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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.)
- [X] 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:
- [X] 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
RETIREMENT PLAN FOR EMPLOYEES OF HERRING BANK

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/01/1961

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)
HERRING BANK

PO BOX 50488
AMARILLO, TX 79159

2b Employer Identification Number (EIN)
75-0330569

2c Plan Sponsor's telephone number
806-337-1300

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	Filed with authorized/valid electronic signature.	09/30/2026	JESSICA CLARK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/30/2026	JESSICA CLARK
	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

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	111
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	**6a(1)**	20
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	20
b	Retired or separated participants receiving benefits	**6b**	59
c	Other retired or separated participants entitled to future benefits	**6c**	32
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	111
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	111
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**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 Characteristic Codes in the instructions:

1A 1I 3D

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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)

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
RETIREMENT PLAN FOR EMPLOYEES OF HERRING BANK

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
HERRING BANK

D Employer Identification Number (EIN)
75-0330569

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	12967307
b Actuarial value	**2b**	12967307

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	59	6135647	6135647
b For terminated vested participants	32	2236051	2236051
c For active participants	20	3264031	3264031
d Total	111	11635729	11635729

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

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

5 Effective interest rate	**5**	5.21 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	150933
b Expected plan-related expenses	**6b**	5735
c Target normal cost	**6c**	156668

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

07/29/2026
Date

WILLIAM D. BOSWELL
Type or print name of actuary

26-07335
Most recent enrollment number

DBDB BENEFIT CONSULTING, LLC
Firm name

972-742-9351
Telephone number (including area code)

DBDB BENEFIT CONSULTING, LLC
102 GRACE LANE
TERRELL, TX 75160

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	793591
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	185744
9	Amount remaining (line 7 minus line 8)	0	607847
10	Interest on line 9 using prior year's actual return of 8.40 %	0	51059
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 5.02 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	658906

Part III Funding Percentages

14	Funding target attainment percentage	14	105.78 %
15	Adjusted funding target attainment percentage	15	111.44 %
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	99.63 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] 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
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: 5.01 %	2nd segment: 5.26 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	1
22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ 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. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ 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. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ 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**	156668
b Excess assets, if applicable, but not greater than line 31a	**31b**	156668

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF HERRING BANK

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HERRING BANK

D Employer Identification Number (EIN)
75-0330569

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)	0	
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	373911	264523
(2) U.S. Government securities	1c(2)	489213	734640
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	7107042	7881105
(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)	4997141	4865555
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		12865

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	12967307	13758688
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	12967307	13758688

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)	0	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	39192	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(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)		39192
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	196598	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		196598
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	676443	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		676443
(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)		0

		(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)		680974
c Other income	2c		8490
d Total income. Add all **income** amounts in column (b) and enter total	2d		1601697
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	639391	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		639391
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)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	86434	
(6) Bank or trust company trustee/custodial fees	2i(6)	84316	
(7) Actuarial fees	2i(7)	175	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		170925
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		810316
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		791381
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) [X] 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) [X] 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: JOHNSON AND SHELDON, PLLC **(2)** EIN: 46-3602660

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.)	**4a**		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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		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?	**4g**		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?	**4h**		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.)	**4i**	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.)	**4j**		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?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 595630.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF HERRING BANK

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HERRING BANK

D Employer Identification Number (EIN)
75-0330569

Part I Distributions

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

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

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

EIN(s): 75-0330569

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** | 0

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ 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. ☐ 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 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705360A .

Structured Attachment	Schedule SB, line 26a Schedule of Active Participant Data	2025
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection

Name of Plan	RETIREMENT PLAN FOR EMPLOYEES OF HERRING BANK						
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	75-0330569	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64				1		
65 to 69				1		
70 & Up						

Name of Plan	RETIREMENT PLAN FOR EMPLOYEES OF HERRING BANK						
Plan Year Begin Date	01/01/2025	**Plan Year End Date**	12/31/2025	**EIN**	75-0330569	**PN**	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39	1					
40 to 44	3			1		
45 to 49				1		
50 to 54						
55 to 59	2					
60 to 64	2			3		
65 to 69	1			1		
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59				1		
60 to 64	1					
65 to 69						
70 & Up	1					

Name of Plan	RETIREMENT PLAN FOR EMPLOYEES OF HERRING BANK						
Plan Year Begin Date	01/01/2025	**Plan Year End Date**	12/31/2025	**EIN**	75-0330569	**PN**	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

RETIREMENT PLAN
FOR THE EMPLOYEES OF
HERRING BANK

FINANCIAL STATEMENTS,
SUPPLEMENTAL SCHEDULE AND
INDEPENDENT AUDITOR'S REPORT

December 31, 2025 and 2024

RETIREMENT PLAN FOR THE EMPLOYEES OF HERRING BANK

December 31, 2025 and 2024

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JOHNSON & SHELDON, PLLC
CERTIFIED PUBLIC ACCOUNTANTS

Trustees of the Retirement Plan for
Employees of Herring Bank
Amarillo, Texas

INDEPENDENT AUDITOR'S REPORT

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit
We have performed audits of the financial statements of the **Retirement Plan for Employees of Herring Bank** (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 statement of net assets available for benefits as of December 31, 2025, the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2025 Financial Statements).

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

Management has obtained certifications from a qualified institution as of and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2025 Financial Statements
In our opinion, based on our audit 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 2025 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).
- The information in the accompanying 2025 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 on the 2025 Financial Statements
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 2025 Financial Statements
Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - 2025 Supplemental Schedule Required by ERISA
The supplemental schedule, Schedule H, Part IV 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the 2025 supplemental schedule, other than the information in the 2025 supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the 2025 supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Other Matter – Auditors Report on the 2024 Financial Statements
Predecessor auditors performed an audit of the 2024 financial statements of the Plan. 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, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report dated August 25, 2025 indicated that (a) the amounts and disclosure in the 2024 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2024 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). Their report also indicated that the form and content of the 2024 supplemental schedule, other than information in the 2024 supplemental schedule that agreed to or is derived from the certified investment information, was presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2024 supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103 (a)(3)(C).

Johnson & Sheldon, PLLC

Johnson & Sheldon, PLLC
Amarillo, Texas

August 27, 2026

FINANCIAL STATEMENTS

RETIREMENT PLAN FOR EMPLOYEES OF HERRING BANK

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2025 and 2024

Assets

	2025	2024
Investments, at Fair Value		
Money market account	$ 264,523	$ 373,911
U.S. Government and agency securities	734,640	489,213
Common stocks	7,881,105	7,102,328
Mutual funds	4,865,555	4,997,141
Real estate investment trust	12,865	4,714
Total Investments, at Fair Value	13,758,688	12,967,307
Total Assets	13,758,688	12,967,307
Net Assets Available for Benefits	$ 13,758,688	$ 12,967,307

See accompanying notes and independent auditor's report

RETIREMENT PLAN FOR EMPLOYEES OF HERRING BANK

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2025 and 2024

	2025	2024
Additions		
Additions to net assets attributed to:		
Investment Income (Loss):		
Net appreciation (depreciation) in fair value of investments	$ 1,365,907	$ 972,155
Interest	39,192	56,493
Dividends	196,598	178,932
Total Investment Income (Loss), net	1,601,697	1,207,580
Total Additions	1,601,697	1,207,580
Deductions		
Deductions from net assets attributed to:		
Benefits paid to participants	639,391	618,188
Plan expenses	170,925	169,351
Total Deductions	810,316	787,539
Net Increase/(Decrease)	791,381	420,041
Net Assets Available for Benefits		
Beginning of Year	12,967,307	12,547,266
End of Year	$ 13,758,688	$ 12,967,307

See accompanying notes and independent auditor's report

NOTES TO FINANCIAL STATEMENTS
December 31, 2025 and 2024

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Retirement Plan for Employees of Herring Bank (the Plan) is provided for general information purposes only. Participants should refer to the current Plan agreement for a more complete description of the Plan's provisions and for certain definitions referred to below.

General
The Plan provides retirement benefits for qualified employees of Herring Bank (the Employer). The Plan is a defined benefit retirement plan funded solely by the Employer. Retirement benefits are paid to qualified participants or their designated beneficiaries based upon years of credited service and compensation prior to retirement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participant Eligibility and Pension Benefits
Until April 1, 2007, employees became eligible to participate in the Plan upon reaching 21 years of age and completing one year of eligible service. Effective April 1, 2007, the Plan was amended to disallow the entry of newly eligible employees after this date. Participants prior to April 1, 2007 continue to receive credit and vested benefits going forward.

Participants who terminate employment for reasons other than disability, retirement or death are entitled to a vested benefit, based on credited years of service. Participants become 100% vested after three years of vesting service or upon reaching age 65.

Retirement benefits are paid to participants in equal monthly installments following normal or early retirement in the form of a life annuity; qualified joint and 50% survivor annuity; or qualified joint and contingent annuity at the option of the participant. A lump sum distribution is available if the value is $10,000 or less. The retirement benefit at normal retirement (age 65) is equal to 1.40% of average monthly compensation multiplied by total years of credited service, plus 0.65% of excess average monthly compensation (as defined), multiplied by credited years of service not to exceed 35 years. The retirement benefit at early retirement (age 55 and 10 years of vesting service) is reduced from the participant's accrued benefit determined as of early retirement date according to the number of years that the early retirement date precedes the normal retirement date.

Disability retirement benefits are the greater of the single sum value accrued at the date of disability, 12 times the participant's rate of average monthly compensation at the date of disability if the participant has not attained the age of 35 and completed 15 years of vesting service, or 30 times the participant's rate if the participant has attained the age of 35 and completed 15 years of vesting service.

If a participant dies while employed by the Employer, their beneficiary will be entitled to receive a death benefit. A participant's beneficiary will also be entitled to receive a death benefit in the event of the death of a participant after termination of service with the Employer but prior to the commencement of a monthly pension benefit provided the participant has completed five years of vesting service.

NOTE 1 - DESCRIPTION OF PLAN (continued)

Termination
Although it has not expressed any intent to do so, the Employer has the right under the Plan provisions to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA and its related regulations. Should the Plan be discontinued, the Trust will continue until the distributable benefits of each participant have been distributed. If, upon termination of the Plan, all Plan liabilities are satisfied, any excess assets will either be reverted back to the Plan sponsor, or will be distributed pro-rata to active participants as of the date of termination.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC). Generally, 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.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation
The financial statements of the Plan are prepared under the accrual method of accounting in accordance with generally accepted accounting principles in the United States of America.

Use of 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 of net assets available for benefits at the date of the financial statements. Actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying footnotes.

Investment Valuation and Income Recognition
Investments in securities traded on a national securities exchange are carried at fair value which is determined by the last reported sales price on the last business day of the Plan year. Investments traded on the over-the-counter market and listed securities for which no sale was reported on the last business day are carried at fair value, which is determined by the average of the last reported bid and ask prices. Any gain or loss on sales of investments is determined using the specific identification cost basis. Interest and dividend income are recognized as earned. See Note 6 for disclosure of fair value measurements. The Plan presents in the Statements of Changes in Net Assets Available for Benefits the net increase (decrease) in the fair value of its investments, which consists, as applicable, of interest income from investments in various fixed income securities, capital gain and dividend distributions on shares of mutual funds, as well as the realized gains or losses and the change in unrealized appreciation or depreciation on all investments.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Actuarial Present Value of Accumulated Plan Benefits
Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service that participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. The accumulated plan benefits for active participants are based on their average compensation during the five consecutive calendar years within the last ten completed calendar years of employment, which yielded the highest average compensation.

Benefits payable under all circumstances (retirement, death, disability and termination of employment) are included, to the extent they are deemed attributable to employee service rendered, to the valuation date.

Risks and Uncertainties
Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effects of such changes could be material to the amounts disclosed in Note 4.

The Plan invests in various types of investment securities including U.S. Government and agency securities, stocks, mutual funds, bonds and other 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 at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statement of net assets available for benefits and fair value measurement disclosed in Note 6.

Benefits Paid to Participants
Benefit payments to participants are recorded when paid.

Plan Expenses
The Plan pays investment management fees from Plan assets. All other costs of the Plan are paid by the Plan's sponsor and are not reflected in these financial statements.

Funding Policy
The Employer's funding policy is to fund the Plan consistent with current ERISA minimum funding requirements. Accordingly, the Employer contributes actuarially determined amounts as necessary to provide the Plan with sufficient assets to meet the benefits to be paid to Plan participants. Investment income (loss), including interest, dividends and net realized and unrealized gains or losses on investments of the Plan, serves to reduce future contributions that would otherwise be required to provide for the defined benefits described under the Plan, provided that their yield is in excess of the actuarially assumed investment yield.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Subsequent Events
The Plan Administrator has evaluated subsequent events through August 27, 2026, the date the financial statements were available to be issued.

NOTE 3 - INFORMATION CERTIFIED BY HERRING BANK

The following is a summary of the investment information as of and for the years ended December 31, 2025 and 2024, included in the Plan's financial statements and supplemental schedules, that was prepared by or derived from information provided by the custodian, Herring Bank, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from Herring Bank that the information provided to the Plan Administrator by Herring Bank related to the following investments is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following investments as of December 31:

	2025	2024
Investments, at Fair Value:		
Money market account	$ 264,523	$ 373,911
U.S. Government and agency securities	734,640	489,213
Common stocks	7,881,105	7,102,328
Mutual funds	4,865,555	4,997,141
Real estate investment trust	12,865	4,714
Total Investments, at Fair Value	$ 13,758,688	$ 12,967,307
Total Investment Income (Loss), net	$ 1,601,697	$ 1,207,580

NOTE 4 - ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated Plan benefits is computed by an independent actuary from DBB Benefit Consulting, LLC. At January 1, 2025 and 2024, 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 expected timing of payments. The more significant assumptions underlying the actuarial computations during 2025 and 2024 are as follows:

Discount Rates

Segment #	Years of Service	2025 Rate %	2024 Rate %
Segment 1	0-5	4.65	5.01
Segment 2	6-20	5.28	5.13
Segment 3	>20	5.63	5.15

Mortality — 25E - 2025 Applicable Mortality Table for 417(e) (unisex)

Testing age — Normal retirement age of 65

NOTE 4 - ACCUMULATED PLAN BENEFITS (continued)

The segments take into account the timing of each payment, based on the assumed commencement date to determine the discount rate used to value the payment. The first segment rate applies to benefits payable within five years of commencement. The second segment rate applies to benefits payable within the 15-year period after the first segment period. The third segment rate applies to benefits payable after the first two segment periods.

The foregoing actuarial 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.

The actuarial present value of accumulated plan benefits as of December 31 are as follows:

	2025	2024
Actuarial Present Value of Accumulated Plan Benefits:		
Vested benefits:		
Participants currently receiving payments	$ 5,760,372	$ 5,756,077
Other participants	5,662,648	5,860,343
	11,423,020	11,616,420
Non-vested benefits	-	-
Total Actuarial Present Value of Accumulated Plan Benefits	$ 11,423,020	$ 11,616,420

The change in actuarial present value accumulated benefits as of December 31 are as follows:

	2025	2024
Increase (decrease) due to actuarial (gains) losses	$ (51,707)	$ (340,317)
Increase (decrease) for interest charges	735,349	743,881
Increase (decrease) due to actuarial assumption changes	(237,651)	51,208
Less: benefits paid	(639,391)	(618,188)
Total change in Actuarial Present Value of Accumulated Plan Benefits	$ (193,400)	$ (163,416)

NOTE 5 - TAX STATUS

The Plan has not received a determination letter on their adoption of the pre-approved plan. In accordance with Revenue Procedure 2003-06, the Plan administrator has chosen to rely on the advisory letter, dated March 31, 2018, that has been issued to the pre-approved plan. Once qualified, the Plan is required to operate in conformity with the Internal Revenue Code (the Code) to maintain its qualification. The Plan administrator believes the Plan is being operated in compliance with applicable requirements of the Code and, therefore, believes 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. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and has taken no uncertain tax positions that require recognition or disclosure in the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for years before 2022.

NOTE 6 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under ASC 820 are described below:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include: • Quoted prices for similar assets or liabilities in active markets; • Quoted prices for identical or similar assets or liabilities in inactive markets; • Inputs other than quoted prices that are observable for the asset or liability; • Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value, as provided by and certified by the investment custodian:

NOTE 6 - FAIR VALUE MEASUREMENTS (continued)

U.S. Government and agency securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Common stocks and real estate investment trust: Valued at the closing price reported on the applicable stock exchange.

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

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

All investments in the Statement of Net Assets Available for Benefits are reported at fair value. The following table sets forth by level, within the fair value hierarchy, the Plan's investment assets at fair value as of December 31:

	Assets at Fair Value 2025			
	Level 1	**Level 2**	**Level 3**	**Totals**
Money market account	$ 264,523	$ -	$ -	$ 264,523
U.S. Government and agency securities	734,640	-	-	734,640
Common stocks	7,881,105	-	-	7,881,105
Mutual funds	4,865,555	-	-	4,865,555
Real estate investment trust	12,865	-	-	12,865
Total Investments, at Fair Value	$ 13,758,688	$ -	$ -	$ 13,758,688

NOTE 6 - FAIR VALUE MEASUREMENTS (continued)

	Assets at Fair Value 2024			
	Level 1	**Level 2**	**Level 3**	**Totals**
Money market account	$ 373,911	$ -	$ -	$ 373,911
U.S. Government and agency securities	489,213	-	-	489,213
Common stocks	7,102,328	-	-	7,102,328
Mutual funds	4,997,141	-	-	4,997,141
Real estate investment trust	4,714	-	-	4,714
Total Investments, at Fair Value	$ 12,967,307	$ -	$ -	$ 12,967,307

Changes in Fair Value and Related Gains and Losses
During 2025 and 2024, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated/(depreciated) in value by $1,365,907 and $972,155, respectively. Interest, dividends, and other investment income recorded during 2025 and 2024 were $235,790 and $235,425, respectively.

NOTE 7 - TRANSACTIONS WITH RELATED PARTIES AND PARTIES-IN-INTERESTS

At December 31, 2025, the Plan held investments in a trust account with a current value of $13,758,688 which are managed by Herring Bank, also the Plan sponsor. The Plan paid Herring Bank $84,316 and $81,043 for fiduciary management fees during 2025 and 2024, respectively. Also during 2025 and 2024, the Plan paid Manning and Napier $86,609 and $88,308 for investment fees, respectively. Transactions within the investment account and expenses paid to Herring Bank and also for investment and investment advisory fees are considered party-in-interest transactions as defined by ERISA.

NOTE 8 - RISKS AND UNCERTAINTIES

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

SUPPLEMENTAL SCHEDULE

RETIREMENT PLAN FOR EMPLOYEES OF
HERRING BANK
SPONSOR EIN 75-0330569 PLAN NUMBER 001

SCHEDULE H, PART IV(4i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(As Certified by Herring Bank)
December 31, 2025

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Fair value
*	MANNING & NAPIER FD INC NEW CORE BOND W	Mutual Fund	$ 1,734,988	$ 1,616,729
*	VOYA FDS TR INTER BD FD I	Mutual Fund	832,972	841,054
*	VANGUARD MALVERN FDS CRE BD ADMIRAL	Mutual Fund	843,889	839,701
*	MANNING & NAPIER FD INC NEW UNCONSTRAIND W	Mutual Fund	848,728	807,695
*	UNITED STATES TREASURY NOTE 2.875% DUE 5/15/2032	2.875% 5/15/2032	380,384	380,521
*	NVIDIA	Common Stock, 1343 shares	202,680	250,470
*	MICROSOFT CORP	Common Stock, 501 shares	201,056	242,294
*	VANGUARD FIXED INCOME SECS F INTRM INVGRDAD	Mutual Fund	203,332	210,986
*	AMAZON COM INC	Common Stock, 895 shares	122,704	206,584
*	VANGUARD FIXED INCOME SECS F INFLT PRT ADMR	Mutual Fund	212,709	205,989
*	NVIDIA	Common Stock, 1059 shares	75,238	197,504
*	APPLE INCORPORATED COM	Common Stock, 624 shares	106,312	169,641
*	TAIWAN SEMICONDUCTOR ADR	Common Stock, 534 shares	106,937	162,277
*	MASTERCARD INC.	Common Stock, 274 shares	56,739	156,421
*	ROCHE HLDG LTD SPONSORED ADR	Common Stock, 2949 shares	98,722	152,080
*	ALPHABET INC USD 0.001	Common Stock, 483 shares	50,106	151,179
*	ALPHABET INC USD 0.001	Common Stock, 476 shares	49,470	148,988
*	U.S. TREASURY BOND 2.00% DUE 02/15/2050	2.00% 02/15/2050	154,496	146,067
*	MICROSOFT CORP	Common Stock, 299 shares	91,806	144,602
*	REICH & TANG DDM/IDEA INCOME	Money Market Account	143,915	143,915
*	GOLDMAN SACHS TR EMGMKEQ INS INST	Mutual Fund	97,066	139,447
*	VERTEX PHARMACEUTICALS INC.	Common Stock, 307 shares	112,362	139,182
*	META PLATFORMS INC CL A	Common Stock, 206 shares	103,642	135,979
*	NU HOLDINGS LTD CL A	Common Stock, 7618 shares	109,564	127,525
*	UNITED PARCEL SERVICE	Common Stock, 1285 shares	115,853	127,459
*	VISA INC	Common Stock, 361 shares	64,711	126,606
*	BAE SYSTEMS PLC SPONSORED ADR	Common Stock, 1351 shares	103,955	125,481
*	REICH & TANG DDM/IDEA	Money Market Account	120,608	120,608
*	U.S. TREASURY BOND 3.00% DUE 05/15/2047	3.00% 05/15/2047	113,858	116,125
*	BROADCOM INC NPV	Common Stock, 300 shares	23,145	103,830
*	AIR LIQUIDE ADR	Common Stock, 2763 shares	103,876	103,778
*	CBRE GROUP INC CL A	Common Stock, 623 shares	80,975	100,172
*	AMAZON COM INC	Common Stock, 422 shares	53,018	97,406
*	ASTRAZENECA PLC SPONSORED ADR	Common Stock, 1055 shares	81,605	96,986
*	COOPER COS INC COM	Common Stock, 1094 shares	83,407	89,664
*	ALBEMARLE CORP COM	Common Stock, 620 shares	50,837	87,693
*	SOCIEDAD QUIMICA MINERA DE CHILE	Common Stock, 1234 shares	46,797	84,899
*	MOODY'S CORPORATION	Common Stock, 166 shares	59,728	84,801
*	ANTHEM INC	Common Stock, 241 shares	80,121	84,483
*	L3HARRIS TECHNOLOGIES INC COM	Common Stock, 286 shares	58,381	83,961
*	BLACKROCK INC COM	Common Stock, 78 shares	77,434	83,487
*	CADENCE DESIGN SYSTEMS INC COM	Common Stock, 259 shares	72,717	80,958
*	MANNING & NAPIER FD INC NEW SYS HIGH YLD BD	Mutual Fund	80,233	80,394
*	HERMES INTL SCA CDR BMO ADR	Common Stock, 324 shares	81,694	80,352
*	TJX COS INC NEW	Common Stock, 522 shares	70,994	80,184
*	TENCENT HOLDINGS LTD	Common Stock, 995 shares	77,049	76,167
*	SERVICENOW INC	Common Stock, 485 shares	83,296	74,297
*	LAM RESEARCH CORP COM NEW	Common Stock, 418 shares	57,209	71,553
*	APPLIED MATERIALS INC.	Common Stock, 265 shares	58,478	68,102
*	EXXON MOBIL CORP COM	Common Stock, 564 shares	58,457	67,872

See accompanying independent auditor's report

RETIREMENT PLAN FOR EMPLOYEES OF
HERRING BANK
SPONSOR EIN 75-0330569 PLAN NUMBER 001

SCHEDULE H, PART IV(4i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(As Certified by Herring Bank)
December 31, 2025

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Fair value
*	LAM RESEARCH CORP COM NEW	Common Stock, 394 shares	21,766	67,445
*	WAL-MART STORES	Common Stock, 595 shares	31,303	66,289
*	CROWDSTRIKE HLDGS INC CL A	Common Stock, 141 shares	33,033	66,095
*	TRANSUNION TRANSUNION COM	Common Stock, 763 shares	69,259	65,427
*	WEST FRASER TIMBER	Common Stock, 1065 shares	84,434	65,082
*	JP MORGAN CHASE & CO	Common Stock, 200 shares	28,050	64,444
*	ASML HOLDING N V N Y REGISTRY SHS	Common Stock, 59 shares	56,452	63,122
*	S&P GLOBAL INC COM	Common Stock, 117 shares	48,781	61,143
*	META PLATFORMS INC CL A	Common Stock, 90 shares	30,284	59,408
*	PERSIMMON ADR	Common Stock, 1605 shares	51,653	58,318
*	UNITEDHEALTH GROUP INC	Common Stock, 176 shares	48,047	58,099
*	BENTLEY SYS INC COM CL B	Common Stock, 1493 shares	80,538	56,980
*	AMPHENOL CORPORATION	Common Stock, 410 shares	26,209	55,407
*	NASDAQ INC	Common Stock, 569 shares	41,798	55,267
*	WELLS FARGO & CO NEW COM	Common Stock, 592 shares	22,347	55,174
*	MERCADOLIBRE INC COM	Common Stock, 27 shares	53,570	54,385
*	MORGAN STANLEY GROUP INC	Common Stock, 300 shares	26,196	53,259
*	HALMA ADR	Common Stock, 522 shares	35,762	49,616
*	GSK PLC SPONSORED ADR	Common Stock, 996 shares	39,616	48,844
*	MASTERCARD INC.	Common Stock, 83 shares	30,375	47,383
*	FIDELITY CAP TR ADVISOR STK Z	Mutual Fund	42,540	46,299
*	ROLLINS INC	Common Stock, 759 shares	39,617	45,555
*	MONOTARO CO LTD UNSPONSORD ADR	Common Stock, 2793 shares	42,535	44,381
*	COMPANHIA DE SANEA ADR	Common Stock, 1846 shares	41,866	44,027
*	STEEL DYNAMICS INC	Common Stock, 259 shares	29,844	43,888
*	DEUTSCHE POST AG SPONSORED ADR	Common Stock, 802 shares	34,755	43,861
*	JOHNSON & JOHNSON	Common Stock, 209 shares	32,753	43,253
*	INTERCONTINENTAL EXCHANGE INC.	Common Stock, 254 shares	26,460	41,138
*	CLEARWATER ANALYTICS HLDGS I CL A	Common Stock, 1698 shares	41,006	40,956
*	ELI LILLY & CO COMMON	Common Stock, 38 shares	31,917	40,838
*	FIRST AMERN FINL CORP COM	Common Stock, 661 shares	41,115	40,612
*	GENERAL MTRS CO	Common Stock, 493 shares	18,064	40,091
*	TESLA INC	Common Stock, 89 shares	34,629	40,025
*	TJX COS INC NEW	Common Stock, 258 shares	23,270	39,631
*	SCHWAB CAP TR SCP EQUITY SEL	Mutual Fund	42,527	39,614
*	WORKDAY CLASS A	Common Stock, 179 shares	41,773	38,446
*	FMI FDS INC COM STK INSTL	Mutual Fund	42,527	37,648
*	HEICO CORP NEW CL A	Common Stock, 149 shares	29,397	37,612
*	ATLASSIAN CLASS A	Common Stock, 227 shares	43,138	36,806
*	PROLOGIS INC.	Common Stock, 288 shares	34,597	36,766
*	SHERWIN WILLIAMS	Common Stock, 113 shares	36,744	36,615
*	O'REILLY AUTOMOTIVE, INC.	Common Stock, 390 shares	22,587	35,572
*	DEUTSCHE BOERSE AG UNSPONSORD ADR	Common Stock, 1327 shares	26,664	34,887
*	DEERE & COMPANY	Common Stock, 72 shares	29,909	33,521
*	L3HARRIS TECHNOLOGIES INC	Common Stock, 113 shares	22,616	33,173
*	INTUIT	Common Stock, 50 shares	25,150	33,121
*	NORFOLK SOUTHERN	Common Stock, 112 shares	23,333	32,337
*	JAZZ PHARMACEUTICALS PLC COM	Common Stock, 190 shares	21,076	32,300
*	EATON CORP PLC ADR	Common Stock, 101 shares	31,336	32,170
*	GOLDMAN SACHS GROUP INC	Common Stock, 36 shares	21,745	31,644

RETIREMENT PLAN FOR EMPLOYEES OF
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SCHEDULE H, PART IV(4i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(As Certified by Herring Bank)
December 31, 2025

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Fair value
*	ABBVIE INC	Common Stock, 136 shares	22,172	31,075
*	U.S. TREASURY NOTE TIPS 1.625% DUE 4/15/2030	1.625% 4/15/2030	31,060	30,863
*	U.S. TREASURY BDS 2.125% DUE 2/15/2041	2.125% 2/15/2041	31,145	30,609
*	U.S. TREASURY BDS TIPS 2.375% DUE 2/15/2055	2.375% 2/15/2055	31,351	30,409
*	BLACKROCK INC COM	Common Stock, 28 shares	18,681	29,970
*	INTERCONTINENTAL EXCHANGE INC.	Common Stock, 184 shares	19,397	29,801
*	MARRIOTT INTL INC NEW CL A	Common Stock, 96 shares	15,740	29,783
*	XCEL ENERGY INC COM	Common Stock, 396 shares	26,371	29,249
*	PARKER HANNIFIN CORP	Common Stock, 33 shares	21,056	29,006
*	CAPITAL ONE FINL CORP	Common Stock, 115 shares	21,867	27,871
*	ORACLE CORPORATION	Common Stock, 142 shares	17,636	27,677
*	GILEAD SCIENCES INC USD 0.1	Common Stock, 219 shares	25,170	26,880
*	NEXTERA ENERGY INC	Common Stock, 334 shares	25,654	26,814
*	LOWE'S COS	Common Stock, 109 shares	22,400	26,286
*	BROOKFIELD CORP CL A LTD VT SH	Common Stock, 570 shares	22,031	26,157
*	AMPHENOL CORPORATION	Common Stock, 184 shares	25,777	24,866
*	UNIVERSAL HEALTH SVCS INC CL B	Common Stock, 114 shares	25,805	24,854
*	ADOBE SYSTEMS INC.	Common Stock, 70 shares	28,864	24,499
*	T-MOBILE US INC	Common Stock, 120 shares	19,159	24,365
*	LEIDOS HOLDINGS INC	Common Stock, 134 shares	24,842	24,174
*	OTIS WORLDWIDE CORP	Common Stock, 273 shares	23,210	23,847
*	WASTE MANAGEMENT	Common Stock, 105 shares	24,802	23,070
*	S&P GLOBAL INC	Common Stock, 44 shares	15,221	22,994
*	PROCTER & GAMBLE CO. COM	Common Stock, 157 shares	23,879	22,500
*	THE ALLSTATE CORP	Common Stock, 106 shares	12,161	22,064
*	BOSTON SCIENTIFIC CORP COM	Common Stock, 231 shares	24,130	22,026
*	COSTCO WHOLESALE CORPORATION	Common Stock, 22 shares	21,544	18,971
*	NETFLIX INC USD 0.001	Common Stock, 180 shares	19,764	16,877
*	UNILEVER PLC SPON ADR NEW	Common Stock, 256 shares	14,493	16,742
*	BNP PARIBAS SPONSORED ADR	Common Stock, 347 shares	11,291	16,448
*	ROCHE HLDG LTD SPONSORED ADR	Common Stock, 308 shares	11,232	15,884
*	UBS GROUP AG SHS	Common Stock, 336 shares	8,458	15,560
*	AXA SA SPONSORED ADR	Common Stock, 317 shares	9,930	15,213
*	RIO TINTO PLC SPONSORED ADR	Common Stock, 186 shares	12,516	14,886
*	HITACHI LTD ADR 2 COM	Common Stock, 470 shares	7,407	14,664
*	KONINKLIJKE AHOLD DELHAIZE N SPONSORED ADR NE	Common Stock, 356 shares	11,616	14,535
*	SONY CORP SPONSORED ADR	Common Stock, 550 shares	10,836	14,080
*	COMPAGNIE DE ST GOBAIN UNSPONSORD ADR	Common Stock, 678 shares	8,805	13,818
*	NOVARTIS AG SPONSORED ADR	Common Stock, 99 shares	8,940	13,649
*	ROLLS ROYCE HOLDINGS	Common Stock, 853 shares	5,502	13,409
*	ORIX CORP SPONSORED ADR	Common Stock, 457 shares	8,240	13,354
*	BAE SYSTEMS PLC SPONSORED ADR	Common Stock, 140 shares	8,379	13,003
*	SUMITOMO MITSUI FINL GROUP I SPONSORED ADR	Common Stock, 644 shares	5,640	12,449
*	HOLCIM LTD NEW SPONSORED ADS	Common Stock, 609 shares	8,044	11,857
*	SAP AG - SPONSORED	Common Stock, 48 shares	13,396	11,660
*	MITSUBISHI UFJ FINL GROUP IN SPONSORED ADS	Common Stock, 650 shares	4,362	10,309
*	CRH PLC ORD	Common Stock, 81 shares	8,025	10,109
*	TOTALENERGIES SE ACT	Common Stock, 153 shares	9,647	10,009
*	BARCLAYS PLC ADR	Common Stock, 391 shares	7,819	9,951
*	CAPGEMINI S E UNSPONSORED ADR	Common Stock, 293 shares	10,024	9,757

See accompanying independent auditor's report

RETIREMENT PLAN FOR EMPLOYEES OF
HERRING BANK
SPONSOR EIN 75-0330569 PLAN NUMBER 001

SCHEDULE H, PART IV(4i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(As Certified by Herring Bank)
December 31, 2025

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Fair value
*	COMPASS GROUP PLC SPONSORED ADR	Common Stock, 304 shares	8,256	9,725
*	LEONARDO S P A UNSPONSORED ADR	Common Stock, 333 shares	9,412	9,520
*	AIA GROUP LTD SPONSORED ADR	Common Stock, 230 shares	7,572	9,437
*	FORTESCUE METAL GROUP LTD SPONSORED ADR	Common Stock, 322 shares	8,816	9,373
*	ASHTEAD GROUP PLC SPONRD ADS	Common Stock, 132 shares	8,298	9,338
*	LLOYDS BANKING GROUP PLC SPONSORED ADR	Common Stock, 1761 shares	7,937	9,333
*	TOKIO MARINE HLDGS INC ADR	Common Stock, 252 shares	8,864	9,319
*	NATWEST GROUP PLC SPONS ADR	Common Stock, 532 shares	7,442	9,310
*	EXPERIAN PLC SPONSORED ADR	Common Stock, 204 shares	7,174	9,215
*	SCHNEIDER ELECTRIC SE UNSPONSORD ADR	Common Stock, 167 shares	6,058	9,174
*	ENEL SOCIETA PER AZIONI UNSPONSORD ADR	Common Stock, 862 shares	5,337	8,948
*	ENGIE SA SPONS ADR	Common Stock, 336 shares	5,338	8,827
*	SEKISUI HOUSE LTD SPONSORED ADR	Common Stock, 393 shares	8,360	8,772
*	DEUTSCHE TELEKOM AG SPONSORED ADS	Common Stock, 266 shares	9,125	8,698
*	TECHNIPFMC PLC	Common Stock, 194 shares	5,552	8,645
*	SANOFI-AVENTIS ADR	Common Stock, 178 shares	9,392	8,626
*	NESTLE SA SPONSORED ADR	Common Stock, 87 shares	10,352	8,594
*	JULIUS BAER GROUP LTD UNSPONSORD ADR	Common Stock, 549 shares	6,985	8,575
*	SHELL PLC	Common Stock, 115 shares	7,122	8,450
*	ESSILOR LUXOTTICA UNSPONSORED ADR	Common Stock, 52 shares	4,668	8,238
*	MTU AERO ENGINES AG UNSPONSORD ADR	Common Stock, 39 shares	8,641	8,129
*	HONDA MOTOR NEW ADR	Common Stock, 267 shares	7,566	7,871
*	PAGAYA TECHNOLOGIES LTD CL A NEW	Common Stock, 367 shares	4,949	7,670
*	VOLVO AB UNSPONSORD ADR	Common Stock, 240 shares	4,944	7,666
*	CYBERARK SOFTWARE LTD SHS	Common Stock, 17 shares	6,049	7,583
*	SPDR SERIES TRUST STATE STREET SPD	Common Stock, 82 shares	7,520	7,493
*	DAIWA HOUSE INDUSTRY CO LTD ADR	Common Stock, 224 shares	5,774	7,392
*	LVMH MOET HENNESSY LOU VUITT ADR	Common Stock, 49 shares	7,114	7,390
*	IBERDROLA SA SPON ADR	Common Stock, 85 shares	4,230	7,344
*	NIPPON TELEG TEL CORP SPONSORED ADR	Common Stock, 282 shares	8,455	7,106
*	EQUINIX INC	Real Estate Investment Trust, 9 shares	6,614	6,895
*	MILLICOM INTL CELLULAR S A COM STK	Common Stock, 121 shares	4,188	6,708
*	NICE LTD SPONSORED ADR	Common Stock, 55 shares	7,966	6,217
*	AMERICAN TOWER CORPORATION	Real Estate Investment Trust, 34 shares	6,324	5,969
*	CHECK POINT SOFTWARE TECH LT ORD	Common Stock, 30 shares	4,898	5,567
*	ASML HOLDING N V N Y REGISTRY SHS	Common Stock, 5 shares	3,365	5,349
*	CANADIAN PAC KANS	Common Stock, 70 shares	5,349	5,154
*	FHLMC POOL #30518, 6%, DUE 12/01/28	6.00% 12/01/2028	45	46
		Total Investments		13,758,688
		Total Assets		$ 13,758,688

* All assets held by Herring Bank, Related Party and Party-In-Interest

See accompanying independent auditor's report

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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.)
- [x] 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:
- [x] 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
Retirement Plan for Employees of Herring Bank

1b Three-digit plan number (PN) ► 001

1c Effective date of plan 12/01/1961

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)

Herring Bank

PO Box 50488

US Amarillo TX 79159

2b Employer Identification Number (EIN) 75-0330569

2c Plan Sponsor's telephone number (806) 337-1300

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	[signature]	9/30/26	Jessica Clark VP, Director of Wealth Mgt
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	[signature]	9/30/26	Jessica Clark VP, Director Wealth Mgmt
	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

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN and the plan name and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name **c** Plan name	**4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	111
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	**6a(1)**	20
a(2) Total number of active participants at the end of the plan year	**6a(2)**	20
b Retired or separated participants receiving benefits	**6b**	59
c Other retired or separated participants entitled to future benefits	**6c**	32
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	111
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	111
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**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 Characteristic Codes in the instructions:

1A 1I 3D

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	(1)	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	(2)	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	(3)	[X] Trust
(4)	[ ] General assets of the sponsor	(4)	[ ] 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) [X] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [X] **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) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information - Small Plan)

(3) [ ] **A** (Insurance Information) - Number Attached ____

(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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 _____

DB12HERR

Schedule SB, line 22 -
Description of Weighted Average Retirement Age

Retirement Plan for Employees of Herring Bank

75-0330569 / 001

For the plan year 01/01/2025 through 12/31/2025

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

DB12HERR

Schedule SB, Part V
Summary of Plan Provisions

Retirement Plan for Employees of Herring Bank
75-0330569 / 001

For the plan year 01/01/2025 through 12/31/2025

Employer: Herring Bank

Type of Entity - C Corporation

EIN: 75-0330569 TIN: Plan #: 001 Plan Type: Defined Benefit

Dates: Effective - 12/01/1961 Valuation - 01/01/2025

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry - Date on which eligibility satisfied

Retirement: Normal - First of month coincident with or next following attainment of age 65

Early - First of month coincident with or next following attainment of age 55 and completion of 10 years of participation

Average Compensation: Highest 5 consecutive years of the last10 years of service

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Derived from the excess benefit formula below rounded to the nearest dollar:

1.4% of average monthly compensation per year of service beginning year 1
Maximum spread/offset limited to 0.65% (as adjusted from social security retirement age to normal retirement age, for normal form of payment, and integration level options, if applicable) times years per year of service not to exceed 35 years.

Excess compensation defined as the Participant's Covered Compensation.

Covered Compensation determined using the 2019 covered compensation table Round to Nearest $3,000 which is averaged to social security retirement age.

Accrued Benefit - Pro-rata based on service

Minimum Benefit - None

Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Early Retirement - Accrued Benefit actuarially reduced for early commencement

Death Benefit - Present Value of Accrued Benefit

Disability Benefit - None

Top Heavy Minimum: None

IRS Limitations: 415 Limits - Percent: 100 Dollar: $280,000

Maximum 401(a)(17) compensation - $350,000

PBGC: Plan is covered by Pension Benefit Guaranty Corporation

Normal Form: Life Annuity Guaranteed for 10 Years

Optional Forms: Life Annuity
Life Annuity Guaranteed for 10 Years
Joint with 50%, 66.67%, 75% or 100% Survivor Benefit

Vesting Schedule: 100% vested in 3 years.
Service is calculated using all years of service

DB12HERR

Schedule SB, Part V
Summary of Plan Provisions

Retirement Plan for Employees of Herring Bank

75-0330569 / 001

For the plan year 01/01/2025 through 12/31/2025

Present Value of Accrued Benefit: Based on the greater of 417(e) or Actuarial Equivalence

417(e):

Interest Rates -

First Month Prior to Plan Yr Beg		
Segment #	Years	Rate %
Segment 1	0 - 5	4.65
Segment 2	6 - 20	5.28
Segment 3	> 20	5.63

Mortality Table - 25E - 2025 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement -	Interest -	6%
	Mortality Table -	None
Post-Retirement -	Interest -	6%
	Mortality Table -	G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

DB12HERR

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Retirement Plan for Employees of Herring Bank
75-0330569 / 001

For the plan year 01/01/2025 through 12/31/2025

Valuation Date: 01/01/2025

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at nearest birthday

New participants are not included in current year's valuation

Prospective Compensation - Highest 5 consecutive years of the last10 years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Interest Rates -

Segment rates for the First Month Prior to Val Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	5.01
Segment 2	6 - 20	5.26
Segment 3	> 20	5.36

Segment rates as of September 30, 2024 As permitted under IRC 430(h)(2)(C)(iv)(II) - ARP

Segment #	Year	Rate %
Segment 1	0 - 5	5.01
Segment 2	6 - 20	5.26
Segment 3	> 20	5.50

Pre-Retirement -

Mortality Table -	25C - 2025 Combined
Improvement Scale -	None
Early Retirement Table -	None
Turnover Table -	None
Disability Table -	None
Salary Scale -	3%
Expense Load -	3.8%
Ancillary Ben Load -	None

Post-Retirement -

Mortality Table -	25C - 2025 Combined
Improvement Scale -	None
Cost of Living -	None
Lump Sum -	G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex) at 6% or 25E - 2025 Applicable Mortality Table for 417(e) (unisex)

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

DB12HERR

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Retirement Plan for Employees of Herring Bank

75-0330569 / 001

For the plan year 01/01/2025 through 12/31/2025

410(b)/401(a)(4) Testing:

Pre-Retirement -	Interest -	7.5%
Post-Retirement -	Interest -	7.5%
	Mortality Table -	Applicable Mortality Table - IRC 417(e)(3)
Permissively Aggregated Plans -	Tested as a Single Plan	
Compensation -	Use current compensation to calculate the benefit accrual rate (annual method)	
Testing Age -	Normal retirement age or attained age, if older	
Testing Service -	Separate benefiting service for DC and for DB for Accrued-to-Date Method	
Normal Form for MVAR -	Joint with 50% Survivor Benefits	

401(a)(26) Testing:

Compensation -	Use current compensation to calculate the benefit accrual rate for 401(a)(26)
Testing Age -	Normal retirement age or attained age, if older

DB12HERR

Schedule SB, line 26a - Schedule of Active Participant Data

Retirement Plan for Employees of Herring Bank

75-0330569/001

For the plan year 01/01/2025 through 12/31/2025

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25										
25 to 29										
30 to 34										
35 to 39					1					
40 to 44					3	1				
45 to 49						1				
50 to 54										
55 to 59					2			1		
60 to 64				1	2	3	1			
65 to 69				1	1	1				
70 & up							1			

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
Retirement Plan for Employees of Herring Bank

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Herring Bank

D Employer Identification Number (EIN)
75-0330569

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	2a	12,967,307
b Actuarial value	2b	12,967,307

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	59	6,135,647	6,135,647
b For terminated vested participants	32	2,236,051	2,236,051
c For active participants	20	3,264,031	3,264,031
d Total	111	11,635,729	11,635,729

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

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	5.21 %
6 Target normal cost		
a Present value of current plan year accruals	6a	150,933
b Expected plan-related expenses	6b	5,735
c Target normal cost	6c	156,668

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 presribed 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

7/29/2026
Date

WILLIAM D. BOSWELL
Type or print name of actuary

26-07335
Most recent enrollment number

DBDB BENEFIT CONSULTING, LLC
Firm name

(972) 742-9351
Telephone number (including area code)

DBDB BENEFIT CONSULTING, LLC
102 GRACE LANE
US TERRELL TX 75160
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	793,591
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	185,744
9 Amount remaining (line 7 minus line 8)	0	607,847
10 Interest on line 9 using prior year's actual return of 8.40 %	0	51,059
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 5.02 %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	658,906

Part III Funding Percentages

14 Funding target attainment percentage	14	105.78 %
15 Adjusted funding target attainment percentage	15	111.44 %
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	99.63 %
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
Totals ▶ 18(b)	0	18(c) 0

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees

19 Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] 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:

	1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
a Segment rates:	5.01 %	5.26 %	5.50 %	

b Applicable month (enter code)	21b	1
22 Weighted average retirement age	22	65

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ 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	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ 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	☒ Yes	☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment	☐ Yes	☒ 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	156,668
b Excess assets, if applicable, but not greater than line 31a	31b	156,668

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0

	Carryover balance	Prefunding Balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

RETIREMENT PLAN FOR EMPLOYEES OF
HERRING BANK
SPONSOR EIN 75-0330569 PLAN NUMBER 001

SCHEDULE H, PART IV(4i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(As Certified by Herring Bank)
December 31, 2025

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Fair value
*	MANNING & NAPIER FD INC NEW CORE BOND W	Mutual Fund	$ 1,734,988	$ 1,616,729
*	VOYA FDS TR INTER BD FD I	Mutual Fund	832,972	841,054
*	VANGUARD MALVERN FDS CRE BD ADMIRAL	Mutual Fund	843,889	839,701
*	MANNING & NAPIER FD INC NEW UNCONSTRAIND W	Mutual Fund	848,728	807,695
*	UNITED STATES TREASURY NOTE 2.875% DUE 5/15/2032	2.875% 5/15/2032	380,384	380,521
*	NVIDIA	Common Stock, 1343 shares	202,680	250,470
*	MICROSOFT CORP	Common Stock, 501 shares	201,056	242,294
*	VANGUARD FIXED INCOME SECS F INTRM INVGRDAD	Mutual Fund	203,332	210,986
*	AMAZON COM INC	Common Stock, 895 shares	122,704	206,584
*	VANGUARD FIXED INCOME SECS F INFLT PRT ADMR	Mutual Fund	212,709	205,989
*	NVIDIA	Common Stock, 1059 shares	75,238	197,504
*	APPLE INCORPORATED COM	Common Stock, 624 shares	106,312	169,641
*	TAIWAN SEMICONDUCTOR ADR	Common Stock, 534 shares	106,937	162,277
*	MASTERCARD INC.	Common Stock, 274 shares	56,739	156,421
*	ROCHE HLDG LTD SPONSORED ADR	Common Stock, 2949 shares	98,722	152,080
*	ALPHABET INC USD 0.001	Common Stock, 483 shares	50,106	151,179
*	ALPHABET INC USD 0.001	Common Stock, 476 shares	49,470	148,988
*	U.S. TREASURY BOND 2.00% DUE 02/15/2050	2.00% 02/15/2050	154,496	146,067
*	MICROSOFT CORP	Common Stock, 299 shares	91,806	144,602
*	REICH & TANG DDM/IDEA INCOME	Money Market Account	143,915	143,915
*	GOLDMAN SACHS TR EMGMKEQ INS INST	Mutual Fund	97,066	139,447
*	VERTEX PHARMACEUTICALS INC.	Common Stock, 307 shares	112,362	139,182
*	META PLATFORMS INC CL A	Common Stock, 206 shares	103,642	135,979
*	NU HOLDINGS LTD CL A	Common Stock, 7618 shares	109,564	127,525
*	UNITED PARCEL SERVICE	Common Stock, 1285 shares	115,853	127,459
*	VISA INC	Common Stock, 361 shares	64,711	126,606
*	BAE SYSTEMS PLC SPONSORED ADR	Common Stock, 1351 shares	103,955	125,481
*	REICH & TANG DDM/IDEA	Money Market Account	120,608	120,608
*	U.S. TREASURY BOND 3.00% DUE 05/15/2047	3.00% 05/15/2047	113,858	116,125
*	BROADCOM INC NPV	Common Stock, 300 shares	23,145	103,830
*	AIR LIQUIDE ADR	Common Stock, 2763 shares	103,876	103,778
*	CBRE GROUP INC CL A	Common Stock, 623 shares	80,975	100,172
*	AMAZON COM INC	Common Stock, 422 shares	53,018	97,406
*	ASTRAZENECA PLC SPONSORED ADR	Common Stock, 1055 shares	81,605	96,986
*	COOPER COS INC COM	Common Stock, 1094 shares	83,407	89,664
*	ALBEMARLE CORP COM	Common Stock, 620 shares	50,837	87,693
*	SOCIEDAD QUIMICA MINERA DE CHILE	Common Stock, 1234 shares	46,797	84,899
*	MOODY'S CORPORATION	Common Stock, 166 shares	59,728	84,801
*	ANTHEM INC	Common Stock, 241 shares	80,121	84,483
*	L3HARRIS TECHNOLOGIES INC COM	Common Stock, 286 shares	58,381	83,961
*	BLACKROCK INC COM	Common Stock, 78 shares	77,434	83,487
*	CADENCE DESIGN SYSTEMS INC COM	Common Stock, 259 shares	72,717	80,958
*	MANNING & NAPIER FD INC NEW SYS HIGH YLD BD	Mutual Fund	80,233	80,394
*	HERMES INTL SCA CDR BMO ADR	Common Stock, 324 shares	81,694	80,352
*	TJX COS INC NEW	Common Stock, 522 shares	70,994	80,184
*	TENCENT HOLDINGS LTD	Common Stock, 995 shares	77,049	76,167
*	SERVICENOW INC	Common Stock, 485 shares	83,296	74,297
*	LAM RESEARCH CORP COM NEW	Common Stock, 418 shares	57,209	71,553
*	APPLIED MATERIALS INC.	Common Stock, 265 shares	58,478	68,102
*	EXXON MOBIL CORP COM	Common Stock, 564 shares	58,457	67,872

See accompanying independent auditor's report

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SCHEDULE H, PART IV(4i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(As Certified by Herring Bank)
December 31, 2025

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Fair value
*	LAM RESEARCH CORP COM NEW	Common Stock, 394 shares	21,766	67,445
*	WAL-MART STORES	Common Stock, 595 shares	31,303	66,289
*	CROWDSTRIKE HLDGS INC CL A	Common Stock, 141 shares	33,033	66,095
*	TRANSUNION TRANSUNION COM	Common Stock, 763 shares	69,259	65,427
*	WEST FRASER TIMBER	Common Stock, 1065 shares	84,434	65,082
*	JP MORGAN CHASE & CO	Common Stock, 200 shares	28,050	64,444
*	ASML HOLDING N V N Y REGISTRY SHS	Common Stock, 59 shares	56,452	63,122
*	S&P GLOBAL INC COM	Common Stock, 117 shares	48,781	61,143
*	META PLATFORMS INC CL A	Common Stock, 90 shares	30,284	59,408
*	PERSIMMON ADR	Common Stock, 1605 shares	51,653	58,318
*	UNITEDHEALTH GROUP INC	Common Stock, 176 shares	48,047	58,099
*	BENTLEY SYS INC COM CL B	Common Stock, 1493 shares	80,538	56,980
*	AMPHENOL CORPORATION	Common Stock, 410 shares	26,209	55,407
*	NASDAQ INC	Common Stock, 569 shares	41,798	55,267
*	WELLS FARGO & CO NEW COM	Common Stock, 592 shares	22,347	55,174
*	MERCADOLIBRE INC COM	Common Stock, 27 shares	53,570	54,385
*	MORGAN STANLEY GROUP INC	Common Stock, 300 shares	26,196	53,259
*	HALMA ADR	Common Stock, 522 shares	35,762	49,616
*	GSK PLC SPONSORED ADR	Common Stock, 996 shares	39,616	48,844
*	MASTERCARD INC.	Common Stock, 83 shares	30,375	47,383
*	FIDELITY CAP TR ADVISOR STK Z	Mutual Fund	42,540	46,299
*	ROLLINS INC	Common Stock, 759 shares	39,617	45,555
*	MONOTARO CO LTD UNSPONSORD ADR	Common Stock, 2793 shares	42,535	44,381
*	COMPANHIA DE SANEA ADR	Common Stock, 1846 shares	41,866	44,027
*	STEEL DYNAMICS INC	Common Stock, 259 shares	29,844	43,888
*	DEUTSCHE POST AG SPONSORED ADR	Common Stock, 802 shares	34,755	43,861
*	JOHNSON & JOHNSON	Common Stock, 209 shares	32,753	43,253
*	INTERCONTINENTAL EXCHANGE INC.	Common Stock, 254 shares	26,460	41,138
*	CLEARWATER ANALYTICS HLDGS I CL A	Common Stock, 1698 shares	41,006	40,956
*	ELI LILLY & CO COMMON	Common Stock, 38 shares	31,917	40,838
*	FIRST AMERN FINL CORP COM	Common Stock, 661 shares	41,115	40,612
*	GENERAL MTRS CO	Common Stock, 493 shares	18,064	40,091
*	TESLA INC	Common Stock, 89 shares	34,629	40,025
*	TJX COS INC NEW	Common Stock, 258 shares	23,270	39,631
*	SCHWAB CAP TR SCP EQUITY SEL	Mutual Fund	42,527	39,614
*	WORKDAY CLASS A	Common Stock, 179 shares	41,773	38,446
*	FMI FDS INC COM STK INSTL	Mutual Fund	42,527	37,648
*	HEICO CORP NEW CL A	Common Stock, 149 shares	29,397	37,612
*	ATLASSIAN CLASS A	Common Stock, 227 shares	43,138	36,806
*	PROLOGIS INC.	Common Stock, 288 shares	34,597	36,766
*	SHERWIN WILLIAMS	Common Stock, 113 shares	36,744	36,615
*	O'REILLY AUTOMOTIVE, INC.	Common Stock, 390 shares	22,587	35,572
*	DEUTSCHE BOERSE AG UNSPONSORD ADR	Common Stock, 1327 shares	26,664	34,887
*	DEERE & COMPANY	Common Stock, 72 shares	29,909	33,521
*	L3HARRIS TECHNOLOGIES INC	Common Stock, 113 shares	22,616	33,173
*	INTUIT	Common Stock, 50 shares	25,150	33,121
*	NORFOLK SOUTHERN	Common Stock, 112 shares	23,333	32,337
*	JAZZ PHARMACEUTICALS PLC COM	Common Stock, 190 shares	21,076	32,300
*	EATON CORP PLC ADR	Common Stock, 101 shares	31,336	32,170
*	GOLDMAN SACHS GROUP INC	Common Stock, 36 shares	21,745	31,644

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(As Certified by Herring Bank)
December 31, 2025

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Fair value
*	ABBVIE INC	Common Stock, 136 shares	22,172	31,075
*	U.S. TREASURY NOTE TIPS 1.625% DUE 4/15/2030	1.625% 4/15/2030	31,060	30,863
*	U.S. TREASURY BDS 2.125% DUE 2/15/2041	2.125% 2/15/2041	31,145	30,609
*	U.S. TREASURY BDS TIPS 2.375% DUE 2/15/2055	2.375% 2/15/2055	31,351	30,409
*	BLACKROCK INC COM	Common Stock, 28 shares	18,681	29,970
*	INTERCONTINENTAL EXCHANGE INC.	Common Stock, 184 shares	19,397	29,801
*	MARRIOTT INTL INC NEW CL A	Common Stock, 96 shares	15,740	29,783
*	XCEL ENERGY INC COM	Common Stock, 396 shares	26,371	29,249
*	PARKER HANNIFIN CORP	Common Stock, 33 shares	21,056	29,006
*	CAPITAL ONE FINL CORP	Common Stock, 115 shares	21,867	27,871
*	ORACLE CORPORATION	Common Stock, 142 shares	17,636	27,677
*	GILEAD SCIENCES INC USD 0.1	Common Stock, 219 shares	25,170	26,880
*	NEXTERA ENERGY INC	Common Stock, 334 shares	25,654	26,814
*	LOWE'S COS	Common Stock, 109 shares	22,400	26,286
*	BROOKFIELD CORP CL A LTD VT SH	Common Stock, 570 shares	22,031	26,157
*	AMPHENOL CORPORATION	Common Stock, 184 shares	25,777	24,866
*	UNIVERSAL HEALTH SVCS INC CL B	Common Stock, 114 shares	25,805	24,854
*	ADOBE SYSTEMS INC.	Common Stock, 70 shares	28,864	24,499
*	T-MOBILE US INC	Common Stock, 120 shares	19,159	24,365
*	LEIDOS HOLDINGS INC	Common Stock, 134 shares	24,842	24,174
*	OTIS WORLDWIDE CORP	Common Stock, 273 shares	23,210	23,847
*	WASTE MANAGEMENT	Common Stock, 105 shares	24,802	23,070
*	S&P GLOBAL INC	Common Stock, 44 shares	15,221	22,994
*	PROCTER & GAMBLE CO. COM	Common Stock, 157 shares	23,879	22,500
*	THE ALLSTATE CORP	Common Stock, 106 shares	12,161	22,064
*	BOSTON SCIENTIFIC CORP COM	Common Stock, 231 shares	24,130	22,026
*	COSTCO WHOLESALE CORPORATION	Common Stock, 22 shares	21,544	18,971
*	NETFLIX INC USD 0.001	Common Stock, 180 shares	19,764	16,877
*	UNILEVER PLC SPON ADR NEW	Common Stock, 256 shares	14,493	16,742
*	BNP PARIBAS SPONSORED ADR	Common Stock, 347 shares	11,291	16,448
*	ROCHE HLDG LTD SPONSORED ADR	Common Stock, 308 shares	11,232	15,884
*	UBS GROUP AG SHS	Common Stock, 336 shares	8,458	15,560
*	AXA SA SPONSORED ADR	Common Stock, 317 shares	9,930	15,213
*	RIO TINTO PLC SPONSORED ADR	Common Stock, 186 shares	12,516	14,886
*	HITACHI LTD ADR 2 COM	Common Stock, 470 shares	7,407	14,664
*	KONINKLIJKE AHOLD DELHAIZE N SPONSORED ADR NE	Common Stock, 356 shares	11,616	14,535
*	SONY CORP SPONSORED ADR	Common Stock, 550 shares	10,836	14,080
*	COMPAGNIE DE ST GOBAIN UNSPONSORD ADR	Common Stock, 678 shares	8,805	13,818
*	NOVARTIS AG SPONSORED ADR	Common Stock, 99 shares	8,940	13,649
*	ROLLS ROYCE HOLDINGS	Common Stock, 853 shares	5,502	13,409
*	ORIX CORP SPONSORED ADR	Common Stock, 457 shares	8,240	13,354
*	BAE SYSTEMS PLC SPONSORED ADR	Common Stock, 140 shares	8,379	13,003
*	SUMITOMO MITSUI FINL GROUP I SPONSORED ADR	Common Stock, 644 shares	5,640	12,449
*	HOLCIM LTD NEW SPONSORED ADS	Common Stock, 609 shares	8,044	11,857
*	SAP AG - SPONSORED	Common Stock, 48 shares	13,396	11,660
*	MITSUBISHI UFJ FINL GROUP IN SPONSORED ADS	Common Stock, 650 shares	4,362	10,309
*	CRH PLC ORD	Common Stock, 81 shares	8,025	10,109
*	TOTALENERGIES SE ACT	Common Stock, 153 shares	9,647	10,009
*	BARCLAYS PLC ADR	Common Stock, 391 shares	7,819	9,951
*	CAPGEMINI S E UNSPONSORED ADR	Common Stock, 293 shares	10,024	9,757

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(As Certified by Herring Bank)
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(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Fair value
*	COMPASS GROUP PLC SPONSORED ADR	Common Stock, 304 shares	8,256	9,725
*	LEONARDO S P A UNSPONSORED ADR	Common Stock, 333 shares	9,412	9,520
*	AIA GROUP LTD SPONSORED ADR	Common Stock, 230 shares	7,572	9,437
*	FORTESCUE METAL GROUP LTD SPONSORED ADR	Common Stock, 322 shares	8,816	9,373
*	ASHTEAD GROUP PLC SPONRD ADS	Common Stock, 132 shares	8,298	9,338
*	LLOYDS BANKING GROUP PLC SPONSORED ADR	Common Stock, 1761 shares	7,937	9,333
*	TOKIO MARINE HLDGS INC ADR	Common Stock, 252 shares	8,864	9,319
*	NATWEST GROUP PLC SPONS ADR	Common Stock, 532 shares	7,442	9,310
*	EXPERIAN PLC SPONSORED ADR	Common Stock, 204 shares	7,174	9,215
*	SCHNEIDER ELECTRIC SE UNSPONSORD ADR	Common Stock, 167 shares	6,058	9,174
*	ENEL SOCIETA PER AZIONI UNSPONSORD ADR	Common Stock, 862 shares	5,337	8,948
*	ENGIE SA SPONS ADR	Common Stock, 336 shares	5,338	8,827
*	SEKISUI HOUSE LTD SPONSORED ADR	Common Stock, 393 shares	8,360	8,772
*	DEUTSCHE TELEKOM AG SPONSORED ADS	Common Stock, 266 shares	9,125	8,698
*	TECHNIPFMC PLC	Common Stock, 194 shares	5,552	8,645
*	SANOFI-AVENTIS ADR	Common Stock, 178 shares	9,392	8,626
*	NESTLE SA SPONSORED ADR	Common Stock, 87 shares	10,352	8,594
*	JULIUS BAER GROUP LTD UNSPONSORD ADR	Common Stock, 549 shares	6,985	8,575
*	SHELL PLC	Common Stock, 115 shares	7,122	8,450
*	ESSILOR LUXOTTICA UNSPONSORED ADR	Common Stock, 52 shares	4,668	8,238
*	MTU AERO ENGINES AG UNSPONSORD ADR	Common Stock, 39 shares	8,641	8,129
*	HONDA MOTOR NEW ADR	Common Stock, 267 shares	7,566	7,871
*	PAGAYA TECHNOLOGIES LTD CL A NEW	Common Stock, 367 shares	4,949	7,670
*	VOLVO AB UNSPONSORD ADR	Common Stock, 240 shares	4,944	7,666
*	CYBERARK SOFTWARE LTD SHS	Common Stock, 17 shares	6,049	7,583
*	SPDR SERIES TRUST STATE STREET SPD	Common Stock, 82 shares	7,520	7,493
*	DAIWA HOUSE INDUSTRY CO LTD ADR	Common Stock, 224 shares	5,774	7,392
*	LVMH MOET HENNESSY LOU VUITT ADR	Common Stock, 49 shares	7,114	7,390
*	IBERDROLA SA SPON ADR	Common Stock, 85 shares	4,230	7,344
*	NIPPON TELEG TEL CORP SPONSORED ADR	Common Stock, 282 shares	8,455	7,106
*	EQUINIX INC	Real Estate Investment Trust, 9 shares	6,614	6,895
*	MILLICOM INTL CELLULAR S A COM STK	Common Stock, 121 shares	4,188	6,708
*	NICE LTD SPONSORED ADR	Common Stock, 55 shares	7,966	6,217
*	AMERICAN TOWER CORPORATION	Real Estate Investment Trust, 34 shares	6,324	5,969
*	CHECK POINT SOFTWARE TECH LT ORD	Common Stock, 30 shares	4,898	5,567
*	ASML HOLDING N V N Y REGISTRY SHS	Common Stock, 5 shares	3,365	5,349
*	CANADIAN PAC KANS	Common Stock, 70 shares	5,349	5,154
*	FHLMC POOL #30518, 6%, DUE 12/01/28	6.00% 12/01/2028	45	46
		Total Investments		13,758,688
		Total Assets		$ 13,758,688

* All assets held by Herring Bank, Related Party and Party-In-Interest

See accompanying independent auditor's report

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	2025 This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan	B Three-digit plan number (PN) ▶	
Retirement Plan for Employees of Herring Bank		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
Herring Bank	75-0330569	

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)	0	
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	373,911	264,523
(2) U.S. Government securities	1c(2)	489,213	734,640
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	7,107,042	7,881,105
(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)	4,997,141	4,865,555
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		12,865

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	12,967,307	13,758,688
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	12,967,307	13,758,688

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)	0	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	39,192	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(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)		39,192
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	196,598	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A), (B),** and **(C)**	2b(2)(D)		196,598
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	676,443	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		676,443
(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)		0

		(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)		680,974
c Other income	2c		8,490
d Total income. Add all **income** amounts in column (b) and enter total	2d		1,601,697
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	639,391	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		639,391
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)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	86,434	
(6) Bank or trust company trustee/custodial fees	2i(6)	84,316	
(7) Actuarial fees	2i(7)	175	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		170,925
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		810,316
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		791,381
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) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropiate 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) [X] 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: **Johnson and Sheldon, PLLC** **(2)** EIN: **46-3602660**

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, 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.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of 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.)	4b		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.)	4c		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.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		10,000,000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j		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?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 595630.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
Retirement Plan for Employees of Herring Bank

B Three-digit plan number (PN) ► 001

C Plan sponsor's name as shown on line 2a of Form 5500
Herring Bank

D Employer Identification Number (EIN)
75-0330569

Part I Distributions

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

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

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

EIN(s): 75-0330569

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** 0

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 begining 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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ 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. ☐ 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 02/28/2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705360a .