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 FEDERAL BANK RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1956

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 FEDERAL BANK

P. O. BOX 419194
KANSAS CITY, MO 64141-6194

2b Employer Identification Number (EIN)
44-0246815

2c Plan Sponsor's telephone number
816-241-7800

2d Business code (see instructions)
522120

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.	10/07/2026	JR BUCKNER
	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 [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	171
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)**	48
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	46
b	Retired or separated participants receiving benefits	**6b**	70
c	Other retired or separated participants entitled to future benefits	**6c**	38
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	154
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	12
f	Total. Add lines **6d** and **6e**.	**6f**	166
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

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

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **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 FEDERAL BANK RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
44-0246815

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	45342110
b Actuarial value	**2b**	44312677

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	82	19762456	19762456
b For terminated vested participants	41	3742701	3742701
c For active participants	48	6401192	6401192
d Total	171	29906349	29906349

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**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	509381
b Expected plan-related expenses	**6b**	50000
c Target normal cost	**6c**	559381

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

04/24/2026
Date

TRICIA MEYSENBURG, FSA
Type or print name of actuary

26-07325
Most recent enrollment number

CBIZ
Firm name

913-345-0500
Telephone number (including area code)

6900 COLLEGE BLVD, STE 300
OVERLAND PARK, KS 66211
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	12589117
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	12589117
10	Interest on line 9 using prior year's actual return of 5.92 %	0	745276
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.14 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	13334393

Part III Funding Percentages

14	Funding target attainment percentage	14	103.58 %
15	Adjusted funding target attainment percentage	15	148.17 %
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	114.01 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:	1st segment: 5.03 %	2nd segment: 5.28 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	2
22 Weighted average retirement age	**22**	62

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**	559381
b Excess assets, if applicable, but not greater than line 31a	**31b**	559381

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

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

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE 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 FEDERAL BANK RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
44-0246815

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).. . . . . [X] 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

BLACKROCK (ISHARES)
400 HOWARD STREET
SAN FRANCISCO, CA 94105

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

COHEN & STEERS
1166 AVENUE OF THE AMERICAS
NEW YORK, NY 10036

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

DODGE & COX FUNDS
PO BOX 8422
BOSTON, MA 02266

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

FIDELITY INVESTMENTS
245 SUMMER STREET
BOSTON, MA 02210

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

GOLDMAN, SACHS & CO.

200 WEST STREET, 29TH FLOOR
NEW YORK, NY 10282

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

JANUS HENDERSON GROUP

201 BISHOPSGATE
LONDON, LONDON EC2M 3AE GB

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

MFS INVESTMENTS

500 BOYLSTON STREET
BOSTON, MA 02116

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

PIMCO

650 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

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

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

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

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

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

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

COMMERCE BANK

48-0962626

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50 59 33	NONE	125070	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CBIZ

31-1582098

(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 17 50	NONE	37764	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FORVIS MAZARS, LLP

44-0160260

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	11261	Yes [ ] No [X]	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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE 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 FEDERAL BANK RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
44-0246815

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	309044	293384
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	619871	803898
(2) U.S. Government securities	1c(2)	8521213	8061456
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	16583171	15799219
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	18359621	22233275
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	949190	963159

		(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	45342110	48154391
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	45342110	48154391

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)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	306847	
(C) Corporate debt instruments	2b(1)(C)	821493	
(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)		1128340
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	408023	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		408023
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	3576504	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3760097	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-183593
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	2329429	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		2329429

		(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)		1259502
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		4941701
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1937199	
(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)		1937199
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)	11261	
(5) Investment advisory and investment management fees	2i(5)	125070	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	37764	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	18126	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		192221
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2129420
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2812281
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: FORVIS MAZARS, LLP **(2)** EIN: 44-0160260

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
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		5250000
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 572513.

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 FEDERAL BANK RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
44-0246815

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): 43-6334070

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** 2

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 Federal Bank Retirement Plan

EIN 44-0246815 PN 001

Independent Auditor's Report and Financial Statements

December 31, 2025 and 2024

First Federal Bank Retirement Plan

December 31, 2025 and 2024

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Kansas City, MO 64106
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Independent Auditor's Report

Audit Committee of the Board of Directors
First Federal Bank Retirement Plan
Leawood, Kansas

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

We have performed audits of the financial statements of First Federal Bank Retirement Plan (the Plan), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, 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 Federal Bank Retirement 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 qualified institutions as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in *Note 3* to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the "Auditor's Responsibilities for the Audit of Financial Statements" section of our report. We are required to be independent of First Federal Bank Retirement 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 Federal Bank Retirement Plan's ability to continue as a going concern within one year after the date that these financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of First Federal Bank Retirement 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 Federal Bank Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matters – Supplemental Schedules Required by ERISA

The supplemental schedules listed in the table of 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 GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including 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).

Forvis Mazars, LLP

Kansas City, Missouri
July 28, 2026

Federal Employer Identification Number: 44-0160260

First Federal Bank Retirement Plan

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

Assets

	2025	2024
Investments, at Fair Value	$ 47,861,007	$ 45,033,066
Receivables		
Interest receivable	293,384	309,044
Total assets	48,154,391	45,342,110
Net Assets Available for Benefits	$ 48,154,391	$ 45,342,110

First Federal Bank Retirement Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2025 and 2024

	2025	2024
Investment Income		
Net appreciation in fair value of investments	$ 3,405,338	$ 1,337,942
Interest and dividends	1,536,363	1,370,326
Total additions	4,941,701	2,708,268
Deductions		
Benefits paid to participants	1,937,199	1,893,264
Administrative expenses	174,095	152,961
PBGC premiums	18,126	18,382
Total deductions	2,129,420	2,064,607
Net Increase	2,812,281	643,661
Net Assets Available for Benefits, Beginning of Year	45,342,110	44,698,449
Net Assets Available for Benefits, End of Year	$ 48,154,391	$ 45,342,110

First Federal Bank Retirement Plan

Notes to Financial Statements

December 31, 2025 and 2024

Note 1: Description of the Plan

General

The following description of the First Federal Bank Retirement Plan (the "Plan") provides only general information. Participants should refer to the *Summary Plan Description* for a more complete description of the Plan's provisions, which are available from the Plan Administrator.

The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* ("ERISA"). Commerce Trust Company serves as the Plan trustee. The Retirement and Savings Plan Review Committee (the "Committee") of the Bank, which is a committee recommended by the board of directors, controls and manages the operation and administration of the Plan. The board of directors is responsible for oversight of the Plan. The Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Bank's board of directors. The Plan was amended December 30, 2019, to exclude any employee who is hired on or after January 1, 2020. There have been no new participants in the plan since January 1, 2020.

Contributions

The Plan's funding policy is for the Bank to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The actuary has determined that there is no minimum annual contribution required from the Bank for the years ended December 31, 2025 and 2024, and made no contributions. For the years ended December 31, 2025 and 2024, the Plan met the minimum funding requirements of ERISA.

Although it has not expressed any intention to do so, the Bank has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Pension Benefits

Benefits under the Plan are based on employees' five highest consecutive compensation years. Normal retirement age for plan benefits is 65. Participants may elect to receive reduced benefits upon early retirement at age 55, provided that they have at least 15 years of service with the Bank. Upon election of early retirement, the employee shall be entitled to a monthly retirement income which is equal to the member's accrued benefit as of the early retirement date, reduced by 1/180 for each of the first 60 months and 1/360 for each of the next 60 months by which the early retirement date precedes the normal retirement date.

If the actuarial value of a terminating or retiring member's vested accrued benefit, determined as of the date of the member's termination of employment or retirement, is more than $1,000, but less than $50,000, the member may, with written consent of the member's spouse, request that the actuarial value of his accrued benefit be paid in a lump sum cash payment in lieu of any other Plan benefits. Any such lump sum shall be paid as soon as reasonably practicable after the end of the Plan year in which the member's termination of employment or retirement occurs.

Death and Disability Benefits

If an active employee dies, a death benefit based upon the value of the employee's accumulated pension benefit is paid to the employee's beneficiary. Active employees who become totally disabled receive monthly disability benefits that are equal to the normal retirement benefits, as adjusted, that have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age, at which time disabled participants begin receiving normal retirement benefits computed as though they had been employed to normal retirement age with their annual compensation remaining the same as the time which they became disabled.

Participant Accounts

Each participant's account is credited with the participant's contribution, the Bank's contribution and plan earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are 100 percent vested upon completion of five years of credited service.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by its investment advisers, custodians and insurance companies. See *Note 5* for a discussion of fair value measurements.

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution. Expenses that are paid by the Bank are excluded from these financial statements. Investment-related expenses are included in net appreciation of fair value of investments.

Administrative Expenses

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

Accumulated Plan Benefits

Accumulated plan benefits, see *Note 6*, are those estimated 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

(B) Present employees or their beneficiaries

Benefits under the Plan are based on employees' five consecutive highest compensation years. The accumulated plan benefits for active employees are based on their five consecutive highest compensation years preceding the valuation date. Benefits payable under all circumstances—retirement, death, disability and termination of employment—are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

Note 3: Certification of Plan Trustee

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

- Investments as shown in the statements of net assets available for benefits as of December 31, 2025 and 2024.
- Investment income as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2025 and 2024.
- Investment information included in the accompanying schedule of assets (held at end of year) as of December 31, 2025 and the accompanying schedule of reportable transactions for the year ended December 31, 2025.

The Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedules.

Note 4: Related-Party and Party-in-Interest Transactions

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

The Plan invests in certain funds of the Plan trustee. The Plan incurs expenses related to general administration and recordkeeping totaling $174,095 and $152,961 during the years ended December 31, 2025 and 2024, respectively. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of the investments, as these expenses are paid through revenue sharing, rather than a direct payment. Other expenses are paid by the Plan sponsor and are excluded from the financial statements of the Plan. These expenses include accounting fees related to the Plan.

Note 5: Disclosures About Fair Value of Plan Assets

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

Level 1 Quoted prices in active markets for identical assets or liabilities

Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities

Level 3 Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets or liabilities

Recurring Measurements

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024:

Cash & cash equivalents and equity-based funds of domestic, international, and fixed-income mutual funds: Valued at the closing price reported on the active market on which the individual securities are traded.

Debt securities including federal agency mortgage-backed securities, agency, US treasury, corporate, and municipal bonds: Certain obligations are valued at the closing price reported on the active market on which the individual securities are traded. Others are valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flow approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

The following table presents the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2025 and 2024:

	December 31, 2025			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 803,898	$ -	$ -	$ 803,898
Equity-based funds				
Domestic	17,884,844	-	-	17,884,844
International	2,725,835	-	-	2,725,835
Fixed income - mutual fund	325,840	-	-	325,840
Diversified taxable mutual funds	1,296,756	-	-	1,296,756
Debt securities				
Federal agency mortgage - backed securities	-	1,375,268	-	1,375,268
Agency bonds	-	340,012	-	340,012
Asset-backed	-	1,289,790	-	1,289,790
US Treasury bonds	-	6,686,188	-	6,686,188
Corporate bonds	-	14,509,428	-	14,509,428
Municipal bonds	-	623,148	-	623,148
	$ 23,037,173	$ 24,823,834	$ -	$ 47,861,007

	December 31, 2024			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 619,871	$ -	$ -	$ 619,871
Equity-based funds				
Domestic	15,937,315	-	-	15,937,315
International	2,121,474	-	-	2,121,474
Fixed income - mutual fund	300,832	-	-	300,832
Debt securities				
Federal agency mortgage - backed securities	-	1,468,573	-	1,468,573
Agency bonds	-	343,268	-	343,268
Asset-backed	-	329,635	-	329,635
US Treasury bonds	-	7,052,640	-	7,052,640
Corporate bonds	-	16,253,536	-	16,253,536
Municipal bonds	-	605,922	-	605,922
	$ 18,979,492	$ 26,053,574	$ -	$ 45,033,066

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the years ended December 31, 2025 and 2024. The Plan had no liabilities measured at fair value on a

recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

Investments

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

Note 6: Accumulated Plan Benefits

CBIZ Retirement Plan Services determines the actuarial present value of accumulated plan benefits as of December 31, 2025 and 2024, which is the 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 accumulated plan benefit information as of the end of each plan year was as follows:

	2025	2024
Actuarial Present Value of Accumulated Plan Benefits		
Vested benefits		
Participants current receiving payments	$ 18,556,977	$ 18,828,484
Other participants	9,892,672	9,340,716
Total vested benefits	28,449,649	28,169,200
Nonvested benefits	-	-
Total Actuarial Present Value of Accumulated Plan Benefits	$ 28,449,649	$ 28,169,200

Changes in the actuarial present value of accumulated plan benefits for the years ended December 31, 2025 and 2024 were as follows:

	2025	2024
Actuarial Present Value of Accumulated Plan Benefits, Beginning of Year	$ 28,169,200	$ 27,612,099
Increase (decrease) during the year attributable to		
Increase for interest due to the decrease in the discount period	1,632,883	1,595,699
Benefits accumulated and plan experience	584,765	854,666
Benefits paid	(1,937,199)	(1,893,264)
Actuarial Present Value of Accumulated Plan Benefits, End of Year	$ 28,449,649	$ 28,169,200

Significant assumptions underlying the actuarial computations are:

- Discount rate: 2025 – 5.40%; 2024 – 5.60%
- Assumed rate of return on investments: 2025 – 6.00%; 2024 - 6.00%
- Salary increases: 2025 – 4.00%; 2024 – 4.00%
- Mortality basis: MP – 2021 generational tables for employees and healthy annuitants, male and female for 2021 and 2020 generational tables for employees and healthy annuitants, male and female for 2020.
- Employee turnover: 2003 SOA pension Plan Turnover Study
- Retirement: Rates varying by age, as follows:

Age	Rate
55-61	5%
62-65	25%
66-67	50%
68+	100%

The foregoing actuarial assumptions are 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 present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2026 and

January 1, 2025. Had the valuations been performed as of December 31, 2025 and 2024, there would be no material differences.

Note 7: Plan Termination

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

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

a) Benefits attributable to employee contributions, taking into account those paid out before termination.

b) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority is limited to the lowest benefit that was payable (or would be payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.

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

d) All other vested benefits not insured by the PBGC.

e) All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

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 8: Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated June 28, 2017, stating that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code and therefore not subject to tax. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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 if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service (IRS). The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

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 statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption 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.

Note 10: Subsequent Events

Subsequent events have been evaluated through July 28, 2026, which is the date the financial statements were available to be issued.

Supplemental Schedules

First Federal Bank Retirement Plan

EIN 44-0246815 PN 001

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

December 31, 2025

Identity of Issuer	Description of Investment	Cost	Current Value
Cash and cash eqivalents			
Goldman Sachs	Financial Square Tr Government Institutional Class	$ 803,898	$ 803,898
		803,898	803,898
Equity-based funds, domestic			
Dodge & Cox	Dodge & Cox Stock Fund	613,605	1,580,560
Fidelity	Fidelity Large Cap Growth Index Fund	4,718,490	7,168,622
Fidelity	Fidelity Large Cap Value Index Fund	4,413,741	5,583,290
Fidelity	Fidelity Mid Cap Growth Index Fund	998,468	1,381,290
Fidelity	Fidelity Mid Cap Value Index Fund	1,253,028	1,457,482
Fidelity	Fidelity Small Cap Growth Index Fund	308,875	354,391
Fidelity	Fidelity Small Cap Value Index Fund	330,604	359,209
		12,636,811	17,884,844
Equity-based funds, international			
Fidelity	Fidelity International Index Fund	1,273,621	1,475,916
Fidelity	Fidelity Emerging Markets	551,592	633,819
MFS	MFS Research International Fund R6	337,857	616,100
		2,163,070	2,725,835
Federal Agency mortgage-backed securities			
Federal Home Loan Mortgage Corp	Gold Pool # C91858	94,796	88,485
Federal National Mortgage Association	Pool # AK7347	71,932	64,843
Federal National Mortgage Association	Pool # AQ6187	7,500	7,516
Federal National Mortgage Association	Pool # AL6499	17,920	17,660
Federal National Mortgage Association	Pool # MA2881	56,326	51,576
Federal National Mortgage Association	Pool # MA2900	185,033	166,432
Federal National Mortgage Association	Pool # MA2905	91,681	83,922
Federal National Mortgage Association	Pool # MA2935	176,581	158,930
Federal National Mortgage Assoc	REMIC Series 2020-45 Class CB	114,485	108,072
Federal Home Loan Mortgage Corp	REMIC Series 2022-5263 Class A	134,388	134,147
Government National Mortgage Assoc	REMIC Series 2022-34 Class Np	117,916	108,476
Government National Mortgage Assoc	REMIC Series 2022-34 Class Pn	105,052	97,721
Federal Home Loan Mortgage Corp	Umbs Pool #SD8226	174,200	182,164
Government National Mortgage Assoc	REMIC Series 2020-110 Class Mb	118,631	105,324
		1,466,441	1,375,268

Identity of Issuer	Description of Investment	Cost	Current Value
Agency bonds			
Tenn Valley Authority	Senior Unsecured Note	387,144	340,012
US Treasury bonds			
United States	United States Treasury Note	457,187	438,815
United States	United States Treasury Note	625,906	589,144
United States	United States Treasury Note	194,528	174,735
United States	United States Treasury Note	537,059	515,274
United States	United States Treasury Note	275,742	268,330
United States	United States Treasury Note	402,229	367,493
United States	United States Treasury Note	1,140,555	990,653
United States	United States Treasury Note	372,711	327,562
United States	United States Treasury Note	509,719	455,886
United States	United States Treasury Note	764,121	666,639
United States	United States Treasury Note	474,633	435,320
United States	United States Treasury Note	411,023	350,037
United States	United States Treasury Note	362,834	362,566
United States	United States Treasury Note	232,402	237,829
United States	United States Treasury Note	275,434	244,668
United States	United States Treasury Note	273,186	261,237
		7,309,269	6,686,188
Corporate bonds			
Royal Bank of Canada	Senior Unsecured Note	249,660	257,360
Goldman Sachs Group Inc	Senior Unsecured Note	140,000	155,946
Rtx Corporation	Senior Unsecured Note	193,192	186,618
General Motors Financial Co.	Senior Unsecured Note	99,902	97,990
Southwestern Public Service	Secured Note	253,334	234,523
Wells Fargo & Company	Subordinated Note	195,273	197,699
Anheuser-Busch Inbev Worldwide Inc	Senior Unsecured Note	128,116	119,147
Puget Sound Energy Inc	First Lien Note	219,050	216,763
Pub Svc New Hampshire	First Lien Note	248,298	231,293
Vodafone Group PLC	Senior Unsecured Note	174,270	167,545
Pepsico Inc	Senior Unsecured Note	249,840	220,190
Eli Lilly & Company	Senior Unsecured Note	249,843	228,410
Amgen Inc	Senior Unsecured Note	129,813	127,296
Principal Financial Group	Senior Unsecured Note	179,552	175,239
Meta Platforms Inc	Senior Unsecured Note	249,308	239,290
Travelers Cos Inc	Senior Unsecured Note	239,050	236,501
Reinsurance Group of America	Senior Unsecured Note	142,250	132,401
Avalonbay Communities	Senior Unsecured Note	168,535	174,043
Simon Property Group Inc	Senior Unsecured Note	190,458	176,408
Boardwalk Pipelines LP	Senior Unsecured Note	89,913	83,952
Jpmorgan Chase & Co	Senior Unsecured Note	196,426	180,480
Prologis LP	Senior Unsecured Note	209,297	211,919
Citigroup Inc	Senior Unsecured Note	150,000	137,409
Jpmorgan Chase & Co	Senior Unsecured Note	200,000	183,536
Alexandria Real Estate E	Senior Unsecured Note	99,696	85,628
GE Healthcare Technologies Inc	Senior Unsecured Note	149,822	153,324
Estee Lauder Co Inc	Senior Unsecured Note	259,191	263,892
Borgwarner Inc	Senior Unsecured Note	139,254	144,367
Hewlett Packard Enterprise Co	Senior Unsecured Note	135,507	138,769
Ventas Realty LP	Senior Unsecured Note	149,471	150,185
Morgan Stanley	Senior Unsecured Note	230,000	239,080
Enterprise Products Operating LLC	Senior Unsecured Note	258,440	263,026
Precision Castparts Corp	Senior Unsecured Note	183,744	155,832
Aon PLC	Senior Unsecured Note	127,673	129,048
Abbvie Inc	Senior Unsecured Note	249,655	247,055

Identity of Issuer	Description of Investment	Cost	Current Value
Corporate bonds, cont.			
Alleghany Corp	Senior Unsecured Note	239,513	227,540
American Financial Group	Senior Unsecured Note	127,777	129,884
Puget Sound Energy Inc	First Lien Note	189,782	180,065
Valero Energy Corp	Senior Unsecured Note	158,836	159,208
Danaher Corp	Senior Unsecured Note	254,218	245,708
Mplx LP	Senior Unsecured Note	161,288	157,650
Public Storage Operating Co	Senior Unsecured Note	217,321	203,057
Consolidated Edison Co of NY	Senior Unsecured Note	199,730	200,039
Comcast Corp	Senior Unsecured Note	168,642	165,500
Transcanada Pipelines	Senior Unsecured Yankee Note	150,406	148,245
Bank of America Corp	Senior Unsecured Note	190,130	151,788
Baker Hughes Holdings LLC	Senior Note	213,493	228,519
Ecolab Inc	Senior Unsecured Note	237,843	229,901
Alabama Power Co	Senior Unsecured Note	85,129	85,448
Canadian Pacific Rr Co	Senior Unsecured Note	122,315	118,973
Union Pacific Corp	Senior Unsecured Note	99,870	78,642
Kinder Morgan Energy Partners	Senior Unsecured Note	131,554	132,868
Thomas Jefferson University	Secured Note	200,000	149,614
Loews Corp	Senior Unsecured Note	195,087	148,880
PPL Electric Utilities	Secured Note	234,486	237,674
Peco Energy Company	First Lien Note	236,342	252,490
One Gas Inc	Senior Unsecured Note	228,463	248,595
Prudential Financial Inc	Senior Unsecured Note	235,404	250,018
Everest Reinsurance Holdings	Senior Unsecured Note	138,287	146,136
AT&T Inc	Senior Unsecured Note	111,513	87,932
Laclede Group Inc	Senior Unsecured Note	111,040	85,656
Metlife Inc	Senior Unsecured Note	239,124	247,712
Progressive Corp	Senior Unsecured Note	209,040	204,144
Apple Inc	Senior Unsecured Note	243,729	240,697
Ww Grainger Inc	Senior Unsecured Note	231,989	239,173
Snap-on Inc	Senior Unsecured Note	238,140	229,342
Indiana Michigan Power	Senior Unsecured Note	206,601	198,056
Comcast Corp	Senior Unsecured Note	258,613	229,251
AFLAC Inc	Senior Unsecured Note	200,614	189,477
Louisville Gas & Electric	First Lien Note	205,478	196,044
Oncor Electric Delivery	First Lien Note	181,204	172,510
Shell International Finance	Senior Unsecured Note	194,836	134,288
Paypal Holdings Inc	Senior Unsecured Note	238,181	234,648
Cummins Inc	Senior Unsecured Note	181,257	126,895
Berkshire Hathaway Finance	Senior Unsecured Note	240,766	237,995
Salesforce.Com Inc	Senior Unsecured Note	190,632	126,566
Canadian National Railway	Senior Unsecured Note	241,307	236,429
Burlington North Santa Fe	Senior Unsecured Note	243,383	231,883
Lockheed Martin Corp	Senior Unsecured Note	238,028	242,124
		15,149,224	14,509,428

Identity of Issuer	Description of Investment	Cost	Current Value
Fixed income - mutual funds			
Fidelity	Fidelity New Markets Income Fund Z	150,000	163,918
Pimco	Pimco Emerging Markets Bond Fund Ins	150,000	161,922
		300,000	325,840
Municipal Bonds			
FL Development Finance Corporation	Healthcare Facilities Revenue Uf Jacksonville Proj Ser B1	215,000	197,480
Harris County TX	Cultural Education Facilities Finance Corp Revenue Taxable Texas Medical Center	165,000	151,124
Metropolitan Washington DC Arpt Auth	Dulles Toll Road Reve Taxable ref Metrorail &I Capital Impt Proj S1 B	200,000	164,106
NM State Mortgage Finance	Authority Taxable Mbs Pass Through Program Class I GNMA Insured	126,674	110,438
		706,674	623,148
Diversified Taxable Mutual Funds			
Cohen & Steers	Preferred Securities & Income Fund F	650,000	662,076
iShares Trust	iShares Preferred and Income Securities ETF	650,084	634,680
		1,300,084	1,296,756
Asset Backed Securities			
Janus Henderson	AAA Clo ETF	1,298,149	1,289,790
		1,298,149	1,289,790
Totals		$ 43,520,764	$ 47,861,007

First Federal Bank Retirement Plan

EIN 44-0246815 PN 001

Schedule H, Line 4j – Schedule of Reportable Transactions**

Year Ended December 31, 2025

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Net Loss)
		Individual Transactions*				
		Series Transactions*				
Commerce Trust Company	Financial Square Tr Government (143)	$ 4,302,636	$ -	$ 4,302,636	$ 4,302,636	$ -
Commerce Trust Company	Financial Square Tr Government (37)	-	4,118,609	4,118,609	4,118,609	-

*Transactions or series of transactions in excess of 5 percent of the current value of the Plan's assets as of the beginning of the Plan year as defined in 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

**Schedule was prepared using information certified as complete and accurate by Commerce Trust Company.

2025 SCHEDULE SB, LINE 26 – SCHEDULE OF ACTIVE PARTICIPANT DATA

Name of Plan: **First Federal Bank Retirement Plan**
EIN/PN: **44-0246815 / 001**

	Years of credited 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 & up	Total
Attained Age	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	2	0	0	0	0	0	0	0	2
30 to 34	0	0	5	0	0	0	0	0	0	0	5
35 to 39	0	0	6	2	1	0	0	0	0	0	9
40 to 44	0	0	1	3	1	0	0	0	0	0	5
45 to 49	0	0	1	1	0	1	0	0	0	0	3
50 to 54	0	0	4	1	1	2	1	0	0	0	9
55 to 59	0	0	1	2	0	2	0	0	0	0	5
60 to 64	0	0	2	0	4	0	1	1	1	1	10
65 to 69	0	0	0	0	0	0	0	0	0	0	0
70 & up	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	22	9	7	5	2	1	1	1	48

2025 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
First Federal Bank Retirement Plan
EIN/PN: 44-0246815 / 001

ACTUARIAL ASSUMPTIONS

a. Economic Assumptions

(i)	Funding Interest Rates	The Plan Sponsor has elected to use segment rates with a 2 month lookback. For 2025 funding results, the November 2024 Segment Rates (5.03%, 5.28%, 5.36%), but for minimum funding purposes not less than ARPA Segment Rates (based on 95% of 25-year averages = 5.03%, 5.28%, 5.50%), effective rate of 5.35%.
(ii)	Long-term Rate of Return	6.00% per year
(iii)	Salary Increases	4.00% per year
(iv)	Administrative Expenses	$50,000 for 2025; reflected in the plan's normal cost for funding purposes

b. Demographic Assumptions

(i)	Mortality – Healthy & Disabled	For 2025 funding purposes, the 2025 Generational Annuitant/Non-Annuitant Mortality Tables as prescribed by the IRS.
(ii)	Termination of Employment	Small Plan Age Table from the 2003 Society of Actuaries Pension Plan Turnover Study. See table of sample rates.
(iii)	Disability	None assumed.
(iv)	Retirement	Rates varying by age, as follows:

Age	Rate
55 – 61	5%
62 – 65	25%
66 – 67	50%
68+	100%

(v)	Marital Status	For valuing death benefits, 100% of Participants are assumed to be married with males 3 years older than their female spouses.

(vi) Form and Timing of Payment

At retirement active and terminated vested participants are assumed to elect the following forms of payment: 25% elect a ten-year certain and life annuity form; 25% elect a single life annuity form; and 50% elect a joint and 67% survivor annuity form (based on a weighted average of the joint and survivor forms).

Future terminated vested participants are assumed to commence payments at age 55 if they had at least 15 years of service at termination; otherwise, they are assumed to commence payments at age 65. Current terminated participants are assumed to commence payments at age 65.

(vii) Sample Rates:

Age	Termination Rates
25	19.50%
30	15.50%
35	12.10%
40	9.40%
45	7.30%
50	5.60%
55	4.20%

2025 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
First Federal Bank Retirement Plan
EIN/PN: 44-0246815 / 001

ACTUARIAL METHODS

a. Funding Cost Method

The actuarial cost method is the Unit Credit cost method.

On the initial valuation date, the benefit accrued to date and the anticipated benefit accrual during the plan year immediately following the initial valuation date are determined for each participant.

The present values of these benefit are then calculated. The sum of the present values of all benefits accruing during the plan year immediately following the valuation date is the normal cost for the initial plan year. The sum of the present values of all benefits accrued prior to the valuation date, less the plan assets, is the initial unfunded actuarial accrued liability.

In subsequent years, the normal cost and unfunded actuarial accrued liability are recalculated on the basis described above. Experience gains and losses (changes in the unfunded actuarial accrued liability which result from causes other than contributions by the plan sponsor and the accrual of interest and additional normal costs) are directly calculated under this cost method. Adjustments to the unfunded actuarial accrued liability can occur, for example, as a result of plan amendments or assumption changes; such adjustments are determined by computing the change in the initial unfunded actuarial accrued liability.

b. Asset Valuation Method

For funding purposes, the actuarial value of assets is equal to a smoothed market value described below. Accrued contributions are discounted back to the valuation date at the prior year's effective interest rate.

The smoothed market value will be the market value of assets adjusted by the applicable percentage of the gain or loss calculated in each year during the smoothing period. The gain or loss is the difference between the current year's market value, and prior year's market value brought forward with contributions, benefit payments, and administrative expenses, all adjusted at the expected interest rate to the valuation date. The expected interest rate for each year is the lesser of the expected rate of return and the third segment rate. The applicable percentage is 66-2/3% for the year preceding the valuation date and 33-1/3% for the second year preceding the valuation date. The actuarial value of assets will be adjusted to be no greater than 110% and no less than 90% of the current (market) value of assets.

c. Valuation Procedures

No actuarial liability is accrued for non-vested terminated employees, even if a break in service had not occurred as of the actuarial valuation date. An actuarial liability is accrued for all other terminated employees, even if a claim for benefits has not been made.

First Federal Bank Retirement Plan

EIN 44-0246815 PN 001

Schedule H, Line 4j – Schedule of Reportable Transactions**

Year Ended December 31, 2025

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Net Loss)
		Individual Transactions*				
		Series Transactions*				
Commerce Trust Company	Financial Square Tr Government (143)	$ 4,302,636	$ -	$ 4,302,636	$ 4,302,636	$ -
Commerce Trust Company	Financial Square Tr Government (37)	-	4,118,609	4,118,609	4,118,609	-

*Transactions or series of transactions in excess of 5 percent of the current value of the Plan's assets as of the beginning of the Plan year as defined in 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

**Schedule was prepared using information certified as complete and accurate by Commerce Trust Company.

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 FEDERAL BANK RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
44-0246815

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	45,342,110
b Actuarial value	**2b**	44,312,677

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	82	19,762,456	19,762,456
b For terminated vested participants	41	3,742,701	3,742,701
c For active participants	48	6,401,192	6,401,192
d Total	171	29,906,349	29,906,349

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**	5.35%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	509,381
b Expected plan-related expenses	**6b**	50,000
c Target normal cost	**6c**	559,381

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 Tricia Meysenburg TPM
Signature of actuary

4/24/2026
Date

TRICIA MEYSENBURG, FSA
Type or print name of actuary

2607325
Most recent enrollment number

CBIZ
Firm name

913-345-0500
Telephone number (including area code)

6900 COLLEGE BLVD, STE 300
OVERLAND PARK KS 66211
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	12,589,117
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	12,589,117
10	Interest on line 9 using prior year's actual return of 5.92 %	0	745,276
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.14 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	13,334,393

Part III Funding Percentages

14	Funding target attainment percentage	14	103.58 %
15	Adjusted funding target attainment percentage	15	148.17 %
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	114.01 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.03 %	5.28 %	5.50%	

b Applicable month (enter code)	**21b**	2
22 Weighted average retirement age	**22**	62

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**	559,381
b Excess assets, if applicable, but not greater than line 31a	**31b**	559,381

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

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

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

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

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

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

2025 SCHEDULE SB, LINE 22 – DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

Name of Plan: **First Federal Bank Retirement Plan**
EIN/PN: **44-0246815 / 001**

Age	Retirement Rate	Count Remaining	Count Retired	Age x Retired
55	5%	10,000	500	27,500
56	5%	9,500	475	26,600
57	5%	9,025	451	25,721
58	5%	8,574	429	24,864
59	5%	8,145	407	24,028
60	5%	7,738	387	23,213
61	5%	7,351	368	22,420
62	25%	6,983	1,746	108,242
63	25%	5,238	1,309	82,491
64	25%	3,928	982	62,850
65	25%	2,946	737	47,874
66	50%	2,210	1,105	72,916
67	50%	1,105	552	37,011
68	100%	552	552	37,563
		Total:	10,000	623,294

Weighted Average Retirement Age	62.33
Rounded to Nearest Integer	62

2025 Schedule SB, Part V – Summary of Plan Provisions
First Federal Bank Retirement Plan
EIN/PN: 44-0246815 / 001

The following is a summary of the major plan provisions used to determine the plan's financial position as of January 1, 2025. It should not be relied upon for determining individual plan benefits.

Effective Date
The Plan was originally effective January 1, 1956. It was most recently restated effective October 1, 2015, and most recently amended December 31, 2019.

Status of Plan
The plan is closed to new hires after January 1, 2020, but has ongoing benefit accruals for current members.

Eligibility
With the exceptions provided below, effective January 1, 2018, employees of First Federal Bank are eligible to participate in the Plan on the January 1 or July 1 after the completion of 1,000 hours of service in a 12-month period.

Employees hired or rehired on or after August 25, 2011 as either a Mortgage Loan Consultant or a Mortgage Loan Originator are not eligible for the Plan. Employees who were employed by Inter-State Federal Savings and Loan Association of Kansas City ("Inter-State") immediately prior to the merger of Inter-State and First Federal Bank on May 1, 2016 are not eligible for the Plan. Employees hired after January 1, 2020 are not eligible for the Plan.

Vesting Service
A year of Vesting Service is given for each plan year of employment in which an employee has completed at least 1,000 hours of service. For the short plan year from October 1, 2017 to December 31, 2017, an employee was given one year of Vesting Service for working at least 1,000 hours during the period October 1, 2017 through September 30, 2018. For the short plan year from January 1, 1989 through September 30, 1989, an employee was given one year of Vesting Service for working at least 1,000 hours during the period January 1, 1989 through December 31, 1989. No credit is granted for periods the employee elected not to contribute to the Plan prior to January 1, 1989. Prior to January 1, 1976, Vesting Service is based on continuous service (i.e. uninterrupted service as a member) rounded up to the next full year.

Credited Service
Credited Service is the same as Vesting Service, except for the short plan year from October 1, 2017 to December 31, 2017, an employee was given 0.25 of a year of Credited Service if he has at least 1 hour of service during the short plan year. In addition, Credited Service excludes any period of employment for which a lump sum settlement was made (and not repaid).

Earnings
Earnings are determined as the total cash compensation from the employer as shown on the W-2, plus elective contributions under Section 125, 132(f)(4), 401(k) or 402(h), but excluding forms of extraordinary earnings (including bonuses, gain-sharing awards or distributions, any type of performance awards, etc.).

2025 Schedule SB, Part V – Summary of Plan Provisions
First Federal Bank Retirement Plan
EIN/PN: 44-0246815 / 001

Average Monthly Earnings

Average Monthly Earnings is the average of a member's Monthly Earnings during any of the highest 5 consecutive Plan Years ending prior to retirement or termination of employment.

Monthly Pension Benefit

The monthly pension benefit for a contributing member (i.e. employees who made voluntary contributions to the Plan prior to January 1, 1989) is equal to the greater of (a) or (b):

(a) 1.5% of Average Monthly Earnings as of December 31, 1988 (or Covered Compensation if less) plus 2.0% of Average Monthly Earnings as of December 31, 1988 in excess of Covered Compensation with the result multiplied by years of Credited Service as of December 31, 1988. (Covered Compensation is a fixed amount defined by the plan based on Year of Birth.)

(b) 1.9% of Average Monthly Earnings multiplied by years of Credited Service as of September 30, 2010, plus 1.3% of Average Monthly Earnings multiplied by years of Credited Service earned after September 30, 2010.

The monthly pension benefit for a non-contributing member (i.e., employees who did not make voluntary contributions to the Plan prior to January 1, 1989, or became a member after January 1, 1989) is equal to (c):

(c) 0.95% of Average Monthly Earnings multiplied by years of Credited Service for the period January 1, 1989 through September 30, 1990, plus 1.9% of Average Monthly Earnings multiplied by years of Credited Service for the period October 1, 1990 through September 30, 2010, plus 1.3% of Average Monthly Earnings multiplied by years of Credited Service earned after September 30, 2010.

In no event shall a member's Monthly Pension Benefit be less than his Accrued Pension, determined as the accumulated value of the member's mandatory contributions with interest, converted to a monthly benefit.

Normal Retirement

The Normal Retirement Date is the first of the month coinciding with or next following the attainment of age 65 and the fifth anniversary of the member's Plan participation date. The Monthly Pension Benefit is determined as of the Normal Retirement Date.

Early Retirement

An active member may retire early on or after attaining age 55 and completing 15 years of Vesting Service. A terminated vested member may retire after attaining age 55 if he had completed at least 15 years of Vesting Service at termination. The Monthly Pension Benefit is determined as of that early retirement date with payments commencing at age 65. The member may choose to commence payments earlier, with such monthly benefit reduced by 1/180 for each of the first 60 months and 1/360 for each of the next 60 months by which Early Retirement Date precedes Normal Retirement Date.

Postponed Retirement

A member may postpone retirement beyond his normal retirement date. The Monthly Pension Benefit at the Late Retirement Date is the greater of the benefit determined as of the Late Retirement Date, or the Actuarial Equivalent of the benefit determined as of the Normal Retirement Date.

Vested Benefit

A member who terminates employment for any reason other than retirement, death, or disability, and after completing five years of Vesting Service, is entitled to a Monthly Pension Benefit determined as of the date of termination deferred to normal retirement age.

Special Early Retirement Window

The plan was amended in April 2019 to provide enhanced pension benefits to certain eligible employees who elected to retire in a limited window. Eligible employees were any active employees who would have attained age 60 prior to September 15, 2019. If an eligible employee elected to retire in the limited window between April 24, 2019 and June 10, 2019, they would receive their full accrued pension benefit at retirement, without any reduction for early retirement.

Pre-Retirement Death Benefit

If a member dies prior to commencing payments under the Plan, the death benefit payable to the spouse or beneficiary is the larger of (a), (b), (c), or (d):

(a) Actuarial Equivalent of 100 times the Monthly Pension Benefit payable at normal retirement date, limited to $100,000;

(b) Actuarial Equivalent of 100 times the projected monthly pension on December 31, 1982 under the prior plan;

(c) Actuarial Equivalent of the balance of the member's contribution account on date of death; and

(d) Actuarial Equivalent of 1/2 of the 50% joint-and-survivor benefit that the member would have been entitled to on the earliest date the member could have retired.

A surviving spouse may elect to receive the death benefit as a single life annuity or in 60 equal monthly payments. A non-spouse beneficiary will receive the death benefit as 60 equal monthly payments.

Disability Benefit

If a member becomes totally and permanently disabled, and is not receiving benefits from a long-term disability program provided by the employer, monthly benefits may commence. The benefit payable at the disability retirement date is equal to the Monthly Pension Benefit reduced 1/180th for each of the first 60 months, 1/360th for each of the next 60 months, and actuarially thereafter for each month by which the disability retirement date is prior to the member’s Normal Retirement Date.

If a member becomes totally and permanently disabled, and is receiving benefits from a long-term disability program provided by the employer, monthly benefits may not commence but the member will continue to earn Vesting and Credited Service from the plan.

2025 Schedule SB, Part V – Summary of Plan Provisions
First Federal Bank Retirement Plan
EIN/PN: 44-0246815 / 001

Forms of Payment

The normal form of the Monthly Pension Benefit is a monthly lifetime annuity with 120 payments guaranteed. If a member is married, the automatic form of payment is an actuarially equivalent 50% joint-and-survivor annuity. If a member is single, the automatic form of payment is the normal form. Other optional forms may be elected, determined as the actuarial equivalent of the normal form, as follows:

(a) Monthly lifetime annuity
(b) Monthly lifetime annuity with 60 or 180 payments guaranteed
(c) Monthly lifetime annuity with 100%, 75%, 66-2/3%, or 50% continued to the spouse
(d) Either 60 or 180 monthly payments only (no lifetime guarantee)
(e) Lump sum up to $50,000

The actuarial equivalent value is determined using 8.5% per year and the UP84 Mortality Table with ages set back two years. However, in the case of option (d) or (e), the benefit will not be less than the actuarial equivalent value using assumptions provided in Section 417(e) of the Internal Revenue Code.

Limitations

No benefit for any calendar year may exceed the maximum limitation for that year as defined in Internal Revenue Code Section 415. Compensation in any calendar year is limited by Internal Revenue Code Section 401(a)(17). The plan provides for increasing both dollar limits automatically as such changes become effective.

Contributions

Effective October 1, 1990, no contributions to the Plan by members are required or permitted. Employee contributions made prior to October 1, 1990 currently earn interest each year at 120% of the Federal mid-term rate.

Changes in Plan Provisions since the Prior Valuation

No plan changes have been reflected since the prior valuation as of January 1, 2024.

First Federal Bank Retirement Plan

EIN 44-0246815 PN 001

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

December 31, 2025

Identity of Issuer	Description of Investment	Cost	Current Value
Cash and cash eqivalents			
Goldman Sachs	Financial Square Tr Government Institutional Class	$ 803,898	$ 803,898
		803,898	803,898
Equity-based funds, domestic			
Dodge & Cox	Dodge & Cox Stock Fund	613,605	1,580,560
Fidelity	Fidelity Large Cap Growth Index Fund	4,718,490	7,168,622
Fidelity	Fidelity Large Cap Value Index Fund	4,413,741	5,583,290
Fidelity	Fidelity Mid Cap Growth Index Fund	998,468	1,381,290
Fidelity	Fidelity Mid Cap Value Index Fund	1,253,028	1,457,482
Fidelity	Fidelity Small Cap Growth Index Fund	308,875	354,391
Fidelity	Fidelity Small Cap Value Index Fund	330,604	359,209
		12,636,811	17,884,844
Equity-based funds, international			
Fidelity	Fidelity International Index Fund	1,273,621	1,475,916
Fidelity	Fidelity Emerging Markets	551,592	633,819
MFS	MFS Research International Fund R6	337,857	616,100
		2,163,070	2,725,835
Federal Agency mortgage-backed securities			
Federal Home Loan Mortgage Corp	Gold Pool # C91858	94,796	88,485
Federal National Mortgage Association	Pool # AK7347	71,932	64,843
Federal National Mortgage Association	Pool # AQ6187	7,500	7,516
Federal National Mortgage Association	Pool # AL6499	17,920	17,660
Federal National Mortgage Association	Pool # MA2881	56,326	51,576
Federal National Mortgage Association	Pool # MA2900	185,033	166,432
Federal National Mortgage Association	Pool # MA2905	91,681	83,922
Federal National Mortgage Association	Pool # MA2935	176,581	158,930
Federal National Mortgage Assoc	REMIC Series 2020-45 Class CB	114,485	108,072
Federal Home Loan Mortgage Corp	REMIC Series 2022-5263 Class A	134,388	134,147
Government National Mortgage Assoc	REMIC Series 2022-34 Class Np	117,916	108,476
Government National Mortgage Assoc	REMIC Series 2022-34 Class Pn	105,052	97,721
Federal Home Loan Mortgage Corp	Umbs Pool #SD8226	174,200	182,164
Government National Mortgage Assoc	REMIC Series 2020-110 Class Mb	118,631	105,324
		1,466,441	1,375,268

Identity of Issuer	Description of Investment	Cost	Current Value
Agency bonds			
Tenn Valley Authority	Senior Unsecured Note	387,144	340,012
US Treasury bonds			
United States	United States Treasury Note	457,187	438,815
United States	United States Treasury Note	625,906	589,144
United States	United States Treasury Note	194,528	174,735
United States	United States Treasury Note	537,059	515,274
United States	United States Treasury Note	275,742	268,330
United States	United States Treasury Note	402,229	367,493
United States	United States Treasury Note	1,140,555	990,653
United States	United States Treasury Note	372,711	327,562
United States	United States Treasury Note	509,719	455,886
United States	United States Treasury Note	764,121	666,639
United States	United States Treasury Note	474,633	435,320
United States	United States Treasury Note	411,023	350,037
United States	United States Treasury Note	362,834	362,566
United States	United States Treasury Note	232,402	237,829
United States	United States Treasury Note	275,434	244,668
United States	United States Treasury Note	273,186	261,237
		7,309,269	6,686,188
Corporate bonds			
Royal Bank of Canada	Senior Unsecured Note	249,660	257,360
Goldman Sachs Group Inc	Senior Unsecured Note	140,000	155,946
Rtx Corporation	Senior Unsecured Note	193,192	186,618
General Motors Financial Co.	Senior Unsecured Note	99,902	97,990
Southwestern Public Service	Secured Note	253,334	234,523
Wells Fargo & Company	Subordinated Note	195,273	197,699
Anheuser-Busch Inbev Worldwide Inc	Senior Unsecured Note	128,116	119,147
Puget Sound Energy Inc	First Lien Note	219,050	216,763
Pub Svc New Hampshire	First Lien Note	248,298	231,293
Vodafone Group PLC	Senior Unsecured Note	174,270	167,545
Pepsico Inc	Senior Unsecured Note	249,840	220,190
Eli Lilly & Company	Senior Unsecured Note	249,843	228,410
Amgen Inc	Senior Unsecured Note	129,813	127,296
Principal Financial Group	Senior Unsecured Note	179,552	175,239
Meta Platforms Inc	Senior Unsecured Note	249,308	239,290
Travelers Cos Inc	Senior Unsecured Note	239,050	236,501
Reinsurance Group of America	Senior Unsecured Note	142,250	132,401
Avalonbay Communities	Senior Unsecured Note	168,535	174,043
Simon Property Group Inc	Senior Unsecured Note	190,458	176,408
Boardwalk Pipelines LP	Senior Unsecured Note	89,913	83,952
Jpmorgan Chase & Co	Senior Unsecured Note	196,426	180,480
Prologis LP	Senior Unsecured Note	209,297	211,919
Citigroup Inc	Senior Unsecured Note	150,000	137,409
Jpmorgan Chase & Co	Senior Unsecured Note	200,000	183,536
Alexandria Real Estate E	Senior Unsecured Note	99,696	85,628
GE Healthcare Technologies Inc	Senior Unsecured Note	149,822	153,324
Estee Lauder Co Inc	Senior Unsecured Note	259,191	263,892
Borgwarner Inc	Senior Unsecured Note	139,254	144,367
Hewlett Packard Enterprise Co	Senior Unsecured Note	135,507	138,769
Ventas Realty LP	Senior Unsecured Note	149,471	150,185
Morgan Stanley	Senior Unsecured Note	230,000	239,080
Enterprise Products Operating LLC	Senior Unsecured Note	258,440	263,026
Precision Castparts Corp	Senior Unsecured Note	183,744	155,832
Aon PLC	Senior Unsecured Note	127,673	129,048
Abbvie Inc	Senior Unsecured Note	249,655	247,055

Identity of Issuer	Description of Investment	Cost	Current Value
Corporate bonds, cont.			
Alleghany Corp	Senior Unsecured Note	239,513	227,540
American Financial Group	Senior Unsecured Note	127,777	129,884
Puget Sound Energy Inc	First Lien Note	189,782	180,065
Valero Energy Corp	Senior Unsecured Note	158,836	159,208
Danaher Corp	Senior Unsecured Note	254,218	245,708
Mplx LP	Senior Unsecured Note	161,288	157,650
Public Storage Operating Co	Senior Unsecured Note	217,321	203,057
Consolidated Edison Co of NY	Senior Unsecured Note	199,730	200,039
Comcast Corp	Senior Unsecured Note	168,642	165,500
Transcanada Pipelines	Senior Unsecured Yankee Note	150,406	148,245
Bank of America Corp	Senior Unsecured Note	190,130	151,788
Baker Hughes Holdings LLC	Senior Note	213,493	228,519
Ecolab Inc	Senior Unsecured Note	237,843	229,901
Alabama Power Co	Senior Unsecured Note	85,129	85,448
Canadian Pacific Rr Co	Senior Unsecured Note	122,315	118,973
Union Pacific Corp	Senior Unsecured Note	99,870	78,642
Kinder Morgan Energy Partners	Senior Unsecured Note	131,554	132,868
Thomas Jefferson University	Secured Note	200,000	149,614
Loews Corp	Senior Unsecured Note	195,087	148,880
PPL Electric Utilities	Secured Note	234,486	237,674
Peco Energy Company	First Lien Note	236,342	252,490
One Gas Inc	Senior Unsecured Note	228,463	248,595
Prudential Financial Inc	Senior Unsecured Note	235,404	250,018
Everest Reinsurance Holdings	Senior Unsecured Note	138,287	146,136
AT&T Inc	Senior Unsecured Note	111,513	87,932
Laclede Group Inc	Senior Unsecured Note	111,040	85,656
Metlife Inc	Senior Unsecured Note	239,124	247,712
Progressive Corp	Senior Unsecured Note	209,040	204,144
Apple Inc	Senior Unsecured Note	243,729	240,697
Ww Grainger Inc	Senior Unsecured Note	231,989	239,173
Snap-on Inc	Senior Unsecured Note	238,140	229,342
Indiana Michigan Power	Senior Unsecured Note	206,601	198,056
Comcast Corp	Senior Unsecured Note	258,613	229,251
AFLAC Inc	Senior Unsecured Note	200,614	189,477
Louisville Gas & Electric	First Lien Note	205,478	196,044
Oncor Electric Delivery	First Lien Note	181,204	172,510
Shell International Finance	Senior Unsecured Note	194,836	134,288
Paypal Holdings Inc	Senior Unsecured Note	238,181	234,648
Cummins Inc	Senior Unsecured Note	181,257	126,895
Berkshire Hathaway Finance	Senior Unsecured Note	240,766	237,995
Salesforce.Com Inc	Senior Unsecured Note	190,632	126,566
Canadian National Railway	Senior Unsecured Note	241,307	236,429
Burlington North Santa Fe	Senior Unsecured Note	243,383	231,883
Lockheed Martin Corp	Senior Unsecured Note	238,028	242,124
		15,149,224	14,509,428

Identity of Issuer	Description of Investment	Cost	Current Value
Fixed income - mutual funds			
Fidelity	Fidelity New Markets Income Fund Z	150,000	163,918
Pimco	Pimco Emerging Markets Bond Fund Ins	150,000	161,922
		300,000	325,840
Municipal Bonds			
FL Development Finance Corporation	Healthcare Facilities Revenue Uf Jacksonville Proj Ser B1	215,000	197,480
Harris County TX	Cultural Education Facilities Finance Corp Revenue Taxable Texas Medical Center	165,000	151,124
Metropolitan Washington DC Arpt Auth	Dulles Toll Road Reve Taxable ref Metrorail &I Capital Impt Proj S1 B	200,000	164,106
NM State Mortgage Finance	Authority Taxable Mbs Pass Through Program Class I GNMA Insured	126,674	110,438
		706,674	623,148
Diversified Taxable Mutual Funds			
Cohen & Steers	Preferred Securities & Income Fund F	650,000	662,076
iShares Trust	iShares Preferred and Income Securities ETF	650,084	634,680
		1,300,084	1,296,756
Asset Backed Securities			
Janus Henderson	AAA Clo ETF	1,298,149	1,289,790
		1,298,149	1,289,790
Totals		$ 43,520,764	$ 47,861,007

2025 Schedule SB, Line 24 – Change in Actuarial Assumptions
First Federal Bank Retirement Plan
EIN/PN: 44-0246815 / 001

The following non-prescribed assumptions were changed for the January 1, 2022 funding valuation:

- The administrative expense assumption was updated from $60,000 to $50,000 to better reflect future expectations.