

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

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: INTRUST FINANCIAL CORPORATION EMPLOYEES' RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 07/01/1954
2a Plan sponsor's name (employer, if for a single-employer plan): INTRUST FINANCIAL CORPORATION
2b Employer Identification Number (EIN): 48-0937376
2c Plan Sponsor's telephone number: 316-383-1188
2d Business code (see instructions): 522110

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor PLAN OVERSIGHT COMMITTEE INTRUST FINANCIAL CORPORATION 105 NORTH MAIN WICHITA, KS 67202	3b Administrator's EIN 48-0850683																				
	3c Administrator's telephone number 316-383-1188																				
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	5 919																				
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.....	<table border="1"> <tr><td>6a(1)</td><td>437</td></tr> <tr><td>6a(2)</td><td>403</td></tr> <tr><td>6b</td><td>110</td></tr> <tr><td>6c</td><td>366</td></tr> <tr><td>6d</td><td>879</td></tr> <tr><td>6e</td><td>14</td></tr> <tr><td>6f</td><td>893</td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td>0</td></tr> </table>	6a(1)	437	6a(2)	403	6b	110	6c	366	6d	879	6e	14	6f	893	6g(1)		6g(2)		6h	0
6a(1)	437																				
6a(2)	403																				
6b	110																				
6c	366																				
6d	879																				
6e	14																				
6f	893																				
6g(1)																					
6g(2)																					
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:
 1A 3H

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) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

- a Pension Schedules**
- (1) **R** (Retirement Plan Information)
 - (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 - (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
 - (4) **DCG** (Individual Plan Information) – Number Attached _____
 - (5) **MEP** (Multiple-Employer Retirement Plan Information)

- b General Schedules**
- (1) **H** (Financial Information)
 - (2) **I** (Financial Information – Small Plan)
 - (3) **A** (Insurance Information) – Number Attached 0
 - (4) **C** (Service Provider Information)
 - (5) **D** (DFE/Participating Plan Information)
 - (6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan <u>INTRUST FINANCIAL CORPORATION EMPLOYEES' RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>INTRUST FINANCIAL CORPORATION</u>	D Employer Identification Number (EIN) <u>48-0937376</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>84627891</u>
	b Actuarial value	2b	<u>84627891</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>111</u>	<u>10798025</u>
	b For terminated vested participants	<u>371</u>	<u>11978395</u>
	c For active participants	<u>435</u>	<u>44672271</u>
	d Total	<u>917</u>	<u>67448691</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.25 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>4006394</u>
	b Expected plan-related expenses	6b	<u>25000</u>
	c Target normal cost	6c	<u>4031394</u>

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

SIGN HERE		<u>05/27/2025</u>
	Signature of actuary	Date
	<u>DONALD W. WILSON, ASA, EA, MAAA</u>	<u>23-04691</u>
	Type or print name of actuary	Most recent enrollment number
	<u>TWG BENEFITS, INC.</u>	<u>847-376-2093</u>
	Firm name	Telephone number (including area code)
	<u>BOX ONE WICHITA, KS 67201-5001</u>	
	Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	10581720
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	10581720
10	Interest on line 9 using prior year's actual return of <u>12.43</u> %	0	1315308
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.34</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	1315308
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	10581720

Part III Funding Percentages			
14	Funding target attainment percentage	14	109.78 %
15	Adjusted funding target attainment percentage	15	125.47 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	108.05 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
12/31/2024	2500000	0					
			Totals ▶	18(b)	2500000	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2375297
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
	(1) 1st	(2) 2nd	(3) 3rd
			(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	4031394	
b Excess assets, if applicable, but not greater than line 31a	31b	4031394	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	2375297	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	2375297	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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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 INTRUST FINANCIAL CORPORATION EMPLOYEES' RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 INTRUST FINANCIAL CORPORATION	D Employer Identification Number (EIN) 48-0937376	

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

EAGLE SERIES TRUST	880 CARILLON PARKWAY ST. PETERSBURG, FL 33716
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FEDERATED MANAGED POOL SERIES	5800 CORPORATE DRIVE PITTSBURGH, PA 15222-3779
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FEDERATED TOTAL RETURN SERIES INC.	5800 CORPORATE DRIVE PITTSBURGH, PA 15222-3779
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

GOLDMAN SACHS TRUST	71 SOUTH WACKER DRIVE CHICAGO, IL 60606
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FEDERATED HERMES FUNDS

4000 ERICSSON DRIVE
WARRENDALE, PA 15086-7561

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

UNDISCOVERED MANAGERS FUNDS

700 NORTH PEARL
DALLAS, TX 75201

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

VANGUARD TAX-MANAGED FUNDS

P.O. BOX 2600
VALLEY FORGE, PA 19482-2900

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

T. ROWE PRICE INTERNATIONAL FUNDS I

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

VANGUARD INDEX FUNDS

P.O. BOX 2600
VALLEY FORGE, PA 19482-2900

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

VANGUARD SPECIALIZED FUNDS

P.O. BOX 2600 V26
VALLEY FORGE, PA 19482-2900

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

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

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

FEDERATED HERMES, INC.

25-1111467

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	108755	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name: DONALD W. WILSON, ASA, EA, MAAA	b EIN: 36-4018918
c Position: ACTUARY	
d Address: TWG BENEFITS, INC. BOX ONE WICHITA, KS 67201	e Telephone: 847-376-2093

Explanation: CHANGE IN ACTUARIAL SERVICE PROVIDERS.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

**SCHEDULE H
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

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

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

A Name of plan INTRUST FINANCIAL CORPORATION EMPLOYEES' RETIREMENT PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 INTRUST FINANCIAL CORPORATION		D Employer Identification Number (EIN) 48-0937376	

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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	461449	514599
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1028589	4026401
(2) U.S. Government securities	1c(2)	10210842	8504379
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	34027558	33959823
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	38899453	40841258
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	84627891	87846460
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	84627891	87846460

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)	2500000	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2500000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	54138	
(B) U.S. Government securities.....	2b(1)(B)	414273	
(C) Corporate debt instruments.....	2b(1)(C)	1520402	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1988813
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	873419	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		873419
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	33407030	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	32619014	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		788016
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		625152
c Other income	2c		134
d Total income. Add all income amounts in column (b) and enter total	2d		6775534

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3448210	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3448210
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	108755	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		108755
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3556965

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3218569
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **GJ & COMPANY, LLC**

(2) EIN: **48-0970195**

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	
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 542813.

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.
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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>INTRUST FINANCIAL CORPORATION EMPLOYEES' RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INTRUST FINANCIAL CORPORATION</u>	D Employer Identification Number (EIN) <u>48-0937376</u>	

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

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 20-2378830

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		20
---	--	----

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

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

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

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

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

INTRUST FINANCIAL CORPORATION
EMPLOYEES' RETIREMENT PLAN

FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION

Years ended December 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To the Plan Oversight Committee
INTRUST Financial Corporation Employees' Retirement Plan

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

We have performed audits of the financial statements of INTRUST Financial Corporation Employees' Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2023, and the related statement of changes in accumulated plan benefits for the year ended December 31, 2023, 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 INTRUST Bank, N.A., the trustee of the Plan as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note H to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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 accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Other Matter — Supplemental Schedules Required by ERISA

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

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its 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 schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

AQ & Company, LLC

October 7, 2025

INTRUST FINANCIAL CORPORATION EMPLOYEES' RETIREMENT PLAN
 STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
 December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments:		
Cash equivalent	\$ 4,026,401	\$ 1,028,589
Mutual funds	40,841,258	38,899,453
Government securities	8,504,379	10,210,842
Corporate debt instruments	<u>33,959,823</u>	<u>34,027,558</u>
	87,331,861	84,166,442
Receivables:		
Accrued income	<u>514,599</u>	<u>461,449</u>
TOTAL ASSETS	<u>87,846,460</u>	<u>84,627,891</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 87,846,460</u>	<u>\$ 84,627,891</u>

See accompanying notes.

INTRUST FINANCIAL CORPORATION EMPLOYEES' RETIREMENT PLAN
 STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
 Years ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS		
Additions to net assets attributed to:		
Investment income:		
Interest and dividend income on investments	\$ 2,862,232	\$ 2,709,101
Net appreciation in fair value of investments	<u>1,413,168</u>	<u>6,921,922</u>
	4,275,400	9,631,023
Other income	134	1,161
Contributions:		
Employer's	<u>2,500,000</u>	<u>—</u>
TOTAL ADDITIONS	6,775,534	9,632,184
DEDUCTIONS		
Deductions from net assets attributed to:		
Benefits paid to participants	3,448,210	3,078,433
Operating expenses	<u>108,755</u>	<u>107,677</u>
TOTAL DEDUCTIONS	<u>3,556,965</u>	<u>3,186,110</u>
NET INCREASE	3,218,569	6,446,074
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>84,627,891</u>	<u>78,181,817</u>
END OF YEAR	<u>\$ 87,846,460</u>	<u>\$ 84,627,891</u>

See accompanying notes.

INTRUST FINANCIAL CORPORATION EMPLOYEES' RETIREMENT PLAN
STATEMENT OF ACCUMULATED PLAN BENEFITS
December 31, 2023

ACTUARIAL PRESENT VALUE OF
ACCUMULATED PLAN BENEFITS

Vested benefits:

Participants currently receiving payments	\$ 10,798,025
Other participants	<u>56,650,666</u>
	<u>67,448,691</u>

Non-vested benefits

—

TOTAL ACTUARIAL PRESENT VALUE
OF ACCUMULATED PLAN BENEFITS

\$ 67,448,691

See accompanying notes.

INTRUST FINANCIAL CORPORATION EMPLOYEES' RETIREMENT PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
Year ended December 31, 2023

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR	\$ 62,561,037
Increase (decrease) during year attributed to:	
Benefits accumulated	4,610,208
Increase in interest and other due to decrease in the discount period	2,698,734
Change in actuarial assumptions	657,145
Benefits paid to participants	<u>(3,078,433)</u>
NET INCREASE	<u>4,887,654</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	<u>\$ 67,448,691</u>

See accompanying notes.

INTRUST FINANCIAL CORPORATION EMPLOYEES' RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE A - DESCRIPTION OF PLAN

The following description of 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, established July 1, 1954, and amended and restated January 1, 2017, is a defined benefit pension plan covering employees of INTRUST Financial Corporation (IFC) and INTRUST Bank, N.A. (INTRUST) (collectively referred to as the Company). Employees become eligible to participate in the Plan on the entry date coinciding with or the next following entry date upon the attainment of age 21 and the completion of one year of service as defined by the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participation Freeze

After September 19, 2018, no rehired employees who are inactive participants will again become active participants in the Plan, and after July 1, 2019, no new employees will become participants in the Plan.

Pension Benefits

Normal retirement occurs at age 65 with five years of participation. The Plan permits early retirement at age 55 with ten years of service. A participant's normal retirement benefit is based on the highest 5-year average monthly compensation during the 10-year period immediately preceding the earliest of their normal retirement date, early retirement date, or termination of employment. Upon reaching the normal retirement age, a participant is eligible to begin receiving a monthly pension, which is payable for 15 years. If a participant should die prior to receiving 180 monthly payments, the named beneficiary would receive the balance of the payments. The amount of a participant's monthly retirement income is equal to the sum of (a) 1% of the final average monthly compensation multiplied by the number of years of service credit, and (b) 0.5% of the final average monthly compensation in excess of the social security covered compensation multiplied by the number of years of service credit, not to exceed 35 years. A participant may elect to have retirement benefits paid in a form other than the normal form of 15 years.

For terminated employees whose benefit amounts fell below \$5,000 on January 1, 2023, the Plan allows a one-time option to make lump sum distributions in 2023 or defer distributions until these employees achieve early or regular retirement age requirements.

Freeze of Benefit Accruals

Effective as of December 31, 2018, the accrued benefit of a participant in the Plan will be frozen if the participant makes a valid election during the choice election period to receive an enhanced nonelective contribution under the INTRUST 401(k) Plan. An employee who is a participant in the Plan but fails to make a valid election during the choice election period to receive an enhanced nonelective contribution under the INTRUST 401(k) Plan will remain an active participant in the Plan with an unfrozen accrued benefit.

INTRUST FINANCIAL CORPORATION EMPLOYEES' RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE A - DESCRIPTION OF PLAN (Continued)

The number of active participants with frozen accrued benefit was 47 and 51 at December 31, 2024 and 2023, respectively.

For a participant whose accrued benefit under the Plan was frozen as of December 31, 2018, the participant's accrued benefit under the Plan will be calculated taking into account only benefit service credited through December 31, 2018 and compensation earned through December 31, 2018, with final average compensation calculated as if the participant's termination of employment occurs on the earlier of the actual date of termination of employment or December 31, 2018.

For a participant who remains an active participant in the Plan, the participant's accrued benefit under the Plan will continue to be calculated in accordance with the terms of the Plan.

Vesting

If a participant separates from service before his or her normal retirement date for any reason other than death or disability, the participant will receive the vested portion of their accrued benefit beginning on his or her normal retirement date calculated as of the date of separation from service as follows:

<u>Years of service</u>	<u>Percent vested</u>
Less than 5 years	0%
5 or more years	100%

Vesting service will continue to be credited for all participants in accordance with the terms of the Plan and will not be frozen as of December 31, 2018.

Participants become 100% vested in the Plan upon disability.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Accounting Method

The financial statements of the Plan have been prepared using the accrual method of accounting and present the net assets available for plan benefits and changes in those net assets based on fair value.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect the reported amounts and disclosures. Actual results could differ from those estimates.

Payments of Benefits

Benefits are recorded when paid. There were no withdrawals requested but unpaid at December 31, 2024.

INTRUST FINANCIAL CORPORATION EMPLOYEES' RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investments

All investments are carried at fair value, which is based on quoted market prices. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

Actuarial Assumptions and Data

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. The actuarial present value of accumulated plan benefits is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of January 1, 2024 and 2023 are as follows:

January 1, 2024:

Investment rate of return	Segmented – 4.75%, 4.96% and 5.59%
Retirement age	Age 65
Mortality:	
Pre-retirement	2024 Non-annuitant Static tables (M/F)
Post-retirement	2024 Annuitant Static tables (M/F)
Effective interest rate	5.25%
Salary progression	4% annual increase

January 1, 2023:

Investment rate of return	Segmented – 4.75%, 5.00% and 5.74%
Retirement age	Age 65
Mortality:	
Pre-retirement	2023 Non-annuitant Static tables (M/F)
Post-retirement	2023 Annuitant Static tables (M/F)
Effective interest rate	5.34%
Salary progression	4% annual increase

The foregoing assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

NOTE C - PLAN EXPENSES

Plan expenses including administration, consulting, and accounting services are paid by the Company and are excluded from these financial statements.

NOTE D - CONCENTRATIONS

Four funds or notes with the highest value comprised approximately 27% of net assets available for benefits as of December 31, 2024 and 2023.

INTRUST FINANCIAL CORPORATION EMPLOYEES' RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE E - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

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

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

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward. Benefit improvements attributable to plan amendments effected within the five years preceding plan terminations may not be fully guaranteed even though total benefit entitlements fall below the aforementioned ceilings.

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

INTRUST FINANCIAL CORPORATION EMPLOYEES' RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE F - TAX STATUS

The IRS has determined and informed the plan sponsor by a letter dated February 20, 2018, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

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

NOTE G - FUNDING POLICY

The Company's policy is, at a minimum, to fund the amount necessary to meet the minimum funding requirements set forth by ERISA. The Company's contribution in 2024 exceeded the minimum funding requirements of ERISA. The Company did not make any contribution in 2023.

NOTE H - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified as complete and accurate by the trustee.

	<u>2024</u>	<u>2023</u>
Investments, at fair value:		
Cash equivalent	\$ 4,026,401	\$ 1,028,589
Mutual funds	40,841,258	38,899,453
Government securities	8,504,379	10,210,842
Corporate debt instruments	33,959,823	34,027,558
Accrued income	514,599	461,449
Interest and dividend income on investments	2,862,232	2,709,101
Net appreciation in fair value of investments	1,413,168	6,921,922
Other income	134	1,161
Operating expenses	108,755	107,677

NOTE I - RELATED PARTY TRANSACTIONS

Plan investments are in custodial control and managed by INTRUST Bank, N.A., the trustee as defined by the Plan and, therefore, these transactions qualify as party in interest.

The retired President of the Company received benefit payments in the amount of \$62,427 in 2023.

INTRUST FINANCIAL CORPORATION EMPLOYEES' RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE J - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The following tables present fair value measurement information for certain financial instruments.

	Fair Value	Fair Value Measurements Using: Quoted Prices in Active Markets for Identical Assets (Level 1)
<u>December 31, 2024</u>		
Cash equivalent	\$ 4,026,401	\$ 4,026,401
Mutual funds		
Small Cap stocks	1,772,949	1,772,949
Mid Cap stocks	2,895,475	2,895,475
Large Cap stocks	19,383,731	19,383,731
International stocks	11,904,036	11,904,036
Fixed income funds	4,885,067	4,885,067
Government securities	8,504,379	8,504,379
Corporate debt instruments	<u>33,959,823</u>	<u>33,959,823</u>
Total	<u>\$ 87,331,861</u>	<u>\$ 87,331,861</u>
<u>December 31, 2023</u>		
Cash equivalent	\$ 1,028,589	\$ 1,028,589
Mutual funds		
Small Cap stocks	1,664,348	1,664,348
Mid Cap stocks	2,693,994	2,693,994
Large Cap stocks	17,894,097	17,894,097
International stocks	11,907,538	11,907,538
Fixed income funds	4,739,476	4,739,476
Government securities	10,210,842	10,210,842
Corporate debt instruments	<u>34,027,558</u>	<u>34,027,558</u>
Total	<u>\$ 84,166,442</u>	<u>\$ 84,166,442</u>

FASB ASC 820-10, Fair Value Measurement, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: 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, and Level 3 inputs 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. No Level 2 or Level 3 inputs were used by the Plan.

INTRUST FINANCIAL CORPORATION EMPLOYEES' RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE J - FAIR VALUE MEASUREMENTS (Continued)

Level 1 Fair Value Measurements

The Plan invests in the Federated Hermes Government Obligations Fund, which is a highly liquid money market fund and is considered to be a cash equivalent.

The fair value of the money market fund and mutual funds are based on quoted net asset values of the shares held by the Plan at year end. The fair value of all other investments are based on quoted market prices of the specific investments held by the Plan at year end.

NOTE K - RISKS AND UNCERTAINTIES

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

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

NOTE L - SUBSEQUENT EVENTS

According to the actuarial report for the 2025 plan year prepared as of January 1, 2025, the present actuarial value of accumulated plan benefits at December 31, 2024 is \$69,111,138. There is no minimum required contribution for 2025. The Company is planning another year-end contribution to ensure the Plan remains fully funded, should one be warranted.

Management has evaluated subsequent events through October 7, 2025, the date the financial statements were available to be issued and determined that no additional disclosures were necessary.

SUPPLEMENTARY INFORMATION

INTRUST FINANCIAL CORPORATION EMPLOYEES' RETIREMENT PLAN
SCHEDULE H, Line 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR
EIN 48-0937376, Plan 001
December 31, 20

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value	
Federated Hermes Government Obligations Fund	Money Market Fund	\$ 4,026,401	\$ 4,026,401	
Carillon Eagle Small Cap Growth Fund	Mutual Fund	1,275,597	888,124	
JPMorgan Undiscovered Managers Behavioral Fund	Mutual Fund	629,414	884,825	
Vanguard Mid Cap Index Fund	Mutual Fund	1,476,133	2,895,475	
Vanguard Institutional Index Fund	Mutual Fund	1,768,396	9,051,324	
Vanguard Growth Index Fund	Mutual Fund	1,113,733	3,994,255	
Vanguard Value Index Fund	Mutual Fund	3,406,031	6,338,152	
Goldman Sachs Emerging Markets Fund	Mutual Fund	2,691,358	2,428,719	
MFS International Diversification Fund	Mutual Fund	3,021,454	4,088,163	
T Rowe Price International Discovery Fund	Mutual Fund	1,302,025	1,356,817	
Vanguard Developed Markets Index Fund	Mutual Fund	3,411,589	4,030,337	
Federated Hermes Total Return Bond Fund	Mutual Fund	2,267,974	2,120,286	
Federated Hermes Short Inter Total Return Bond Fund	Mutual Fund	2,703,692	2,764,781	
US Treasury	Note @ 2.125% due 02/15/2054	401,464	381,153	
US Treasury	Note @ 4.625% due 05/15/2054	3,549,451	3,207,303	
US Treasury	Note @ 4.625% due 05/15/2044	728,965	678,839	
US Treasury	Note @ 4.250% due 08/15/2054	3,015,591	2,740,320	
US Treasury	Note @ 4.500% due 11/15/2054	984,258	953,590	
US Treasury	Note @ 4.125% due 08/15/2044	594,469	543,174	
Boeing Co	Note @ 3.600% due 05/01/2034	250,300	209,192	
Costco Wholesale	Note @ 1.750% due 04/20/2032	445,295	406,885	
National Rural Utils Coop	Note @ 2.750% due 04/15/2032	236,337	213,740	
State Str corp	Note @ Var Rate due 05/13/2033	502,910	475,935	
Virginia Elec & Pwr	Note @ 2.400% due 03/30/2032	230,750	208,705	
AT&T	Note @ 3.100% due 02/01/2043	224,267	179,820	
AT&T	Note @ 3.300% due 02/01/2052	214,090	165,980	
AT&T	Note @ 3.500% due 02/01/2061	231,145	159,815	
Abbott Labs	Note @ 4.900% due 11/30/2046	248,525	233,357	
Abbvie Inc	Note @ 4.050% due 11/21/2039	513,647	427,165	
Abbvie Inc	Note @ 4.250% due 11/21/2049	297,650	203,260	
Alcon Fin Corp	Note @ 5.750% due 12/06/2052	217,526	204,454	
Altria Group Inc	Note @ 3.700% due 02/04/2051	204,720	169,967	
Amazon	Note @ 2.500% due 06/03/2050	629,705	447,450	
American Intl Group Inc	Note @ 4.375% due 06/30/2050	306,015	206,602	
Amgen Inc	Note @ 3.375% due 02/21/2050	263,777	170,837	
Amgen inc	Note @ 2.800% due 08/15/2041	215,095	174,095	
Anheuser Busch Cos LLC	Note @ 4.700% due 02/01/2036	270,737	237,130	
Anheuser Busch Inbev Wldw Inc	Note @ 4.439% due 10/06/2048	451,410	422,135	
Apple Inc	Note @ 2.400% due 08/20/2050	412,450	295,260	
Apple Inc	Note @ 2.375% due 02/08/2041	494,465	343,920	
Applovin Corp	Note @ 5.950% due 12/01/2054	129,353	128,044	
Bat Capital Corp	Note @ 4.390% due 08/15/2037	232,443	215,665	
Bat Capital Corp	Note @ 4.540% due 08/15/2047	263,772	197,157	
Bank of America	Note @ Var Rate due 06/19/2041	881,450	694,230	
Bank of America	Note @ Var Rate due 09/21/2036	429,070	407,370	
Beacon FDG	Note @ 6.266% due 08/15/2054	150,000	148,134	
Becton Dickinson & Co	Note @ 3.794% due 05/20/2050	259,480	184,530	
Biogen Inc	Note @ 3.150% due 05/01/2050	244,138	157,640	
Boeing Co	Note @ 3.950% due 08/01/2059	260,495	198,069	
BP Cap Mkts Amer Inc Glbl	Note @ 2.772% due 11/10/2050	304,927	202,749	
BP Cap Mkts Amer Inc	Note @ 2.939% due 06/04/2051	169,318	123,820	
Bristol Myers Squibb	Note @ 2.550% due 11/13/2050	208,678	144,700	
Broadcom Inc	Note @ 3.500% due 02/15/2041	238,977	195,232	
CVS Health Corp	Note @ 2.700% due 08/21/2040	668,275	493,875	
Carrier Global Corp	Note @ 3.577% due 04/05/2050	264,294	179,163	

See independent auditor's report.

INTRUST FINANCIAL CORPORATION EMPLOYEES' RETIREMENT PLAN
SCHEDULE H, Line 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR (Continued)
EIN 48-0937376, Plan 001
December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value		Cost	Current value
Charter Communications	Note @ 3.700%	due 04/01/2051	228,603	156,165
Chubb INA Hldgs	Note @ 3.050%	due 12/15/2061	214,180	151,723
Cisco Sys Inc	Note @ 5.350%	due 02/26/2064	259,092	239,642
Citigroup Inc	Note @ 4.650%	due 07/23/2048	458,030	427,830
Comcast Corp	Note @ 2.800%	due 01/15/2051	853,178	594,350
Comcast Corp Gbl	Note @ 2.450%	due 08/15/2052	92,940	81,471
Conocophillips	Note @ 5.200%	due 06/01/2045	279,432	232,597
Constellation Brands	Note @ 3.750%	due 05/01/2050	193,198	183,150
Crown Castle Intl Corp	Note @ 2.900%	due 04/01/2041	223,283	173,890
Danaher Corp	Note @ 2.600%	due 10/01/2050	238,105	148,818
Danaher Corp	Note @ 2.890%	due 12/10/2051	252,789	185,127
Diamondback Energy	Note @ 5.750%	due 04/18/2054	94,959	89,151
Disney	Note @ 3.600%	due 01/13/2051	558,980	367,480
Duke Energy	Note @ 3.750%	due 09/01/2046	472,265	368,125
Duke Energy Fla LLC	Note @ 5.950%	due 11/15/2052	264,605	253,970
Elevance Health Inc	Note @ 5.125%	due 02/15/2053	242,308	222,415
Energy Transfer LP	Note @ 5.950%	due 05/15/2054	114,451	111,176
Enel Fin Amer LLC	Note @ 2.875%	due 07/12/2041	246,922	168,942
Enterprise Prods Oper	Note @ 3.300%	due 02/15/2053	429,168	328,685
Exelon Generation LLC	Note @ 5.750%	due 10/01/2041	269,242	243,987
Meta Platforms	Note @ 4.450%	due 08/15/2052	233,230	210,698
Florida Pwr & Lt	Note @ 3.150%	due 10/01/2049	494,715	337,025
Florida Pwr & Lt	Note @ 2.875%	due 12/04/2051	444,195	312,515
General Dynamics Corp	Note @ 2.850%	due 06/01/2041	398,412	285,196
GM Co	Note @ 5.200%	due 04/01/2045	306,103	216,770
Gilead Sciences	Note @ 2.600%	due 10/01/2040	242,932	172,862
Glencore FDG LLC	Note @ 5.893%	due 04/04/2054	70,000	67,911
Goldman Sachs Group	Note @ Var Rate	due 02/24/2043	464,410	372,205
HCA Sr SEC	Note @ 5.125%	due 06/15/2039	221,550	227,818
Hartford Finl Svcs	Note @ 3.600%	due 08/19/2049	252,650	181,745
Hewlett Packard	Note @ 5.600%	due 10/15/2054	122,608	117,663
Home Depot	Note @ 2.375%	due 03/15/2051	458,720	282,905
Indiana Mich Pwr Co	Note @ 5.625%	due 04/01/2053	99,969	97,434
Ingersoll Rand	Note @ 5.700%	due 06/15/2054	64,734	63,784
JP Morgan Chase	Note @ Var Rate	due 11/19/2041	660,997	506,700
JP Morgan Chase	Note @ Var Rate	due 01/23/2035	275,000	273,254
Kraft Heinz	Note @ 4.375%	due 06/01/2046	498,015	404,825
L3Harris Technologies	Note @ 5.500%	due 08/15/2054	246,628	240,133
Lam Research Corp	Note @ 2.875%	due 06/15/2050	176,525	157,910
Eli Lilly & Co	Note @ 2.250%	due 05/15/2050	204,262	140,505
Lockheed Martin	Note @ 2.800%	due 06/15/2050	220,350	156,480
MPLX LP	Note @ 4.700%	due 04/15/2048	266,795	204,848
Warner Media	Note @ 5.050%	due 03/15/2042	100,408	80,288
Marathon Pete Corp	Note @ 4.500%	due 04/01/2048	262,620	195,190
Marsh & McLennan	Note @ 3.400%	due 03/15/2055	199,038	191,516
Merck & Co	Note @ 2.350%	due 06/24/2040	393,910	338,470
Metlife Inc	Note @ 5.000%	due 07/15/2052	243,307	225,888
Microsoft	Note @ 2.525%	due 06/01/2050	433,015	307,700
Microsoft	Note @ 2.921%	due 03/17/2052	507,475	330,315
Micron	Note @ 3.366%	due 11/01/2041	268,299	219,159
MidAmerican Energy Co	Note @ 3.650%	due 08/01/2048	528,295	370,515
Morgan Stanley	Note @ Var Rate	due 09/16/2036	861,150	813,330
Nisource Fin Corp	Note @ 3.950%	due 03/30/2048	281,460	190,240
Northrop Grumman Corp	Note @ 4.030%	due 10/15/2047	446,010	392,515
Northwestern Mutal Life Ins	Note @ 3.450%	due 03/30/2051	498,260	343,145

See independent auditor's report.

INTRUST FINANCIAL CORPORATION EMPLOYEES' RETIREMENT PLAN
SCHEDULE H, Line 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR (Continued)
EIN 48-0937376, Plan 001
December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value		Cost	Current value
Oneok Inc	Note @ 4.450%	due 09/01/2049	256,580	194,985
Otis	Note @ 3.362%	due 02/15/2050	241,230	171,980
Ovintiv	Note @ 7.100%	due 07/15/2053	155,560	164,971
Phillip Morris Intl	Note @ 4.250%	due 11/10/2044	215,830	204,653
Piedmont Nat Gas	Note @ 3.350%	due 06/01/2050	220,210	164,980
Public Svc Elec & Gas	Note @ 3.850%	due 05/01/2049	611,560	574,493
Qualcomm Inc	Note @ 4.500%	due 05/20/2052	226,078	209,553
RTX Corp	Note @ 3.125%	due 07/01/2050	257,782	163,630
RTX Corp	Note @ 2.820%	due 09/01/2051	126,312	90,860
San Diego Gas & Elec	Note @ 4.100%	due 06/15/2049	208,975	195,803
Southern Co Gas	Note @ 3.150%	due 09/30/2051	198,228	129,150
Southern Copper Corp	Note @ 5.875%	due 04/23/2045	199,090	146,457
Southwestern Elec Pwr	Note @ 3.850%	due 02/01/2048	254,482	179,945
Sysco Corp	Note @ 3.300%	due 02/15/2050	231,935	168,140
T Mobile	Note @ 3.300%	due 02/15/2051	211,817	164,885
T Mobile	Note @ 3.400%	due 10/15/2052	249,031	166,768
Tampa Elec Co	Note @ 3.450%	due 03/15/2051	498,885	340,285
Targa Res Corp	Note @ 4.950%	due 04/15/2052	502,942	421,100
Williams Cos Inc	Note @ 3.500%	due 10/15/2051	219,232	170,330
Travelers Companies	Note @ 3.750%	due 05/15/2046	224,948	191,300
Union Pacific Corp	Note @ 3.839%	due 03/20/2060	288,058	178,668
Union Pacific Corp	Note @ 3.250%	due 02/05/2050	233,768	170,540
United Health Group	Note @ 2.750%	due 05/15/2040	480,880	353,555
United Health Group	Note @ 5.050%	due 04/15/2053	239,685	225,125
United Health Group	Note @ 5.375%	due 04/15/2054	159,137	140,668
Verizon Communications	Note @ 2.650%	due 11/20/2040	224,250	170,935
Verizon Communications	Note @ 3.550%	due 03/22/2051	236,303	176,663
Verizon Communications	Note @ 2.850%	due 09/03/2041	220,200	172,863
Verisk Analytics	Note @ 3.625%	due 05/15/2050	248,415	174,473
Viacom	Note @ 4.375%	due 03/15/2043	238,085	181,998
Virginia Elec & Pwr	Note @ 2.450%	due 12/15/2050	463,085	281,375
Walmart inc	Note @ 2.650%	due 09/22/2051	447,250	309,175
Wells Fargo & Co	Note @ Var Rate	due 04/30/2041	486,120	363,780
Wells Fargo & Co	Note @ Var Rate	due 01/23/2035	750,000	746,813
Aercap Ireland	Note @ 3.400%	due 10/29/2033	248,925	212,905
Anglo American Capital	Note @ 6.000%	due 04/05/2054	197,234	197,432
Bacardi	Note @ 5.900%	due 06/15/2043	149,462	145,371
Bell Tel	Note @ 3.650%	due 08/15/2052	239,783	172,148
Canadian Pac	Note @ 3.000%	due 12/02/2041	109,426	79,858
Canadian Pac	Note @ 3.100%	due 12/02/2051	220,233	162,443
Cenovus Energy Inc	Note @ 3.750%	due 02/15/2052	84,391	58,528
Eni Spa Gbl	Note @ 5.950%	due 05/15/2054	197,656	192,016
Electricite De France	Note @ 6.900%	due 05/23/2053	198,646	214,528
Pfizer Inv't Enterprises	Note @ 5.300%	due 05/19/2053	273,127	248,125
Rogers Communications	Note @ 4.500%	due 03/15/2042	148,323	126,678
Shell Intl	Note @ 2.875%	due 11/26/2041	450,565	353,400
Smurfit Kappa Treas	Note @ 5.777%	due 04/03/2054	200,000	198,090
Suncor Energy Inc	Note @ 4.000%	due 11/15/2047	252,685	185,408
Takeda Pharmaceutical	Note @ 3.175%	due 07/09/2050	251,430	161,953
Telefonica Emisones	Note @ 4.895%	due 03/06/2048	278,810	211,833
Vodafone	Note @ 4.250%	due 09/17/2050	267,728	193,975
			<u>\$81,159,625</u>	<u>\$87,331,861</u>

See independent auditor's report.

INTRUST FINANCIAL CORPORATION EMPLOYEES' RETIREMENT PLAN
SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
EIN 48-0937376, Plan 001
Year ended December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Series of Transactions in the Same Security								
Federated	Hermes Government Obligations Fund	\$ 12,837,439	N/A	N/A	\$ -	\$ 12,837,439	\$ 12,837,439	\$ -
Federated	Hermes Government Obligations Fund	N/A	\$ 9,839,627	N/A	-	9,839,627	9,839,627	-
US Treasury	Note 3.625% Due 5/15/2053	N/A	4,308,516	N/A	-	4,544,683	4,308,516	(236,167)
US Treasury	Note 4.625% Due 5/15/2054	4,302,365	N/A	N/A	-	4,302,365	4,302,365	-
US Treasury	Note 4.250% Due 8/15/2054	5,149,945	N/A	N/A	-	5,149,945	5,149,945	-

See independent auditor's report.

INTRUST FINANCIAL CORPORATION EMPLOYEES' RETIREMENT PLAN
SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS (Continued)
EIN 48-0937376, Plan 001
Year ended December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Single Transactions								
US Treasury	Note 4.250% Due 8/15/2054	\$ 4,522,313	N/A	N/A	\$ -	\$ 4,522,313	\$ 4,522,313	\$ -

See independent auditor's report.

Schedule SB, line 26 - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

Attained Age	Under 1 Avg.		1 To 4 Avg.		5 To 9 Avg.		10 To 14 Avg.		15 To 19 Avg.		20 To 24 Avg.		25 To 29 Avg.		30 To 34 Avg.		35 To 39 Avg.		40 & Up Avg.	
	No.	Comp	No.	Comp	No.	Comp	No.	Comp	No.	Comp	No.	Comp	No.	Comp	No.	Comp	No.	Comp	No.	Comp
Under 25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	31	60097	13	0	0	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	25	81535	11	0	24	76380	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	18	0	5	0	21	75283	16	0	2	0	0	0	0	0	0	0
45 to 49	0	0	0	0	13	0	7	0	7	0	11	0	6	0	0	0	0	0	0	0
50 to 54	0	0	0	0	13	0	10	0	4	0	15	0	11	0	4	0	0	0	0	0
55 to 59	0	0	0	0	10	0	4	0	7	0	9	0	14	0	13	0	4	0	0	0
60 to 64	0	0	0	0	7	0	8	0	7	0	9	0	19	0	2	0	7	0	7	0
65 to 69	0	0	0	0	7	0	2	0	5	0	4	0	4	0	2	0	3	0	5	0
70 & Up	0	0	0	0	0	0	0	0	2	0	1	0	0	0	0	0	0	0	1	0

Name of plan: INTRUST Financial Corporation Employees' Retirement Plan
 Plan sponsor's name: INTRUST Bank, N.A.

Plan number: 001
 EIN: 48-0477525

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions:

Male Nonannuitant: 2024 Nonannuitant Male
Female Nonannuitant: 2024 Nonannuitant Female
Male Annuitant: 2024 Annuitant Male
Female Annuitant: 2024 Annuitant Female
Applicable months from valuation month: 0
Probability of lump sum: 0.00%
Use pre-retirement mortality: Yes

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Segment rates:	4.37	4.96	4.95
High Quality Bond rates:	N/A	N/A	N/A
Final rates:	4.75	4.96	5.59
Override:	0.00	0.00	0.00

Salary Scale

Male: 4.00%
Female: 4.00%

Withdrawal

Male: W-3 (INTRUST)
Female: W-3 (INTRUST)

Withdrawal-Select

Male: N/A
Female: N/A

Early Retirement Rates

Male: N/A
Female: N/A

Subsidized Early Retirement Rates

Male: N/A
Female: N/A

Name of Plan: INTRUST Financial Corporation I
Plan Sponsor's EIN: 48-0477525
Plan Number: 001

Options:

Use optional combined mortality table for small plans: Yes
Use discount rate transition: No
Lump sums use proposed regulations: Yes
Actuarial Equivalent Floor
Stability period: plan year
Lookback months: 2
Nonannuitant: 2024 Applicable
Annuitant: 2024 Applicable

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Current:	5.50	5.76	5.83
Override:	0.00	0.00	0.00

Late Retirement Rates

Male: N/A
Female: N/A

Marriage Probability

Male: 80.00%
Female: 80.00%
Expense loading: 0.00%

Disability Rates

Male: N/A
Female: N/A

	<u>Mortality</u>	<u>Setback</u>
Male:	N/A	0
Female:	N/A	0

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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 (enter description)


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 INTRUST FINANCIAL CORPORATION EMPLOYEES' RETIREMENT PLAN	1b Three-digit plan number (PN) ▶	001
	1c Effective date of plan 07/01/1954	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) INTRUST FINANCIAL CORPORATION P.O. BOX 1 WICHITA KS 67201-9819 105 NORTH MAIN WICHITA KS 67202	2b Employer Identification Number (EIN) 48-0937376	
	2c Plan Sponsor's telephone number 316-383-1188	
	2d Business code (see instructions) 522110	

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

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

SIGN HERE		<u>10/09/25</u>	JOCELYN BOYD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Please See Audit

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

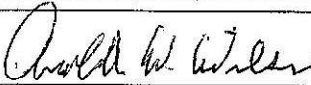
▶ **Round off amounts to nearest dollar.**

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

A Name of plan INTRUST Financial Corporation Employees' Retirement Plan		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF INTRUST Financial Corporation		D Employer Identification Number (EIN) 48-0937376	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I		Basic Information		
1	Enter the valuation date:	Month <u>1</u>	Day <u>1</u>	Year <u>2024</u>
2	Assets:			
	a Market value	2a		84,627,891
	b Actuarial value	2b		84,627,891
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment	111	10,798,025	10,798,025
	b For terminated vested participants	371	11,978,395	11,978,395
	c For active participants	437	44,672,271	44,672,271
	d Total	919	67,448,691	67,448,691
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
	a Funding target disregarding prescribed at-risk assumptions	4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5		5.25 %
6	Target normal cost			
	a Present value of current plan year accruals	6a		4,006,394
	b Expected plan-related expenses	6b		25,000
	c Target normal cost	6c		4,031,394

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

SIGN HERE		
	Signature of actuary	05/27/2025
	Donald W. Wilson, ASA EA, MAAA	Date
	Type or print name of actuary	23-04691
	TWG Benefits, Inc.	Most recent enrollment number
	Firm name	(847) 376-2093
	Box One	Telephone number (including area code)
	Wichita	
	Address of the firm	
	KS 67201-5001	

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

Schedule SB, line 19 - Discounted Employer Contributions

Interest Rates for Contribution Year End Date: 12/31/2024

Effective: 5.25%

Late Quarterly: 10.25%

<u>Effective Date</u>	<u>Amount</u>	<u>Effective Interest</u>	<u>Quarterly Interest</u>	<u>Discounted</u>
12/31/2024	\$2,500,000	-124,703	0	\$2,375,297
	<u>\$2,500,000</u>			<u>\$2,375,297</u>

Name of Plan: INTRUST Financial Corporation I
Plan Sponsor's EIN: 48-0477525
Plan Number: 001
Plan Sponsor's Name: INTRUST Bank, N.A.

Bradley K. McGlachlin
Brian A. Wilkinson
Robert H. Gutschenritter - Retired
William G. Johnson - Retired



345 RIVERVIEW, SUITE 520
WICHITA, KANSAS 67203-4265
(316) 267-9211 FAX: (316) 267-9215
EMAIL: admin@gjcpas.com

October 7, 2025

To the Plan Oversight Committee and Management
INTRUST Financial Corporation Employees' Retirement Plan

We have conducted an ERISA Section 103(a)(3)(C) audit of the financial statements of INTRUST Financial Corporation Employees' Retirement Plan as of and for the year ended December 31, 2024 and have issued our report thereon dated October 7, 2025. Professional standards require that we advise you of the following information related to our audit.

Our Responsibility in Relation to the Financial Statement Audit

As communicated in our engagement letter dated April 30, 2025, our responsibility, as described by professional standards, is to conduct our audit in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Therefore, as permitted by ERISA Section 103(a)(3)(C), the audit need not extend to any statements of information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution). For an ERISA Section 103(a)(3)(C) audit, the audit will 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 requirement of accounting principles generally accepted in the United States of America (GAAP). Accordingly, the objective of the 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 GAAP.

Our responsibility, as prescribed by professional standards, is to plan and perform our audit to obtain reasonable, rather than absolute, assurance about whether the financial statements are free of material misstatement. An audit of financial statements includes consideration of internal control over financial reporting as a basis for designing 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 over financial reporting. Accordingly, as part of our audit, we considered the internal control of the plan solely for the purpose of determining our audit procedures and not to provide any assurance concerning such internal control.

We are also responsible for communicating significant matters related to the audit that are, in our professional judgment, relevant to your responsibilities in overseeing the financial reporting process. However, we are not required to design procedures for the purpose of identifying other matters to communicate to you.

Planned Scope and Timing of the Audit

We conducted our audit consistent with the planned scope and timing we previously communicated to you.

Compliance with All Ethics Requirements Regarding Independence

The engagement team, others in our firm, as appropriate, and our firm, have complied with all relevant ethical requirements regarding independence.

All members of our firm are required to review the most current client list and sign an independence, integrity, and objectivity representation annually.

Significant Risks Identified

No significant risks were identified during the course of our audit.

Qualitative Aspects of the Plan's Significant Accounting Practices

Significant Accounting Policies

Management has the responsibility to select and use appropriate accounting policies. A summary of the significant accounting policies adopted by the plan is included in Note B to the financial statements. There have been no initial selection of accounting policies and no changes in significant accounting policies or their application during 2024. No matters have come to our attention that would require us, under professional standards, to inform you about (1) the methods used to account for significant unusual transactions and (2) the effect of significant accounting policies in controversial or emerging areas for which there is a lack of authoritative guidance or consensus.

Significant Accounting Estimates

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's current judgments. Those judgments are normally based on knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ markedly from management's current judgments.

The most sensitive accounting estimates affecting the financial statements are:

- Management's estimate of the present value of accumulated plan benefits is based on valuations performed on the plan by the plan actuary. We evaluated the key factors and assumptions used to develop the present value of accumulated plan benefits in determining that it is reasonable in relation to the financial statements taken as a whole.

Financial Statement Disclosures

Certain financial statement disclosures involve significant judgment and are particularly sensitive because of their significance to financial statement users. The most sensitive disclosures affecting the plan's financial statements relate to:

- The disclosure of actuarial assumptions and date in Note B to the financial statements regarding changes in the assumptions and date used by the actuary.

Form 5500 Procedures

We are required to obtain and read a substantially complete draft of Form 5500 prior to dating our auditor's report. The purpose of this procedure is to identify any material inconsistencies between the draft Form 5500 and the Plan's financial statements. We identified no material inconsistencies in performing and completing our audit.

Significant Difficulties Encountered during the Audit

We encountered no significant difficulties in dealing with management relating to the performance of the audit.

Uncorrected and Corrected Misstatements

For purposes of this communication, professional standards also require us to accumulate all known and likely misstatements identified during the audit, other than those that we believe are trivial, and communicate them to the appropriate level of management. Further, professional standards require us to also communicate the effect of uncorrected misstatements related to prior periods on the relevant classes of transactions, account balances or disclosures, and the financial statements as a whole.

In addition, professional standards require us to communicate to you all material, corrected misstatements that were brought to the attention of management as a result of our audit procedures.

No material misstatements were identified during the course of our audit.

Disagreements with Management

For purposes of this letter, professional standards define a disagreement with management as a matter, whether or not resolved to our satisfaction, concerning a financial accounting, reporting, or auditing matter, which could be significant to the plan's financial statements or the auditor's report. No such disagreements arose during the course of the audit.

Management's Consultations with Other Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters. Management informed us that, and to our knowledge, there were no consultations with other accountants regarding auditing and accounting matters.

Other Significant Matters, Findings, or Issues

In the normal course of our professional association with the plan, we generally discuss a variety of matters, including the application of accounting principles and auditing standards, significant events or transactions that occurred during the year, business conditions affecting the plan, and business plans and strategies that may affect the risks of material misstatement. None of the matters discussed resulted in a condition to our retention as the plan's auditors.

Other Matters

The ERISA-required supplemental schedules, other than that agreed to or derived from the certified investment information, were subjected to the audit procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

Our responsibility also includes communicating to you any information which we believe is a material misstatement of fact. Nothing came to our attention that caused us to believe that such information, or its manner of presentation, is materially inconsistent with the information, or manner of its presentation, appearing in the financial statements.

This report is intended solely for the information and use of the Plan Oversight Committee and Management of the INTRUST Financial Corporation Employees' Retirement Plan and is not intended to be and should not be used by anyone other than these specified parties.

Very truly yours,

AQ & Company, LLC

Intrust Financial Corporation Employees' Retirement Plan
Intrust Financial Corporation
105 North Main
Wichita, KS 67202

AUTHORIZATION OF PRACTITIONER TO ELECTRONICALLY SIGN AND FILE

Name of Plan: Intrust Financial Corporation Employees' Retirement Plan
EIN: 48-0937376
Plan year ending: December 31, 2024

I hereby authorize American Trust to electronically sign and file the named return/report through EFAST2. If required, the annual Form 8955-SSA will also be filed electronically.

I understand that in granting this authority:

1. I must manually sign and date **page 1 of the Form 5500** and provide a scanned copy of that signature page to American Trust before the electronic filing can be initiated.
2. American Trust will retain a copy of this written authorization in its records.
3. American Trust will notify the individual signing below as plan administrator about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report.
4. A copy of my signature, as it appears on **page 1 of the Form 5500**, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
5. American Trust shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan Year end stated above.

Plan Administrator: _____


Jocelyn Boyd

Date: _____

10/09/25

American Trust certifies that the firm will use the authority granted only for the express purposes described above, that the firm will not disclose confidential information to any parties other than the DOL, as required for EFAST filing and that the firm will take reasonable steps to assure that confidential information provided by the Plan Administrator is protected from unauthorized disclosure.

Schedule SB, Part V - Summary of Plan Provisions

Eligibility Requirements

Age (yrs) : 21
 Age (months) : 0
 Wait (months) : 12
 Two year eligibility : No

Service/Participation Requirements

Definition of years: Hours worked
 Continuing hours: 1,000
 Excluded classes: Other

Earnings

Total compensation excluding :
 Commissions
 Commissions
 403(b)
 Other
 415 prior to participation

<u>Retirement</u>	<u>Normal</u>	<u>Early</u>	<u>Subsidized Early</u>	<u>Disability</u>	<u>Death</u>
Age:	65	55	56	0	0
Service:	0	10	20	5	5
Participation:	5	0	0	0	0
Defined:	1st of month following	1st of month following	1st of month following	1st of month following	1st of month following

Benefit Reduction / Mortality table & setback

Male:	Actuarial Equivalence	INTRUST Subsidized ER R _t	N/A	0
Female:	Actuarial Equivalence	INTRUST Subsidized ER R _t	N/A	0

Rates - Male:	N/A	N/A	N/A
Rates - Female:	N/A	N/A	N/A

Use Social Security Retirement Age:	No	REACT Benefits Percentage:	50.00%
Vesting Schedule:	5 Year Cliff	Pre-retirement death benefit	
Vesting Definition:	Hours Worked	Percentage of accrued benefit:	0.00%
		Death Benefit Payment method:	PVAB

	<u>Annuity</u>	<u>Percent</u>	<u>Years</u>
Normal:	Certain only	0.00%	15
QJSA:	Joint and contingent	50.00%	0

Significant Changes in Plan Provisions Since Last Valuation

Name of Plan: INTRUST Financial Corporation Employees' Retirement Plan
Plan Sponsor's EIN: 48-0477525
Plan Number: 001

Schedule SB, Part V - Summary of Plan Provisions

Benefits

Pension Formula: Unit benefit frozen 01-01-2019
Type of Formula: Unit benefit integrated
Effective Date: 01/01/1995

<u>Formula</u>	<u>% per Unit</u>	<u>Maximum Total %</u>	<u>Simplified table limit</u>	<u>Adjust %</u>
Base:	1.00%	0.00%		No
Excess:	0.50%	0.00%	No	No

<u>Maximum Credits</u>	<u>Past years</u>	<u>Future years</u>	<u>Total years</u>
Base:	99	99	99
Excess:	49	21	35
Units based on:	Accrual		

Integration level

Covered compensation table: Dynamic
Rounding: Exact
Uniform dollar amount: None

Averaging

Projection method:	Current Compensation	Apply exclusion to accrued benefit:	No
Based on:	Final Average	Annualize short compensation years:	No
Highest:	5	Annualize short plan years:	No
In the last:	10	Include compensations based	
Excluding:	0	on years of:	Participation

Accrual

Frozen: No
Definition of years: Hours worked
Fractions based on: N/A

Accrual credit:	<u>Continuing</u>	<u>Died</u>	<u>Disabled</u>	<u>Retired</u>	<u>Terminated</u>	Precision:	N/A
	1000	1000	1000	1000	1000	Limit current credit to:	N/A

Years based on:	Service	Cap/floor years:	0
Maximum past accrual years:	0.0000	Cap or floor:	Floor
Method:	Unit accrual	Accrual % per year:	0.00%
		Apply 415 before accrual:	No

Frozen Benefits

Fresh Start Date:	01/01/1995	Fresh start approach	Extended wear away
Apply increase to frozen compensation:	No	Reduce years and/or caps by frozen years:	Yes
Selected Formula:	N/A		

Name of Plan: INTRUST Financial Corporation Employees' Retirement Plan
Plan Sponsor's EIN: 48-0477525
Plan Number: 001

Schedule SB, Part V - Summary of Plan Provisions

Benefits

Pension Formula: Unit benefit (1.0%/0.5%)
Type of Formula: Unit benefit integrated
Effective Date: 01/01/1995

<u>Formula</u>	<u>% per Unit</u>	<u>Maximum Total %</u>	<u>Simplified table limit</u>	<u>Adjust %</u>
Base:	1.00%	0.00%		No
Excess:	0.50%	0.00%	No	No

<u>Maximum Credits</u>	<u>Past years</u>	<u>Future years</u>	<u>Total years</u>
Base:	99	99	99
Excess:	49	21	35
Units based on:	Accrual		

Integration level

Covered compensation table: Dynamic
Rounding: Exact
Uniform dollar amount: None

Averaging

Projection method:	Current Compensation	Apply exclusion to accrued benefit:	No
Based on:	Final Average	Annualize short compensation years:	No
Highest:	5	Annualize short plan years:	No
In the last:	10	Include compensations based	
Excluding:	0	on years of:	Participation

Accrual

Frozen: No
Definition of years: Hours worked
Fractions based on: N/A

Accrual credit:	<u>Continuing</u> 1000	<u>Died</u> 1000	<u>Disabled</u> 1000	<u>Retired</u> 1000	<u>Terminated</u> 1000	Precision: N/A
						Limit current credit to: N/A

Years based on:	Service	Cap/floor years:	0
Maximum past accrual years:	0.0000	Cap or floor:	Floor
Method:	Unit accrual	Accrual % per year:	0.00%
		Apply 415 before accrual:	No

Frozen Benefits

Fresh Start Date:	01/01/1995	Fresh start approach	Extended wear away
Apply increase to frozen compensation:	No	Reduce years and/or caps	Yes
Selected Formula:	N/A	by frozen years:	

Name of Plan: INTRUST Financial Corporation Employees' Retirement Plan
Plan Sponsor's EIN: 48-0477525
Plan Number: 001

Please See Audit

Please See Audit