

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... [X] an amended return/report [ ] a short plan year return/report... C If the plan is a collectively-bargained plan, check here... [ ] D Check box if filing under: [ ] Form 5558 [ ] automatic extension [X] the DFVC program [ ] special extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: FIRST FINANCIAL BANK 401(K) PROFIT SHARING AND EMPLOYEE STOCK OWNERSHIP SAVINGS PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1963
2a Plan sponsor's name (employer, if for a single-employer plan): FIRST FINANCIAL BANK
2b Employer Identification Number (EIN): 71-0056740
2c Plan Sponsor's telephone number: 870-881-5270
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, Date, and Name. Rows include SETH BENNETT (plan administrator) and SEAN WILLIAMS (employer/plan sponsor).

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	388
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	333
	<b>6a(2)</b>	302
	<b>6b</b>	24
	<b>6c</b>	17
	<b>6d</b>	343
	<b>6e</b>	0
	<b>6f</b>	343
	<b>6g(1)</b>	321
	<b>6g(2)</b>	298
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2E 2F 2H 2J 2K 2O 2Q 2T

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

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

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

**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)

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

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

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

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

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

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

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

<b>A</b> Name of plan <b>FIRST FINANCIAL BANK 401(K) PROFIT SHARING AND EMPLOYEE STOCK OWNERSHIP SAVINGS PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FIRST FINANCIAL BANK</b>	<b>D</b> Employer Identification Number (EIN) <b>71-0056740</b>	

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

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

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

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

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

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

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

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

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

FUTUREPLAN BY ASCENSUS

82-3719843

(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?
64	RECORDKEEPER	51993	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)

FORV/S

44-0160260

(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?
10	AUDITOR	29715	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)

MERCER CAPITAL

62-1154641

(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?
34	VALUATION	26935	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"/>

**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)

CLEARBROOK INVESTMENT

11-3290218

(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?
28	INVESTMENT ADVISOR	12500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>FIRST FINANCIAL BANK 401(K) PROFIT SHARING AND EMPLOYEE STOCK OWNERSHIP SAVINGS PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FIRST FINANCIAL BANK</b>	<b>D</b> Employer Identification Number (EIN) <b>71-0056740</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	58435	1140
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	1223000	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	352300	563065
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	6944266	8982356
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	366831	312796
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	26770412	30458911
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>	15486862	18256036
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	51202106	58574304
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	50632	15828
<b>h</b> Operating payables.....	<b>1h</b>	2200	1311
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	0	34558
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	52832	51697
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	51149274	58522607

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	1225000	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	1089394	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	25308	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		2339702
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	20144	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		20144
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	1411253	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	1693400	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		3104653
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	2769174	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		2411096
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		10644769

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	3147068	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		3147068
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>	124368	
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		124368
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		3271436

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		7373333
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **FORVIS MAZARS, LLP**

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

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		7000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X		

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

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

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

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

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

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>FIRST FINANCIAL BANK 401(K) PROFIT SHARING AND EMPLOYEE STOCK OWNERSHIP SAVINGS PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>FIRST FINANCIAL BANK</u>	<b>D</b> Employer Identification Number (EIN) <u>71-0056740</u>	

<b>Part I</b>	<b>Distributions</b>
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**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
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**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): 75-3182674

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

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

3	
---	--

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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



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# **First Financial Bank 401(k) Profit Sharing and Employee Stock Ownership Savings Plan**

**EIN 71-0056740 PN 001**

**Independent Auditor's Report and Financial  
Statements**

**December 31, 2024 and 2023**

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**First Financial Bank 401(k) Profit Sharing and  
Employee Stock Ownership Savings Plan  
December 31, 2024 and 2023**

**Contents**

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**Supplemental Schedule**

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**First Financial Bank 401(k) Profit Sharing and  
Employee Stock Ownership Savings Plan  
Statements of Net Assets Available for Benefits  
December 31, 2024 and 2023**

**ASSETS**

	<b>2024</b>	<b>2023</b>
<b>Investments, at Fair Value</b>	\$ 57,697,303	\$ 49,201,540
<b>Receivables</b>		
Employer contributions	-	1,223,000
Accrued dividends	563,065	352,300
Notes receivable from participants	312,796	366,831
Total receivables	875,861	1,942,131
<b>Noninterest-Bearing Cash</b>	1,140	7,803
Total assets	58,574,304	51,151,474
 <b>LIABILITIES</b>		
Accrued expenses	1,311	2,200
Excess contributions payable	154,115	-
Due to Broker for securities purchase	34,558	-
Total liabilities	189,984	2,200
<b>Net Assets Available for Benefits</b>	<b>\$ 58,384,320</b>	<b>\$ 51,149,274</b>

**First Financial Bank 401(k) Profit Sharing and  
Employee Stock Ownership Savings Plan  
Statements of Changes in Net Assets Available for Benefits  
Years Ended December 31, 2024 and 2023**

	<b>2024</b>	<b>2023</b>
<b>Investment Income (Loss)</b>		
Net appreciation (depreciation) in fair value of investments	\$ 5,180,270	\$ 1,928,555
Dividends and interest	3,104,653	2,350,503
Net Investment Income (Loss)	8,284,923	4,279,058
<b>Interest Income on Notes Receivable from Participants</b>	20,144	24,102
<b>Contributions</b>		
Employer	1,225,000	1,223,000
Participants	935,279	1,054,353
Rollovers	25,308	756
	2,185,587	2,278,109
Net Additions	10,490,654	6,581,269
<b>Deductions</b>		
Benefits paid to participants	3,131,240	6,032,380
Administrative expenses	124,368	96,208
Total Deductions	3,255,608	6,128,588
<b>Net Increase (Decrease)</b>	7,235,046	452,681
<b>Net Assets Available for Benefits, Beginning of Year</b>	51,149,274	50,696,593
<b>Net Assets Available for Benefits, End of Year</b>	\$ 58,384,320	\$ 51,149,274

# First Financial Bank 401(k) Profit Sharing and Employee Stock Ownership Savings Plan

## Notes to Financial Statements December 31, 2024 and 2023

### Note 1: Description of the Plan

#### **General**

The following description of First Financial Bank 401(k) Profit Sharing and Employee Stock Ownership Savings Plan (the Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

The Plan is a defined contribution plan sponsored by First Financial Bank (the Bank) for the benefit of substantially all employees who are age 21 or older. Employees are eligible to contribute through salary deferrals upon reaching age 21 and having one hour of service. These contributions will begin on the first day of the month following the month in which eligibility is obtained and are made throughout the year. Employees must complete one year of service, defined as 1,000 hours, and be actively employed on the last day of the plan year in order to share in the Bank's discretionary contributions. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). Chris Hegi, Melissa Jerry and William Kerst, Jr. are trustees of the Plan as of December 31, 2024. Matrix Trust Company and First Financial Bank serve as plan administrator and custodians.

#### **Contributions**

Each year, the Bank may make a discretionary profit-sharing and employee stock ownership plan (ESOP) cash contribution in an amount determined by the Bank's board of directors. Additional amounts also may be contributed at the discretion of the board of directors. Participants may contribute a percentage of their annual wages to the Plan. Employee rollover contributions also are permitted. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Contributions are subject to certain limitations.

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

For the 401(k) portion of the Plan, investment account options available include various mutual funds. Each participant has the option of directing his or her contributions into any of the various investment options offered by the Plan and may change the allocation daily.

Employer profit-sharing and ESOP contributions to the Plan are invested at the discretion of the trustees.

# **First Financial Bank 401(k) Profit Sharing and Employee Stock Ownership Savings Plan**

## **Notes to Financial Statements December 31, 2024 and 2023**

### ***Participant Accounts***

Each participant's account is credited with the participant's contribution, the Bank's contribution and Plan earnings and is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### ***Vesting***

Participants are immediately vested in their voluntary contributions plus earnings thereon. Vesting in the Bank's contribution portion of their accounts plus earnings thereon is based on years of continuous service. A participant is fully vested after six years of continuous service. The nonvested balance is forfeited upon termination of service.

### ***Put Option***

Under federal income tax regulations, the Bank stock that is held by the Plan and its participants and is not readily tradable on an established market or is subject to trading limitations includes a put option. The put option is a right to demand that the Bank buy any shares of its stock distributed to participants for which there is no market. The put price is representative of the current appraised value of the stock. The Bank can pay for the purchase with interest over a period of seven years. The purpose of the put option is to ensure the participant has the ability to ultimately obtain cash.

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

Upon termination of service, an employee whose vested account balance is less than \$1,000 will receive a lump-sum payment in the amount of his or her vested balance. If a terminated employee's vested account balance is between \$1,000 and \$5,000, the Bank may roll over the account into an IRA, as determined by the plan administrator. An employee whose vested balance exceeds \$5,000 may elect to receive either a lump-sum amount or installments equal to the value of his or her account. The annual installment is only available to those who terminate due to retirement, disability or death and only applies to the ESOP Stock account. The ESOP stock must be paid out within five years from retirement and can be paid in five annual installments of 20% each year. The Bank may elect to extend installment distributions an additional two years for participants who have a vested account balance above \$1,150,000.

# **First Financial Bank 401(k) Profit Sharing and Employee Stock Ownership Savings Plan**

## **Notes to Financial Statements December 31, 2024 and 2023**

The Plan limits the requirement to pay cash lump sum distributions of Bank Stock balances that exceed \$300,000 if such a distribution would jeopardize the cash flow needs of the Plan or plan sponsor.

Under the provisions of the Plan, the Bank is obligated to repurchase participant shares upon request for distribution of the participant's account. The repurchased shares are reallocated to the remaining ESOP participants.

### ***Voting Rights***

Voting rights for private company employer stock pertain to certain matters, such as merger, liquidation, recapitalization, dissolution, or sale of a major portion of the Bank's assets. Each participant is entitled to exercise voting rights attributable to the shares allocated to his or her account and is notified by the trustees prior to the time that such rights are to be exercised. If the trustees do not timely receive voting directions from a participant or beneficiary, the trustees shall vote such shares. The trustees are required, however, to vote any unallocated shares on behalf of the collective best interest of plan participants and beneficiaries.

### ***Diversification***

Diversification is offered to participants close to retirement so that they may have the opportunity to move part of the value of their investment in Bank common stock into investments which are more diversified. Participants who are at least age 55 with at least 10 years of participation in the Plan may elect to diversify a portion of their account. Diversification is offered to each eligible participant over a six-year period. In each of the first five years, a participant may diversify up to 25% of the company stock shares allocated to his or her account, less any shares previously diversified. In the sixth year, the percentage changes to 50%. Participants who elect to diversify receive a cash distribution or transfer of funds to another qualified defined contribution plan.

### ***Forfeited Accounts***

At December 31, 2024 and 2023, forfeited nonvested accounts totaled \$14,934 and \$32,620, respectively. Forfeitures can be used to pay administrative expenses or are allocated among active participants based upon compensation. Administrative expenses were reduced by \$23,113 and \$18,563 from forfeited nonvested accounts during the years ended December 31, 2024 and 2023, respectively.

# **First Financial Bank 401(k) Profit Sharing and Employee Stock Ownership Savings Plan**

## **Notes to Financial Statements December 31, 2024 and 2023**

### ***Notes Receivable from Participants***

The Plan Document includes provisions authorizing loans from the Plan to active eligible participants. The minimum amount of a loan is \$1,000. The maximum amount of a participant loan is determined by the available loan balance restricted to the lesser of \$50,000 or 50% of the participant's vested account balance (excluding account balances attributed to employer securities and employer discretionary profit sharing contributions). All loans are covered by demand notes and are repayable over a period not to exceed five years (except for loans for the purchase of a principal residence) through payroll withholdings, unless the participant is paying the loan in full. Interest on the loans is based on local prevailing rates as determined by the plan administrator.

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

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

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

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

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

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

The common shares of the Bank are valued at estimated fair value on June 30, 2024 and 2023 and December 31, 2024 and 2023, as determined by independent appraisals. The June 30 valuation is used to record transactions during the current plan year. The money market and mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year-end.

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

# First Financial Bank 401(k) Profit Sharing and Employee Stock Ownership Savings Plan

## Notes to Financial Statements December 31, 2024 and 2023

### **Notes Receivable from Participants**

Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan Document.

### **Payment of Benefits**

Benefit payments to participants are recorded upon distribution.

### **Administrative Expenses**

Administrative expenses may be paid by the Bank or the Plan, at the Bank's discretion.

### **Note 3: Certification of Plan Custodian**

The plan administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Matrix Trust Company, a qualified institution, has certified the following investment information included in the accompanying financial statements and ERISA-required supplemental schedules is complete and accurate as December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Investments		
Mutual funds	\$ 30,458,911	\$ 26,770,412
Money market funds	8,982,356	6,944,266

Matrix Trust Company also certified the completeness and accuracy of \$2,400,842 and \$3,435,067 of net appreciation in fair value of investments related to the aforementioned investments and \$1,693,401 and \$1,206,427 of dividends and interest for the years ended December 31, 2024 and 2023, respectively.

# First Financial Bank 401(k) Profit Sharing and Employee Stock Ownership Savings Plan

## Notes to Financial Statements December 31, 2024 and 2023

### Note 4: Net Assets by Participant- and Nonparticipant-Directed Investments

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

	2024		
	Nonparticipant- Directed	Participant- Directed	Total
	Funds	Funds	
<b>Net additions</b>			
Investment Income			
Net appreciation in fair value of investments	\$ 3,145,762	\$ 2,034,508	\$ 5,180,270
Dividends and interest	2,034,325	1,070,328	3,104,653
Net Investment	5,180,087	3,104,836	8,284,923
<b>Interest Income on Notes Receivable from Participants</b>	-	20,144	20,144
<b>Contributions</b>			
Employer	1,225,000	-	1,225,000
Participants	-	935,279	935,279
Rollovers	-	25,308	25,308
	1,225,000	960,587	2,185,587
Total Additions	6,405,087	4,085,567	10,490,654
<b>Deductions</b>			
Benefits paid to participants	2,171,955	959,285	3,131,240
Administrative expenses	53,079	71,289	124,368
Total Deductions	2,225,034	1,030,574	3,255,608
<b>Net Increase</b>	4,180,053	3,054,993	7,235,046
<b>Net Assets Available for Benefits, Beginning of Year</b>	25,959,037	25,190,237	51,149,274
<b>Net Assets Available for Benefits, End of Year</b>	\$ 30,139,090	\$ 28,245,230	\$ 58,384,320

# First Financial Bank 401(k) Profit Sharing and Employee Stock Ownership Savings Plan

## Notes to Financial Statements December 31, 2024 and 2023

	2023		
	Nonparticipant- Directed	Participant- Directed	
	Funds	Funds	Total
<b>Additions</b>			
Investment income (loss)			
Net depreciation in fair value of investments	\$ (702,954)	\$ 2,631,509	\$ 1,928,555
Dividends	1,556,227	794,276	2,350,503
	853,273	3,425,785	4,279,058
<b>Interest Income on Notes Receivable from Participants</b>	-	24,102	24,102
<b>Contributions</b>			
Employer	1,223,000	-	1,223,000
Participants	-	1,054,353	1,054,353
Rollovers	-	756	756
	1,223,000	1,055,109	2,278,109
Net additions	2,076,273	4,504,996	6,581,269
<b>Deductions</b>			
Benefits paid to participants	3,156,915	2,875,465	6,032,380
Administrative expenses	52,904	43,304	96,208
	3,209,819	2,918,769	6,128,588
<b>Net Increase (Decrease)</b>	(1,133,546)	1,586,227	452,681
<b>Net Assets Available for Benefits, Beginning of Year</b>	27,092,583	23,604,010	50,696,593
<b>Net Assets Available for Benefits, End of Year</b>	\$ 25,959,037	\$ 25,190,237	\$ 51,149,274

# First Financial Bank 401(k) Profit Sharing and Employee Stock Ownership Savings Plan

## Notes to Financial Statements December 31, 2024 and 2023

### Note 5: Investments

The Plan's employee stock ownership investments at December 31, 2024 and 2023, are presented in the following table:

	2024	2023
Sponsor company common stock Number of shares	51,281	51,281
Cost	\$ 1,892,628	\$ 1,892,628
Fair value	\$ 18,256,036	\$ 15,486,862

### Note 6: First Financial Bank Dividends

The Bank paid dividends to the ESOP totaling \$27.52 and \$22.31 per share or \$1,411,253 and \$1,144,079 during the years ended December 31, 2024 and 2023, respectively.

### Note 7: Related Party and Party-in-Interest Transactions

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

Included in the statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023, is dividend income earned on the investment in First Financial Bank common stock in the amounts of \$1,411,253 and \$1,144,079 respectively.

The Plan paid \$51,993 and \$48,993 in recordkeeping fees to FuturePlan by Ascensus for 2024 and 2023, respectively. Individually nonmaterial expenses paid to parties in interest aggregated to \$72,375 and \$64,312 for 2024 and 2023, respectively. Fees incurred by the Plan for the investment management services are included in net appreciation (depreciation) in fair value of the investment. The Bank provides certain administrative services at no cost to the Plan.

# First Financial Bank 401(k) Profit Sharing and Employee Stock Ownership Savings Plan

## Notes to Financial Statements December 31, 2024 and 2023

### Note 8: Fair Value Measurements

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

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- Level 3** Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities

### Recurring Measurements

The following table presents the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2024 and 2023:

	Fair Value	Fair Value Measurements Using		
		Level 1	Level 2	Level 3
<b>December 31, 2024</b>				
Mutual funds	\$ 30,458,911	\$ 30,458,911	\$ -	\$ -
Money market funds	8,982,356	8,982,356	-	-
First Financial Bank common stock	18,256,036	-	-	18,256,036
	<u>\$ 57,697,303</u>	<u>\$ 39,441,267</u>	<u>\$ -</u>	<u>\$ 18,256,036</u>
<b>December 31, 2023</b>				
Mutual funds	\$ 26,770,412	\$ 26,770,412	\$ -	\$ -
Money market funds	6,944,266	6,944,266	-	-
First Financial Bank common stock	15,486,862	-	-	15,486,862
	<u>\$ 49,201,540</u>	<u>\$ 33,714,678</u>	<u>\$ -</u>	<u>\$ 15,486,862</u>

# **First Financial Bank 401(k) Profit Sharing and Employee Stock Ownership Savings Plan**

## **Notes to Financial Statements December 31, 2024 and 2023**

Following is a description of the valuation methodologies used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such instruments pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the years ended December 31, 2024 and 2023. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis. For assets classified within Level 3 of the fair value hierarchy, the process used to develop the reported fair value is described below.

### ***Investments***

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

### ***Level 3 Activity***

There were no transfers into and out of Level 3 related to First Financial Bank common stock during the years ended December 31, 2024 and 2023.

Shares obligated to be repurchased are purchased at the June 30 stock valuation and are reallocated on a pro-rata basis to the remaining ESOP participants. The activity related to the First Financial Bank common stock for the repurchases and reallocations during the years ended December 31, 2024 and 2023 nets to zero.

# First Financial Bank 401(k) Profit Sharing and Employee Stock Ownership Savings Plan

## Notes to Financial Statements December 31, 2024 and 2023

### ***Unobservable (Level 3) Inputs***

The following tables present quantitative information about unobservable inputs used in recurring Level 3 fair value measurements at December 31, 2023 and 2022:

	<b>Fair Value at 12/31/2024</b>	<b>Valuation Technique</b>	<b>Unobservable Inputs</b>
First Financial Bank common stock	\$ 18,256,036	Capitalized cash flow method and guideline public company method	Discount for lack of marketability, public comparables, revenue multiple

	<b>Fair Value at 12/31/2023</b>	<b>Valuation Technique</b>	<b>Unobservable Inputs</b>
First Financial Bank common stock	\$ 15,486,862	Capitalized cash flow method and guideline public company method	Discount for lack of marketability, public comparables, revenue multiple

### **Note 9: Plan Termination**

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

### **Note 10: Tax Status**

The IRS has determined and informed the Plan by a letter dated October 23, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, 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.

# First Financial Bank 401(k) Profit Sharing and Employee Stock Ownership Savings Plan

## Notes to Financial Statements December 31, 2024 and 2023

### Note 11: Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2024 and 2023, to Form 5500:

	<b>2024</b>	<b>2023</b>
Net assets available for benefits per the financial statements	\$ 58,384,320	\$ 51,149,274
Excess contributions payable	154,115	-
Other reconciling item	(15,828)	-
Net assets available for benefits per Form 5500	<u>\$ 58,522,607</u>	<u>\$ 51,149,274</u>

The following is a reconciliation of net increase per the financial statements at December 31, 2024 and 2023, to Form 5500:

	<b>2024</b>	<b>2023</b>
Net increase per the financial statements	\$ 7,235,046	\$ 452,681
Excess contributions payable	154,115	-
Other reconciling item	(15,828)	(12,458)
Net income per Form 5500	<u>\$ 7,373,333</u>	<u>\$ 440,223</u>

The following is a reconciliation of participant contributions per the financial statements at December 31, 2024 and 2023, to Form 5500:

	<b>2024</b>	<b>2023</b>
Participant contributions per the financial statements	\$ 935,279	\$ 1,054,353
Excess contributions payable	154,115	-
Participant contributions per Form 5500	<u>\$ 1,089,394</u>	<u>\$ 1,054,353</u>

# First Financial Bank 401(k) Profit Sharing and Employee Stock Ownership Savings Plan

## Notes to Financial Statements December 31, 2024 and 2023

The following is a reconciliation of benefits paid to participants per the financial statements at December 31, 2024 and 2023, to Form 5500:

	<u>2024</u>	<u>2023</u>
Benefits paid to participants per the financial statements	\$ 3,131,240	\$ 6,032,380
Forfeitures used to reduce administrative expenses	-	(11,520)
Other reconciling items	<u>15,828</u>	<u>-</u>
Participant contributions per Form 5500	<u>\$ 3,147,068</u>	<u>\$ 6,020,860</u>

### Note 12: Risks and Uncertainties

The Plan invests in various investment securities and Bank common stock. Investment securities are exposed to various risks such as interest rate, market and credit risks as well as valuation assumptions based on earnings, cash flows and/or other such techniques. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the participants' account balances and the amounts reported in the statements of net assets available for benefits.

### Note 13: Subsequent Events

Subsequent events have been evaluated through October 15, 2024, which is the date the financial statements were available to be issued.

## **Supplemental Schedule**

# First Financial Bank 401(k) Profit Sharing and Employee Stock Ownership Savings Plan

EIN 71-0056740 PN 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2024

Identity of Issue	Description of Investment	Cost	Current Value
* First Financial Bank	Common stock; 51,281 shares	\$ 1,829,628	\$ 18,256,036
Eaton Vance Corp.	Eaton Vance Floating Rate Fund A; 650.636 shares	**	5,641
PIMCO Investments, LLC	PIMCO All Asset Fund; 8.253 shares	**	90
The Vanguard Group, Inc.	Vanguard Federal Money Market; 8,982,355.840 shares	8,982,356	8,982,356
The Vanguard Group, Inc.	Vanguard 500 Index Admiral; 4,513.039 shares	**	2,449,497
The Vanguard Group, Inc.	Vanguard ftSE All-world Ex-US Index Inv; 7,722.760 shares	**	275,471
The Vanguard Group, Inc.	Vanguard Growth Index Admiral; 11,688.382 shares	**	2,468,820
The Vanguard Group, Inc.	Vanguard Value Index Admiral; 13,166.994 shares	**	869,548
The Vanguard Group, Inc.	Vanguard Intermediate Term Bond Index Admiral; 53,998.665	**	547,006
The Vanguard Group, Inc.	Vanguard Mid Cap Index Admiral; 1,919.674 shares	**	627,484
The Vanguard Group, Inc.	Vanguard Life Strategy Growth Fund; 148,380.496 shares	4,549,270	6,553,967
The Vanguard Group, Inc.	Vanguard Small Cap Index Admiral; 5,006.844 shares	**	576,588
The Vanguard Group, Inc.	Vanguard Real Estate Index Admiral; 1,783.386 shares	**	225,259
The Vanguard Group, Inc.	Vanguard Mid-Cap Growth Index Inv; 3,192.570 shares	**	348,852
The Vanguard Group, Inc.	Vanguard Small Cap Value Index Inv; 757.571 shares	**	64,522
The Vanguard Group, Inc.	Vanguard Small Cap Growth Index Inv; 2,238.041 shares	**	220,290
The Vanguard Group, Inc.	Vanguard Mid-Cap Value Index Inv; 784.022 shares	**	65,693
The Vanguard Group, Inc.	Vanguard Total Stock Mkt Index Admiral; 3,480.854 shares	**	490,905
The Vanguard Group, Inc.	Vanguard International Stock Index Admiral; 6,411.552 shares	**	203,184
The Vanguard Group, Inc.	Vanguard Target Retirement 2020 Fund; 45,204.990 shares	**	1,197,028
The Vanguard Group, Inc.	Vanguard Target Retirement 2025 Fund; 200,996.572 shares	**	3,756,626
The Vanguard Group, Inc.	Vanguard Target Retirement 2030 Fund; 48,361.071 shares	**	1,831,917
The Vanguard Group, Inc.	Vanguard Target Retirement 2035 Fund; 59,628.069 shares	**	1,429,881
The Vanguard Group, Inc.	Vanguard Target Retirement 2040 Fund; 29,196.256 shares	**	1,261,862
The Vanguard Group, Inc.	Vanguard Target Retirement 2045 Fund; 42,127.533 shares	**	1,249,924
The Vanguard Group, Inc.	Vanguard Target Retirement 2050 Fund; 9,062.244 shares	**	451,662
The Vanguard Group, Inc.	Vanguard Target Retirement 2055 Fund; 2,947.304 shares	**	163,900
The Vanguard Group, Inc.	Vanguard Target Retirement 2060 Fund; 1,996.982 shares	**	102,345
The Vanguard Group, Inc.	Vanguard Target Retirement Income Inv; 230,606.788 shares	**	3,020,949
* Participants	Notes receivable from participants (Interest rates 4.25 - 8.00%)	**	312,796
			\$ 58,010,099

\* Party in interest

\*\* Cost omitted for participant-directed investments

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
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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: .....

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>
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<b>1a</b> Name of plan FIRST FINANCIAL BANK 401(K) PROFIT SHARING AND EMPLOYEE STOCK OWNERSHIP SAVINGS PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">001</td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan 01/01/1963</td> </tr> </table>	<b>1b</b> Three-digit plan number (PN) ▶	001	<b>1c</b> Effective date of plan 01/01/1963			
<b>1b</b> Three-digit plan number (PN) ▶	001						
<b>1c</b> Effective date of plan 01/01/1963							
<b>2a</b> 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)  FIRST FINANCIAL BANK  300 E Peach Street  EL DORADO AR 71730	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN) 71-0056740</td> </tr> <tr> <td colspan="2"><b>2c</b> Plan Sponsor's telephone number 870-881-5270</td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions) 522110</td> </tr> </table>	<b>2b</b> Employer Identification Number (EIN) 71-0056740		<b>2c</b> Plan Sponsor's telephone number 870-881-5270		<b>2d</b> Business code (see instructions) 522110	
<b>2b</b> Employer Identification Number (EIN) 71-0056740							
<b>2c</b> Plan Sponsor's telephone number 870-881-5270							
<b>2d</b> 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.

<b>SIGN HERE</b>		<u>12/5/2025</u>	SETH BENNETT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		<u>12/5/25</u>	Sean Williams
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		<b>3b</b> Administrator's EIN	
		<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:		<b>4b</b> EIN	
<b>a</b> Sponsor's name		<b>4d</b> PN	
<b>c</b> Plan Name			
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>		388
<b>6</b> 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).			
<b>a(1)</b> Total number of active participants at the beginning of the plan year	<b>6a(1)</b>		333
<b>a(2)</b> Total number of active participants at the end of the plan year	<b>6a(2)</b>		302
<b>b</b> Retired or separated participants receiving benefits	<b>6b</b>		24
<b>c</b> Other retired or separated participants entitled to future benefits	<b>6c</b>		17
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c	<b>6d</b>		343
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	<b>6e</b>		0
<b>f</b> Total. Add lines 6d and 6e	<b>6f</b>		343
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	<b>6g(1)</b>		321
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<b>6g(2)</b>		298
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<b>6h</b>		9
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<b>7</b>		

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2E 2F 2H 2J 2K 2O 2Q 2T

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

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

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

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

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

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

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

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

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

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

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# First Financial Bank 401(k) Profit Sharing and Employee Stock Ownership Savings Plan

EIN 71-0056740 PN 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2024

Identity of Issue	Description of Investment	Cost	Current Value
* First Financial Bank	Common stock; 51,281 shares	\$ 1,829,628	\$ 18,256,036
Eaton Vance Corp.	Eaton Vance Floating Rate Fund A; 650.636 shares	**	5,641
PIMCO Investments, LLC	PIMCO All Asset Fund; 8.253 shares	**	90
The Vanguard Group, Inc.	Vanguard Federal Money Market; 8,982,355.840 shares	8,982,356	8,982,356
The Vanguard Group, Inc.	Vanguard 500 Index Admiral; 4,513.039 shares	**	2,449,497
The Vanguard Group, Inc.	Vanguard ftSE All-world Ex-US Index Inv; 7,722.760 shares	**	275,471
The Vanguard Group, Inc.	Vanguard Growth Index Admiral; 11,688.382 shares	**	2,468,820
The Vanguard Group, Inc.	Vanguard Value Index Admiral; 13,166.994 shares	**	869,548
The Vanguard Group, Inc.	Vanguard Intermediate Term Bond Index Admiral; 53,998.665	**	547,006
The Vanguard Group, Inc.	Vanguard Mid Cap Index Admiral; 1,919.674 shares	**	627,484
The Vanguard Group, Inc.	Vanguard Life Strategy Growth Fund; 148,380.496 shares	4,549,270	6,553,967
The Vanguard Group, Inc.	Vanguard Small Cap Index Admiral; 5,006.844 shares	**	576,588
The Vanguard Group, Inc.	Vanguard Real Estate Index Admiral; 1,783.386 shares	**	225,259
The Vanguard Group, Inc.	Vanguard Mid-Cap Growth Index Inv; 3,192.570 shares	**	348,852
The Vanguard Group, Inc.	Vanguard Small Cap Value Index Inv; 757.571 shares	**	64,522
The Vanguard Group, Inc.	Vanguard Small Cap Growth Index Inv; 2,238.041 shares	**	220,290
The Vanguard Group, Inc.	Vanguard Mid-Cap Value Index Inv; 784.022 shares	**	65,693
The Vanguard Group, Inc.	Vanguard Total Stock Mkt Index Admiral; 3,480.854 shares	**	490,905
The Vanguard Group, Inc.	Vanguard International Stock Index Admiral; 6,411.552 shares	**	203,184
The Vanguard Group, Inc.	Vanguard Target Retirement 2020 Fund; 45,204.990 shares	**	1,197,028
The Vanguard Group, Inc.	Vanguard Target Retirement 2025 Fund; 200,996.572 shares	**	3,756,626
The Vanguard Group, Inc.	Vanguard Target Retirement 2030 Fund; 48,361.071 shares	**	1,831,917
The Vanguard Group, Inc.	Vanguard Target Retirement 2035 Fund; 59,628.069 shares	**	1,429,881
The Vanguard Group, Inc.	Vanguard Target Retirement 2040 Fund; 29,196.256 shares	**	1,261,862
The Vanguard Group, Inc.	Vanguard Target Retirement 2045 Fund; 42,127.533 shares	**	1,249,924
The Vanguard Group, Inc.	Vanguard Target Retirement 2050 Fund; 9,062.244 shares	**	451,662
The Vanguard Group, Inc.	Vanguard Target Retirement 2055 Fund; 2,947.304 shares	**	163,900
The Vanguard Group, Inc.	Vanguard Target Retirement 2060 Fund; 1,996.982 shares	**	102,345
The Vanguard Group, Inc.	Vanguard Target Retirement Income Inv; 230,606.788 shares	**	3,020,949
* Participants	Notes receivable from participants (Interest rates 4.25 - 8.00%)	**	312,796
			\$ 58,010,099

\* Party in interest

\*\* Cost omitted for participant-directed investments