

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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, a single-employer plan, a DFE, the first return/report, the final return/report, an amended return/report, a short plan year return/report.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension.
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: GATEWAY FIRST BANK 401(K) RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/2002
2a Plan sponsor's name (employer, if for a single-employer plan): GATEWAY FIRST BANK
2b Employer Identification Number (EIN): 73-1577221
2c Plan Sponsor's telephone number: 918-858-8129
2d Business code (see instructions): 522292

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 | 1215 |
| 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) | 806 |
| | 6a(2) | 762 |
| | 6b | 3 |
| | 6c | 267 |
| | 6d | 1032 |
| | 6e | 0 |
| | 6f | 1032 |
| | 6g(1) | 1051 |
| 6g(2) | 830 | |
| 6h | 0 | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2G 2J 2K 2T 2E 2F 3D 2R

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 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 checked="" 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 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 GATEWAY FIRST BANK 401(K) RETIREMENT PLAN | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 GATEWAY FIRST BANK | D Employer Identification Number (EIN) 73-1577221 | |

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 37 60 64 65 71 | RECORDKEEPER | 123690 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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

GLOBAL RETIREMENT PARTNERS LLC

47-1411118

| (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 | ADVISOR | 60079 | 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 |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| BAIRD CORE PLUS INST - US BANCORP 39-0281260 | 0.02% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| TRP DIV GROWTH - T. ROWE PRICE SER 52-2269240 | 0.15% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| FIRST EAGLE GOLD CL A 1345 AVE OF THE AMERICAS 48TH FLR NEW YORK, NY 10105 | 0.40% | |

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

| | | |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| A Name of plan <u>GATEWAY FIRST BANK 401(K) RETIREMENT PLAN</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GATEWAY FIRST BANK</u> | D Employer Identification Number (EIN) <u>73-1577221</u> | |

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

| | | |
|----------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LRG CAP GRTH III R1</u> | | |
| b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY, LLC</u> | | |
| c EIN-PN <u>38-7275327-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4836818</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MORLEY STABLE VALUE</u> | | |
| b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST CO</u> | | |
| c EIN-PN <u>93-6274329-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1453832</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MID CAP VALUE R1</u> | | |
| b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u> | | |
| c EIN-PN <u>38-4139822-616</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>862809</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PUTN LARGE CP VAL R1</u> | | |
| b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY, LLC</u> | | |
| c EIN-PN <u>38-4065329-426</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1219093</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTL GROWTH II R1</u> | | |
| b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u> | | |
| c EIN-PN <u>38-4139842-619</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14247</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| 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. | OMB No. 1210-0110 2024 This Form is Open to Public Inspection |
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| | |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan GATEWAY FIRST BANK 401(K) RETIREMENT PLAN | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 GATEWAY FIRST BANK | D Employer Identification Number (EIN) 73-1577221 |

| | |
|---------------|--------------------------------------|
| 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 | 1815 | 1220 |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 0 | 0 |
| (2) Participant contributions | 1b(2) | 0 | 0 |
| (3) Other | 1b(3) | 0 | 0 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 236572 | 280987 |
| (2) U.S. Government securities | 1c(2) | 0 | 0 |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | 0 | 0 |
| (B) All other | 1c(3)(B) | 0 | 0 |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | 0 | 0 |
| (B) Common | 1c(4)(B) | 919068 | 1835783 |
| (5) Partnership/joint venture interests | 1c(5) | 0 | 0 |
| (6) Real estate (other than employer real property) | 1c(6) | 0 | 0 |
| (7) Loans (other than to participants) | 1c(7) | 0 | 0 |
| (8) Participant loans | 1c(8) | 2159402 | 2133062 |
| (9) Value of interest in common/collective trusts | 1c(9) | 7548308 | 8386799 |
| (10) Value of interest in pooled separate accounts | 1c(10) | 0 | 0 |
| (11) Value of interest in master trust investment accounts | 1c(11) | 0 | 0 |
| (12) Value of interest in 103-12 investment entities | 1c(12) | 0 | 0 |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 60605643 | 62834255 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 0 | 0 |
| (15) Other | 1c(15) | 731 | 0 |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|--------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | 0 | 0 |
| (2) Employer real property..... | 1d(2) | 0 | 0 |
| e Buildings and other property used in plan operation..... | 1e | 0 | 0 |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 71471539 | 75472106 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | 0 | 0 |
| h Operating payables..... | 1h | 0 | 0 |
| i Acquisition indebtedness..... | 1i | 0 | 0 |
| j Other liabilities..... | 1j | 0 | 0 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 0 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 71471539 | 75472106 |

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) | 2287055 | |
| (B) Participants..... | 2a(1)(B) | 5254078 | |
| (C) Others (including rollovers)..... | 2a(1)(C) | 610965 | |
| (2) Noncash contributions..... | 2a(2) | 0 | 8152098 |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 14426 | |
| (B) U.S. Government securities..... | 2b(1)(B) | 0 | |
| (C) Corporate debt instruments..... | 2b(1)(C) | 0 | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | 0 | |
| (E) Participant loans..... | 2b(1)(E) | 162328 | |
| (F) Other..... | 2b(1)(F) | 0 | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 176754 |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | 0 | |
| (B) Common stock..... | 2b(2)(B) | 4482 | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | 2192168 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 2196650 |
| (3) Rents..... | 2b(3) | | 0 |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | 2113628 | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | 1926295 | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | 187333 |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | 0 | |
| (B) Other..... | 2b(5)(B) | 248302 | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 248302 |

| | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | 1339230 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | 0 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | 0 |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | 0 |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | 5523881 |
| c Other income | 2c | 0 |
| d Total income. Add all income amounts in column (b) and enter total | 2d | 17824248 |

Expenses

| | | |
|---------------------------------------------------------------------------------------------|--------|----------|
| e Benefit payment and payments to provide benefits: | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 13639966 |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 0 |
| (3) Other | 2e(3) | 0 |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | 13639966 |
| f Corrective distributions (see instructions) | 2f | 0 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | 0 |
| h Interest expense | 2h | 0 |
| i Administrative expenses: | | |
| (1) Salaries and allowances | 2i(1) | 0 |
| (2) Contract administrator fees | 2i(2) | 0 |
| (3) Recordkeeping fees | 2i(3) | 123636 |
| (4) IQPA audit fees | 2i(4) | 0 |
| (5) Investment advisory and investment management fees | 2i(5) | 60079 |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 0 |
| (7) Actuarial fees | 2i(7) | 0 |
| (8) Legal fees | 2i(8) | 0 |
| (9) Valuation/appraisal fees | 2i(9) | 0 |
| (10) Other trustee fees and expenses | 2i(10) | 0 |
| (11) Other expenses | 2i(11) | 0 |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | 183715 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | 13823681 |

Net Income and Reconciliation

| | | |
|-----------------------------------------------------------------|-------|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | 4000567 |
| l Transfers of assets: | | |
| (1) To this plan | 2l(1) | 0 |
| (2) From this plan | 2l(2) | 0 |

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **PAYNE & SMITH, LLC CPA**

(2) EIN: **27-0316262**

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 | | 500000 |
| 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.) | | X | |
| 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. | | X | |

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 _____.

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| 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 GATEWAY FIRST BANK 401(K) RETIREMENT PLAN | B Three-digit plan number (PN) | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 GATEWAY FIRST BANK | D Employer Identification Number (EIN) 73-1577221 | |

| | |
|---------------|----------------------|
| 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**

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): 04-6568107

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... 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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702438A.

***GATEWAY FIRST BANK
401(k) RETIREMENT PLAN***

**Financial Statements and
Supplemental Schedule**

December 31, 2024 and 2023

(With Independent Auditor's Report Thereon)

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Independent Auditor's Report

To the Board of Trustees
Gateway First Bank 401(k) Retirement Plan
Jenks, Oklahoma

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

We have performed audits of the financial statements of Gateway First Bank 401(k) 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 (modified cash basis) as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the Financial Statements

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

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting as described in Note 2.
- The information in the financial statements referred to above 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 on the Financial Statements

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

Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements and supplemental schedule were prepared on a modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with modified cash basis of accounting as described in Note 2, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the 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 generally accepted auditing standards 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 generally accepted auditing standards, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis of accounting as described in Note 2.

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 the modified cash basis of accounting as described in Note 2.

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

Other Matters - Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of or for the year ended December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 schedule, 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 generally accepted auditing standards. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, is 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 schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is 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 schedule 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).

Payne + Smith, LLC

September 15, 2025

GATEWAY FIRST BANK 401(k) RETIREMENT PLAN

**STATEMENTS OF NET ASSETS
AVAILABLE FOR BENEFITS**

December 31, 2024 and 2023

| | <u>2024</u> | <u>2023</u> |
|------------------------------------|----------------------|----------------------|
| <u>ASSETS</u> | | |
| Noninterest-bearing cash | \$ 1,220 | \$ 1,815 |
| Investments: | | |
| Investments, at net asset value | 1,453,832 | 1,673,085 |
| Investments, at fair value | <u>71,883,992</u> | <u>67,637,237</u> |
| Total investments | <u>73,337,824</u> | <u>69,310,322</u> |
| Notes receivable from participants | <u>2,133,062</u> | <u>2,159,402</u> |
| Total assets | <u>75,472,106</u> | <u>71,471,539</u> |
| <u>LIABILITIES</u> | | |
| | <u>-</u> | <u>-</u> |
| NET ASSETS AVAILABLE FOR BENEFITS | <u>\$ 75,472,106</u> | <u>\$ 71,471,539</u> |

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

GATEWAY FIRST BANK 401(k) RETIREMENT PLAN

**STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS**

For the Year Ended December 31, 2024

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

| | |
|----------------------------------------------------------------------|-------------------|
| Investment income: | |
| Net appreciation in value of investments | \$ 7,298,746 |
| Interest income on money market funds and bank collective trust | 14,426 |
| Dividend income on mutual funds and self-directed brokerage accounts | 2,196,650 |
| Investment advisory fees | <u>(60,079)</u> |
| Total investment income | 9,449,743 |
| Interest income on notes receivable from participants | 162,328 |
| Contributions: | |
| Participants' | 5,254,078 |
| Employer | 2,287,055 |
| Rollovers | <u>610,965</u> |
| Total contributions | <u>8,152,098</u> |
| Total additions | <u>17,764,169</u> |

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

| | |
|----------------------------------|-------------------|
| Benefit payments to participants | 13,639,966 |
| Administrative expenses | <u>123,636</u> |
| Total deductions | <u>13,763,602</u> |

NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS 4,000,567

NET ASSETS AVAILABLE FOR BENEFITS:

| | |
|-------------------|----------------------|
| Beginning of year | <u>71,471,539</u> |
| End of year | <u>\$ 75,472,106</u> |

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

GATEWAY FIRST BANK 401(k) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

1. Description of the Plan

The following description of Gateway First Bank 401(k) Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan whereby eligible employees of Gateway First Bank ("the Plan Sponsor") and participating employers related to the Plan Sponsor: Reliable Appraisal Management, LLC, Windsor Steele Homes, LP d/b/a Castletree Homes, and Echo Mortgage, LLC (collectively referred to as "the Company"), are permitted to make contributions under section 401(k) of the Internal Revenue Code (the "Code"). The Plan was originally adopted January 1, 2002 and is subject to the requirements of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is administered by a Plan Administrator and overseen by the Plan's Board of Trustees. The Plan's Investments Committee determines the appropriateness of the Plan's investments, monitors investment performance, and reports to the Plan's Board of Trustees.

Eligibility

All non-excluded employees of the Company who have attained 18 years of age are eligible to join the Plan. An eligible employee must complete six months of service to receive employer matching contributions, and one year of service (or 1,000 hours) to receive Qualified Non-elective Employer Contributions.

Contributions

Participants who have satisfied the Plan's eligibility requirements may contribute up to 90% of eligible compensation, subject to certain maximum limitations imposed by the Internal Revenue Code ("the Code"), as defined in the Plan. Participants may elect to make pre-tax deferrals or Roth deferrals. Roth deferral contributions cannot be re-characterized as pre-tax deferral contributions once elected. Participants who have attained age 50 before the close of the plan year are also eligible to make catch-up contributions subject to the maximum limitation imposed by the Code. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

The Plan Sponsor elected for the Plan to be treated as a "Safe Harbor plan." Under these provisions, the Company makes matching contributions based on a participant's deferral contributions in an amount equal to 100% of the first three percent of compensation contributed to the Plan by a participant, plus 50% of the next two percent of compensation contributed to the Plan by the participant.

A participating employer may make Discretionary nonelective contributions to the Plan on behalf of its eligible participants. The discretionary nonelective contribution shall be allocated to a participant's account based on a formula that takes Social Security into account as specified in the Plan document.

Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of the Company's matching and discretionary contributions and Plan earnings and charged with an allocation of any administrative expenses paid by the Plan. Allocations are based on participant's investment elections and earnings or account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Investment Options

Participants direct the investment of their contributions and the Company's contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds, collective trusts, and self-directed brokerage accounts as investment options for participants. Participants may change their investment options at any time throughout the year via internet or direct phone access to the Plan's trustee. The Plan's qualified default investment alternative ("QDIA") is the T. Rowe Price retirement target funds.

GATEWAY FIRST BANK 401(k) RETIREMENT PLAN

Vesting

Participants are always 100% vested in their Rollover Contributions, Qualified Nonelective Contributions, Deferral Contributions, Safe Harbor Matching Employer Contributions and any earnings thereon. Participants receive Safe Harbor Matching Contributions after completing one year of service. A year of service is defined as 1,000 hours of service in a calendar year. Vesting of Employer Nonelective Contributions plus earnings is based on years of service according to the following schedule.

| <u>Years of Vesting Service</u> | <u>Percentage Vested</u> |
|---------------------------------|--------------------------|
| Less than 2 years | 0% |
| 2 but less than 3 years | 20% |
| 3 but less than 4 years | 40% |
| 4 but less than 5 years | 60% |
| 5 but less than 6 years | 80% |
| At least 6 years | 100% |

Upon termination of service, the non-vested portion is subject to forfeiture rules under the Plan.

Forfeited Accounts

Terminated participants may forfeit the non-vested portion of their Employer Account balance. A forfeiture will occur in the Plan Year that a terminated participant receives a distribution of the entire vested Account, or after five consecutive one-year breaks in service for terminated participants who do not receive a distribution. However, forfeited account balances of a terminated participant will be restored according to the Plan when the participant is re-hired before incurring five consecutive one-year breaks in service, and the participant repays the full amount of the distribution before the end of the five-year period that begins on the date of re-employment. Unrestored forfeitures are retained in the Plan and are used to first pay for administrative expenses then to reduce future Employer contributions payable under the Plan. At December 31, 2024 and 2023, forfeited nonvested account balances totaled \$2,144 and \$4,822, respectively. During 2024, net earnings of \$83 was credited to forfeited nonvested accounts, and the Plan used \$2,761 in forfeited nonvested account balances to reduce plan expenses.

Notes Receivable from Participants

Participants may borrow from their accounts an amount not to exceed the lesser of: (a) one-half of the participant's vested account balance or (b) \$50,000 reduced by the participant's greatest outstanding loan balance during the 12 months preceding the date of the loan. The loans are secured by the balance in the participant's account and bear interest at rates ranging from 4.25% to 9.50%, which is commensurate with local prevailing rates as determined by the Plan administrator. Loans are required to be repaid within five years of the date the loan proceeds are received except in the case of certain loans to acquire a principal residence, which may be repaid over a period not to exceed 10 years. Principal and interest are repaid ratably through periodic payroll deductions. Participants may only have one outstanding loan at any time.

Payments of Benefits

Upon termination of service due to death, disability or retirement, participants may receive a lump sum payment equal to their vested account balance. Benefits under the Plan will generally be paid to participants or their beneficiaries in cash. Distributions to participants with vested account balances between \$1,000 and \$5,000 may be made in a single lump-sum payment equal to the value of the participant's vested interest in their account or rolled over to an individual retirement account designated by the Plan Administrator. Participants with vested account balances more than \$5,000 may defer distributions or elect to receive distributions. To comply with certain requirements of the SECURE Act of 2019 and IRS regulations, the Plan requires participants to take their first required minimum distribution (RMDs) in the year they reach age 73.

Participants who are also active employees can request a hardship withdrawal up to their vested account balance, subject to certain requirements of the SECURE Act and IRS regulations which eliminated the need for the Plan to maintain substantiation documents for such withdrawals, and permit the Plan to rely on participants' certifications to support (1) a financial need that does not exceed the required amount, and (2) unavailability of other reasonable sources of income to meet the financial need, for such withdrawals. A participant with a financial hardship may be able to withdraw all or any part of their vested account resulting from 401(k) elective deferral contributions provided the hardship distribution is for: (1) payment of medical expenses that would be tax deductible; (2) purchase of a primary home; (3) stop eviction from primary home, or stop foreclosure on such home; (4) payment of tuition, related educational fees, and room and board expenses for up to the next 12 months of post-secondary education of the participant, spouse, children, or dependents defined in the Plan; (5) burial or funeral expenses for a deceased parent, spouse, child, or dependents defined in the Plan; and (6) expenses to repair damage to primary home that would be tax deductible.

GATEWAY FIRST BANK 401(k) RETIREMENT PLAN

2. Summary of Significant Accounting Policies

Date of Management's Review and Subsequent Events

The Plan has evaluated events and transactions for potential recognition or disclosure through September 15, 2025, which is the date the financial statements were available to be issued.

Basis of Accounting

The financial statements of the Plan are presented on the modified cash basis of accounting, which is a basis of accounting other than generally accepted accounting principles. Consequently, certain additions and the related assets are recognized when received rather than when earned and certain deductions are recognized when paid rather than when the obligation is incurred.

Use of Estimates

The preparation of financial statements in conformity with a basis of accounting other than accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

Investment Valuation and Income Recognition

Certain investments of the Plan are collective trust investments reported at net asset value ("NAV") based on the fair value of the underlying investments of the trust as a practical expedient to estimate fair value in arriving at net assets available for benefits. In accordance with ASC 820-10, such investments are excluded from the presentation of the fair value disclosures for financial instruments, at Note 5. These investments are presented as Investments, at net asset value in the accompanying financial statements and are further discussed in the disclosure of investment contract with Fidelity Management Trust Company at Note 4.

Certain investments of the Plan are mutual funds reported at fair value based on observable market quotations, and bank collective investment trusts reported at net asset value based on other observable inputs within the fair value hierarchy at Note 5. 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. These investments are presented as Investments, at fair value in the accompanying financial statements and are further discussed in disclosure of fair value measurements at Note 5.

The net appreciation in value of investments consists of the realized gains and losses on investments bought and sold as well as held during the year and unrealized appreciation (depreciation) of investments. The net change in unrealized appreciation (depreciation) in the value of investments is determined by the change in value from the beginning of the year to the end of the year.

Purchases and sales are recorded on a trade date basis. Interest income and dividends are recorded when received.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2024 and 2023, no allowance for credit losses has been recorded.

If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

The fair value disclosures for financial instruments are not required for participant loans. Also, participant loans continue to be considered as investments for Form 5500 reporting purposes.

Excess Contributions

Excess contributions originated in the current reporting period and refunded to participants during the reporting period are offset in participant contributions and benefit payments to participants on the statement of changes in net assets available for benefits. Excess contributions originated in the current reporting period and refunded to participants before or after March 15 of the following reporting period are accrued as liabilities on the statements of net assets available for benefits. Excess contributions are presented as corrective distributions in expenses section on Schedule H of Form 5500.

GATEWAY FIRST BANK 401(k) RETIREMENT PLAN

Contributions

Contributions are recorded when the cash is received by Fidelity Management Trust Company, the trustee of the Plan in accordance with the modified cash basis of accounting utilized by the Plan. There were no participants' or employer contributions related to the 2024 and 2023 plan years received by the trustee of the Plan subsequent to the respective years then ended. Therefore, the Plan's financial statements as of and for the years ended December 31, 2024 and 2023 as presented in these comparative financial statements are in alignment with the accrual basis of accounting principles generally accepted in the United States of America.

Benefits Payments

Benefits are recorded when paid.

Administrative Expenses

Officers or employees of the Company perform certain administrative functions of the Plan. However, such officers and employees receive no compensation from the Plan. Fees and expenses charged under a participant's account fall into three basic categories.

Investment fees are generally assessed as a percentage of assets invested and are deducted directly from the participant's investment returns as applicable.

Plan administration fees cover the day-to-day expenses of the Plan for recordkeeping, accounting, legal and trustee services, as well as additional services that may be available under the Plan. In certain cases, Plan administration costs are covered by investment fees that are deducted directly from investment returns. In other cases, plan administrative fees are either paid directly by the Employer, or are passed to the Plan participants, in which case a recordkeeping fee is deducted from a participant's account.

Transaction-based fees are associated with optional services offered under the Plan and are charged directly to the individual participants' account who use the feature available under the Plan.

3. Information Certified by Trustee

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by Fidelity Management Trust Company, the trustee of the Plan.

| | <u>2024</u> | <u>2023</u> |
|----------------------------------------------------------------------|----------------------|----------------------|
| Noninterest-bearing cash | \$ 1,220 | \$ 1,815 |
| Investments: | | |
| Common/collective trust, at net asset value | 1,453,832 | 1,673,085 |
| Bank collective trusts, at fair value | 6,932,966 | 5,875,223 |
| Mutual funds, at fair value | 61,853,845 | 59,964,041 |
| Self-directed brokerage accounts, at fair value | 3,097,181 | 1,797,973 |
| Total investments | <u>\$ 73,337,824</u> | <u>\$ 69,310,322</u> |
| Notes receivable from participants | <u>\$ 2,133,062</u> | <u>\$ 2,159,402</u> |
| Interest income on money market funds and common/collective trust | <u>\$ 14,426</u> | |
| Dividend income on mutual funds and self-directed brokerage accounts | <u>\$ 2,196,650</u> | |
| Interest income on notes receivable from participants | <u>\$ 162,328</u> | |

GATEWAY FIRST BANK 401(k) RETIREMENT PLAN

4. Investment Contract with Fidelity Management Trust Company

The Plan entered into a benefit-responsive guaranteed investment contract with Fidelity Management Trust Company, the Plan trustee. The Morley Stable Value Fund (the “Fund”) is a stable value fund that is sponsored and managed by Principal Global Investors Trust Company (“PGI”) formerly known as Union Bond & Trust Company. The Fund is comprised of a cash, guaranteed investment contracts (traditional GICs), separate account contracts, and synthetic investment contracts. The principal value of the Fund is intended to provide stable value regardless of financial market fluctuations. Each of the separate account contracts and synthetic investment contracts have a wrap contract that provides a minimum guaranteed rate of return for the term of the contracts. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. Contract value represents contributions made to the Fund, plus credited earnings, less participant withdrawals.

The guaranteed investment contract Fund balance is presented on the statements of net assets available for benefits, as investments at net asset value (“NAV”) based on the fair value of the underlying investments of the trust as a practical expedient to estimate fair value in arriving at net assets available for benefits. The estimated fair value, as reported to the Plan by Fidelity Management Trust Company, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses adjusted to fair value using a factor determined by Fidelity Management Trust Company. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The NAV of the investment contract at December 31, 2024 and 2023 was \$1,453,832 and \$1,673,085, respectively. The crediting interest rate is based on a formula agreed upon with the issuer but may not be less than zero percent. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the Plan's ability to transact at contract value with PGI. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under the Employee Retirement Income Security Act of 1974. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants are probable of occurring.

5. Fair Value Measurements

ASC Topic 820, *Fair Value Measurements and Disclosures* establishes a fair value hierarchy for valuation inputs that gives the highest priority to quoted prices in active markets for identical assets or liabilities and the lowest priority to unobservable inputs. The three broad levels of the fair value hierarchy are as follows:

- Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority.
- Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1).
- Level 3 inputs consist of unobservable inputs and have the lowest priority.

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs are not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs are not available. During 2024 and 2023, no Plan investments required the use of Level 3 inputs.

Level 1 Fair Value Measurements

Mutual funds - The fair value of mutual funds is based on quoted net asset value (“fair value”) of the shares as reported by the fund. The mutual funds held by the Plan are open-end mutual funds registered with the U.S. Securities and Exchange Commission. The funds must publish their daily net asset values and transact at that price. The mutual funds held by the Plan are considered to be actively traded.

GATEWAY FIRST BANK 401(k) RETIREMENT PLAN

Self-directed brokerage accounts - The fair value of the Plan’s investment in the self-directed (Brokerage Link) accounts is based on the fair value of the underlying investments adjusted for any indirect support fee paid to Fidelity Investments by the fund family. Brokerage Link is the self-directed brokerage option for participants in a Fidelity client’s retirement plan. An individual brokerage account is established and maintained by Fidelity Brokerage Services, Inc. (FBSI). Participants using Brokerage Link also can invest their assets in all other available investment options offered in the plan. FBSI sends an automated daily feed to the Fidelity Participant Recordkeeping System (FPRS) reflecting the net change in market value of the self-directed investments for the day. The FPRS posts this activity to the participants’ Brokerage Link ‘fund’ as an ‘Adjustment’ so the balances on the FPRS will accurately reflect the market value in the FBSI brokerage accounts. The Brokerage Link accounts are currently comprised of mutual funds, corporate common stocks, money market funds, and government agency bonds. The fair value measurement technique for the money market funds and mutual funds is described above. The fair values of the common stocks are based on the closing price reported on the active market where the individual securities are traded. The fair value of the U.S. government securities is valued using a market approach on yields currently available on comparable securities of issuers with similar credit ratings.

Level 2 Fair Value Measurements

The Plan’s interest in the collective trusts is sponsored and managed by Wilmington Trust, N.A, based on the net asset value of units of bank collective trusts held by the Plan at the end of the year. The fair value of the investment contracts is determined using a discounted cash flow methodology where the individual contract cash flows are discounted at the prevailing interpolated yield curve rate at the end of the year. Individual assets of the synthetic investment contracts are generally valued at representative quoted market prices. Debt securities are valued based on valuations furnished by a pricing service approved by the stable value fund trustee based on market transactions for comparable securities and various relationships generally recognized by institutional traders. Accrued interest on the underlying investments, if any, is added to the fair value of the investments for presentation purposes.

Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the interest in the collective trusts, the investment advisors reserve the right to temporarily delay withdrawal from the trusts to ensure that liquidation of securities will be conducted in an orderly business manner.

The following table set forth, by level within the fair value hierarchy, the Plan’s investments at fair value as of December 31, 2024 and 2023:

| | Fair Value Measurements Using: | | |
|----------------------------------|---------------------------------------------------------|----------------------------|---------------|
| | Quoted Prices in Active Markets for Identical Assets | Other Observable Inputs | Fair Value |
| | (Level 1) | (Level 2) | |
| December 31, 2024: | | | |
| Mutual funds | \$ 61,853,845 | \$ - | \$ 61,853,845 |
| Bank collective trusts | - | 6,932,966 | 6,932,966 |
| Self-directed brokerage accounts | 3,097,181 | - | 3,097,181 |
| Total investments, at fair value | \$ 64,951,026 | \$ 6,932,966 | \$ 71,883,992 |
| December 31, 2023: | | | |
| Mutual funds | \$ 59,964,041 | \$ - | \$ 59,964,041 |
| Bank collective trusts | - | 5,875,223 | 5,875,223 |
| Self-directed brokerage accounts | 1,797,973 | - | 1,797,973 |
| Total investments, at fair value | \$ 61,762,014 | \$ 5,875,223 | \$ 67,637,237 |

Gains and losses included in changes in net assets available for benefits for the year ended December 31, 2024 are reported in net appreciation in value of investments.

GATEWAY FIRST BANK 401(k) RETIREMENT PLAN

6. Party-In-Interest Transactions

Certain Plan investments are units of collective trust funds, and shares or unit of mutual funds and money market funds sponsored and managed by Fidelity Management Trust Company. Fidelity Management Trust Company is the Plan trustee and custodian as defined by the Plan. Therefore, Fidelity is a party-in-interest under ERISA and transactions with Fidelity qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services are included in net appreciation in value of investments on the accompanying statement of changes in net assets available for benefits, as they are paid through revenue sharing rather than a direct payment.

Plan transactions and records are administered by Fidelity Investments Institutional Operations Company, Inc. (“FIIO”), an affiliate of Fidelity, the Plan Trustee. FIIO is the record keeper of the Plan; therefore, transactions with FIIO qualify as party-in-interest transactions. During 2024, fees incurred by the Plan for record keeping services totaled \$123,636 and are presented in administrative expenses on the accompanying statement of changes in net assets available for benefits.

Global Retirement Partners, LLC (“GRP”) is the Plan’s third-party provider of investments advisory services. Therefore, GRP is a party-in-interest under ERISA and transactions with GRP qualify as party-in-interest transactions. During 2024, the Plan paid \$60,079 in investment advisory fees to GRP. These fees are presented as investment advisory fees within the Investment income caption on the accompanying statement of changes in net assets available for benefits.

Payne & Smith, LLC is the Plan’s independent public accountant (“IPA”) as defined by the Plan. Therefore, the IPA is a party-in-interest under ERISA and transactions with the IPA qualify as party-in-interest transactions. Fees incurred by the Plan for audit and nonattest services provided by the IPA are paid by the Company and are therefore, neither disclosed nor included or accrued on the accompanying statements of net assets available for benefits and statement of changes in net assets available for benefits.

These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

7. Tax Status

The Plan sponsor is an adopter of a pre-approved plan that received a favorable Internal Revenue Service (“IRS”) Opinion Letter dated June 30, 2020, in which the IRS stated that the Plan was in compliance with the applicable requirements of the Internal Revenue Code (“IRC”). Although the Plan has been amended and restated since receiving the Opinion Letter, the Plan Administrator believes this Plan is designed and is being operated in compliance with the applicable provisions of the IRC.

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

8. Plan Termination

While there is no intention to do so, the Company reserves the right to terminate the Plan. In the event of termination of the Plan, the participants become fully vested in their employer contribution balances, and the net assets of the Plan will be distributed to the participants of the Plan in accordance with the provisions of ERISA.

GATEWAY FIRST BANK 401(k) RETIREMENT PLAN

9. Risks and Uncertainties

The Plan provides for various investment options in investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risks associated with investment securities, and the level of uncertainty related to changes in the value of these securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and changes in net assets available for benefits.

The following table presents concentrations of investments that represented 5% or more of the Plan's net assets at December 31, 2024 and 2023:

| | <u>2024</u> | <u>2023</u> |
|-----------------------------------------------------|--------------|--------------|
| Mutual funds: | | |
| Fidelity Total Market Index Fund | \$ 5,787,301 | \$ 5,104,849 |
| T. Rowe Price Retirement 2025 Fund | 4,873,626 | 5,712,981 |
| T. Rowe Price Retirement 2030 Fund | 8,908,498 | 8,511,406 |
| T. Rowe Price Retirement 2035 Fund | 5,976,910 | 6,671,366 |
| T. Rowe Price Retirement 2040 Fund | 8,993,144 | 8,205,376 |
| T. Rowe Price Retirement 2045 Fund | 6,156,331 | 6,727,291 |
| T. Rowe Price Retirement 2050 Fund | 4,699,568 | 3,940,686 |
| Bank collective trust- | | |
| Wilmington Trust, N.A. Large Cap Growth III Fund R1 | 4,836,818 | 3,968,559 |

SUPPLEMENTAL SCHEDULE

GATEWAY FIRST BANK 401(k) RETIREMENT PLAN

**SCHEDULE H, PART IV, LINE 4 (i) – SCHEDULE OF ASSETS
(HELD AT END OF YEAR)**

December 31, 2024

EIN: 73-1577221

PN: 001

| (a) | (b) | (c) | (d) | (e) |
|------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------|-------------|-----------------------------|
| <u>Identity of issuer, borrower, lessor or similar party</u> | <u>Description of investment</u> | <u>Units(Shares)</u> | <u>Cost</u> | <u>Current Value</u> |
| * Noninterest-bearing Cash | Unallocated cash | 1,220.330 | ** | \$ 1,220 |
| Principal Global Inv Trust Morley Stable Value Fund | Collective trust | 49,283.124 | ** | 1,453,832 |
| Wilmington Trust, N.A., Intl Growth II R1 | Bank collective trust | 1,064.136 | ** | 14,246 |
| Wilmington Trust, N.A., Mid Cap Value Fund R1 | Bank collective trust | 54,420.126 | ** | 862,809 |
| Wilmington Trust, N.A., Putnam Large Cap Growth Fd Cl Y | Bank collective trust | 56,600.891 | ** | 1,219,093 |
| Wilmington Trust, N.A., Putnam Large Cap Value Fd Cl Y | Bank collective trust | 328,762.391 | ** | 4,836,818 |
| American Century Multi Sector Income R6 | Mutual fund | 4,284.849 | ** | 38,007 |
| American Century Small Cap Value Fund R6 Class | Mutual fund | 44,205.351 | ** | 1,018,491 |
| American Funds Strategic Bond Fund R6 | Mutual fund | 2,818.540 | ** | 25,282 |
| Baird Core Plus Bond Fund Class Investor | Mutual fund | 122,160.531 | ** | 1,222,827 |
| DFA Emerging Markets Portfolio Institutional Class | Mutual fund | 16,634.387 | ** | 475,245 |
| DFA U.S. Targeted Value Portfolio Institutional Class | Mutual fund | 15,375.928 | ** | 528,471 |
| * Fidelity 500 Index Fund | Mutual fund | 7,311.844 | ** | 1,493,005 |
| * Fidelity international Index Fund | Mutual fund | 19,382.379 | ** | 921,438 |
| * Fidelity Mid Cap Index Fund | Mutual fund | 4,906.040 | ** | 165,677 |
| * Fidelity Small Cap Index Fund | Mutual fund | 4,385.366 | ** | 121,387 |
| * Fidelity Total Market Index Fund | Mutual fund | 35,885.790 | ** | 5,787,301 |
| JPMorgan Mid Cap Growth Fund Class R6 | Mutual fund | 17,299.396 | ** | 894,725 |
| PGIM High Yield R6 | Mutual fund | 12,902.643 | ** | 61,546 |
| T. Rowe Price Dividend Growth Fund | Mutual fund | 14,300.643 | ** | 1,098,575 |
| T. Rowe Price Retirement 2005 Fund | Mutual fund | 1,866.587 | ** | 22,324 |
| T. Rowe Price Retirement 2010 Fund | Mutual fund | 2,360.786 | ** | 35,766 |
| T. Rowe Price Retirement 2015 Fund | Mutual fund | 37,969.468 | ** | 476,897 |
| T. Rowe Price Retirement 2020 Fund | Mutual fund | 89,708.754 | ** | 1,666,789 |
| T. Rowe Price Retirement 2025 Fund | Mutual fund | 294,478.931 | ** | 4,873,626 |
| T. Rowe Price Retirement 2030 Fund | Mutual fund | 347,852.329 | ** | 8,908,498 |
| T. Rowe Price Retirement 2035 Fund | Mutual fund | 283,938.733 | ** | 5,976,910 |
| T. Rowe Price Retirement 2040 Fund | Mutual fund | 294,182.016 | ** | 8,993,144 |
| T. Rowe Price Retirement 2045 Fund | Mutual fund | 276,564.744 | ** | 6,156,331 |
| T. Rowe Price Retirement 2050 Fund | Mutual fund | 248,260.317 | ** | 4,699,568 |
| T. Rowe Price Retirement 2055 Fund | Mutual fund | 189,331.538 | ** | 3,767,698 |
| T. Rowe Price Retirement 2060 Fund | Mutual fund | 86,820.895 | ** | 1,440,359 |
| T. Rowe Price Retirement 2065 Fund | Mutual fund | 2,362.786 | ** | 30,386 |
| Vanguard Inflation-Protected Securities Fund Admiral Shares | Mutual fund | 17,090.766 | ** | 384,884 |
| Vanguard Real Estate Index Fund Admiralhares | Mutual fund | 4,502.323 | ** | 568,688 |
| * Fidelity Brokerage Link | | | | |
| Self-directed brokerage accounts | Various | 3,097,180.630 | ** | 3,097,181 |
| Notes receivable from participants | | | | |
| Participant loans | Interest rates range from 4.25% to 9.50%, various maturity dates through March 2033 | | | <u>2,133,062</u> |
| TOTAL ASSETS AT DECEMBER 31, 2024 | | | | <u><u>\$ 75,472,106</u></u> |

* Denotes Party in interest to the Plan.

** Cost not required for participant-directed investments.

See accompanying independent auditor's report and notes thereto.

GATEWAY FIRST BANK 401(k) RETIREMENT PLAN

**SCHEDULE H, PART IV, LINE 4 (i) – SCHEDULE OF ASSETS
(HELD AT END OF YEAR)**

December 31, 2024

EIN: 73-1577221

PN: 001

| (a) | (b) | (c) | (d) | (e) |
|------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------|---------------|----------------------|
| <u>Identity of issuer, borrower, lessor or similar party</u> | <u>Description of investment</u> | <u>Units(Shares)</u> | <u>Cost</u> | <u>Current Value</u> |
| * | Noninterest-bearing Cash | Unallocated cash | 1,220.330 | ** \$ 1,220 |
| | Principal Global Inv Trust Morley Stable Value Fund | Collective trust | 49,283.124 | ** 1,453,832 |
| | Wilmington Trust, N.A., Intl Growth II R1 | Bank collective trust | 1,064.136 | ** 14,246 |
| | Wilmington Trust, N.A., Mid Cap Value Fund R1 | Bank collective trust | 54,420.126 | ** 862,809 |
| | Wilmington Trust, N.A., Putnam Large Cap Growth Fd Cl Y | Bank collective trust | 56,600.891 | ** 1,219,093 |
| | Wilmington Trust, N.A., Putnam Large Cap Value Fd Cl Y | Bank collective trust | 328,762.391 | ** 4,836,818 |
| | American Century Multi Sector Income R6 | Mutual fund | 4,284.849 | ** 38,007 |
| | American Century Small Cap Value Fund R6 Class | Mutual fund | 44,205.351 | ** 1,018,491 |
| | American Funds Strategic Bond Fund R6 | Mutual fund | 2,818.540 | ** 25,282 |
| | Baird Core Plus Bond Fund Class Investor | Mutual fund | 122,160.531 | ** 1,222,827 |
| | DFA Emerging Markets Portfolio Institutional Class | Mutual fund | 16,634.387 | ** 475,245 |
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| | T. Rowe Price Retirement 2045 Fund | Mutual fund | 276,564.744 | ** 6,156,331 |
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| | T. Rowe Price Retirement 2055 Fund | Mutual fund | 189,331.538 | ** 3,767,698 |
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| | Self-directed brokerage accounts | Various | 3,097,180.630 | ** 3,097,181 |
| | Notes receivable from participants | | | |
| | Participant loans | Interest rates range from 4.25% to 9.50%, various maturity dates through March 2033 | | 2,133,062 |
| TOTAL ASSETS AT DECEMBER 31, 2024 | | | | \$ 75,472,106 |

* Denotes Party in interest to the Plan.

** Cost not required for participant-directed investments.

See accompanying independent auditor's report and notes thereto.