

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 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: FIRST FEDERAL BANK RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1956
2a Plan sponsor's name (employer, if for a single-employer plan): FIRST FEDERAL BANK
2b Employer Identification Number (EIN): 44-0246815
2c Plan Sponsor's telephone number: 816-241-7800
2d Business code (see instructions): 522120

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

| | | |
|---|--|-----|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 182 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) | 60 |
| | 6a(2) | 48 |
| | 6b | 71 |
| | 6c | 41 |
| | 6d | 160 |
| | 6e | 11 |
| | 6f | 171 |
| | 6g(1) | |
| 6g(2) | | |
| 6h | | 1 |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |

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

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

| | |
|---|---|
| 9a Plan funding arrangement (check all that apply) | 9b Plan benefit arrangement (check all that apply) |
| (1) <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)

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

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

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

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

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

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

Receipt Confirmation Code _____

| | | |
|---|--|--|
| SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection |
|---|--|--|

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

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

| | | |
|---|---|------------|
| A Name of plan <u>FIRST FEDERAL BANK RETIREMENT PLAN</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>FIRST FEDERAL BANK</u> | D Employer Identification Number (EIN) <u>44-0246815</u> | |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 | |

Part I Basic Information

| | | | |
|----------|---|----------------------------|---------------------------|
| 1 | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u> | | |
| 2 | Assets: | | |
| | a Market value | 2a | <u>44698449</u> |
| | b Actuarial value | 2b | <u>46778882</u> |
| 3 | Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target |
| | a For retired participants and beneficiaries receiving payment | <u>85</u> | <u>18427828</u> |
| | b For terminated vested participants | <u>37</u> | <u>3204807</u> |
| | c For active participants | <u>60</u> | <u>8226841</u> |
| | d Total | <u>182</u> | <u>29859476</u> |
| 4 | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/> | | |
| | a Funding target disregarding prescribed at-risk assumptions | 4a | |
| | b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b | |
| 5 | Effective interest rate | 5 | <u>5.14 %</u> |
| 6 | Target normal cost | | |
| | a Present value of current plan year accruals | 6a | <u>608164</u> |
| | b Expected plan-related expenses | 6b | <u>60000</u> |
| | c Target normal cost | 6c | <u>668164</u> |

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

| | | |
|------------------|-----------------------------------|--|
| SIGN HERE | | |
| | Signature of actuary | <u>05/12/2025</u> |
| | <u>TRICIA MEYSENBURG</u> | Date |
| | Type or print name of actuary | <u>23-07325</u> |
| | <u>CBIZ</u> | Most recent enrollment number |
| | Firm name | <u>913-345-0500</u> |
| | <u>6900 COLLEGE BLVD, STE 300</u> | Telephone number (including area code) |
| | <u>OVERLAND PARK, KS 66211</u> | |
| | Address of the firm | |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

| Part II Beginning of Year Carryover and Prefunding Balances | | (a) Carryover balance | (b) Prefunding balance |
|--|--|-----------------------|------------------------|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 11176418 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 11176418 |
| 10 | Interest on line 9 using prior year's actual return of <u>12.64</u> % | 0 | 1412699 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Present value of excess contributions (line 38a from prior year) | | 0 |
| | b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.26</u> % | | 0 |
| | b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| | c Total available at beginning of current plan year to add to prefunding balance | | 0 |
| | d Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 12589117 |

| Part III Funding Percentages | | | |
|-------------------------------------|--|-----------|----------|
| 14 | Funding target attainment percentage | 14 | 114.01 % |
| 15 | Adjusted funding target attainment percentage | 15 | 155.99 % |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 114.23 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

| Part IV Contributions and Liquidity Shortfalls | | | | | |
|--|--------------------------------|------------------------------|-----------------------|--------------------------------|------------------------------|
| 18 Contributions made to the plan for the plan year by employer(s) and employees: | | | | | |
| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals ▶ | | | 18(b) | 0 | 18(c) 0 |

| | | |
|--|--|---|
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | |
| | a Contributions allocated toward unpaid minimum required contributions from prior years | 19a 0 |
| | b Contributions made to avoid restrictions adjusted to valuation date | 19b 0 |
| | c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c 0 |
| 20 | Quarterly contributions and liquidity shortfalls: | |
| | a Did the plan have a "funding shortfall" for the prior year? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | c If line 20a is "Yes," see instructions and complete the following table as applicable: | |
| Liquidity shortfall as of end of quarter of this plan year | | |
| (1) 1st | (2) 2nd | (3) 3rd |
| | | |
| (4) 4th | | |

| | | | |
|--|------------------------|------------------------|---|
| Part V Assumptions Used to Determine Funding Target and Target Normal Cost | | | |
| 21 Discount rate: | | | |
| a Segment rates: | 1st segment: 4.75 % | 2nd segment: 4.87 % | <input type="checkbox"/> N/A, full yield curve used |
| b Applicable month (enter code) | | | 21b 2 |
| 22 Weighted average retirement age | | | 22 62 |
| 23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute | | | |

| | | | |
|---|--|--|---|
| Part VI Miscellaneous Items | | | |
| 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 26 Demographic and benefit information | | | |
| a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... | | | 27 |

| | | | |
|---|--|--|-------------|
| Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years | | | |
| 28 Unpaid minimum required contributions for all prior years | | | 28 0 |
| 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | | | 29 0 |
| 30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)..... | | | 30 0 |

| | | | |
|--|---------------------|--------------------|-------------------|
| Part VIII Minimum Required Contribution For Current Year | | | |
| 31 Target normal cost and excess assets (see instructions): | | | |
| a Target normal cost (line 6c) | | | 31a 668164 |
| b Excess assets, if applicable, but not greater than line 31a | | | 31b 668164 |
| 32 Amortization installments: | Outstanding Balance | | Installment |
| a Net shortfall amortization installment | 0 | | 0 |
| b Waiver amortization installment..... | 0 | | 0 |
| 33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount | | | 33 |
| 34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... | | | 34 0 |
| | Carryover balance | Prefunding balance | Total balance |
| 35 Balances elected for use to offset funding requirement | 0 | 0 | 0 |
| 36 Additional cash requirement (line 34 minus line 35) | | | 36 0 |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | | | 37 0 |
| 38 Present value of excess contributions for current year (see instructions) | | | |
| a Total (excess, if any, of line 37 over line 36) | | | 38a 0 |
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances..... | | | 38b 0 |
| 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | | | 39 0 |
| 40 Unpaid minimum required contributions for all years | | | 40 0 |

| | | | |
|---|--|--|--|
| Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions) | | | |
| 41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 | | | |

| | | |
|--|--|---|
| SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
|--|--|---|

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

| | | |
|--|--|------------|
| A Name of plan FIRST FEDERAL BANK RETIREMENT PLAN | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 FIRST FEDERAL BANK | D Employer Identification Number (EIN) 44-0246815 | |

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

| | |
|------------------------------|---|
| DODGE & COX FUNDS | PO BOX 8422 BOSTON, MA 02266 |
|------------------------------|---|

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

| | |
|-----------------------------|---|
| FIDELITY INVESTMENTS | 245 SUMMER STREET BOSTON, MA 02210 |
|-----------------------------|---|

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

| | |
|---------------------------------|---|
| GOLDMAN, SACHS & CO. | 200 WEST STREET, 29TH FLOOR NEW YORK, NY 10282 |
|---------------------------------|---|

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

| | |
|------------------------|---|
| MFS INVESTMENTS | 500 BOYLSTON STREET BOSTON, MA 02116 |
|------------------------|---|

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

PIMCO

650 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

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

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

VICTORY CAPITAL

15935 LA CANTERA PARKWAY
SAN ANTONIO, TX 78256

(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

(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

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)

COMMERCE BANK

48-0962626

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 27 50 59 33 | NONE | 122238 | 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)

CBIZ

31-1582098

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 11 17 50 | NONE | 30723 | 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"/> |

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

| (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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

| | | |
|--|--|--|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection |
|--|--|--|

| | |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan FIRST FEDERAL BANK RETIREMENT PLAN | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 FIRST FEDERAL BANK | D Employer Identification Number (EIN) 44-0246815 |

| | |
|---------------|--------------------------------------|
| Part I | Asset and Liability Statement |
|---------------|--------------------------------------|

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

| | (a) Beginning of Year | (b) End of Year |
|---|-----------------------|-----------------|
| Assets | | |
| a Total noninterest-bearing cash | 1a | |
| b Receivables (less allowance for doubtful accounts): | | |
| (1) Employer contributions | 1b(1) | |
| (2) Participant contributions | 1b(2) | |
| (3) Other | 1b(3) | 273269 |
| | | 309044 |
| c General investments: | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 2160262 |
| (2) U.S. Government securities | 1c(2) | 8550516 |
| (3) Corporate debt instruments (other than employer securities): | | |
| (A) Preferred | 1c(3)(A) | |
| (B) All other | 1c(3)(B) | 15571833 |
| (4) Corporate stocks (other than employer securities): | | |
| (A) Preferred | 1c(4)(A) | |
| (B) Common | 1c(4)(B) | |
| (5) Partnership/joint venture interests | 1c(5) | |
| (6) Real estate (other than employer real property) | 1c(6) | |
| (7) Loans (other than to participants) | 1c(7) | |
| (8) Participant loans | 1c(8) | |
| (9) Value of interest in common/collective trusts | 1c(9) | |
| (10) Value of interest in pooled separate accounts | 1c(10) | |
| (11) Value of interest in master trust investment accounts | 1c(11) | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 17145769 |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | 18359621 |
| (15) Other..... | 1c(15) | 996800 |
| | | 949190 |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 44698449 | 45342110 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 0 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 44698449 | 45342110 |

Part II Income and Expense Statement

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

| Income | | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| a Contributions: | | | |
| (1) Received or receivable in cash from: (A) Employers..... | 2a(1)(A) | | |
| (B) Participants..... | 2a(1)(B) | | |
| (C) Others (including rollovers)..... | 2a(1)(C) | | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 0 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | | |
| (B) U.S. Government securities..... | 2b(1)(B) | 305454 | |
| (C) Corporate debt instruments..... | 2b(1)(C) | 799931 | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | | |
| (E) Participant loans..... | 2b(1)(E) | | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 1105385 |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | | |
| (B) Common stock..... | 2b(2)(B) | | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | 264942 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | 1829589 | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | 1935869 | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | 1079531 | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 364690 |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total..... | 2d | | 2708268 |

Expenses

| | | | |
|--|---------------|---------|---------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers..... | 2e(1) | 1893264 | |
| (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) | | 1893264 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions)..... | 2g | | |
| h Interest expense..... | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 122238 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | 30723 | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses..... | 2i(11) | 18382 | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 171343 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 2064607 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 643661 |
| 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, LLP**

(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 |
|--|-----|----|---------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | | X | |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | | X | |
| e Was this plan covered by a fidelity bond? | X | | 5250000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | X | | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | X | | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | | | |

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 537502.

| | | |
|--|---|---|
| SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
|--|---|---|

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

| | | |
|--|--|------------|
| A Name of plan FIRST FEDERAL BANK RETIREMENT PLAN | B Three-digit plan number (PN) | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 FIRST FEDERAL BANK | D Employer Identification Number (EIN) 44-0246815 | |

| | |
|---------------|----------------------|
| Part I | Distributions |
|---------------|----------------------|

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

| | | |
|---|----------|----------|
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... | 1 | 0 |
|---|----------|----------|

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 43-6334070

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 | 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)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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

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

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

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

| | |
|-----------------|-------------------|
| Part III | Amendments |
|-----------------|-------------------|

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | 14a | |
| 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)..... | 14b | |
| c 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)..... | 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 _____.

First Federal Bank Retirement Plan

EIN 44-0246815 PN 001

Independent Auditor's Report and Financial Statements

December 31, 2024 and 2023

First Federal Bank Retirement Plan
December 31, 2024 and 2023

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Independent Auditor's Report

Audit Committee of the Board of Directors
First Federal Bank Retirement Plan
Leawood, Kansas

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

We have performed audits of the financial statements of First Federal Bank Retirement Plan (the Plan), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, 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 First Federal Bank Retirement 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 qualified institutions as of and for the years ended December 31, 2024 and 2023, 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 Financial Statements” section of our report. We are required to be independent of First Federal Bank Retirement 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 First Federal Bank Retirement 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 First Federal Bank Retirement 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 First Federal Bank Retirement 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 Matters – Supplemental Schedules Required by ERISA

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

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

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

**Kansas City, Missouri
July 30, 2025**

Federal Employer Identification Number: 44-0160260

First Federal Bank Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

Assets

| | 2024 | 2023 |
|--|----------------------|----------------------|
| Investments, at Fair Value | \$ 45,033,066 | \$ 44,425,180 |
| Receivables | | |
| Interest receivable | 309,044 | 273,269 |
| Total assets | 45,342,110 | 44,698,449 |
| Net Assets Available for Benefits | \$ 45,342,110 | \$ 44,698,449 |

First Federal Bank Retirement Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

| | 2024 | 2023 |
|---|---------------|---------------|
| Investment Income | | |
| Net appreciation in fair value of investments | \$ 1,337,942 | \$ 3,950,097 |
| Interest and dividends | 1,370,326 | 1,288,539 |
| Total additions | 2,708,268 | 5,238,636 |
| Deductions | | |
| Benefits paid to participants | 1,893,264 | 1,976,531 |
| Administrative expenses | 152,961 | 144,507 |
| PBGC premiums | 18,382 | 18,816 |
| Total deductions | 2,064,607 | 2,139,854 |
| Net Increase | 643,661 | 3,098,782 |
| Net Assets Available for Benefits, Beginning of Year | 44,698,449 | 41,599,667 |
| Net Assets Available for Benefits, End of Year | \$ 45,342,110 | \$ 44,698,449 |

First Federal Bank Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

Note 1: Description of the Plan

General

The following description of the First Federal Bank Retirement Plan (the “Plan”) provides only general information. Participants should refer to the *Summary Plan Description* for a more complete description of the Plan’s provisions, which are available from the Plan Administrator.

The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (“ERISA”). Commerce Trust Company serves as the Plan trustee. The Retirement and Savings Plan Review Committee (the “Committee”) of the Bank, which is a committee recommended by the board of directors, controls and manages the operation and administration of the Plan. The board of directors is responsible for oversight of the Plan. The Committee determines the appropriateness of the Plan’s investment offerings, monitors investment performance and reports to the Bank’s board of directors. The Plan was amended December 30, 2019, to exclude any employee who is hired on or after January 1, 2020. There have been no new participants in the plan since January 1, 2020.

Contributions

The Plan’s funding policy is for the Bank to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The actuary has determined that there is no minimum annual contribution required from the Bank for the years ended December 31, 2024 and 2023, and made no contributions. For the years ended December 31, 2024 and 2023, the Plan met the minimum funding requirements of ERISA.

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

Pension Benefits

Benefits under the Plan are based on employees’ five highest consecutive compensation years. Normal retirement age for plan benefits is 65. Participants may elect to receive reduced benefits upon early retirement at age 55, provided that they have at least 15 years of service with the Bank. Upon election of early retirement, the employee shall be entitled to a monthly retirement income which is equal to the member’s accrued benefit as of the early retirement date, reduced by 1/180 for each of the first 60 months and 1/360 for each of the next 60 months by which the early retirement date precedes the normal retirement date.

If the actuarial value of a terminating or retiring member’s vested accrued benefit, determined as of the date of the member’s termination of employment or retirement, is more than \$1,000, but less than \$50,000, the member may, with written consent of the member’s spouse, request that the actuarial value of his accrued benefit be paid in a lump sum cash payment in lieu of any other Plan benefits. Any such lump sum shall be paid as soon as reasonably practicable after the end of the Plan year in which the member’s termination of employment or retirement occurs.

First Federal Bank Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

Death and Disability Benefits

If an active employee dies, a death benefit based upon the value of the employee's accumulated pension benefit is paid to the employee's beneficiary. Active employees who become totally disabled receive monthly disability benefits that are equal to the normal retirement benefits, as adjusted, that have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age, at which time disabled participants begin receiving normal retirement benefits computed as though they had been employed to normal retirement age with their annual compensation remaining the same as the time which they became disabled.

Participant Accounts

Each participant's account is credited with the participant's contribution, the Bank's contribution and plan earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are 100 percent vested upon completion of five years of credited service.

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.

First Federal Bank Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by its investment advisers, custodians and insurance companies. See *Note 5* for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in the fair value of investments includes the Plan's 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 may be paid by the Bank or the Plan, at the Bank's discretion.

Accumulated Plan Benefits

Accumulated plan benefits, see *Note 6*, are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to:

- (A) Retired or terminated employees or their beneficiaries
- (B) Present employees or their beneficiaries

Benefits under the Plan are based on employees' five consecutive highest compensation years. The accumulated plan benefits for active employees are based on their five consecutive highest compensation years preceding the valuation date. Benefits payable under all circumstances—retirement, death, disability and termination of employment—are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

First Federal Bank Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

Note 3: Certification of Plan Trustee

The Plan Administrator 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, Commerce Trust Company ("Commerce"), a qualified institution, has certified the following investment 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 as of December 31, 2024 and 2023.
- Investment income as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023.
- Investment information included in the accompanying schedule of assets (held at end of year) as of December 31, 2024 and the accompanying schedule of reportable transactions for the year ended December 31, 2024.

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.

Note 4: Related-Party and 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 percent or more of such an employer or employee association or relatives of such persons.

The Plan invests in certain funds of the Plan trustee. The Plan incurs expenses related to general administration and recordkeeping totaling \$152,961 and \$144,507 during the years ended December 31, 2024 and 2023, respectively. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of the investments, as these expenses are paid through revenue sharing, rather than a direct payment. Other expenses are paid by the Plan sponsor and are excluded from the financial statements of the Plan. These expenses include accounting fees related to the Plan.

First Federal Bank Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023

Note 5: 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

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:

Cash & cash equivalents and equity-based funds of domestic, international, and fixed-income mutual funds: Valued at the closing price reported on the active market on which the individual securities are traded.

Debt securities including federal agency mortgage-backed securities, agency, US treasury, corporate, and municipal bonds: Certain obligations are valued at the closing price reported on the active market on which the individual securities are traded. Others are valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flow approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

First Federal Bank Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

The following table presents 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, 2024 and 2023:

| | Level 1 | Level 2 | Level 3 | Total |
|---|----------------------|----------------------|-------------|----------------------|
| Cash and cash equivalents | \$ 619,871 | \$ - | \$ - | \$ 619,871 |
| Equity-based funds | | | | |
| Domestic | 15,937,315 | - | - | 15,937,315 |
| International | 2,121,474 | - | - | 2,121,474 |
| Fixed income - mutual fund | 300,832 | - | - | 300,832 |
| Debt securities | | | | |
| Federal agency mortgage - backed securities | - | 1,468,573 | - | 1,468,573 |
| Agency bonds | - | 343,268 | - | 343,268 |
| Asset-backed | - | 329,635 | - | 329,635 |
| US Treasury bonds | - | 7,052,640 | - | 7,052,640 |
| Corporate bonds | - | 16,253,536 | - | 16,253,536 |
| Municipal bonds | - | 605,922 | - | 605,922 |
| | <u>\$ 18,979,492</u> | <u>\$ 26,053,574</u> | <u>\$ -</u> | <u>\$ 45,033,066</u> |
| December 31, 2023 | | | | |
| | Level 1 | Level 2 | Level 3 | Total |
| Cash and cash equivalents | \$ 2,160,262 | \$ - | \$ - | \$ 2,160,262 |
| Equity-based funds | | | | |
| Domestic | 14,846,640 | - | - | 14,846,640 |
| International | 2,299,127 | - | - | 2,299,127 |
| Debt securities | | | | |
| Federal agency mortgage - backed securities | - | 1,648,382 | - | 1,648,382 |
| Agency bonds | - | 369,880 | - | 369,880 |
| Asset-backed | - | 533,624 | - | 533,624 |
| US Treasury bonds | - | 6,902,134 | - | 6,902,134 |
| Corporate bonds | - | 15,038,212 | - | 15,038,212 |
| Municipal bonds | - | 626,919 | - | 626,919 |
| | <u>\$ 19,306,029</u> | <u>\$ 25,119,151</u> | <u>\$ -</u> | <u>\$ 44,425,180</u> |

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 years ended December 31, 2024 and 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.

First Federal Bank Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using pricing models with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy.

Note 6: Accumulated Plan Benefits

CBIZ Retirement Plan Services determines the actuarial present value of accumulated plan benefits as of December 31, 2024 and 2023, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The accumulated plan benefit information as of the end of each plan year was as follows:

| | <u>2024</u> | <u>2023</u> |
|---|-----------------------------|-----------------------------|
| Actuarial Present Value of Accumulated Plan Benefits | | |
| Vested benefits | | |
| Participants current receiving payments | \$ 18,828,484 | \$ 17,162,049 |
| Other participants | <u>9,340,716</u> | <u>10,334,657</u> |
| Total vested benefits | <u>28,169,200</u> | <u>27,496,706</u> |
| Nonvested benefits | <u>-</u> | <u>115,393</u> |
| Total Actuarial Present Value of Accumulated Plan Benefits | <u><u>\$ 28,169,200</u></u> | <u><u>\$ 27,612,099</u></u> |

Changes in the actuarial present value of accumulated plan benefits for the years ended December 31, 2024 and 2023 were as follows:

First Federal Bank Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023

| | 2024 | 2023 |
|--|--------------------------|--------------------------|
| Actuarial Present Value of Accumulated Plan Benefits, Beginning of Year | \$ 27,612,099 | \$ 27,938,895 |
| Increase (decrease) during the year attributable to | | |
| Increase for interest due to the decrease in the discount period | 1,595,699 | 1,612,829 |
| Benefits accumulated and plan experience | 854,666 | 36,906 |
| Benefits paid | (1,893,264) | (1,976,531) |
| Actuarial Present Value of Accumulated Plan Benefits, End of Year | \$ 28,169,200 | \$ 27,612,099 |

Significant assumptions underlying the actuarial computations are:

- Assumed rate of return on investments: 2024 - 6.00%; 2023 – 6.00%
- Mortality basis: MP – 2021 generational tables for employees and healthy annuitants, male and female for 2021 and 2020 generational tables for employees and healthy annuitants, male and female for 2020.
- Employee turnover: 10 to 30 percent per year, which is consistent with the Bank’s prior experience
- Retirement: Age at normal retirement age 65. Early retirement age 55.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025 and January 1, 2024. Had the valuations been performed as of December 31, 2024 and 2023, there would be no material differences.

First Federal Bank Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

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

- a) Benefits attributable to employee contributions, taking into account those paid out before termination.
- b) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority is limited to the lowest benefit that was payable (or would be payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
- c) Other vested benefits insured by the Pension Benefit Guaranty Corporation (“PBGC”), a U.S. government agency, up to the applicable limitations discussed below.
- d) All other vested benefits not insured by the PBGC.
- e) All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor’s pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan’s termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual’s monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan’s net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

First Federal Bank Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

Note 8: Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated June 28, 2017, stating that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code and therefore not subject to tax. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service (IRS). The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 9: Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

Note 10: Subsequent Events

Subsequent events have been evaluated through July 30, 2025, which is the date the financial statements were available to be issued.

Supplemental Schedules

First Federal Bank Retirement Plan
EIN 44-0246815 PN 001
Schedule H, Line 4i—Schedule of Assets (Held at End of Year)
December 31, 2024

| Identity of Issuer | Description of Investment | Cost | Current Value |
|--|--|------------|---------------|
| Cash and cash equivalents | | | |
| Goldman Sachs | Financial Square Tr Government Institutional Class | \$ 619,871 | \$ 619,871 |
| | | 619,871 | 619,871 |
| Equity-based funds, domestic | | | |
| Dodge & Cox | Dodge & Cox Stock Fund | 613,605 | 1,531,376 |
| Fidelity | Fidelity Large Cap Growth Index Fund | 3,581,085 | 5,174,468 |
| Fidelity | Fidelity Large Cap Value | 3,948,459 | 4,464,659 |
| Fidelity | Fidelity Mid Cap Growth Index Fund | 1,114,063 | 1,434,675 |
| Fidelity | Fidelity Mid Cap Value Index Fund | 1,243,088 | 1,337,624 |
| Fidelity | Fidelity Small Cap Growth Index Fund | 332,326 | 338,217 |
| Fidelity | Fidelity Small Cap Value Index Fund | 327,586 | 323,292 |
| T. Rowe Price | T Rowe Price Growth Stock Fund-I | 679,588 | 1,333,004 |
| | | 11,839,800 | 15,937,315 |
| Equity-based funds, international | | | |
| Fidelity | Fidelity International Index Fund | 809,610 | 755,285 |
| Fidelity | Fidelity Emerging Markets | 464,171 | 405,956 |
| MFS | MFS Research International Fund R6 | 462,696 | 702,508 |
| Victory | Victory Trivalent International Small Cap Fund I | 268,503 | 257,725 |
| | | 2,004,980 | 2,121,474 |
| Federal Agency mortgage-backed securities | | | |
| Federal Home Loan Mortgage Corp | Gold Pool # C91858 | 110,664 | 99,427 |
| Federal National Mortgage Association | Pool # AK7347 | 79,830 | 68,464 |
| Federal National Mortgage Association | Pool # A Q6187 | 7,728 | 7,623 |
| Federal National Mortgage Association | Pool # AL6499 | 21,445 | 20,853 |
| Federal National Mortgage Association | Pool # MA2881 | 61,893 | 53,947 |
| Federal National Mortgage Association | Pool # MA2900 | 200,622 | 173,359 |
| Federal National Mortgage Association | Pool # MA2905 | 101,611 | 88,555 |
| Federal National Mortgage Association | Pool # MA2935 | 185,901 | 160,741 |
| Federal National Mortgage Assoc | REMIC Series 2020-45 Class CB | 137,725 | 126,942 |
| Federal Home Loan Mortgage Corp | REMIC Series 2022-5263 Class A | 153,339 | 148,726 |
| Government National Mortgage Assoc | REMIC Series 2022-34 Class Np | 133,235 | 119,349 |
| Government National Mortgage Assoc | REMIC Series 2022-34 Class Pn | 119,896 | 107,209 |
| Federal Home Loan Mortgage Corp | Umbs Pool #SD8226 | 188,084 | 188,067 |
| Government National Mortgage Assoc | REMIC Series 2020-110 Class Mb | 121,656 | 105,311 |
| | | 1,623,629 | 1,468,573 |

| Identity of Issuer | Description of Investment | Cost | Current Value |
|------------------------------------|-----------------------------|-----------|---------------|
| Agency bonds | | | |
| Tenn Valley Authority | Senior Unsecured Note | 387,144 | 343,268 |
| US Treasury bonds | | | |
| United States | United States Treasury Note | 457,187 | 421,161 |
| United States | United States Treasury Note | 638,511 | 574,551 |
| United States | United States Treasury Note | 625,906 | 569,816 |
| United States | United States Treasury Note | 540,356 | 473,581 |
| United States | United States Treasury Note | 537,059 | 506,448 |
| United States | United States Treasury Note | 275,742 | 263,504 |
| United States | United States Treasury Note | 508,078 | 455,550 |
| United States | United States Treasury Note | 1,140,555 | 975,808 |
| United States | United States Treasury Note | 372,711 | 322,912 |
| United States | United States Treasury Note | 509,719 | 449,604 |
| United States | United States Treasury Note | 764,121 | 657,648 |
| United States | United States Treasury Note | 474,633 | 429,759 |
| United States | United States Treasury Note | 411,023 | 345,734 |
| United States | United States Treasury Note | 362,834 | 361,715 |
| United States | United States Treasury Note | 275,434 | 244,850 |
| | | 7,893,869 | 7,052,641 |
| Corporate bonds | | | |
| Royal Bank of Canada | Senior Unsecured Note | 249,660 | 245,718 |
| Goldman Sachs Group Inc | Senior Unsecured Note | 140,000 | 150,490 |
| Conoco Phillips Company | Senior Unsecured Note | 249,518 | 246,670 |
| Pfizer Inc | Senior Unsecured Note | 263,402 | 242,402 |
| Rtx Corporation | Senior Unsecured Note | 193,192 | 177,518 |
| General Motors Financial Co. | Senior Unsecured Note | 99,902 | 94,755 |
| Southwestern Public Service | Secured Note | 253,334 | 230,661 |
| Santander Uk Group Holdings | Senior Unsecured Note | 100,000 | 94,729 |
| Wells Fargo & Company | Subordinated Note | 195,273 | 189,673 |
| Anheuser-Busch Inbev Worldwide Inc | Senior Unsecured Note | 128,116 | 118,207 |
| Puget Sound Energy Inc | First Lien Note | 219,050 | 203,333 |
| Pub Svc New Hampshire | First Lien Note | 248,298 | 231,835 |
| Vodafone Group PLC | Senior Unsecured Note | 174,270 | 166,317 |
| Pepsico Inc | Senior Unsecured Note | 249,840 | 218,240 |
| Eli Lilly & Company | Senior Unsecured Note | 249,843 | 226,325 |
| Amgen Inc | Senior Unsecured Note | 129,813 | 125,160 |
| Principal Financial Group | Senior Unsecured Note | 179,552 | 171,722 |
| Meta Platforms Inc | Senior Unsecured Note | 249,308 | 249,938 |
| Travelers Cos Inc | Senior Unsecured Note | 239,050 | 233,496 |
| Reinsurance Group of America | Senior Unsecured Note | 142,250 | 126,381 |
| Avalonbay Communities | Senior Unsecured Note | 168,535 | 167,340 |
| Simon Property Group Inc | Senior Unsecured Note | 190,458 | 166,012 |
| Boardwalk Pipelines LP | Senior Unsecured Note | 89,913 | 78,619 |
| Jpmorgan Chase & Co | Senior Unsecured Note | 196,426 | 168,704 |
| Prologis LP | Senior Unsecured Note | 209,297 | 202,402 |
| Citigroup Inc | Senior Unsecured Note | 150,000 | 128,856 |
| Jpmorgan Chase & Co | Senior Unsecured Note | 200,000 | 172,874 |
| Alexandria Real Estate E | Senior Unsecured Note | 99,696 | 82,325 |
| GE Healthcare Technologies Inc | Senior Unsecured Note | 149,822 | 148,598 |
| Mastercard Incorporated | Senior Unsecured Note | 269,676 | 260,936 |
| Estee Lauder Co Inc | Senior Unsecured Note | 259,191 | 255,557 |
| Borgwamer Inc | Senior Unsecured Note | 139,254 | 137,792 |
| Hewlett Packard Enterprise Co | Senior Unsecured Note | 135,507 | 134,564 |
| Ventas Realty LP | Senior Unsecured Note | 149,471 | 143,319 |
| Morgan Stanley | Senior Unsecured Note | 230,000 | 228,714 |
| Enterprise Products Operating LLC | Senior Unsecured Note | 258,440 | 251,636 |
| Precision Castparts Corp | Senior Unsecured Note | 183,744 | 147,646 |
| Aon PLC | Senior Unsecured Note | 127,673 | 123,308 |
| Abbvie Inc | Senior Unsecured Note | 249,655 | 243,700 |

| Identity of Issuer | Description of Investment | Cost | Current Value |
|-------------------------------|------------------------------|------------|---------------|
| Corporate bonds, cont. | | | |
| Alleghany Corp | Senior Unsecured Note | 239,513 | 229,618 |
| American Financial Group | Senior Unsecured Note | 127,777 | 128,027 |
| Puget Sound Energy Inc | First Lien Note | 189,782 | 176,837 |
| Valero Energy Corp | Senior Unsecured Note | 158,836 | 155,052 |
| Danaher Corp | Senior Unsecured Note | 254,218 | 240,665 |
| Mplx LP | Senior Unsecured Note | 161,288 | 158,428 |
| Public Storage Operating Co | Senior Unsecured Note | 217,321 | 199,616 |
| Consolidated Edison Co of NY | Senior Unsecured Note | 199,730 | 191,056 |
| Johnson & Johnson | Unsecured Note | 232,586 | 237,305 |
| Comcast Corp | Senior Unsecured Note | 168,642 | 159,739 |
| Transcanada Pipelines | Senior Unsecured Yankee Note | 150,406 | 144,720 |
| Bank of America Corp | Senior Unsecured Note | 190,130 | 144,713 |
| Baker Hughes Holdings LLC | Senior Note | 213,493 | 223,121 |
| Amazon.Com Inc | Senior Unsecured Note | 193,795 | 183,515 |
| Ecolab Inc | Senior Unsecured Note | 237,843 | 224,627 |
| Alabama Power Co | Senior Unsecured Note | 85,129 | 81,654 |
| Canadian Pacific Rr Co | Senior Unsecured Note | 122,315 | 117,208 |
| Union Pacific Corp | Senior Unsecured Note | 99,870 | 76,064 |
| Kinder Morgan Energy Partners | Senior Unsecured Note | 131,554 | 126,275 |
| Illinois Tool Works Inc | Senior Unsecured Note | 208,673 | 196,066 |
| Thomas Jefferson University | Secured Note | 200,000 | 144,748 |
| Chubb Ina Holdings Inc | Senior Unsecured Note | 181,240 | 167,240 |
| Loews Corp | Senior Unsecured Note | 195,087 | 145,054 |
| Allstate Corp | Senior Unsecured Note | 240,341 | 221,744 |
| PPL Electric Utilities | Secured Note | 234,486 | 233,769 |
| Peco Energy Company | First Lien Note | 236,342 | 247,901 |
| One Gas Inc | Senior Unsecured Note | 228,463 | 244,824 |
| Prudential Financial Inc | Senior Unsecured Note | 235,404 | 244,653 |
| Everest Reinsurance Holdings | Senior Unsecured Note | 138,287 | 142,991 |
| AT&T Inc | Senior Unsecured Note | 111,513 | 86,958 |
| Laclede Group Inc | Senior Unsecured Note | 111,040 | 83,147 |
| Metlife Inc | Senior Unsecured Note | 239,124 | 242,792 |
| Progressive Corp | Senior Unsecured Note | 209,040 | 199,919 |
| Apple Inc | Senior Unsecured Note | 243,729 | 238,340 |
| Ww Grainger Inc | Senior Unsecured Note | 231,989 | 236,595 |
| Bristol-Myers Squibb Co | Senior Unsecured Note | 228,825 | 229,346 |
| Snap-on Inc | Senior Unsecured Note | 238,140 | 225,159 |
| Indiana Michigan Power | Senior Unsecured Note | 206,601 | 193,131 |
| Comcast Corp | Senior Unsecured Note | 258,613 | 235,854 |
| AFLAC Inc | Senior Unsecured Note | 200,614 | 188,271 |
| Louisville Gas & Electric | First Lien Note | 205,478 | 190,670 |
| Oncor Electric Delivery | First Lien Note | 181,204 | 170,204 |
| Shell International Finance | Senior Unsecured Note | 194,836 | 131,730 |
| Paypal Holdings Inc | Senior Unsecured Note | 238,181 | 233,755 |
| Cummins Inc | Senior Unsecured Note | 181,257 | 125,068 |
| Berkshire Hathaway Finance | Senior Unsecured Note | 240,766 | 232,182 |
| Salesforce.Com Inc | Senior Unsecured Note | 190,632 | 127,738 |
| Canadian National Railway | Senior Unsecured Note | 241,307 | 234,184 |
| Burlington North Santa Fe | Senior Unsecured Note | 243,383 | 230,351 |
| Lockheed Martin Corp | Senior Unsecured Note | 238,032 | 244,440 |
| | | 17,317,284 | 16,253,536 |

| Identity of Issuer | Description of Investment | Cost | Current Value |
|--------------------------------------|--|----------------------|----------------------|
| Fixed income - mutual fund | | | |
| Fidelity | Fidelity New Markets Income Fund Z | 150,000 | 150,476 |
| Pimco | Pimco Emerging Markets Bond Fund Ins | 150,000 | 150,356 |
| | | <u>300,000</u> | <u>300,832</u> |
| Municipal bonds | | | |
| FL Development Finance Corporation | Healthcare Facilities Revenue UF Jacksonville Proj Ser B1 | 215,000 | 183,988 |
| Harris County TX | Cultural Education Facilities Finance Corp Revenue Taxable Texas Medical Center | 165,000 | 141,816 |
| Metropolitan Washington DC Arpt Auth | Dulles Toll Road Reve Taxable ref Metrorail & I Capital Impt Proj S1 B | 200,000 | 159,680 |
| NM State Mortgage Finance | Authority Taxable Mbs Pass Through Program Class I GNMA Insured | 140,820 | 120,438 |
| | | <u>720,820</u> | <u>605,922</u> |
| Asset Backed Securities | | | |
| Ford Credit Auto Owner Trust | Series 2022-B Class A3 3.74% Due 09/15/26 Dated 06/27/22 34534LAD9 Bond Rating: AAA | 60,521 | 60,378 |
| Ford Credit Auto Owner Trust | Series 2022-C Class A3 4.48% Due 12/15/26 Dated 09/23/22 34535AAD2 Bond Rating: AAA | 105,019 | 104,963 |
| Synchrony Card Issuance Trust | Series 2022-A2 Class A 3.86% Due 07/17/28 Dated 07/17/28 87166PAH4 Bond Rating: AAA | 164,978 | 164,294 |
| | | <u>330,518</u> | <u>329,635</u> |
| Totals | | <u>\$ 43,037,915</u> | <u>\$ 45,033,066</u> |

First Federal Bank Retirement Plan

EIN 44-0246815 PN 001

Schedule H, Line 4j – Schedule of Reportable Transactions**

Year Ended December 31, 2024

| Identity of Party Involved | Description of Asset | Purchase Price | Selling Price | Cost of Asset | Current Value of Asset on Transaction Date | Net Gain (Net Loss) |
|----------------------------|--------------------------------------|----------------|---------------|---------------|--|---------------------|
| Individual Transactions* | | | | | | |
| Series Transactions* | | | | | | |
| Commerce Trust Company | Financial Square Tr Government (100) | \$ 5,505,891 | - | \$ 5,505,891 | \$ 5,505,891 | - |
| Commerce Trust Company | Financial Square Tr Government (57) | - | 7,046,282 | 7,046,282 | 7,046,282 | - |

*Transactions or series of transactions in excess of 5 percent of the current value of the Plan's assets as of the beginning of the Plan year as defined in 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

**Schedule was prepared using information certified as complete and accurate by Commerce Trust Company.

2024 SCHEDULE SB, LINE 26 – SCHEDULE OF ACTIVE PARTICIPANT DATA

Name of Plan: **First Federal Bank Retirement Plan**
 EIN/PN: **44-0246815 / 001**

| Attained Age | Years of credited service: | | | | | | | | | | Total |
|-----------------|----------------------------|---------------|---------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|--------------------|----------|
| | <u>Under 1</u> | <u>1 to 4</u> | <u>5 to 9</u> | <u>10 to 14</u> | <u>15 to 19</u> | <u>20 to 24</u> | <u>25 to 29</u> | <u>30 to 34</u> | <u>35 to 39</u> | <u>40 & up</u> | |
| Under 25 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 25 to 29 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 |
| 30 to 34 | 0 | 1 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |
| 35 to 39 | 0 | 2 | 10 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 14 |
| 40 to 44 | 0 | 0 | 1 | 3 | 0 | 1 | 0 | 0 | 0 | 0 | 5 |
| 45 to 49 | 0 | 0 | 2 | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 5 |
| 50 to 54 | 0 | 2 | 3 | 1 | 1 | 3 | 0 | 0 | 0 | 0 | 10 |
| 55 to 59 | 0 | 1 | 1 | 1 | 2 | 2 | 0 | 0 | 0 | 1 | 8 |
| 60 to 64 | 0 | 0 | 1 | 0 | 2 | 0 | 1 | 1 | 1 | 0 | 6 |
| 65 to 69 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 3 |
| 70 & up | <u>0</u> | <u>0</u> | <u>1</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>1</u> |
| Total | 0 | 6 | 27 | 8 | 5 | 8 | 2 | 1 | 1 | 2 | 60 |

2024 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
First Federal Bank Retirement Plan
EIN/PN: 44-0246815 / 001

ACTUARIAL ASSUMPTIONS

a. Economic Assumptions

- | | | |
|-------|--------------------------|---|
| (i) | Funding Interest Rates | The Plan Sponsor has elected to use segment rates with a 2 month lookback. For 2024 funding results, the November 2023 Segment Rates (4.02%, 4.73%, 4.75%), but for minimum funding purposes not less than ARPA Segment Rates (based on 95% of 25-year averages = 4.75%, 4.87%, 5.59%), effective rate of 5.14%. |
| (ii) | Long-term Rate of Return | 6.00% for 2023 and 2024 |
| (iii) | Salary Increases | 4.0% per year |
| (iv) | Administrative Expenses | \$60,000 for 2023 and 2024; reflected in the plan’s normal cost for funding purposes |

b. Demographic Assumptions

- | (i) | Mortality – Healthy & Disabled | For 2024 funding purposes, the 2024 Generational Annuitant/Non-Annuitant Mortality Tables as prescribed by the IRS. | | | | | | | | | | |
|---------|--------------------------------|---|-----|------|---------|----|---------|-----|---------|-----|-----|------|
| (ii) | Termination of Employment | Small Plan Age Table from the 2003 Society of Actuaries Pension Plan Turnover Study. See table of sample rates. | | | | | | | | | | |
| (iii) | Disability | None assumed. | | | | | | | | | | |
| (iv) | Retirement | Rates varying by age, as follows: <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Age</th> <th style="text-align: center;">Rate</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">55 – 61</td> <td style="text-align: center;">5%</td> </tr> <tr> <td style="text-align: center;">62 – 65</td> <td style="text-align: center;">25%</td> </tr> <tr> <td style="text-align: center;">66 – 67</td> <td style="text-align: center;">50%</td> </tr> <tr> <td style="text-align: center;">68+</td> <td style="text-align: center;">100%</td> </tr> </tbody> </table> | Age | Rate | 55 – 61 | 5% | 62 – 65 | 25% | 66 – 67 | 50% | 68+ | 100% |
| Age | Rate | | | | | | | | | | | |
| 55 – 61 | 5% | | | | | | | | | | | |
| 62 – 65 | 25% | | | | | | | | | | | |
| 66 – 67 | 50% | | | | | | | | | | | |
| 68+ | 100% | | | | | | | | | | | |
| (v) | Marital Status | For valuing death benefits, 100% of Participants are assumed to be married with males 3 years older than their female spouses. | | | | | | | | | | |

2024 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
First Federal Bank Retirement Plan
EIN/PN: 44-0246815 / 001

(vi) Form and Timing of Payment

At retirement active and terminated vested participants are assumed to elect the following forms of payment: 25% elect a ten-year certain and life annuity form; 25% elect a single life annuity form; and 50% elect a joint and 67% survivor annuity form (based on a weighted average of the joint and survivor forms).

Future terminated vested participants are assumed to commence payments at age 55 if they had at least 15 years of service at termination; otherwise, they are assumed to commence payments at age 65. Current terminated participants are assumed to commence payments at age 65.

(vii) Sample Rates:

| Age | Termination Rates |
|-----|-------------------|
| 25 | 19.50% |
| 30 | 15.50% |
| 35 | 12.10% |
| 40 | 9.40% |
| 45 | 7.30% |
| 50 | 5.60% |
| 55 | 4.20% |

2024 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
First Federal Bank Retirement Plan
EIN/PN: 44-0246815 / 001

ACTUARIAL METHODS

a. Funding Cost Method

The actuarial cost method is the Unit Credit cost method.

On the initial valuation date, the benefit accrued to date and the anticipated benefit accrual during the plan year immediately following the initial valuation date are determined for each participant.

The present values of these benefit are then calculated. The sum of the present values of all benefits accruing during the plan year immediately following the valuation date is the normal cost for the initial plan year. The sum of the present values of all benefits accrued prior to the valuation date, less the plan assets, is the initial unfunded actuarial accrued liability.

In subsequent years, the normal cost and unfunded actuarial accrued liability are recalculated on the basis described above. Experience gains and losses (changes in the unfunded actuarial accrued liability which result from causes other than contributions by the plan sponsor and the accrual of interest and additional normal costs) are directly calculated under this cost method. Adjustments to the unfunded actuarial accrued liability can occur, for example, as a result of plan amendments or assumption changes; such adjustments are determined by computing the change in the initial unfunded actuarial accrued liability.

b. Asset Valuation Method

For funding purposes, the actuarial value of assets is equal to a smoothed market value described below. Accrued contributions are discounted back to the valuation date at the prior year's effective interest rate.

The smoothed market value will be the market value of assets adjusted by the applicable percentage of the gain or loss calculated in each year during the smoothing period. The gain or loss is the difference between the current year's market value, and prior year's market value brought forward with contributions, benefit payments, and administrative expenses, all adjusted at the expected interest rate to the valuation date. The expected interest rate for each year is the lesser of the expected rate of return and the third segment rate. The applicable percentage is 66-2/3% for the year preceding the valuation date and 33-1/3% for the second year preceding the valuation date. The actuarial value of assets will be adjusted to be no greater than 110% and no less than 90% of the current (market) value of assets.

c. Valuation Procedures

No actuarial liability is accrued for non-vested terminated employees, even if a break in service had not occurred as of the actuarial valuation date. An actuarial liability is accrued for all other terminated employees, even if a claim for benefits has not been made.

First Federal Bank Retirement Plan

EIN 44-0246815 PN 001

Schedule H, Line 4j – Schedule of Reportable Transactions**

Year Ended December 31, 2024

| Identity of Party Involved | Description of Asset | Purchase Price | Selling Price | Cost of Asset | Current Value of Asset on Transaction Date | Net Gain (Net Loss) |
|----------------------------|--------------------------------------|----------------|---------------|---------------|--|---------------------|
| Individual Transactions* | | | | | | |
| Series Transactions* | | | | | | |
| Commerce Trust Company | Financial Square Tr Government (100) | \$ 5,505,891 | - | \$ 5,505,891 | \$ 5,505,891 | \$ - |
| Commerce Trust Company | Financial Square Tr Government (57) | - | 7,046,282 | 7,046,282 | 7,046,282 | - |

*Transactions or series of transactions in excess of 5 percent of the current value of the Plan's assets as of the beginning of the Plan year as defined in 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

**Schedule was prepared using information certified as complete and accurate by Commerce Trust Company.

| | | |
|---|---|--|
| SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Single-Employer Defined Benefit Plan Actuarial Information <small>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</small> ▶ File as an attachment to Form 5500 or 5500-SF. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection |
|---|---|--|

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

▶ **Round off amounts to nearest dollar.**
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

| | |
|---|---|
| A Name of plan FIRST FEDERAL BANK RETIREMENT PLAN | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF FIRST FEDERAL BANK | D Employer Identification Number (EIN) 44-0246815 |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2024

| | | |
|--------------------------------|-----------|------------|
| 2 Assets: | | |
| a Market value | 2a | 44,698,449 |
| b Actuarial value | 2b | 46,778,882 |

| | | | |
|---|----------------------------|---------------------------|--------------------------|
| 3 Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a For retired participants and beneficiaries receiving payment | 85 | 18,427,828 | 18,427,828 |
| b For terminated vested participants | 37 | 3,204,807 | 3,204,807 |
| c For active participants | 60 | 8,226,841 | 8,355,654 |
| d Total | 182 | 29,859,476 | 29,988,289 |

4 If the plan is in at-risk status, check the box and complete lines (a) and (b)

| | | |
|---|-----------|--|
| a Funding target disregarding prescribed at-risk assumptions | 4a | |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b | |

5 Effective interest rate 5.14%

| | | |
|--|-----------|---------|
| 6 Target normal cost | | |
| a Present value of current plan year accruals | 6a | 608,164 |
| b Expected plan-related expenses | 6b | 60,000 |
| c Target normal cost | 6c | 668,164 |

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

| | | | |
|--|---|---|---|
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center; vertical-align: middle;">SIGN HERE</td> <td style="width:90%; text-align: center; vertical-align: middle;">  Signature of actuary </td> </tr> </table> | SIGN HERE |  Signature of actuary | <div style="font-size: 2em; font-family: cursive;">5/12/2025</div> Date |
| SIGN HERE |  Signature of actuary | | |

| | |
|--|--|
| TRICIA MEYSENBURG Type or print name of actuary | 2307325 Most recent enrollment number |
|--|--|

| | |
|-------------------|--|
| CBIZ Firm name | 913-345-0500 Telephone number (including area code) |
|-------------------|--|

6900 COLLEGE BLVD, STE 300
 OVERLAND PARK KS 66211
 Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

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

| | | | | |
|---|--|------------------------|------------------------|---|
| 21 Discount rate: | | | | |
| a Segment rates: | 1st segment: 4.75 % | 2nd segment: 4.87 % | 3rd segment: 5.59 % | <input type="checkbox"/> N/A, full yield curve used |
| b Applicable month (enter code)..... | | | | 21b 2 |
| 22 Weighted average retirement age | | | | 22 62 |
| 23 Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute | | | |

Part VI Miscellaneous Items

| | |
|--|---|
| 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 26 Demographic and benefit information | |
| a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... | 27 |

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

| | | |
|---|-----------|---|
| 28 Unpaid minimum required contributions for all prior years | 28 | 0 |
| 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | 29 | 0 |
| 30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)..... | 30 | 0 |

Part VIII Minimum Required Contribution For Current Year

| | | | |
|--|---------------------|--------------------|---------------|
| 31 Target normal cost and excess assets (see instructions): | | | |
| a Target normal cost (line 6c)..... | 31a | 668,164 | |
| b Excess assets, if applicable, but not greater than line 31a | 31b | 668,164 | |
| 32 Amortization installments: | | | |
| | Outstanding Balance | Installment | |
| a Net shortfall amortization installment | 0 | 0 | |
| b Waiver amortization installment | 0 | 0 | |
| 33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount | 33 | | |
| 34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... | 34 | 0 | |
| | Carryover balance | Prefunding balance | Total balance |
| 35 Balances elected for use to offset funding requirement | 0 | 0 | 0 |
| 36 Additional cash requirement (line 34 minus line 35)..... | 36 | 0 | |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... | 37 | 0 | |
| 38 Present value of excess contributions for current year (see instructions) | | | |
| a Total (excess, if any, of line 37 over line 36) | 38a | 0 | |
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | 38b | 0 | |
| 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... | 39 | 0 | |
| 40 Unpaid minimum required contributions for all years | 40 | 0 | |

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

| |
|---|
| 41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 |
|---|

2024 SCHEDULE SB, LINE 22 – DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

Name of Plan: **First Federal Bank Retirement Plan**
 EIN/PN: **44-0246815 / 001**

| <u>Age</u> | <u>Retirement Rate</u> | <u>Count Remaining</u> | <u>Count Retired</u> | <u>Age x Retired</u> |
|------------|------------------------|------------------------|----------------------|----------------------|
| 55 | 5% | 10,000 | 500 | 27,500 |
| 56 | 5% | 9,500 | 475 | 26,600 |
| 57 | 5% | 9,025 | 451 | 25,721 |
| 58 | 5% | 8,574 | 429 | 24,864 |
| 59 | 5% | 8,145 | 407 | 24,028 |
| 60 | 5% | 7,738 | 387 | 23,213 |
| 61 | 5% | 7,351 | 368 | 22,420 |
| 62 | 25% | 6,983 | 1,746 | 108,242 |
| 63 | 25% | 5,238 | 1,309 | 82,491 |
| 64 | 25% | 3,928 | 982 | 62,850 |
| 65 | 25% | 2,946 | 737 | 47,874 |
| 66 | 50% | 2,210 | 1,105 | 72,916 |
| 67 | 50% | 1,105 | 552 | 37,011 |
| 68 | 100% | 552 | 552 | 37,563 |

Total: 10,000 623,294

Weighted Average Retirement Age 62.33

Rounded to Nearest Integer 62

2024 Schedule SB, Part V – Summary of Plan Provisions

First Federal Bank Retirement Plan

EIN/PN: 44-0246815 / 001

The following is a summary of the major plan provisions used to determine the plan's financial position as of January 1, 2024. It should not be relied upon for determining individual plan benefits.

Effective Date

The Plan was originally effective January 1, 1956. It was most recently restated effective October 1, 2015, and most recently amended December 31, 2019.

Status of Plan

The plan is closed to new hires after January 1, 2020, but has ongoing benefit accruals for current members.

Eligibility

With the exceptions provided below, effective January 1, 2018, employees of First Federal Bank are eligible to participate in the Plan on the January 1 or July 1 after the completion of 1,000 hours of service in a 12-month period.

Employees hired or rehired on or after August 25, 2011 as either a Mortgage Loan Consultant or a Mortgage Loan Originator are not eligible for the Plan. Employees who were employed by Inter-State Federal Savings and Loan Association of Kansas City ("Inter-State") immediately prior to the merger of Inter-State and First Federal Bank on May 1, 2016 are not eligible for the Plan. Employees hired after January 1, 2020 are not eligible for the Plan.

Vesting Service

A year of Vesting Service is given for each plan year of employment in which an employee has completed at least 1,000 hours of service. For the short plan year from October 1, 2017 to December 31, 2017, an employee was given one year of Vesting Service for working at least 1,000 hours during the period October 1, 2017 through September 30, 2018. For the short plan year from January 1, 1989 through September 30, 1989, an employee was given one year of Vesting Service for working at least 1,000 hours during the period January 1, 1989 through December 31, 1989. No credit is granted for periods the employee elected not to contribute to the Plan prior to January 1, 1989. Prior to January 1, 1976, Vesting Service is based on continuous service (i.e. uninterrupted service as a member) rounded up to the next full year.

Credited Service

Credited Service is the same as Vesting Service, except for the short plan year from October 1, 2017 to December 31, 2017, an employee was given 0.25 of a year of Credited Service if he has at least 1 hour of service during the short plan year. In addition, Credited Service excludes any period of employment for which a lump sum settlement was made (and not repaid).

Earnings

Earnings are determined as the total cash compensation from the employer as shown on the W-2, plus elective contributions under Section 125, 132(f)(4), 401(k) or 402(h), but excluding forms of extraordinary earnings (including bonuses, gain-sharing awards or distributions, any type of performance awards, etc.).

2024 Schedule SB, Part V – Summary of Plan Provisions

First Federal Bank Retirement Plan

EIN/PN: 44-0246815 / 001

Average Monthly Earnings

Average Monthly Earnings is the average of a member's Monthly Earnings during any of the highest 5 consecutive Plan Years ending prior to retirement or termination of employment.

Monthly Pension Benefit

The monthly pension benefit for a contributing member (i.e. employees who made voluntary contributions to the Plan prior to January 1, 1989) is equal to the greater of (a) or (b):

- (a) 1.5% of Average Monthly Earnings as of December 31, 1988 (or Covered Compensation if less) plus 2.0% of Average Monthly Earnings as of December 31, 1988 in excess of Covered Compensation with the result multiplied by years of Credited Service as of December 31, 1988. (Covered Compensation is a fixed amount defined by the plan based on Year of Birth.)
- (b) 1.9% of Average Monthly Earnings multiplied by years of Credited Service as of September 30, 2010, plus 1.3% of Average Monthly Earnings multiplied by years of Credited Service earned after September 30, 2010.

The monthly pension benefit for a non-contributing member (i.e., employees who did not make voluntary contributions to the Plan prior to January 1, 1989, or became a member after January 1, 1989) is equal to (c):

- (c) 0.95% of Average Monthly Earnings multiplied by years of Credited Service for the period January 1, 1989 through September 30, 1990, plus 1.9% of Average Monthly Earnings multiplied by years of Credited Service for the period October 1, 1990 through September 30, 2010, plus 1.3% of Average Monthly Earnings multiplied by years of Credited Service earned after September 30, 2010.

In no event shall a member's Monthly Pension Benefit be less than his Accrued Pension, determined as the accumulated value of the member's mandatory contributions with interest, converted to a monthly benefit.

Normal Retirement

The Normal Retirement Date is the first of the month coinciding with or next following the attainment of age 65 and the fifth anniversary of the member's Plan participation date. The Monthly Pension Benefit is determined as of the Normal Retirement Date.

Early Retirement

An active member may retire early on or after attaining age 55 and completing 15 years of Vesting Service. A terminated vested member may retire after attaining age 55 if he had completed at least 15 years of Vesting Service at termination. The Monthly Pension Benefit is determined as of that early retirement date with payments commencing at age 65. The member may choose to commence payments earlier, with such monthly benefit reduced by 1/180 for each of the first 60 months and 1/360 for each of the next 60 months by which Early Retirement Date precedes Normal Retirement Date.

2024 Schedule SB, Part V – Summary of Plan Provisions

First Federal Bank Retirement Plan

EIN/PN: 44-0246815 / 001

Postponed Retirement

A member may postpone retirement beyond his normal retirement date. The Monthly Pension Benefit at the Late Retirement Date is the greater of the benefit determined as of the Late Retirement Date, or the Actuarial Equivalent of the benefit determined as of the Normal Retirement Date.

Vested Benefit

A member who terminates employment for any reason other than retirement, death, or disability, and after completing five years of Vesting Service, is entitled to a Monthly Pension Benefit determined as of the date of termination deferred to normal retirement age.

Special Early Retirement Window

The plan was amended in April 2019 to provide enhanced pension benefits to certain eligible employees who elected to retire in a limited window. Eligible employees were any active employees who would have attained age 60 prior to September 15, 2019. If an eligible employee elected to retire in the limited window between April 24, 2019 and June 10, 2019, they would receive their full accrued pension benefit at retirement, without any reduction for early retirement.

Pre-Retirement Death Benefit

If a member dies prior to commencing payments under the Plan, the death benefit payable to the spouse or beneficiary is the larger of (a), (b), (c), or (d):

- (a) Actuarial Equivalent of 100 times the Monthly Pension Benefit payable at normal retirement date, limited to \$100,000;
- (b) Actuarial Equivalent of 100 times the projected monthly pension on December 31, 1982 under the prior plan;
- (c) Actuarial Equivalent of the balance of the member's contribution account on date of death; and
- (d) Actuarial Equivalent of 1/2 of the 50% joint-and-survivor benefit that the member would have been entitled to on the earliest date the member could have retired.

A surviving spouse may elect to receive the death benefit as a single life annuity or in 60 equal monthly payments. A non-spouse beneficiary will receive the death benefit as 60 equal monthly payments.

Disability Benefit

If a member becomes totally and permanently disabled, and is not receiving benefits from a long-term disability program provided by the employer, monthly benefits may commence. The benefit payable at the disability retirement date is equal to the Monthly Pension Benefit reduced 1/180th for each of the first 60 months, 1/360th for each of the next 60 months, and actuarially thereafter for each month by which the disability retirement date is prior to the member's Normal Retirement Date.

If a member becomes totally and permanently disabled, and is receiving benefits from a long-term disability program provided by the employer, monthly benefits may not commence but the member will continue to earn Vesting and Credited Service from the plan.

2024 Schedule SB, Part V – Summary of Plan Provisions

First Federal Bank Retirement Plan

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Forms of Payment

The normal form of the Monthly Pension Benefit is a monthly lifetime annuity with 120 payments guaranteed. If a member is married, the automatic form of payment is an actuarially equivalent 50% joint-and-survivor annuity. If a member is single, the automatic form of payment is the normal form. Other optional forms may be elected, determined as the actuarial equivalent of the normal form, as follows:

- (a) Monthly lifetime annuity
- (b) Monthly lifetime annuity with 60 or 180 payments guaranteed
- (c) Monthly lifetime annuity with 100%, 75%, 66-2/3%, or 50% continued to the spouse
- (d) Either 60 or 180 monthly payments only (no lifetime guarantee)
- (e) Lump sum up to \$50,000

The actuarial equivalent value is determined using 8.5% per year and the UP84 Mortality Table with ages set back two years. However, in the case of option (d) or (e), the benefit will not be less than the actuarial equivalent value using assumptions provided in Section 417(e) of the Internal Revenue Code.

Limitations

No benefit for any calendar year may exceed the maximum limitation for that year as defined in Internal Revenue Code Section 415. Compensation in any calendar year is limited by Internal Revenue Code Section 401(a)(17). The plan provides for increasing both dollar limits automatically as such changes become effective.

Contributions

Effective October 1, 1990, no contributions to the Plan by members are required or permitted. Employee contributions made prior to October 1, 1990 currently earn interest each year at 120% of the Federal mid-term rate.

Changes in Plan Provisions since the Prior Valuation

No plan changes have been reflected since the prior valuation as of January 1, 2023.

First Federal Bank Retirement Plan
EIN 44-0246815 PN 001
Schedule H, Line 4i—Schedule of Assets (Held at End of Year)
December 31, 2024

| Identity of Issuer | Description of Investment | Cost | Current Value |
|--|--|------------|---------------|
| Cash and cash equivalents | | | |
| Goldman Sachs | Financial Square Tr Government Institutional Class | \$ 619,871 | \$ 619,871 |
| | | 619,871 | 619,871 |
| Equity-based funds, domestic | | | |
| Dodge & Cox | Dodge & Cox Stock Fund | 613,605 | 1,531,376 |
| Fidelity | Fidelity Large Cap Growth Index Fund | 3,581,085 | 5,174,468 |
| Fidelity | Fidelity Large Cap Value | 3,948,459 | 4,464,659 |
| Fidelity | Fidelity Mid Cap Growth Index Fund | 1,114,063 | 1,434,675 |
| Fidelity | Fidelity Mid Cap Value Index Fund | 1,243,088 | 1,337,624 |
| Fidelity | Fidelity Small Cap Growth Index Fund | 332,326 | 338,217 |
| Fidelity | Fidelity Small Cap Value Index Fund | 327,586 | 323,292 |
| T. Rowe Price | T Rowe Price Growth Stock Fund-I | 679,588 | 1,333,004 |
| | | 11,839,800 | 15,937,315 |
| Equity-based funds, international | | | |
| Fidelity | Fidelity International Index Fund | 809,610 | 755,285 |
| Fidelity | Fidelity Emerging Markets | 464,171 | 405,956 |
| MFS | MFS Research International Fund R6 | 462,696 | 702,508 |
| Victory | Victory Trivalent International Small Cap Fund I | 268,503 | 257,725 |
| | | 2,004,980 | 2,121,474 |
| Federal Agency mortgage-backed securities | | | |
| Federal Home Loan Mortgage Corp | Gold Pool # C91858 | 110,664 | 99,427 |
| Federal National Mortgage Association | Pool # AK7347 | 79,830 | 68,464 |
| Federal National Mortgage Association | Pool # A Q6187 | 7,728 | 7,623 |
| Federal National Mortgage Association | Pool # AL6499 | 21,445 | 20,853 |
| Federal National Mortgage Association | Pool # MA2881 | 61,893 | 53,947 |
| Federal National Mortgage Association | Pool # MA2900 | 200,622 | 173,359 |
| Federal National Mortgage Association | Pool # MA2905 | 101,611 | 88,555 |
| Federal National Mortgage Association | Pool # MA2935 | 185,901 | 160,741 |
| Federal National Mortgage Assoc | REMIC Series 2020-45 Class CB | 137,725 | 126,942 |
| Federal Home Loan Mortgage Corp | REMIC Series 2022-5263 Class A | 153,339 | 148,726 |
| Government National Mortgage Assoc | REMIC Series 2022-34 Class Np | 133,235 | 119,349 |
| Government National Mortgage Assoc | REMIC Series 2022-34 Class Pn | 119,896 | 107,209 |
| Federal Home Loan Mortgage Corp | Umbs Pool #SD8226 | 188,084 | 188,067 |
| Government National Mortgage Assoc | REMIC Series 2020-110 Class Mb | 121,656 | 105,311 |
| | | 1,623,629 | 1,468,573 |

| Identity of Issuer | Description of Investment | Cost | Current Value |
|------------------------------------|-----------------------------|-----------|---------------|
| Agency bonds | | | |
| Tenn Valley Authority | Senior Unsecured Note | 387,144 | 343,268 |
| US Treasury bonds | | | |
| United States | United States Treasury Note | 457,187 | 421,161 |
| United States | United States Treasury Note | 638,511 | 574,551 |
| United States | United States Treasury Note | 625,906 | 569,816 |
| United States | United States Treasury Note | 540,356 | 473,581 |
| United States | United States Treasury Note | 537,059 | 506,448 |
| United States | United States Treasury Note | 275,742 | 263,504 |
| United States | United States Treasury Note | 508,078 | 455,550 |
| United States | United States Treasury Note | 1,140,555 | 975,808 |
| United States | United States Treasury Note | 372,711 | 322,912 |
| United States | United States Treasury Note | 509,719 | 449,604 |
| United States | United States Treasury Note | 764,121 | 657,648 |
| United States | United States Treasury Note | 474,633 | 429,759 |
| United States | United States Treasury Note | 411,023 | 345,734 |
| United States | United States Treasury Note | 362,834 | 361,715 |
| United States | United States Treasury Note | 275,434 | 244,850 |
| | | 7,893,869 | 7,052,641 |
| Corporate bonds | | | |
| Royal Bank of Canada | Senior Unsecured Note | 249,660 | 245,718 |
| Goldman Sachs Group Inc | Senior Unsecured Note | 140,000 | 150,490 |
| Conoco Phillips Company | Senior Unsecured Note | 249,518 | 246,670 |
| Pfizer Inc | Senior Unsecured Note | 263,402 | 242,402 |
| Rtx Corporation | Senior Unsecured Note | 193,192 | 177,518 |
| General Motors Financial Co. | Senior Unsecured Note | 99,902 | 94,755 |
| Southwestern Public Service | Secured Note | 253,334 | 230,661 |
| Santander Uk Group Holdings | Senior Unsecured Note | 100,000 | 94,729 |
| Wells Fargo & Company | Subordinated Note | 195,273 | 189,673 |
| Anheuser-Busch Inbev Worldwide Inc | Senior Unsecured Note | 128,116 | 118,207 |
| Puget Sound Energy Inc | First Lien Note | 219,050 | 203,333 |
| Pub Svc New Hampshire | First Lien Note | 248,298 | 231,835 |
| Vodafone Group PLC | Senior Unsecured Note | 174,270 | 166,317 |
| Pepsico Inc | Senior Unsecured Note | 249,840 | 218,240 |
| Eli Lilly & Company | Senior Unsecured Note | 249,843 | 226,325 |
| Amgen Inc | Senior Unsecured Note | 129,813 | 125,160 |
| Principal Financial Group | Senior Unsecured Note | 179,552 | 171,722 |
| Meta Platforms Inc | Senior Unsecured Note | 249,308 | 249,938 |
| Travelers Cos Inc | Senior Unsecured Note | 239,050 | 233,496 |
| Reinsurance Group of America | Senior Unsecured Note | 142,250 | 126,381 |
| Avalonbay Communities | Senior Unsecured Note | 168,535 | 167,340 |
| Simon Property Group Inc | Senior Unsecured Note | 190,458 | 166,012 |
| Boardwalk Pipelines LP | Senior Unsecured Note | 89,913 | 78,619 |
| Jpmorgan Chase & Co | Senior Unsecured Note | 196,426 | 168,704 |
| Prologis LP | Senior Unsecured Note | 209,297 | 202,402 |
| Citigroup Inc | Senior Unsecured Note | 150,000 | 128,856 |
| Jpmorgan Chase & Co | Senior Unsecured Note | 200,000 | 172,874 |
| Alexandria Real Estate E | Senior Unsecured Note | 99,696 | 82,325 |
| GE Healthcare Technologies Inc | Senior Unsecured Note | 149,822 | 148,598 |
| Mastercard Incorporated | Senior Unsecured Note | 269,676 | 260,936 |
| Estee Lauder Co Inc | Senior Unsecured Note | 259,191 | 255,557 |
| Borgwamer Inc | Senior Unsecured Note | 139,254 | 137,792 |
| Hewlett Packard Enterprise Co | Senior Unsecured Note | 135,507 | 134,564 |
| Ventas Realty LP | Senior Unsecured Note | 149,471 | 143,319 |
| Morgan Stanley | Senior Unsecured Note | 230,000 | 228,714 |
| Enterprise Products Operating LLC | Senior Unsecured Note | 258,440 | 251,636 |
| Precision Castparts Corp | Senior Unsecured Note | 183,744 | 147,646 |
| Aon PLC | Senior Unsecured Note | 127,673 | 123,308 |
| Abbvie Inc | Senior Unsecured Note | 249,655 | 243,700 |

| Identity of Issuer | Description of Investment | Cost | Current Value |
|-------------------------------|------------------------------|------------|---------------|
| Corporate bonds, cont. | | | |
| Alleghany Corp | Senior Unsecured Note | 239,513 | 229,618 |
| American Financial Group | Senior Unsecured Note | 127,777 | 128,027 |
| Puget Sound Energy Inc | First Lien Note | 189,782 | 176,837 |
| Valero Energy Corp | Senior Unsecured Note | 158,836 | 155,052 |
| Danaher Corp | Senior Unsecured Note | 254,218 | 240,665 |
| Mplx LP | Senior Unsecured Note | 161,288 | 158,428 |
| Public Storage Operating Co | Senior Unsecured Note | 217,321 | 199,616 |
| Consolidated Edison Co of NY | Senior Unsecured Note | 199,730 | 191,056 |
| Johnson & Johnson | Unsecured Note | 232,586 | 237,305 |
| Comcast Corp | Senior Unsecured Note | 168,642 | 159,739 |
| Transcanada Pipelines | Senior Unsecured Yankee Note | 150,406 | 144,720 |
| Bank of America Corp | Senior Unsecured Note | 190,130 | 144,713 |
| Baker Hughes Holdings LLC | Senior Note | 213,493 | 223,121 |
| Amazon.Com Inc | Senior Unsecured Note | 193,795 | 183,515 |
| Ecolab Inc | Senior Unsecured Note | 237,843 | 224,627 |
| Alabama Power Co | Senior Unsecured Note | 85,129 | 81,654 |
| Canadian Pacific Rr Co | Senior Unsecured Note | 122,315 | 117,208 |
| Union Pacific Corp | Senior Unsecured Note | 99,870 | 76,064 |
| Kinder Morgan Energy Partners | Senior Unsecured Note | 131,554 | 126,275 |
| Illinois Tool Works Inc | Senior Unsecured Note | 208,673 | 196,066 |
| Thomas Jefferson University | Secured Note | 200,000 | 144,748 |
| Chubb Ina Holdings Inc | Senior Unsecured Note | 181,240 | 167,240 |
| Loews Corp | Senior Unsecured Note | 195,087 | 145,054 |
| Allstate Corp | Senior Unsecured Note | 240,341 | 221,744 |
| PPL Electric Utilities | Secured Note | 234,486 | 233,769 |
| Peco Energy Company | First Lien Note | 236,342 | 247,901 |
| One Gas Inc | Senior Unsecured Note | 228,463 | 244,824 |
| Prudential Financial Inc | Senior Unsecured Note | 235,404 | 244,653 |
| Everest Reinsurance Holdings | Senior Unsecured Note | 138,287 | 142,991 |
| AT&T Inc | Senior Unsecured Note | 111,513 | 86,958 |
| Laclede Group Inc | Senior Unsecured Note | 111,040 | 83,147 |
| Metlife Inc | Senior Unsecured Note | 239,124 | 242,792 |
| Progressive Corp | Senior Unsecured Note | 209,040 | 199,919 |
| Apple Inc | Senior Unsecured Note | 243,729 | 238,340 |
| Ww Grainger Inc | Senior Unsecured Note | 231,989 | 236,595 |
| Bristol-Myers Squibb Co | Senior Unsecured Note | 228,825 | 229,346 |
| Snap-on Inc | Senior Unsecured Note | 238,140 | 225,159 |
| Indiana Michigan Power | Senior Unsecured Note | 206,601 | 193,131 |
| Comcast Corp | Senior Unsecured Note | 258,613 | 235,854 |
| AFLAC Inc | Senior Unsecured Note | 200,614 | 188,271 |
| Louisville Gas & Electric | First Lien Note | 205,478 | 190,670 |
| Oncor Electric Delivery | First Lien Note | 181,204 | 170,204 |
| Shell International Finance | Senior Unsecured Note | 194,836 | 131,730 |
| Paypal Holdings Inc | Senior Unsecured Note | 238,181 | 233,755 |
| Cummins Inc | Senior Unsecured Note | 181,257 | 125,068 |
| Berkshire Hathaway Finance | Senior Unsecured Note | 240,766 | 232,182 |
| Salesforce.Com Inc | Senior Unsecured Note | 190,632 | 127,738 |
| Canadian National Railway | Senior Unsecured Note | 241,307 | 234,184 |
| Burlington North Santa Fe | Senior Unsecured Note | 243,383 | 230,351 |
| Lockheed Martin Corp | Senior Unsecured Note | 238,032 | 244,440 |
| | | 17,317,284 | 16,253,536 |

| Identity of Issuer | Description of Investment | Cost | Current Value |
|--------------------------------------|--|----------------------|----------------------|
| Fixed income - mutual fund | | | |
| Fidelity | Fidelity New Markets Income Fund Z | 150,000 | 150,476 |
| Pimco | Pimco Emerging Markets Bond Fund Ins | 150,000 | 150,356 |
| | | <u>300,000</u> | <u>300,832</u> |
| Municipal bonds | | | |
| FL Development Finance Corporation | Healthcare Facilities Revenue UF Jacksonville Proj Ser B1 | 215,000 | 183,988 |
| Harris County TX | Cultural Education Facilities Finance Corp Revenue Taxable Texas Medical Center | 165,000 | 141,816 |
| Metropolitan Washington DC Arpt Auth | Dulles Toll Road Reve Taxable ref Metrorail & I Capital Impt Proj S1 B | 200,000 | 159,680 |
| NM State Mortgage Finance | Authority Taxable Mbs Pass Through Program Class I GNMA Insured | 140,820 | 120,438 |
| | | <u>720,820</u> | <u>605,922</u> |
| Asset Backed Securities | | | |
| Ford Credit Auto Owner Trust | Series 2022-B Class A3 3.74% Due 09/15/26 Dated 06/27/22 34534LAD9 Bond Rating: AAA | 60,521 | 60,378 |
| Ford Credit Auto Owner Trust | Series 2022-C Class A3 4.48% Due 12/15/26 Dated 09/23/22 34535AAD2 Bond Rating: AAA | 105,019 | 104,963 |
| Synchrony Card Issuance Trust | Series 2022-A2 Class A 3.86% Due 07/17/28 Dated 07/17/28 87166PAH4 Bond Rating: AAA | 164,978 | 164,294 |
| | | <u>330,518</u> | <u>329,635</u> |
| Totals | | <u>\$ 43,037,915</u> | <u>\$ 45,033,066</u> |