  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2024	2023
<b>ASSETS</b>		
Cash and cash equivalents	\$ 3,325	\$ -
Investments, at fair value:		
Honat Bancorp, Inc. common stock	17,510,255	16,902,054
Money market accounts	-	971,364
Money market mutual fund	1,183,360	255,000
Mutual funds	12,308,097	11,089,645
	31,001,712	29,218,063
Accrued interest receivable	3,251	1,947
Total Assets	31,008,288	29,220,010
<b>LIABILITIES</b>		
Excess contribution refundable	924	4,090
Total Liabilities	924	4,090
Net assests available for benefits	\$ 31,007,364	\$ 29,215,920

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

HONAT BANCORP, INC. EMPLOYEE STOCK OWNERSHIP PLAN (WITH 401(K) PROVISIONS)  
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEAR ENDED DECEMBER 31, 2024

Additions:	
Investment income:	
Net appreciation in fair value of investments	\$ 1,755,951
Interest and dividends	<u>444,561</u>
Total investment income	2,200,512
Contributions:	
Employer	1,280,349
Participants	897,548
Rollover	<u>-</u>
Total contributions	2,177,897
Total additions	<u>4,378,409</u>
Deductions:	
Benefits paid to participants	2,582,313
Administrative expenses	<u>4,652</u>
Total deductions	<u>2,586,965</u>
Net increase	1,791,444
Net assets available for benefits:	
Beginning of year	<u>29,215,920</u>
End of year	<u>\$ 31,007,364</u>

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

HONAT BANCORP, INC. EMPLOYEE STOCK OWNERSHIP PLAN (WITH 401(K) PROVISIONS)  
NOTES TO FINANCIAL STATEMENTS

NOTE 1 – DESCRIPTION OF PLAN

The following brief description of the Honat Bancorp, Inc. Employee Stock Ownership Plan (with 401(k) Provisions) (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for a more comprehensive description of the Plan’s provisions.

General

The Plan is designed to comply with Section 4975(e)(7) and the regulations thereunder of the Internal Revenue Code (the “Code”) and is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). The Honat Bancorp, Inc. Trust Department and Nationwide Trust Company (“Trustees”) are the Plan’s trustees.

Eligibility

The Plan is a defined contribution plan covering all employees of The Honesdale National Bank (the “Bank”), the wholly owned subsidiary of Honat Bancorp, Inc. (“Plan Sponsor”), who have completed 1,000 hours of service and attained 18 years of age in a plan year. Any part-time employee who has worked at least 500 hours of service for three consecutive years is eligible to contribute to the 401(k) plan also, however, they are not eligible for Employer matching contributions. The Board of Directors at the Bank is responsible for oversight of the Plan. Honat Bancorp, Inc. Employee Stock Ownership Plan (with 401(k) Provisions) Plan Trustees determine the appropriateness of the Plan’s investments and monitor investment performance.

Contributions

For each plan year, the Bank may make three types of contributions to the Plan: employer basic discretionary contributions, employer matching discretionary contributions, and employer optional discretionary contributions. The participants are eligible to contribute through salary reduction contributions as a pre-tax or post-tax Roth 401(k) deferral. The employer basic discretionary contribution is determined at the sole discretion of the Bank’s Board of Directors. The employer matching discretionary contribution is calculated at 100 percent of the first 3 percent of the participant’s elected deferral contributions and 50 percent of the next 3 percent of the participant’s elected deferral contributions. The employer optional discretionary contribution is determined at the sole discretion of the Bank’s Board of Directors. The basic discretionary and optional discretionary contributions are allocated based on a participant’s eligible compensation, relative to total eligible compensation as defined in the Plan document. The Bank’s contributions for any plan year shall not exceed the maximum amount allowable as a deduction to the Bank under the provision of the Internal Revenue Code Section 404.

Participant Accounts

Participants’ accounts are credited with the participants’ contribution or rollover contribution and an allocation of the Bank’s contribution, Plan earnings, and forfeitures of terminated participants’ nonvested accounts. A participant must be employed by the Bank on December 31 of the plan year and complete 1,000 hours of credited service to receive an allocation of the employer basic discretionary contribution, the employer matching discretionary contribution, and the employer optional discretionary contribution. If employees are terminated during the year due to disability, retirement, or death, they are also entitled to an allocation of these employer contributions.

Vesting

Participants are vested immediately in their salary reduction contributions, rollover contributions, and employer discretionary basic contributions, plus actual earnings thereon. Vesting in the Bank’s employer matching discretionary contribution and employer optional discretionary contribution portion of their accounts is based on years of service. A participant is 20 percent vested after two years of credited service and is vested an additional 20 percent for each additional year of credited service until becoming 100 percent vested after six years of credited service.

In the event of retirement, death, or total disability, the participant becomes 100 percent vested, regardless of years of service. Additionally, participants are fully vested in the event of a change in control of the Bank.

## NOTE 1 – DESCRIPTION OF PLAN (Continued)

### Payment of Benefits

Upon termination of service due to death, disability, or retirement, distributions will be paid in a lump sum or in equal annual installments over a period not exceeding five years. Upon termination of service other than by death, disability, or retirement, participants may elect to receive their benefits in whole shares of Bank stock, cash, or a combination of both if the total of their vested account balance does not exceed \$1,000. A participant's account whose vested account balance exceeds \$1,000 will generally be held in a trust until the participant's normal or early retirement date.

### Forfeited Accounts

When certain terminations of participation in the Plan occur, these forfeited accounts may be available to reinstate previously forfeited account balances of former participants, used to fund any qualified non-elective contribution or safe harbor contribution for Code section 401(k) purposes, or used to pay any administrative expenses of the Plan. The remaining forfeitures, if any, shall be used to reduce the contribution of the employer. There were no unallocated forfeitures as of December 31, 2024 and 2023. During 2024, forfeitures allocated to active participants' accounts totaled \$30,966.

### Voting Rights

Each participant is entitled to exercise voting rights attributable to the shares in his or her account and is notified by the Honat Bancorp, Inc. Trust Department prior to the time that such rights are to be exercised. The Honat Bancorp, Inc. Trust Department is permitted to vote for any share for which instructions have not been given by a participant.

### Put Option

Under federal income tax regulations, the employer stock that is held by the Plan and its participants is not readily tradable on an established market or subject to trading limitations, including a put option. The put option is a right to demand that the Bank buy any shares of its stock distributed to participants at a price equal to its fair value. The put price is representative of the fair market value of the stock and is determined by a valuation performed by an independent third party. The Bank can pay for the purchase with interest over a period of five years. The purpose of the put option is to ensure that the participant has the ability to ultimately obtain cash.

### 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 Bank stock into investments that are more diversified. Participants who are at least age 55 with at least ten years of participation in the Plan may elect to diversify a portion of their account. Diversification is offered to each eligible participant over a six-year period. In each of the first five years, a participant may diversify up to 25 percent 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 percent.

## NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

### Basis of Accounting

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

### Use of Estimates

The financial statements have been prepared in conformity with U.S. generally accepted accounting principles. In preparing the financial statements, management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition

All investments held by the Plan are valued at fair value on December 31, 2024 and 2023. Fair value is the price that would be received to sell an asset in or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Trustees of the Plan determine the valuation policies. Interest income is recorded when earned. Dividend income is accrued on the ex-dividend date. Purchases and sales of securities are recorded on a trade-date basis. Realized gains and losses from security transactions are reported on the average cost method and are included in net appreciation in fair value of investments on the Statement of Changes in Net Assets Available for Benefits. Net appreciation in fair value of investments includes gains and losses on investments bought and sold, as well as held during the year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Administrative expenses of the Plan relating to investment management are paid by the Plan. Fees relating to accounting, recordkeeping, and legal expenses are paid by the Bank.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability with a corresponding reduction to contributions. There were \$924 and \$4,090 in excess contributions related to participant contributions during the years ended December 31, 2024 and 2023, respectively.

NOTE 3 – INVESTMENTS

The Plan's participant-directed investments are administered by Nationwide Trust Company and the nonparticipant-directed investments are administered by the Honat Bancorp Inc., Trust Department. The following is a summary of the investment information as of December 31, 2024 and 2023, and for the year ended December 31, 2024, included in the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by the Trustees and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the Trustees that the information provided to the Plan Administrator by the Trustees related to the following investments is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information, which appears throughout the financial statements and supplemental schedule, related to the following investments:

	<u>2024</u>	<u>2023</u>
Honat Bancorp, Inc. common stock	\$ 17,510,255	\$ 16,902,054
Money market account	-	971,364
Money market mutual fund	1,183,360	255,000
Mutual funds	<u>12,308,097</u>	<u>11,089,645</u>
Total investments	<u>\$ 31,001,712</u>	<u>\$ 29,218,063</u>

The Trustees also certified the completeness and accuracy of \$1,755,951 of net appreciation in fair value of investments and \$444,561 of interest and dividends for the year ended December 31, 2024.

#### NOTE 4 – NONPARTICIPANT-DIRECTED INVESTMENTS

Information about the net assets and significant components of the changes in net assets relating to nonparticipant-directed investments is as follows:

	December 31,	
	<u>2024</u>	<u>2023</u>
<b>ASSETS</b>		
Cash and cash equivalents	\$ 3,325	\$ -
Investments, at fair value:		
Honat Bancorp, Inc. common stock	17,510,255	16,902,054
Money market account	-	971,364
Money market mutual fund	1,183,360	255,000
Mutual Funds	<u>269,741</u>	<u>269,406</u>
Total investments	18,963,356	18,397,824
Accrued interest receivable and dividends	<u>3,251</u>	<u>1,947</u>
 Total assets	 <u>18,969,933</u>	 <u>18,399,771</u>
 <b>LIABILITIES</b>		
Net assets available for benefits	<u><u>\$ 18,969,933</u></u>	<u><u>\$ 18,399,771</u></u>

	Year Ended December 31, 2024
Changes in net assets:	
Net appreciation in fair value of investments	\$ 300,634
Interest and dividends	442,665
Employer contributions	1,280,349
Benefits paid to participants	<u>(1,453,487)</u>
Net increase	<u><u>\$ 570,161</u></u>

#### NOTE 5 – FAIR VALUE MEASUREMENTS

The following disclosures show the three broad levels of the hierarchal disclosure framework associated with the level of pricing observations utilized in measuring assets and liabilities at fair value.

- Level I: Quoted prices are available in active markets for identical assets or liabilities as of the reported date.
- Level II: Pricing inputs are other than the quoted prices in active markets, which are either directly or indirectly observable as of the reported date. The nature of these assets and liabilities includes items for which quoted prices are available but traded less frequently and items that are fair-valued using other financial instruments, the parameters of which can be directly observed.
- Level III: Valuations derived from valuation techniques in which one or more significant inputs or significant value drivers are unobservable.

NOTE 5 – FAIR VALUE MEASUREMENTS (Continued)

This hierarchy requires the use of observable market data when available.

The following tables present the assets reported on the Statements of Net Assets Available for Benefits at their fair value as of December 31, 2024 and 2023, by level within the fair value hierarchy.

	December 31, 2024			
	Level I	Level II	Level III	Total
Assets:				
Honat Bancorp, Inc. common stock	\$ -	\$ 17,510,255	\$ -	17,510,255
Money market account	-	-	-	-
Money market mutual funds	1,183,360	-	-	1,183,360
Mutual funds	12,308,097	-	-	12,308,097
Total assets at fair value	\$ 13,491,457	\$ 17,510,255	\$ -	31,001,712

  

	December 31, 2023			
	Level I	Level II	Level III	Total
Assets:				
Honat Bancorp, Inc. common stock	\$ -	\$ 16,902,054	\$ -	\$ 16,902,054
Money market account	971,364	-	-	971,364
Money market mutual funds	255,000	-	-	255,000
Mutual funds	11,089,645	-	-	11,089,645
Total assets at fair value	\$ 12,316,009	\$ 16,902,054	\$ -	\$ 29,218,063

Financial assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Honat Bancorp, Inc. Common Stock

Valued by an independent third party as of December 31, 2024. Valuation methodology utilized a combination of market and income factors, but ultimately places significant weight on the observable transactions of the common stock near the reporting date. As such, management considers this to be a Level II methodology.

Money Market Account

Valued at cost, which approximates fair value.

Money Market Mutual Fund

The money market mutual fund (the Fund) attempts to stabilize (NAV of its shares at \$1.00) by valuing its portfolio securities using the amortized cost method. A market-based NAV per share is calculated on a periodic basis. The Fund does not guarantee that the NAV will always remain at \$1.00 per share. Shares can be redeemed on a same-day basis but only directly with the Fund. Such transactions do not constitute an active market.

Mutual Funds

Valued at the daily closing price as reported by the Fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission (SEC). These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are actively traded.

#### NOTE 5 – FAIR VALUE MEASUREMENTS (Continued)

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.

#### NOTE 6 – RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Bank absorbs all legal, third-party administration, stock valuation, and accounting costs incurred in relation to the administration of the Plan. Such costs amounted to \$31,937 for the year ended December 31, 2024.

Certain Plan investments are shares of mutual funds managed by Nationwide Trust Company. Nationwide Trust Company is the Trustee of the participant-directed investments; therefore, these transactions qualify as party-in-interest transactions. Fees incurred and paid directly by the Plan for the investment management services were \$4,652.

The Plan invests in the common stock of the Plan Sponsor, a money market account at the Bank, as well as certain mutual funds managed by Nationwide Trust Company. Therefore, these holdings and the related transactions qualify as related-party transactions. At December 31, 2024 and 2023, the Plan held 147,145 and 144,462 shares of Honat Bancorp, Inc. common stock, respectively. Dividends received on these shares in 2024 totaled \$396,700. Interest income on the money market account in 2024 totaled \$514. Dividends on the mutual funds managed by Nationwide Trust Company in 2024 totaled \$1,897.

#### NOTE 7 – 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 will become 100 percent vested in the Bank contribution portion of their account.

#### NOTE 8 – TAX STATUS

The IRS has determined and informed the Bank by a letter dated April 10, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2021.

#### NOTE 9 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. The investment securities, which consist primarily of the Plan Sponsor's common stock, are exposed to various risks, such as interest rate, market, and credit risks, as well as valuation assumptions based on earnings, cash flows, and other such techniques. Due to the level of risk associated with the various investment securities and to uncertainties inherent in estimates and assumptions, it is at least reasonably possible that changes in the value of the investment securities, including common stock, will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits. The Plan invests 56.5 percent of total assets in the common stock for the plan year ended December 31, 2024.

#### NOTE 10 – SUBSEQUENT EVENTS

Management has reviewed events occurring through July 31, 2025, the date the financial statements were issued, and no subsequent events occurred requiring accrual or disclosure.

SUPPLEMENTAL SCHEDULES

HONAT BANCORP, INC. EMPLOYEE STOCK OWNERSHIP PLAN (WITH 401(K) PROVISIONS)  
 LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
 EMPLOYER IDENTIFICATION NUMBER 23-6758504  
 PLAN NUMBER – 003  
 DECEMBER 31, 2024

(a) Party in Interest	(b) Identity of Issuer and (c) Description	(d) Cost	(e) Fair Value
	<u>Mutual funds</u>		
	Ab Gbl Bd 1	N/R	\$ 12,989
	Abrdn Emrg Mktexchina Inst	N/R	3,055
	Allspr Prec Mtls Inst	N/R	63,015
	Amcent Shtdrinflprtbd R5	N/R	216
	Amfds Am Bal R6	N/R	238,702
	Amfds Gr Fd Am R6	N/R	1,288,680
	Amfds Wshngtn Mut Inv R6	N/R	5,292
	Avnts Emerging Markets Equity Fund	N/R	36,584
	Avnts Us Lgcap Val Inst	N/R	41,864
	Avnts Us Smcap Val Inst	N/R	12,122
	Blkrk Evdriv Eq Inst	N/R	5,832
	Blkrk Hi Yld Bd Inst	N/R	5,831
	Blkrk Hi Yld Bd Port K	N/R	24,697
	Blkrk Mdcap Gr Eq Inst	N/R	19,114
	Blkrk Strat Inc Oppr I	N/R	1,916
	Blkrk Ttl Rtn K	N/R	25,142
	Buf Disc Rtl	N/R	41,684
	Col Sel Lgcap Gr Inst2	N/R	7,970
	Dfa Emrg Mkt Cor Eq Inst	N/R	4,668
	Dfa Infl Prtct Sec Inst	N/R	6,085
	Dfa Us Lgcap Val Inst	N/R	5,223
	Diamond Hill Mdcap I	N/R	22,995
	Dodgecox Intl Stk	N/R	48,251
	Emerald Bk Fin Inst	N/R	62,431
	Fed Hrms Gov Oblgtns Prmr	N/R	213,136
	Fid 500 Indx	N/R	840,272
	Fid Intl Indx	N/R	262,543
	Fid Mdcap Indx	N/R	88,315
	Fid Us Bd Indx	N/R	60,699
	Fidadv Bio Inst	N/R	31,054
	Fidadv Telecom I	N/R	40,123
	Fnkln Util Ser Adv	N/R	36,832
	Fnkln tmp Gbl Bd R6	N/R	2,609
	Gdmnscs Gqgptnrintloppr R6	N/R	47,452
	Harbor Intl Inst	N/R	3,428
	Invscop Intl Gr Y	N/R	5,618
	Jpm Eq Inc R5	N/R	61,594
	Jpm Lgcap Val R6	N/R	39,017
	Jpm Smcap Val R6	N/R	4,042
	Legal & General Commodity Strategy Fund	N/R	18,801
	Mfs Mdcap Gr R6	N/R	23,304
*	Nw Inv Dest Mod Aggr R6	N/R	84,188
*	Nw Loomis Allcap Gr R6	N/R	43,681
	Natixis Loomis Gr A	N/R	8,527
	Neuber Hi Inc A	N/R	449

HONAT BANCORP, INC. EMPLOYEE STOCK OWNERSHIP PLAN (WITH 401(K) PROVISIONS)  
LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
EMPLOYER IDENTIFICATION NUMBER 23-6758504  
PLAN NUMBER - 003  
DECEMBER 31, 2024 (Continued)

(a) Party in Interest	(b) Identity of Issuer and (c) Description	(d) Cost	(e) Fair Value
	<u>Mutual funds</u> (continued)		
	Pgim Gbl Realest R6	N/R	170
	Pgim Jnism Natrl Rsrc Z	N/R	351,447
	Pgim Jnism Util Z	N/R	289,806
	Pgim Ttl Rtn Bd R6	N/R	59,958
	Pimco Inc Inst	N/R	19,536
	Pimco Real Rtn Inst	N/R	33,262
	Pimcomodyrealrtnstratinst	N/R	-
	Prncpl Gbl Realest R6	N/R	22,333
	Vaneck Emrg Mkt Inst	N/R	16,297
	Vngrd 500 Index Fd As	N/R	27,498
	Vngrd Dividend Growth Fund	N/R	33,303
	Vngrd Equity Income Fund Adm	N/R	37,671
	Vngrd Explr Adml	N/R	12,277
	Vngrd Hi Yld Corp Adml	N/R	192,742
	Vngrd Intmdtrminvtgrd Adml	N/R	282,433
	Vngrd Mdcap Val Indx Adml	N/R	55,216
	Vngrd St Bd Indx Adml	N/R	175,869
	Vngrd St Investment Grade Fund Adml	N/R	67,600
	Vngrd St Treasury Fund Adml	N/R	131,168
	Vngrd Smcap Gr Indx Adml	N/R	1,329,625
	Vngrd Trgt Rtrmt 2020 Inv	N/R	36,064
	Vngrd Trgt Rtrmt 2025 Inv	N/R	548,566
	Vngrd Trgt Rtrmt 2030 Inv	N/R	1,098,271
	Vngrd Trgt Rtrmt 2035 Inv	N/R	895,562
	Vngrd Trgt Rtrmt 2040 Inv	N/R	191,489
	Vngrd Trgt Rtrmt 2045 Inv	N/R	420,727
	Vngrd Trgt Rtrmt 2050 Inv	N/R	410,938
	Vngrd Trgt Rtrmt 2055 Inv	N/R	272,988
	Vngrd Trgt Rtrmt 2060 Inv	N/R	104,346
	Vngrd Trgt Rtrmt 2065 Inv	N/R	53,959
	Vngrd Trgt Rtrmt Inc	N/R	179,712
	Vngrd Ttl Stmkt Indx Fd As	N/R	51,683
	Vngrd Val Indx Adml	N/R	1,005,540
	Total mutual funds		<u>12,308,097</u>
*	Honat Bancorp, Inc. common stock, 147,145 shares	12,184,601	17,510,255
	Federated Hermes Treasury Obligation money market mutual fund	1,183,360	<u>1,183,360</u>
			<u>\$ 31,001,712</u>

\* Party in interest as defined by ERISA

N/R - Not Required

HONAT BANCORP, INC. EMPLOYEE STOCK OWNERSHIP PLAN (WITH 401(K) PROVISIONS)  
 SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS  
 EMPLOYER IDENTIFICATION NUMBER 23-6758504  
 PLAN NUMBER - 003  
 DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Asset Description	Purchase Price	Selling Price	Expense Lease Rental	Incurred with Transaction	Current Cost of Asset	Value of Asset on Transaction Date	Net Gain or (Loss)

Type (i) Transactions - a single transaction in excess of 5 percent of the fair value of Plan assets

-None -

Type (ii) Transactions - series of transactions other than securities transactions in excess of 5 percent of the fair value of Plan assets

-None -

Type (iii) Transactions - series of security transactions of the same issue aggregating in excess of 5 percent of the fair value of Plan assets

* Honat Bancorp Inc. ESOP	Federated Treasury Obligation - Money Market Mutual Fund	\$ 960,000	\$ 1,112,800	\$ -	\$ -	\$ 2,072,800	\$ 2,072,800	\$ -
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Type (iv) Transactions - transactions in securities with a person if any single transaction was in excess of 5 percent of the fair value of Plan assets

-None -

HONAT BANCORP, INC. EMPLOYEE STOCK OWNERSHIP PLAN (WITH 401(K) PROVISIONS)  
 SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS  
 EMPLOYER IDENTIFICATION NUMBER 23-6758504  
 PLAN NUMBER - 003  
 DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Asset Description	Purchase Price	Selling Price	Expense Lease Rental	Incurred with Transaction	Current Cost of Asset	Value of Asset on Transaction Date	Net Gain or (Loss)

Type (i) Transactions - a single transaction in excess of 5 percent of the fair value of Plan assets

-None -

Type (ii) Transactions - series of transactions other than securities transactions in excess of 5 percent of the fair value of Plan assets

-None -

Type (iii) Transactions - series of security transactions of the same issue aggregating in excess of 5 percent of the fair value of Plan assets

* Honat Bancorp Inc. ESOP	Federated Treasury Obligation - Money Market Mutual Fund	\$ 960,000	\$ 1,112,800	\$ -	\$ -	\$ 2,072,800	\$ 2,072,800	\$ -
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Type (iv) Transactions - transactions in securities with a person if any single transaction was in excess of 5 percent of the fair value of Plan assets

-None -

HONAT BANCORP, INC. EMPLOYEE STOCK OWNERSHIP PLAN (WITH 401(K) PROVISIONS)  
LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
EMPLOYER IDENTIFICATION NUMBER 23-6758504  
PLAN NUMBER – 003  
DECEMBER 31, 2024

(a) Party in Interest	(b) Identity of Issuer and (c) Description	(d) Cost	(e) Fair Value
	<u>Mutual funds</u>		
	Ab Glbl Bd 1	N/R	\$ 12,989
	Abrdn Emrg Mktexchina Inst	N/R	3,055
	Allspr Prec Mtls Inst	N/R	63,015
	Amcent Shtdrinflprtbd R5	N/R	216
	Amfds Am Bal R6	N/R	238,702
	Amfds Gr Fd Am R6	N/R	1,288,680
	Amfds Wshngtn Mut Inv R6	N/R	5,292
	Avnts Emerging Markets Equity Fund	N/R	36,584
	Avnts Us Lgcap Val Inst	N/R	41,864
	Avnts Us Smcap Val Inst	N/R	12,122
	Blkrk Evdriv Eq Inst	N/R	5,832
	Blkrk Hi Yld Bd Inst	N/R	5,831
	Blkrk Hi Yld Bd Port K	N/R	24,697
	Blkrk Mdcap Gr Eq Inst	N/R	19,114
	Blkrk Strat Inc Oppr I	N/R	1,916
	Blkrk Ttl Rtn K	N/R	25,142
	Buf Disc Rtl	N/R	41,684
	Col Sel Lgcap Gr Inst2	N/R	7,970
	Dfa Emrg Mkt Cor Eq Inst	N/R	4,668
	Dfa Infl Prtct Sec Inst	N/R	6,085
	Dfa Us Lgcap Val Inst	N/R	5,223
	Diamond Hill Mdcap I	N/R	22,995
	Dodgecox Intl Stk	N/R	48,251
	Emerald Bk Fin Inst	N/R	62,431
	Fed Hrms Gov Oblgtns Prmr	N/R	213,136
	Fid 500 Indx	N/R	840,272
	Fid Intl Indx	N/R	262,543
	Fid Mdcap Indx	N/R	88,315
	Fid Us Bd Indx	N/R	60,699
	Fidadv Bio Inst	N/R	31,054
	Fidadv Telecom I	N/R	40,123
	Fnkln Util Ser Adv	N/R	36,832
	Fnkln tmp Glbl Bd R6	N/R	2,609
	Gdmnscs Gqgptnrintloppr R6	N/R	47,452
	Harbor Intl Inst	N/R	3,428
	Invscop Opp Intl Gr Y	N/R	5,618
	Jpm Eq Inc R5	N/R	61,594
	Jpm Lgcap Val R6	N/R	39,017
	Jpm Smcap Val R6	N/R	4,042
	Legal & General Commodity Strategy Fund	N/R	18,801
	Mfs Mdcap Gr R6	N/R	23,304
*	Nw Inv Dest Mod Aggr R6	N/R	84,188
*	Nw Loomis Allcap Gr R6	N/R	43,681
	Natixis Loomis Gr A	N/R	8,527
	Neuber Hi Inc A	N/R	449

HONAT BANCORP, INC. EMPLOYEE STOCK OWNERSHIP PLAN (WITH 401(K) PROVISIONS)  
LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
EMPLOYER IDENTIFICATION NUMBER 23-6758504  
PLAN NUMBER - 003  
DECEMBER 31, 2024 (Continued)

(a) Party in Interest	(b) Identity of Issuer and (c) Description	(d) Cost	(e) Fair Value
	<u>Mutual funds (continued)</u>		
	Pgim Gbl Realest R6	N/R	170
	Pgim Jnism Natrl Rsrc Z	N/R	351,447
	Pgim Jnism Util Z	N/R	289,806
	Pgim Ttl Rtn Bd R6	N/R	59,958
	Pimco Inc Inst	N/R	19,536
	Pimco Real Rtn Inst	N/R	33,262
	Pimcomodyrealrtnstratinst	N/R	-
	Prncpl Gbl Realest R6	N/R	22,333
	Vaneck Emrg Mkt Inst	N/R	16,297
	Vngrd 500 Index Fd As	N/R	27,498
	Vngrd Dividend Growth Fund	N/R	33,303
	Vngrd Equity Income Fund Adm	N/R	37,671
	Vngrd Explr Adml	N/R	12,277
	Vngrd Hi Yld Corp Adml	N/R	192,742
	Vngrd Intmdtrminvtgrd Adml	N/R	282,433
	Vngrd Mdcap Val Indx Adml	N/R	55,216
	Vngrd St Bd Indx Adml	N/R	175,869
	Vngrd St Investment Grade Fund Adml	N/R	67,600
	Vngrd St Treasury Fund Adml	N/R	131,168
	Vngrd Smcap Gr Indx Adml	N/R	1,329,625
	Vngrd Trgt Rtrmt 2020 Inv	N/R	36,064
	Vngrd Trgt Rtrmt 2025 Inv	N/R	548,566
	Vngrd Trgt Rtrmt 2030 Inv	N/R	1,098,271
	Vngrd Trgt Rtrmt 2035 Inv	N/R	895,562
	Vngrd Trgt Rtrmt 2040 Inv	N/R	191,489
	Vngrd Trgt Rtrmt 2045 Inv	N/R	420,727
	Vngrd Trgt Rtrmt 2050 Inv	N/R	410,938
	Vngrd Trgt Rtrmt 2055 Inv	N/R	272,988
	Vngrd Trgt Rtrmt 2060 Inv	N/R	104,346
	Vngrd Trgt Rtrmt 2065 Inv	N/R	53,959
	Vngrd Trgt Rtrmt Inc	N/R	179,712
	Vngrd Ttl Stmkt Indx Fd As	N/R	51,683
	Vngrd Val Indx Adml	N/R	1,005,540
	Total mutual funds		<u>12,308,097</u>
*	Honat Bancorp, Inc. common stock, 147,145 shares	12,184,601	17,510,255
	Federated Hermes Treasury Obligation money market mutual fund	1,183,360	<u>1,183,360</u>
			<u>\$ 31,001,712</u>

\* Party in interest as defined by ERISA

N/R - Not Required