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
FIRST FINANCIAL CORPORATION EMPLOYEES' PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/01/1986

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)
FIRST FINANCIAL CORPORATION

P.O. BOX 2122
TERRE HAUTE, IN 47802

2b Employer Identification Number (EIN) 35-1546989

2c Plan Sponsor's telephone number 812-238-6000

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.	10/02/2026	RODGER MCHARGUE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

FIRST FINANCIAL CORPORATION

ONE FIRST FINANCIAL PLAZA
P.O. BOX 540
TERRE HAUTE, IN 47808-0540

3b Administrator's EIN: 35-1546989

3c Administrator's telephone number: 812-238-6000

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	877
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)**	189
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	175
b	Retired or separated participants receiving benefits	**6b**	499
c	Other retired or separated participants entitled to future benefits	**6c**	141
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	815
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	50
f	Total. Add lines **6d** and **6e**.	**6f**	865
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 1D

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)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (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) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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
FIRST FINANCIAL CORPORATION EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
FIRST FINANCIAL CORPORATION

D Employer Identification Number (EIN)
35-1546989

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	63585765
b Actuarial value	**2b**	59839895

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	540	42165775	42165775
b For terminated vested participants	148	5002024	5002024
c For active participants	189	13313440	13313440
d Total	877	60481239	60481239

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**	5.34 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	1035658
b Expected plan-related expenses	**6b**	200000
c Target normal cost	**6c**	1235658

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

09/26/2026
Date

JEFFREY A. GROVES
Type or print name of actuary

26-03674
Most recent enrollment number

FUTUREPLAN BY ASCENSUS
Firm name

678-775-5578
Telephone number (including area code)

POST OFFICE BOX 55788
BOSTON, MA 02205

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	1508118
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	189513
9	Amount remaining (line 7 minus line 8)	0	1318605
10	Interest on line 9 using prior year's actual return of 11.03 %	0	145442
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		635
	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 5.06 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		70
	c Total available at beginning of current plan year to add to prefunding balance		705
	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	1464047

Part III Funding Percentages

14	Funding target attainment percentage	14	96.51 %
15	Adjusted funding target attainment percentage	15	96.52 %
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	96.88 %
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
07/11/2025	335000	0			
10/14/2025	327000	0			
01/13/2026	326712	0			
04/13/2026	363013	0			
07/14/2026	363013	0			
			Totals ► 18(b)	1714738	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	1624411

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:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	5.07 %	5.31 %	8.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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**	1235658
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2099299	216394
b Waiver amortization installment		

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**	1452052

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	320000	320000

36 Additional cash requirement (line 34 minus line 35)	**36**	1132052
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1624411
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	489537
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	317178
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 C (Form 5500)	Service Provider 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). ▶ **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
FIRST FINANCIAL CORPORATION EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FIRST FINANCIAL CORPORATION

D Employer Identification Number (EIN)
35-1546989

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

FUTUREPLAN BY ASCENSUS

POST OFFICE BOX 55788
BOSTON, MA 02205

82-3719843

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	73575	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SACKRIDER & COMPANY, INC.

35-1327464

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	27735	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

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
FIRST FINANCIAL CORPORATION EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FIRST FINANCIAL CORPORATION

D Employer Identification Number (EIN)
35-1546989

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)	569658	1052738
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	139582	163117
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3536589	3624046
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	10025960	11052858
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	6667443	7701392
(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)	42431010	45688453
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	215523	5061

		(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	63585765	69287665
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	2750	1950
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	2750	1950
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	63583015	69285715

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)	1714738	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1714738
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	117073	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	532362	
(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)		649435
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	1079204	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	802352	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1881556
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	10172146	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	10000768	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		171378
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	704126	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		704126

		(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)		4954399
c Other income	2c		1101
d Total income. Add all **income** amounts in column (b) and enter total	2d		10076733
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4074274	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		4074274
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	27735	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	3151	
(7) Actuarial fees	2i(7)	73575	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	195298	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		299759
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4374033
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		5702700
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: SACKRIDER & COMPANY, INC. **(2)** EIN: 35-1327464

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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 584616.

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
FIRST FINANCIAL CORPORATION EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FIRST FINANCIAL CORPORATION

D Employer Identification Number (EIN)
35-1546989

Part I Distributions

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

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

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

EIN(s): 35-1546989

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ 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 ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

FIRST FINANCIAL CORPORATION
EMPLOYEES' PENSION PLAN

Financial Statements and
Independent Auditors' Report

December 31, 2025

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Sackrider & Company, Inc.
Certified Public Accountants
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Terre Haute, IN 47807
(812) 232-9492 Fax: (812) 232-4308
E-Mail: contact@sackrider.com
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Sackrider & Company incorporated

INDEPENDENT AUDITORS' REPORT

Trustees
First Financial Corporation
Employees' Pension Plan
Terre Haute, Indiana

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

We have performed audits of the accompanying financial statements of First Financial Corporation Employees' Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of January 1, 2025 and the related statement of changes in accumulated Plan benefits for the year ended December 31, 2024 and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all

material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Supplemental Schedules Required by ERISA

The supplemental schedules listed in the accompanying contents, as of and for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial

statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion -

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

Sackrider & Company, Inc.

Terre Haute, Indiana
September 21, 2026

FIRST FINANCIAL CORPORATION EMPLOYEES' PENSION PLAN

Statements of Net Assets Available for Plan Benefits

December 31,

	2025	2024
ASSETS		
Investments		
Cash equivalents	$ 3,372,759	$ 3,235,637
Certificates of deposit	251,287	300,952
Corporate bonds	11,052,858	10,025,960
Mutual funds	45,688,453	42,431,010
Municipal bonds	-	210,029
Common stocks	7,701,392	6,667,443
Mortgage backed securities	5,061	5,494
	68,071,810	62,876,525
Receivables		
Investment income	163,118	139,582
Employer contribution	1,052,738	569,658
	1,215,856	709,240
Total assets	69,287,666	63,585,765
LIABILITIES		
Accounts payable	1,950	2,750
Total liabilities	1,950	2,750
Net assets available for plan benefits	$ 69,285,716	$ 63,583,015

The accompanying notes are an integral part of these statements.

FIRST FINANCIAL CORPORATION EMPLOYEES' PENSION PLAN

Statements of Changes in Net Assets Available for Plan Benefits

Years Ended December 31,

	2025	2024
Investment income		
Interest and dividends	$ 2,530,992	$ 1,854,804
Net appreciation (depreciation) in fair value of investments	5,831,004	4,496,500
	8,361,996	6,351,304
Employer contributions	1,714,738	1,649,233
Total additions	10,076,734	8,000,537
Professional fees	104,461	83,384
PBGC premium	195,298	317,832
Retirement and termination benefits	4,074,274	4,134,599
Total deductions	4,374,033	4,535,815
NET INCREASE (DECREASE)	5,702,701	3,464,722
Net assets available for plan benefits		
Beginning of year	63,583,015	60,118,293
End of year	$ 69,285,716	$ 63,583,015

The accompanying notes are an integral part of these statements.

FIRST FINANCIAL CORPORATION EMPLOYEES' PENSION PLAN

Statement of Accumulated Plan Benefits

January 1,

		2025
Actuarial present value of accumulated plan benefits		
Vested benefits		
Retired participants and beneficiaries receiving benefits	$	41,602,432
Other participants		17,758,937
		59,361,369
Nonvested benefits		-
Total actuarial present value of accumulated plan benefits	$	59,361,369

The accompanying notes are an integral part of this statement.

FIRST FINANCIAL CORPORATION EMPLOYEES' PENSION PLAN

Statement of Changes in Accumulated Plan Benefits

Year Ended December 31,

		2024
Actuarial present value of accumulated plan benefits at beginning of year	$	59,518,941
Increase (decrease) during the year attributable to:		
Benefits paid		(4,133,896)
Interest		3,505,373
Benefits accruing during the year & actuarial gain		470,951
Increase during the year attributed to change in the assumptions		-
		(157,572)
Actuarial present value of accumulated plan benefits at end of year	$	59,361,369

The accompanying notes are an integral part of this statement.

NOTE 1 - DESCRIPTION OF PLAN

The following brief description of First Financial Corporation Employees' Pension Plan is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

A. General

The Plan is a defined benefit pension plan covering employees of First Financial Corporation who were employed prior to January 1, 2013. It is subject to the provisions of the Employee Retirement Income Security Act of 1974.

B. Pension Benefits

Effective January 1, 1986, First Financial Corporation established the First Financial Corporation Employee Stock Ownership Plan (the "ESOP"). A participant's benefits to be provided from this Pension Plan shall be offset by an amount equal to the monthly benefit, payable in the form of a single life annuity for the life of the participant, derived from the participant's vested accounts under the ESOP. Accordingly, the primary purpose of this Plan is to provide a minimum or "floor" retirement benefit for eligible employees who become participants in this Plan.

Normal Retirement

The standard retirement benefit to be provided each participant shall be a monthly pension commencing as of the first day of the month following his 65th birthday, payable for the lifetime thereafter of such participant, in a monthly amount equal to (3) subtracted from the greater of (1) or (2), as follows:

(1) The accrued benefit determined as of December 31, 1988, under the prior benefit formula.
(2) 2.0% of Average Monthly Plan Compensation multiplied by benefit accrual service (but not more than 25 years), plus .65% of Average Monthly Plan Compensation in excess of one-twelfth of Social Security Covered Compensation multiplied by benefit accrual service (but not more than 35 years).
(3) The single-life-annuity actuarial equivalent of the ESOP account balance as of the most recent ESOP valuation date, or December 31, 2012, for those in the "Frozen Group".

The normal form of retirement benefit for married participants shall be an actuarially equivalent qualified joint and survivor annuity. However, a participant may elect to receive the standard retirement benefit or various optional benefits in lieu of this form of annuity.

Early Retirement

A participant shall have satisfied the requirements for early retirement when he has attained his 55th birthday and has also completed 5 years of vesting service. This benefit is the accrued retirement benefit determined as of the early retirement date and payable commencing at the normal retirement date. However, a participant may elect to have his benefit commence prior to his normal retirement date in a reduced monthly amount determined in accordance with the provisions of the Plan.

NOTE 1 - DESCRIPTION OF PLAN - continued

Late Retirement

A participant whose employment continues after his normal retirement date shall be entitled to the standard retirement benefit. The benefit shall commence as of the first day of the month next following his late retirement date.

Termination Benefits

If employment ends due to normal retirement, early retirement or because of death or total permanent disability, the participant will be fully vested in their benefits. If employment ends under any other circumstances, the participant shall be entitled to a deferred vested termination benefit equal to a percentage of their accrued retirement benefit in accordance with the following table if the participant was hired before January 1, 2010:

Years of Vesting Service	Vested Percentage
Less than 2 years	0%
2 years	20%
3 years	40%
4 years	60%
5 or more years	100%

If the participant was hired on or after January 1, 2010 and their employment ends for reasons other than early, late or normal retirement or due to death, the deferred vested termination benefit shall be determined in accordance with the following table:

Years of Vesting Service	Vested Percentage
Less than 5 years	0%
5 or more years	100%

This benefit is payable as of the participant's normal retirement date.

Death Benefits

If a participant dies either while employed by the employer or after termination of such employment but before his benefits under the Plan commence, his surviving spouse shall be entitled to a 50% survivor benefit based on vested accrued benefits to date of death.

Disability Retirement Benefit

A participant who terminates his employment due to a permanent disability shall continue his participation in the Plan during the period of disability and his monthly Plan compensation and final average monthly Plan compensation as of any subsequent date shall be determined on the assumption that his compensation from the employer continued at the same rate as during the last full calendar year preceding his disability. Benefits are payable at normal retirement date unless another election is made under the provisions of the Plan.

NOTE 1 - DESCRIPTION OF PLAN - continued

Frozen Plan

Entry into the Plan was frozen effective December 31, 2012. After that date no employee, former employee, inactive participant or former participant shall become an active participant of the Plan.

Remaining Plan participants were divided into two benefit groups: "DB Group" - defined as participants employed at December 31, 2012 and meeting one of the following criteria: 1) attained age 65, 2) completed 30 years of vesting service, 3) had a combination of age in years and years of vesting service greater than or equal to 70, or 4) was a participant in the First Financial Corporation 2011 Short-Term Incentive Compensation Plan; "DCF Group" - defined as anyone employed on December 31, 2012 and a participant in the Plan that did not meet any of the criteria for the "DB Group".

Participants in the "DB Group" will continue to accrue benefits within the Plan. For participants in the "DCF Group", the accrued benefit is frozen effective December 31, 2012 and no additional benefits shall accrue after such date.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

A summary of significant accounting policies consistently applied in the preparation of the accompanying financial statements follows:

Basis of Accounting

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

Investments

The Plan's investments are held by a bank administered trust fund. Investments are stated at fair value. If available, quoted market prices are used to value investments. The amount shown for securities that have no quoted market price represent estimated fair value. Many factors are considered in arriving at fair value. See Note 8 for a discussion of fair value measurements.

Allowance for Credit Losses

The allowance for credit losses is zero at December 31, 2025 and 2024.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Benefits under the plan are based on the employees' years of service and their compensation during those years of service. The accumulated plan benefits for active employees are based on their average monthly compensation for the five consecutive compensation periods (during the last ten years)

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES - continued

for which their compensation was the highest by the number of months they received compensation. Benefits payable under all circumstances (see Note 1) -- retirement, death, disability and termination of employment -- are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from FuturePlan, Inc. and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2025 were (a) the life expectancy of participants (Pri-2012 White Collar Mortality Table projected with Scale MP-2021 for annuitants and non-annuitants), (b) retirement age assumptions (age based table with 100% at age 75), and, (c) an interest rate of 6%.

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

Use of Estimates

The preparation of the financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Subsequent Events

Management has evaluated subsequent events through September 21, 2026, the date which the financial statements were available for issue and concluded nothing occurred requiring adjustment to the financial statements or disclosure in the notes to the financial statements.

NOTE 3 - FUNDING POLICY

The company is presently making contributions in amounts sufficient to provide the benefits under the Plan, taking into account such amounts as necessary to satisfy the minimum funding requirements determined in accordance with applicable law.

NOTE 4 - PLAN TERMINATION

Upon termination of the Plan, the Plan's assets will be allocated in the following order of priorities:

A. Equally to 1. and 2. as follows:

1. Benefits of retired participants or beneficiaries who were in "pay status" as of the beginning of the three year period ending on the termination date of the Plan.

2. Benefits of participants, retired participants, or beneficiaries which would have been in "pay status" as of the beginning of such three year period, if the participant had retired prior to the beginning of such period, and benefits commenced as of the beginning of such period.

B. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).

C. All other vested benefits (that is, vested benefits not insured by the PBGC).

D. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2025, that ceiling is $22,593 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 75 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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

NOTE 5 - INCOME TAX STATUS

The Plan obtained its latest determination letter on July 22, 2004, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since applying for the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

NOTE 5 - INCOME TAX STATUS - continued

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Department of Labor. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan's information returns are subject to examination by the appropriate taxing jurisdictions. As of December 31, 2025, the Plan's tax returns for the last three years are open for examination as each year's returns remain open for examination for three years.

NOTE 6 - TRANSACTIONS WITH PARTIES-IN-INTEREST

Fees paid during the year for services rendered by parties-in-interest were based on customary and reasonable rates for such services.

NOTE 7 - INFORMATION PREPARED AND CERTIFIED BY FIRST FINANCIAL BANK

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

	2025	2024
Investment income received	$ 2,427,841	$ 1,839,034
Realized gains	2,633,183	267,043
Cost of investments held	60,718,756	58,721,292
Market value of investments held	68,071,810	62,876,525
Accrued interest receivable	144,920	120,546
Accrued dividends receivable	18,198	19,036

NOTE 8 - FAIR VALUE MEASUREMENT

The Plan adopted the FASB Accounting Standards Codification No. 820 (ASC 820), *Fair Value Measurements*, on January 1, 2008. ASC 820 requires the Plan to classify its assets and liabilities into three levels based on the method used to value the assets or liabilities. Level 1 values are based on quoted prices in active markets for identical securities. Level 2 values are based on significant observable market inputs, such as quoted prices for similar securities and quoted prices in inactive markets. Level 3 values are based on significant unobservable inputs that reflect the fund's determination of assumptions that market participants might reasonably use in valuing the securities. The valuation levels are not necessarily an indication of the risk or liquidity associated with the underlying investment.

NOTE 8 - FAIR VALUE MEASUREMENT - continued

Assets measured at fair value on a recurring basis at December 31, 2025 were as follows:

	Level 1- Quoted Prices in Active Markets	Level 2- Other Observable Inputs	Level 3- Unobservable Inputs
Cash Equivalents	$ 3,372,759	$ -	$ -
Certificates of Deposit	251,287	-	-
Mutual Funds	45,688,453	-	-
Mortgage Backed Securities	-	5,061	-
Corporate Bonds	-	11,052,858	-
Common Stocks	7,701,392	-	-
	$ 57,013,891	$ 11,057,919	$ -

Assets measured at fair value on a recurring basis at December 31, 2024 were as follows:

	Level 1- Quoted Prices in Active Markets	Level 2- Other Observable Inputs	Level 3- Unobservable Inputs
Cash Equivalents	$ 3,235,637	$ -	$ -
Certificates of Deposit	300,952	-	-
Mutual Funds	42,431,010	-	-
Mortgage Backed Securities	-	5,494	-
Municipal Bonds	-	210,029	-
Corporate Bonds	-	10,025,960	-
Common Stocks	6,667,443	-	-
	$ 52,635,042	$ 10,241,483	$ -

Following is a description of the valuation methodologies used for assets at fair value.

For all *cash equivalents, certificates of deposit, common stocks* and *mutual funds* fair value is determined by reference to quoted market prices.

Corporate bonds, municipal bonds and *mortgage-backed securities* are valued based on yields currently available on comparable securities of issuers with similar credit ratings.

NOTE 9 - RISKS AND UNCERTAINTIES

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

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

FIRST FINANCIAL CORPORATION EMPLOYEES' PENSION PLAN

Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN 35-1693861 (Plan #001)

December 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity				(d) Cost	(e) Current Value
	Cash Equivalents						
	Federated Government Obligation Fund 117	$ 3,372,759	Money Market Fund			$ 3,372,759	$ 3,372,759
	Certificates of Deposit						
	Valley National Bank, Wayne, NJ	$ 250,000	Certificate of Deposit	3.850%	Due 09/17/27	$ 250,000	$ 251,287
	Mortgage Backed Securities						
	GNMA Pool	$ 5,064	Par Value Bond	4.500%	Due 07/15/39	$ 5,039	$ 5,061
	Mutual Funds						
	Blackrock Mid Cap Growth Eqty	75,059	Shares			$ 3,328,206	$ 2,706,614
	Dodge & Cox 147 Income Fund	386,932	Shares			5,565,494	4,972,077
	Driehaus Emerging Mkts Grw - Inst	24,315	Shares			833,116	1,151,076
	Hood River Small Cap Growth - Inst	26,329	Shares			1,618,144	2,329,840
	Janus Henderson Global Real Estate	174,695	Shares			2,269,045	2,115,562
	JP Morgan Large Cap Grw Select SHS Class	4,833	Shares			222,369	395,343
	Thornburg, LTD TRM Inc - 1	344,484	Shares			4,761,338	4,560,971
	Vanguard Consumer Discretionary	2,352	Shares			752,317	926,500
	Vanguard Consumer Staple ETF Fund	799	Shares			158,981	168,781
	Vanguard Developed Market Index - Adm	171,299	Shares			2,799,663	3,437,965
	Vanguard Emerging Market Stock Index - Adm	24,727	Shares			1,000,298	1,103,052
	Vanguard Energy ETF	1,689	Shares			184,735	212,679
	Vanguard Financial ETF	7,466	Shares			744,769	996,636
	Vanguard Health Care ETF	2,801	Shares			709,353	806,268
	Vanguard Index 500 Adm FD 540	6,486	Shares			3,154,659	4,098,054
	Vanguard Industrials ETF	2,535	Shares			549,286	756,393
	Vanguard Information Technology Index	5,977	Shares			2,807,772	4,505,343
	Vanguard Intl Growth - Adm	27,167	Shares			2,974,484	3,096,745

FIRST FINANCIAL CORPORATION EMPLOYEES' PENSION PLAN

Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Continued

EIN 35-1693861 (Plan #001)

December 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity				(d) Cost	(e) Current Value
	Mutual Funds - continued						
	Vanguard Materials ETF	759 Shares				$ 117,653	$ 157,530
	Vanguard Mid Cap Index - Adm	9,112 Shares				2,876,429	3,274,331
	Vanguard REIT ETF	1,891 Shares				182,067	167,335
	Vanguard Small Cap Index - Adm	17,925 Shares				1,939,936	2,215,161
	Vanguard Telecommunication Services ETF	6,746 Shares				957,803	1,306,228
	Vanguard Utilities ETF	1,232 Shares				183,775	227,969
						$ 40,691,692	$ 45,688,453
	Corporate Bonds						
	Citigroup Inc	500,000 Par Value Bond	4.600%	Due	03/09/26	$ 492,343	$ 500,300
	General Mills Inc	250,000 Par Value Bond	3.200%	Due	02/10/27	250,000	247,937
	Lowes Cos Inc	500,000 Par Value Bond	3.100%	Due	05/03/27	491,106	494,500
	Eli Lilly & Co	250,000 Par Value Bond	3.100%	Due	05/15/27	249,250	247,845
	Honda Motor Co Ltd	500,000 Par Value Bond	4.436%	Due	07/08/28	505,395	504,709
	Bank of NY Mellon Corp	250,000 Par Value Bond	3.000%	Due	10/30/28	239,918	243,468
	Dow Chemical Co	500,000 Par Value Bond	4.800%	Due	11/30/28	482,147	507,399
	Emerson Electric Co	500,000 Par Value Bond	2.000%	Due	12/21/28	497,511	474,327
	Anheuser-Busch Inbev Wor	250,000 Par Value Bond	4.750%	Due	01/23/29	246,841	254,955
	Altria Group Inc	500,000 Par Value Bond	4.800%	Due	02/14/29	468,664	508,463
	John Deere Capital Corp	250,000 Par Value Bond	4.850%	Due	10/11/29	248,195	258,058
	Philip Morris Intl Inc	500,000 Par Value Bond	4.625%	Due	11/01/29	503,643	508,753
	Bank of Nova Scotia	250,000 Par Value Bond	4.850%	Due	02/01/30	248,968	255,984
	Goldman Sachs Group Inc	500,000 Par Value Bond	3.800%	Due	03/15/30	445,944	491,997
	HSBC Holdings PLC	265,000 Par Value Bond	4.950%	Due	03/31/30	251,610	271,728
	Autodesk Inc	500,000 Par Value Bond	2.400%	Due	12/15/31	418,088	444,732
	TSMC Arizona Corp	500,000 Par Value Bond	4.250%	Due	04/22/32	499,625	501,112
	Key Bank NA	250,000 Par Value Bond	4.900%	Due	08/08/32	229,266	249,572

FIRST FINANCIAL CORPORATION EMPLOYEES' PENSION PLAN

Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Continued

EIN 35-1693861 (Plan #001)

December 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity				(d) Cost	(e) Current Value
	Corporate Bonds - continued						
	Wisconsin Electric Power	500,000 Par Value Bond	4.750%	Due	09/30/32	$ 504,013	$ 509,500
	Northern Trust Corp	500,000 Par Value Bond	6.125%	Due	11/02/32	504,389	545,449
	IBM Corp	500,000 Par Value Bond	4.750%	Due	02/06/33	497,389	508,096
	Morgan Stanley	500,000 Par Value Bond	5.000%	Due	02/10/33	500,000	494,018
	Estee Lauder Cos Inc	500,000 Par Value Bond	4.650%	Due	05/15/33	506,392	503,436
	Metlife Inc	500,000 Par Value Bond	5.375%	Due	07/15/33	492,133	527,397
	Unilever CAP	500,000 Par Value Bond	4.625%	Due	08/12/34	503,972	503,569
	WW Grainger Inc	500,000 Par Value Bond	4.450%	Due	09/15/34	502,270	495,554
						$ 10,779,072	$ 11,052,858
	Common Stocks						
	Abbott Labs	2,625 Shares				$ 248,793	$ 328,886
	Amazon.Com Inc	1,539 Shares				335,627	355,232
	American Tower Corp	889 Shares				207,795	157,837
	Apple Inc	1,500 Shares				156,178	407,790
	BHP Billiton LTD Spon ADR	1,624 Shares				90,964	98,041
	Chipotle Mexican Grill Inc	9,087 Shares				474,800	336,219
	Exxon Mobil Corp	1,565 Shares				117,922	188,332
	Meta Platform Inc - Class A	465 Shares				94,656	306,942
	Home Depot Inc	831 Shares				226,828	285,947
	Intercontinental Exchange Inc	2,017 Shares				298,805	326,673
	Johnson Control Intl	3,265 Shares				253,148	390,984
	JPMorgan Chase & Company	1,144 Shares				146,347	368,620
	Eli Lilly & Co	464 Shares				188,310	498,652
	Linde PLC	182 Shares				62,618	77,603
	Lockheed Martin Corp	744 Shares				303,739	359,850

FIRST FINANCIAL CORPORATION EMPLOYEES' PENSION PLAN

Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Continued

EIN 35-1693861 (Plan #001)

December 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity	(d) Cost	(e) Current Value
	Common Stocks - continued			
	Microsoft Corp	689 Shares	$ 193,990	$ 333,214
	Mondelez International Inc	4,248 Shares	244,836	228,670
	Nextera Energy Inc	2,450 Shares	159,463	196,686
	Nvidia Corp	1,975 Shares	120,694	368,338
	Palo Alto Networks Inc	1,789 Shares	149,678	329,534
	Paypal Holding Inc	5,248 Shares	454,672	306,378
	Procter & Gamble Co	1,667 Shares	197,785	238,898
	Suncor Energy Inc	4,208 Shares	117,915	186,667
	Sysco Corporation	3,238 Shares	196,825	238,608
	Thermo Fisher Scientific Inc	732 Shares	342,431	424,157
	Visa Inc Class A Shares	1,034 Shares	235,375	362,634
			$ 5,620,194	$ 7,701,392

FIRST FINANCIAL CORPORATION EMPLOYEES' PENSION PLAN

Form 5500 Schedule H, Line 4j - Schedule of Reportable Transactions

EIN 35-1693861 (Plan #001)

Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - Individual transactions in excess of five percent of plan assets - None								
Category (ii) - Series of transactions other than securities transactions - None								
Category (iii) - A series of securities transactions								
Federated Govt Oblig Fund 117								
One hundred ten purchases	Money market fund	$ 5,127,906	$ -	$ -	$ -	$ 5,127,906	$ 5,127,906	$ -
Twenty nine sales		-	4,990,784	-	-	4,990,784	4,990,784	-
Category (iv) - Other transactions - None								

First Financial Corporation
Employees' Pension Plan

EIN / PN: 35-1546989 / 001
Schedule SB, Line 26 - Schedule of Active Participant Data

A. Schedule of Active Participants

Attained Age	Years of Benefit Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40+
< 25	0	0	0	0	0	0	0	0	0	0
25 – 29	0	0	0	0	0	0	0	0	0	0
30 – 34	0	2	0	0	0	0	0	0	0	0
35 – 39	0	9	4	0	0	0	0	0	0	0
40 – 44	1	8	8	2	0	0	0	0	0	0
45 – 49	0	1	7	6	4	0	0	0	0	0
50 – 54	0	6	6	3	13	1	0	0	0	0
55 – 59	1	7	8	5	9	7	1	1	4	2
60 – 64	0	2	6	7	6	2	2	2	6	3
65 – 69	0	6	1	4	0	0	0	5	1	4
70 +	0	0	1	0	1	1	1	0	0	2
Total	2	41	41	27	33	11	4	8	11	11

FUTUREPLAN by ASCENSUS

First Financial Corporation
Employees' Pension Plan

EIN / PN: 35-1546989 / 001

Schedule SB, Part V - Statement of Actuarial Methods and Assumptions

The costs of the plan are derived by making certain specific assumptions as to the rates of interest, mortality, turnover, disability, etc., that are assumed to hold for many years into the future. Since actual experience differs somewhat from the assumptions, the costs determined by the valuation must be regarded as estimates of the true costs of the plan.

We describe below the actuarial cost method, asset method and the specific actuarial assumptions used in this valuation.

A. Actuarial Cost Method: Traditional Unit Credit

The unit credit actuarial cost method is used to determine the actuarial liabilities of the plan: the funding target and the target normal cost.

The funding target for any participant is the actuarial present value of plan benefits being paid or that will become payable in the event of death, disability, termination, retirement, or the attainment of benefit commencement age, calculated based on compensation and service as of the beginning of the current plan year.

The target normal cost for each active participant is the excess of the actuarial present value of plan benefits, similar to the funding target, but calculated including compensation and service expected through the end of current plan year, over the participant's funding target. The target normal cost for an inactive participant is zero.

The plan's funding target and target normal cost are the respective totals of the amounts determined for the plan participants. The plan's target normal cost also includes provision for any plan–related expenses to be paid during the current plan year from plan assets.

B. Asset Valuation Method

For reporting purposes, the total assets equal the Trust value at the end of the prior year plus any receivable contribution for prior years, as long as they were actually received within 8½ months of the end of the prior year.

For actuarial purposes, the market value of assets is similarly obtained, except that receivable contributions are discounted back to the beginning of the Plan Year.

The actuarial value of asset, the smoothing method spreads the recognition of deviations from the expected asset return over 24 months. The resulting value is limited by IRS regulations to a value between 90% and 110% of the market value. The expected investment return for each year is the lesser of the assumed rate of return and the 3rd segment rate for the year.

First Financial Corporation
Employees' Pension Plan

EIN / PN: 35-1546989 / 001

Schedule B, Part V - Statement of Actuarial Methods and Assumptions (continued)

C. Actuarial Assumptions

1. Economic Assumptions

Interest Rates:	IRC 430(h) funding segment rates with 4 month look back, constrained to be within the 5% corridor of the 25-year average segment rates.

Rates for payments expected to be made:

5.07%	within the current or next 4 plan years
5.31%	within the subsequent 15 plan years
5.50%	in all later plan years

Expected Investment Return (Actuarial Valuation of Assets):	6.00%, limited to 3rd segment rate of 5.59% for 2024; 6.00%, limited to 3rd segment rate of 5.74% for 2023.
Salary Increases:	3.00% per annum.
Plan Related Expenses Paid From Trust:	$200,000, based on anticipated professional fees and PBGC premiums.

2. Demographic Assumptions

Mortality:	IRC 430(h) prescribed separate mortality tables for annuitants and non-annuitants as of the valuation date.
Disablement:	None.
Turnover:	Sarason T–5 Table.

Demographic Assumptions (continued)

Retirement:

Age	Retirement Rate
55 - 61	4%
62 - 64	15%
65 - 74	40%
75	100%

Marital Status: 85% of active and vested terminated participants are married; husbands are 4 years older than wives.

Form of Benefit: Single Life Annuity.

3. ESOP Assumptions

Future Contributions: 5.00% of compensation assumed to be made at each December 31.

Stock Value Appreciation (actual and average): Share price increases at 2.50% annually and annual dividend yield (reinvested) is 3.00%, for a total 5.50% annual increase.

Commuted Value: 4.50%.

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.)
- ☒ a single-employer plan
- ☐ a DFE (specify) _____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶ ☐

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan
FIRST FINANCIAL CORPORATION EMPLOYEES' PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/01/1986

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)

FIRST FINANCIAL CORPORATION

P.O. BOX 2122

TERRE HAUTE IN 47802

2b Employer Identification Number (EIN) 35-1546989

2c Plan Sponsor's telephone number 812-238-6000

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	Rodger A McHargue	10/2/26	RODGER MCHARGUE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Rodger A McHargue	10/2/26	RODGER MCHARGUE
	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

FIRST FINANCIAL CORPORATION EMPLOYEES' PENSION PLAN

Form 5500 Schedule H, Line 4j - Schedule of Reportable Transactions

EIN 35-1693861 (Plan #001)

Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - Individual transactions in excess of five percent of plan assets - None								
Category (ii) - Series of transactions other than securities transactions - None								
Category (iii) - A series of securities transactions								
Federated Govt Oblig Fund 117								
One hundred ten purchases	Money market fund	$ 5,127,906	$ -	$ -	$ -	$ 5,127,906	$ 5,127,906	$ -
Twenty nine sales		-	4,990,784	-	-	4,990,784	4,990,784	-
Category (iv) - Other transactions - None								

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
FIRST FINANCIAL CORPORATION EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
FIRST FINANCIAL CORPORATION

D Employer Identification Number (EIN)
35-1546989

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	63,585,765
b Actuarial value	**2b**	59,839,895

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	540	42,165,775	42,165,775
b For terminated vested participants	148	5,002,024	5,002,024
c For active participants	189	13,313,440	13,313,440
d Total	877	60,481,239	60,481,239

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**	5.34%

6 Target normal cost

a Present value of current plan year accruals	**6a**	1,035,658
b Expected plan-related expenses	**6b**	200,000
c Target normal cost	**6c**	1,235,658

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

26 September 2026
Date

JEFFREY A. GROVES
Type or print name of actuary

2603674
Most recent enrollment number

FUTUREPLAN by ASCENSUS
Firm name

404-509-4042
Telephone number (including area code)

POST OFFICE BOX 55788

BOSTON MA 02205
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	1,508,118
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	189,513
9	Amount remaining (line 7 minus line 8)	0	1,318,605
10	Interest on line 9 using prior year's actual return of 11.03 %	0	145,442
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		635
	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 5.06 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		70
	c Total available at beginning of current plan year to add to prefunding balance		705
	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	1,464,047

Part III Funding Percentages

14	Funding target attainment percentage	14	96.51 %
15	Adjusted funding target attainment percentage	15	96.52 %
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	96.88 %
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
07/11/2025	335,000	0			
10/14/2025	327,000	0			
01/13/2026	326,712	0			
04/13/2026	363,013	0			
07/14/2026	363,013	0			
			Totals ► 18(b)	1,714,738	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	1,624,411

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:	2nd segment:	3rd segment:	
5.07 %	5.31 %	8.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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**	1,235,658
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	2,099,299	216,394
b Waiver amortization installment		

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**	1,452,052

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	320,000	320,000

36 Additional cash requirement (line 34 minus line 35)	**36**	1,132,052
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1,624,411

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	489,537
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	317,178
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

First Financial Corporation
Employees' Pension Plan

EIN/PN: 35-1546989 / 001

Schedule SB, Line 8 – Late Election to Apply Balances to Quarterly Installments

The difference between the amounts reported on line 8 and the previous year's line 35 is due to the late election to apply balances to the quarterly installments. See §1.430(f)–1(d)(1)i)(B) of the Treasury regulations.

First Financial Corporation
Employees' Pension Plan
EIN/PN: 35-1546989 / 001
Schedule SB, Line 22 – Description of Weighted Average Retirement Age

The Weighted Average Retirement Age for active participants is 63.30 as calculated in the table below. Terminated vested participants are assumed to retire at age 65.

(A) Retirement Age	(B) Retirement Rate	(C) Lx	(D) Number of Employees Expected to Retire (B) x (C)	(E) (A) x (D)
55	4.00%	10,000	400	22,000.00
56	4.00%	9,600	384	21,504.00
57	4.00%	9,216	369	21,033.00
58	4.00%	8,847	354	20,532.00
59	4.00%	8,493	340	20,060.00
60	4.00%	8,153	326	19,560.00
61	4.00%	7,827	313	19,093.00
62	15.00%	7,514	1127	69,874.00
63	15.00%	6,387	958	60,354.00
64	15.00%	5,429	814	52,096.00
65	40.00%	4,615	1846	119,990.00
66	40.00%	2,769	1108	73,128.00
67	40.00%	1,661	664	44,488.00
68	40.00%	997	399	27,132.00
69	40.00%	598	239	16,491.00
70	40.00%	359	144	10,080.00
71	40.00%	215	86	6,106.00
72	40.00%	129	52	3,744.00
73	40.00%	77	31	2,263.00
74	40.00%	46	18	1,332.00
75	100.00%	28	28	2,100.00
Total			10,000	632,960.00
Average				63.30

First Financial Corporation
Employees' Pension Plan

EIN / PN: 35-1546989 / 001
Schedule SB, Part V - Summary of Plan Provisions

Effective Date:	December 1, 1986. Most recently amended and restated effective January 1, 2024.
Plan Year:	Calendar year.
Eligibility:	The Plan covers all employee classifications except leased employees and employees subject to collective bargaining. An Employee begins Plan participation on the January 1st or July 1st next following age 21 and completion of one year of Eligibility Service. Plan participation was frozen as of December 31, 2012.
Compensation:	Reflects that compensation which is treated as FICA wages without regard to the Social Security taxable wage base. Also includes any amounts which are treated as salary reduction contributions and used to purchase non-taxable benefits under section 125 or 401(k) of the Internal Revenue Code. In accordance with the Internal Revenue Code 401(a)(17), annual Compensation in excess of the inflation adjusted limit is disregarded.
Average Monthly Compensation:	As of a given date, is determined by dividing the total Compensation received by a Participant during the 5 consecutive Compensation Periods (during the last 10 years of employment) for which his Compensation was highest by the number of months during such period for which he received Compensation.
Covered Compensation:	The monthly average of the Social Security taxable wage bases in effect for the 35-year period ending with the calendar year in which the Participant attains Social Security normal retirement age (65 if born prior to 1938; 66 if born in 1938–1954; 67 if born after 1954).

First Financial Corporation
Employees' Pension Plan

EIN / PN: 35-1546989 / 001
Schedule SB, Part V - Summary of Plan Provisions (continued)

Year of Benefit Service:	A Plan Year in which an Employee is credited with at least 1,000 hours of service.
Year of Vesting Service:	A Plan Year in which an Employee is credited with at least 1,000 hours of service.
Year of Eligibility Service:	Twelve consecutive months, initially beginning with the Employee's date of hire, thereafter being a Plan Year, during which the Employee is credited with at least 1,000 hours of service.
DB Group:	Participants who are employed on December 31, 2012 and who meet one or more of the following criteria on or before December 31, 2012: (i) Attained age 65; (ii) Completed 30 Years of Vesting Service; (iii) Had a combination of age in years and Years of Vesting Service equal to or greater than 70; or (iv) Was a Participant in the First Financial Corporation 2011 Short-Term Incentive Compensation Plan.
DC Group:	Those employees who are not in the DB Group.
Accrued Benefit:	The Accrued Benefit for each Participant is determined under the Fractional Rule and is equal to that amount which is in the same proportion to the Participant's Normal Retirement Benefit as the Participant's Years of Service completed as of the date of determination bear to the total Years of Service the participant would complete if he were to continue to participate until his Normal Retirement Date. The accrued benefits for the DC Group were frozen as of December 31, 2012.

First Financial Corporation
Employees' Pension Plan

EIN / PN: 35-1546989 / 001
Schedule SB, Part V - Summary of Plan Provisions (continued)

Normal Retirement:

Normal Retirement Age:	Age 65.
Benefit:	The sum of (a) and (b) less (c): (a) 2% of the Participant's Average Monthly Compensation, multiplied by his Years of Service not to exceed 25 years; plus (b) 0.65% of the excess of Average Monthly Compensation over Covered Compensation, multiplied by his Years of Service not to exceed 35 years; less (c) The commuted value of the ESOP account balance (effective January 1, 2011, based on the average share price for the preceding 250 business days).

Early Retirement:

Eligibility:	Age 55 with 5 Years of Service.
Benefit:	A Participant's Early Retirement Benefit is a monthly pension benefit equal to his Accrued Benefit (before ESOP offset) determined as of his Early Retirement Date, reduced by 1/180 for each of the first 60 months, by 1/360 for each of the next 60 months that his Early Retirement Date precedes his Normal Retirement Date, reduced by ESOP Monthly Benefit.

Deferred Retirement Benefit:	Normal Retirement Benefit increased actuarially to reflect the last starting date of payments. In no event shall this benefit be less than the Accrued Benefit reflecting Years of Benefit Service and Compensation as of the Deferred Retirement Date.

First Financial Corporation
Employees' Pension Plan

EIN / PN: 351546989 / 001

Schedule SB, Part V - Summary of Plan Provisions (continued)

Preretirement Death Benefit:	In the event of a death of a Participant prior to the date that he begins to receive a monthly pension benefit under the plan, the Participant's Surviving Spouse, if any, will be entitled to receive a monthly pension benefit equal to 50% of the monthly pension benefit which would have been payable had the participant retired the day before his death and elected a Joint and 50% Survivor Annuity. If an unmarried participant who is eligible for retirement dies before his benefit payment date, the participant's beneficiary will receive a life annuity which is the actuarial equivalent to the Spousal Death Benefit for a spouse of the same age as the participant.
Disability Retirement:	An active Participant will be eligible for a disability retirement benefit under the Plan upon occurrence of permanent disability. A Participant's Disability Retirement Date is the first day of the month coincident with or next following the date of termination of his employment due to disability provided such a Participant has been found to be eligible for a Disability Retirement Benefit. An eligible Participant's Disability Retirement Benefit is equal to the Normal Retirement Benefit to which the participant would have been entitled if he had continued to be an employee until his Normal Retirement Date with such benefit calculated on the basis of his Average Monthly Compensation as of his Disability Retirement Date. Such benefit will begin on his Normal Retirement Date.
Termination Benefit:	In the event of the termination of a Participant's employment for any reason other than death, disability or retirement, the Participant will become entitled to receive a monthly pension benefit commencing on his Normal Retirement Date equal to his Vested Accrued Benefit.

First Financial Corporation
Employees' Pension Plan

EIN / PN: 35-1546989 / 001

Schedule SB, Part V - Summary of Plan Provisions (continued)

Vesting:

For employees hired prior to January 1, 2010, and not terminated as of that date:

Years of Vesting Service	Vested Percentage of Accrued Benefit
Less than 2	0%
2	20%
3	40%
4	60%
5 or more	100%

For all newer employees:

Years of Vesting Service	Vested Percentage of Accrued Benefit
Less than 5	0%
5 or more	100%

Normal Form of Payment:

Life Annuity.

Optional Forms of Payment:

Life Annuities with 5, 10, or 15 Years Certain; Joint and 50%, 66 2/3%, 75%, or 100% Survivor Annuities; Lump Sum up to $5,000.

Actuarial Equivalence:

For annuity forms of payment: 1983 Group Annuity Mortality Table, blended 50% male/50% female, and 6.00% interest.

For lump sum payments: Code Section 417(e)(3) applicable mortality table, and applicable interest rate for the November preceding the plan year of distribution.

For converting ESOP account to monthly benefit: 1983 Group Annuity Mortality Table, blended 50% male/50% female, and the average yield on 30-year Treasury Securities during the November preceding plan year of the participant's date of termination.

FIRST FINANCIAL CORPORATION EMPLOYEES' PENSION PLAN

Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN 35-1693861 (Plan #001)

December 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity				(d) Cost	(e) Current Value
	Cash Equivalents						
	Federated Government Obligation Fund 117	$ 3,372,759	Money Market Fund			$ 3,372,759	$ 3,372,759
	Certificates of Deposit						
	Valley National Bank, Wayne, NJ	$ 250,000	Certificate of Deposit	3.850%	Due 09/17/27	$ 250,000	$ 251,287
	Mortgage Backed Securities						
	GNMA Pool	$ 5,064	Par Value Bond	4.500%	Due 07/15/39	$ 5,039	$ 5,061
	Mutual Funds						
	Blackrock Mid Cap Growth Eqty	75,059	Shares			$ 3,328,206	$ 2,706,614
	Dodge & Cox 147 Income Fund	386,932	Shares			5,565,494	4,972,077
	Driehaus Emerging Mkts Grw - Inst	24,315	Shares			833,116	1,151,076
	Hood River Small Cap Growth - Inst	26,329	Shares			1,618,144	2,329,840
	Janus Henderson Global Real Estate	174,695	Shares			2,269,045	2,115,562
	JP Morgan Large Cap Grw Select SHS Class	4,833	Shares			222,369	395,343
	Thornburg, LTD TRM Inc - 1	344,484	Shares			4,761,338	4,560,971
	Vanguard Consumer Discretionary	2,352	Shares			752,317	926,500
	Vanguard Consumer Staple ETF Fund	799	Shares			158,981	168,781
	Vanguard Developed Market Index - Adm	171,299	Shares			2,799,663	3,437,965
	Vanguard Emerging Market Stock Index - Adm	24,727	Shares			1,000,298	1,103,052
	Vanguard Energy ETF	1,689	Shares			184,735	212,679
	Vanguard Financial ETF	7,466	Shares			744,769	996,636
	Vanguard Health Care ETF	2,801	Shares			709,353	806,268
	Vanguard Index 500 Adm FD 540	6,486	Shares			3,154,659	4,098,054
	Vanguard Industrials ETF	2,535	Shares			549,286	756,393
	Vanguard Information Technology Index	5,977	Shares			2,807,772	4,505,343
	Vanguard Intl Growth - Adm	27,167	Shares			2,974,484	3,096,745

FIRST FINANCIAL CORPORATION EMPLOYEES' PENSION PLAN

Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Continued

EIN 35-1693861 (Plan #001)

December 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity				(d) Cost	(e) Current Value
	Mutual Funds - continued						
	Vanguard Materials ETF	759 Shares				$ 117,653	$ 157,530
	Vanguard Mid Cap Index - Adm	9,112 Shares				2,876,429	3,274,331
	Vanguard REIT ETF	1,891 Shares				182,067	167,335
	Vanguard Small Cap Index - Adm	17,925 Shares				1,939,936	2,215,161
	Vanguard Telecommunication Services ETF	6,746 Shares				957,803	1,306,228
	Vanguard Utilities ETF	1,232 Shares				183,775	227,969
						$ 40,691,692	$ 45,688,453
	Corporate Bonds						
	Citigroup Inc	500,000 Par Value Bond	4.600%	Due	03/09/26	$ 492,343	$ 500,300
	General Mills Inc	250,000 Par Value Bond	3.200%	Due	02/10/27	250,000	247,937
	Lowes Cos Inc	500,000 Par Value Bond	3.100%	Due	05/03/27	491,106	494,500
	Eli Lilly & Co	250,000 Par Value Bond	3.100%	Due	05/15/27	249,250	247,845
	Honda Motor Co Ltd	500,000 Par Value Bond	4.436%	Due	07/08/28	505,395	504,709
	Bank of NY Mellon Corp	250,000 Par Value Bond	3.000%	Due	10/30/28	239,918	243,468
	Dow Chemical Co	500,000 Par Value Bond	4.800%	Due	11/30/28	482,147	507,399
	Emerson Electric Co	500,000 Par Value Bond	2.000%	Due	12/21/28	497,511	474,327
	Anheuser-Busch Inbev Wor	250,000 Par Value Bond	4.750%	Due	01/23/29	246,841	254,955
	Altria Group Inc	500,000 Par Value Bond	4.800%	Due	02/14/29	468,664	508,463
	John Deere Capital Corp	250,000 Par Value Bond	4.850%	Due	10/11/29	248,195	258,058
	Philip Morris Intl Inc	500,000 Par Value Bond	4.625%	Due	11/01/29	503,643	508,753
	Bank of Nova Scotia	250,000 Par Value Bond	4.850%	Due	02/01/30	248,968	255,984
	Goldman Sachs Group Inc	500,000 Par Value Bond	3.800%	Due	03/15/30	445,944	491,997
	HSBC Holdings PLC	265,000 Par Value Bond	4.950%	Due	03/31/30	251,610	271,728
	Autodesk Inc	500,000 Par Value Bond	2.400%	Due	12/15/31	418,088	444,732
	TSMC Arizona Corp	500,000 Par Value Bond	4.250%	Due	04/22/32	499,625	501,112
	Key Bank NA	250,000 Par Value Bond	4.900%	Due	08/08/32	229,266	249,572

FIRST FINANCIAL CORPORATION EMPLOYEES' PENSION PLAN

Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Continued

EIN 35-1693861 (Plan #001)

December 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity				(d) Cost	(e) Current Value
	Corporate Bonds - continued						
	Wisconsin Electric Power	500,000 Par Value Bond	4.750%	Due	09/30/32	$ 504,013	$ 509,500
	Northern Trust Corp	500,000 Par Value Bond	6.125%	Due	11/02/32	504,389	545,449
	IBM Corp	500,000 Par Value Bond	4.750%	Due	02/06/33	497,389	508,096
	Morgan Stanley	500,000 Par Value Bond	5.000%	Due	02/10/33	500,000	494,018
	Estee Lauder Cos Inc	500,000 Par Value Bond	4.650%	Due	05/15/33	506,392	503,436
	Metlife Inc	500,000 Par Value Bond	5.375%	Due	07/15/33	492,133	527,397
	Unilever CAP	500,000 Par Value Bond	4.625%	Due	08/12/34	503,972	503,569
	WW Grainger Inc	500,000 Par Value Bond	4.450%	Due	09/15/34	502,270	495,554
						$ 10,779,072	$ 11,052,858
	Common Stocks						
	Abbott Labs	2,625 Shares				$ 248,793	$ 328,886
	Amazon.Com Inc	1,539 Shares				335,627	355,232
	American Tower Corp	889 Shares				207,795	157,837
	Apple Inc	1,500 Shares				156,178	407,790
	BHP Billiton LTD Spon ADR	1,624 Shares				90,964	98,041
	Chipotle Mexican Grill Inc	9,087 Shares				474,800	336,219
	Exxon Mobil Corp	1,565 Shares				117,922	188,332
	Meta Platform Inc - Class A	465 Shares				94,656	306,942
	Home Depot Inc	831 Shares				226,828	285,947
	Intercontinental Exchange Inc	2,017 Shares				298,805	326,673
	Johnson Control Intl	3,265 Shares				253,148	390,984
	JPMorgan Chase & Company	1,144 Shares				146,347	368,620
	Eli Lilly & Co	464 Shares				188,310	498,652
	Linde PLC	182 Shares				62,618	77,603
	Lockheed Martin Corp	744 Shares				303,739	359,850

FIRST FINANCIAL CORPORATION EMPLOYEES' PENSION PLAN

Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Continued

EIN 35-1693861 (Plan #001)

December 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity	(d) Cost	(e) Current Value
	Common Stocks - continued			
	Microsoft Corp	689 Shares	$ 193,990	$ 333,214
	Mondelez International Inc	4,248 Shares	244,836	228,670
	Nextera Energy Inc	2,450 Shares	159,463	196,686
	Nvidia Corp	1,975 Shares	120,694	368,338
	Palo Alto Networks Inc	1,789 Shares	149,678	329,534
	Paypal Holding Inc	5,248 Shares	454,672	306,378
	Procter & Gamble Co	1,667 Shares	197,785	238,898
	Suncor Energy Inc	4,208 Shares	117,915	186,667
	Sysco Corporation	3,238 Shares	196,825	238,608
	Thermo Fisher Scientific Inc	732 Shares	342,431	424,157
	Visa Inc Class A Shares	1,034 Shares	235,375	362,634
			$ 5,620,194	$ 7,701,392

First Financial Corporation
Employees' Pension Plan
EIN/PN: 35-1546989 / 001
Schedule SB, Line 32 – Schedule of Amortization Bases

Valuation Date	Annual Payment	Years Remaining	Present Value of Remaining Payments
1/1/2025	$ 27,928	15	$ 299,531
1/1/2024	(66,603)	14	(682,036)
1/1/2025	255,069	13	2,481,804
Total	$ 216,394		$ 2,099,299

First Financial Corporation
Employees' Pension Plan
EIN/PN: 35-1546989 / 001
Schedule SB, Line 24 – Change in Actuarial Assumptions

Expected Plan related expenses were decreased from $550,000 to $200,000 due to decreased PBGC premiums.