Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.**

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: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)

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 Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] DFVC program
[ ] special extension (enter description)

D If the plan is a collectively-bargained plan, check here ▶ [ ]

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
DEFINED BENEFIT PLAN FOR FORMER EMPLOYEES OF INTER-STATE FEDERAL SAVINGS AND LOAN ASSOCIATION OF KANSAS CITY

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 07/01/2017

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 Sponsor's telephone number 816-241-7800

2d Business code (see instructions) 522120

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.
a Sponsor's name
c Plan Name

4b EIN

4d PN

5a Total number of participants at the beginning of the plan year	**5a**	41
b Total number of participants at the end of the plan year	**5b**	40
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**5c(1)**	
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**5c(2)**	
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	5
d(2) Total number of active participants at the end of the plan year	**5d(2)**	3
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) [X] Yes [ ] No

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 572515. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	21487127	22446913
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	21487127	22446913
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)	0	
(2) Participants	8a(2)	6991	
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	2134425	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		2141416
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1109166	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g	72464	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1181630
i Net income (loss) (subtract line 8h from line 8c)	8i		959786
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristic Codes

9a 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:

Part V Compliance Questions

10 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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		5000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. [X] Yes [ ] No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | **11a** | 0

b **PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than $0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. [ ] Yes [X] No

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	**12b**	
c Enter the amount contributed by the employer to the plan for this plan year	**12c**	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	**12d**	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		[ ] Yes [ ] No [ ] N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?		[ ] Yes [X] No
a If "Yes," enter the amount of any plan assets that reverted to the employer this year	**13a**	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		[ ] Yes [X] No

c 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.)

13c(1) Name of plan(s):	**13c(2)** EIN(s)	**13c(3)** PN(s)

Part VIII IRS Compliance Questions

14a 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 [X] No

14b 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
- [X] N/A

15 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_____.

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

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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
DEFINED BENEFIT PLAN FOR FORMER EMPLOYEES OF INTER-STATE FEDERAL SAVINGS AND LOAN ASSOCIATION OF KANSAS CITY

B Three-digit plan number (PN) ▶ 003

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**	21487127
b Actuarial value	**2b**	21487127

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	27	12824882	12824882
b For terminated vested participants	9	1141694	1141694
c For active participants	5	2407122	2407122
d Total	41	16373698	16373698

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**	5.32 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	69014
b Expected plan-related expenses	**6b**	18000
c Target normal cost	**6c**	87014

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 — Date: 04/23/2026

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	0
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	0
10	Interest on line 9 using prior year's actual return of 4.70 %	0	0
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 5.08 %		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	0

Part III Funding Percentages

14	Funding target attainment percentage	14	131.22 %
15	Adjusted funding target attainment percentage	15	131.22 %
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	128.87 %
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
01/24/2025	0	679	07/25/2025	0	569
02/24/2025	0	624	08/21/2025	0	569
03/20/2025	0	569	09/18/2025	0	569
04/17/2025	0	569	10/29/2025	0	569
05/29/2025	0	569	11/28/2025	0	568
06/27/2025	0	569	12/24/2025	0	568
			Totals ► 18(b)	0	18(c) 6991

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:

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

b Applicable month (enter code)	**21b**	2
22 Weighted average retirement age	**22**	56

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**	87014
b Excess assets, if applicable, but not greater than line 31a	**31b**	87014

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 26 – SCHEDULE OF ACTIVE PARTICIPANT DATA

Name of Plan: **Defined Benefit Plan for Former Employees of Inter-State Federal Savings and Loan Association of Kanas City**

EIN/PN: **44-0246815 / 003**

	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	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0	0	0	0	0	0
50 to 54	0	0	0	0	1	0	0	0	0	0	1
55 to 59	0	0	0	0	0	0	0	1	0	0	1
60 to 64	0	0	0	0	0	0	0	0	2	1	3
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	0	0	1	0	0	1	2	1	5

2025 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Defined Benefit Plan for Former Employees of Inter-State Federal Savings and Loan Association of Kansas City
EIN/PN: 44-0246815 / 003

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 5.32%.
(ii)	Long-term Rate of Return	Not applicable
(iii)	Salary Increases	4.00% per year
(iv)	Administrative Expenses	$18,000 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 Separate Annuitant/Non-Annuitant Mortality Tables as prescribed by the IRS.
(ii)	Termination of Employment	None, all active participants are eligible for retirement.
(iii)	Disability	None assumed.

(iv) Retirement

Rates varying by age, as follows:

Age	Rate
45 - 59	5.0%
60 - 62	30.0%
63 - 64	50.0%
65+	100.0%

Retirements from active and terminated vested status are assumed to commence receiving payments immediately according to the rates above.

(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

Terminations and retirees from active status are assumed to elect the following forms of payment: 25% elect the normal form of payment (i.e. single life annuity with death benefit feature); 20% elect a single life annuity; and 55% elect a joint and survivor annuity with 100% continued to a beneficiary and 10 years of payments guaranteed. No employees are assumed to elect a refund of employee contributions. The pre-retirement death benefit is assumed to be paid as a lump sum.

2025 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Defined Benefit Plan for Former Employees of Inter-State Federal Savings and Loan Association of Kansas City
EIN/PN: 44-0246815 / 003

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 the market value. Accrued contributions are discounted back to the valuation date at the prior year's effective interest rate.

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.

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

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

OMB No. 1210-0110

2025

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

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A Name of plan
DEFINED BENEFIT PLAN FOR FORMER EMPLOYEES OF INTER-STATE FEDERAL SAVINGS AND LOAN ASSOCIATION OF KANSAS CITY

B Three-digit plan number (PN) ▶ 003

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	21,487,127
	b Actuarial value	2b	21,487,127

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	27	12,824,882	12,824,882
b For terminated vested participants	9	1,141,694	1,141,694
c For active participants	5	2,407,122	2,407,122
d Total	41	16,373,698	16,373,698

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	5.32%
6	Target normal cost		
	a Present value of current plan year accruals	6a	69,014
	b Expected plan-related expenses	6b	18,000
	c Target normal cost	6c	87,014

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 TMM

Signature of actuary

4/23/2026

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	0
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	0
10	Interest on line 9 using prior year's actual return of 4.70 %	0	0
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 5.08 %		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	0

Part III Funding Percentages

14	Funding target attainment percentage	14	131.22 %
15	Adjusted funding target attainment percentage	15	131.22 %
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	128.87 %
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
01/24/2025	0	679			
02/24/2025	0	624			
03/20/2025	0	569			
04/17/2025	0	569			
05/29/2025	0	569			
06/27/2025	0	569			
07/25/2025	0	569			
08/21/2025	0	569			
09/18/2025	0	569			
10/29/2025	0	569			
11/28/2025	0	568			
12/24/2025	0	568			
			Totals ► 18(b)	0	18(c) 6,991

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:	
5.03 %	5.28 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	2
22 Weighted average retirement age	**22**	56

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**	87,014
b Excess assets, if applicable, but not greater than line 31a	**31b**	87,014

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: **Defined Benefit Plan for Former Employees of Inter-State Federal Savings and Loan Association of Kansas City**

EIN/PN: **44-0246815 / 003**

Age	Retirement Rate	Count Remaining	Count Retired	Age x Retired
45	5.0%	10,000	500	22,500
46	5.0%	9,500	475	21,850
47	5.0%	9,025	451	21,209
48	5.0%	8,574	429	20,577
49	5.0%	8,145	407	19,955
50	5.0%	7,738	387	19,345
51	5.0%	7,351	368	18,745
52	5.0%	6,983	349	18,157
53	5.0%	6,634	332	17,581
54	5.0%	6,302	315	17,017
55	5.0%	5,987	299	16,465
56	5.0%	5,688	284	15,926
57	5.0%	5,404	270	15,400
58	5.0%	5,133	257	14,887
59	5.0%	4,877	244	14,386
60	30.0%	4,633	1,390	83,392
61	30.0%	3,243	973	59,348
62	30.0%	2,270	681	42,224
63	50.0%	1,589	795	50,056
64	50.0%	795	397	25,425
65	100.0%	397	397	25,823
		Total:	10,000	560,269

Weighted Average Retirement Age 56.03

Rounded to Nearest Integer 56

2025 Schedule SB, Part V – Summary of Plan Provisions
Defined Benefit Plan for Former Employees of Inter-State Federal Savings and Loan Association of Kansas City
EIN/PN: 44-0246815 / 003

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 July 1, 2017. It was most recently amended in 2019.

Status of Plan

The plan is closed to new members, but has ongoing benefit accruals for current members.

Eligibility

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 eligible to participate in the Plan effective July 1, 2017. Original participation in the prior plan began on the first of the month following the attainment of age 21 and 6 months of employment, except that no new members were eligible to participate after May 1, 2016.

Vesting Service

Vesting Service is credited for the entire period of employment with Inter-State and First Federal Bank, including fractional periods expressed in terms of days. An Employee will also receive credit for any period of severance of less than 12 consecutive months.

Benefit Service

Benefit Service is credited for the total years and months of service employed by Inter-State and First Federal Bank after original participation in the plan. A full month of Benefit Service is credited if the member worked at least one hour during the month.

Earnings

Earnings is determined for a given calendar year as the basic annual salary rate as of January 1st. Special payments such as overtime, bonuses, or commissions are excluded. Changes in the basic annual salary rate during the year are not recognized.

Final Average Earnings

Final Average Earnings is the average annual Earnings over the 5 consecutive years of highest Earnings while being credited with Benefit Service (or during all the years of Benefit Service if less than 5).

Pension Benefit

The annual pension benefit is equal to 2% times Final Average Earnings times Benefit Service.

Normal Retirement

The Normal Retirement Date is the first of the month coinciding with or next following the attainment of age 65. A member is fully vested on his normal retirement date. The Pension Benefit is determined as of the Normal Retirement Date.

2025 Schedule SB, Part V – Summary of Plan Provisions
Defined Benefit Plan for Former Employees of Inter-State Federal Savings and Loan Association of Kansas City
EIN/PN: 44-0246815 / 003

Early Retirement

A member may retire early on or after attaining age 45 and completing 5 years of Vesting Service. The Pension Benefit is determined as of that early retirement date, with such monthly benefit reduced by 3% per year by which the early retirement date precedes the Normal Retirement Date.

Postponed Retirement

A member may postpone retirement beyond his normal retirement date. The 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 or attaining age 65, is entitled to a 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

Upon the death of a member who is survived by a spouse, the spouse will receive a lump sum death benefit equal to 12 times the annual Pension Benefit, less the sum of the payments made prior to death, if any.

If a participant dies while in active service, the lump sum death benefit is the larger of that described above, or equal to 100% of the last 12 months' salary, plus an additional 10% of such salary for each year of Benefit Service until a maximum of 300% of such Salary is reached for 20 or more years, plus a refund of the employee contributions with interest. The beneficiary may elect to have the benefit paid in the form of installments over a period of up to 10 years, or as an actuarially equivalent lifetime annuity.

Disability Benefit

The plan does not provide for any enhanced disability benefits. Upon disability, a member is entitled to his vested accrued benefit based on the early retirement or normal retirement provisions.

Post-Retirement Supplement

Each year after attaining age 66, a retiree will receive an annual increment lump sum payment. The annual increment lump sum is equal to 1% of the retiree's annual Pension Benefit multiplied by the number of years from the calendar year the retiree attained age 65 to the current year.

2025 Schedule SB, Part V – Summary of Plan Provisions
Defined Benefit Plan for Former Employees of Inter-State Federal Savings and Loan Association of Kansas City
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Retirement Adjustment Payment (RAP)

The RAP provides an additional lump sum benefit to those members who 1) met participation requirements for the plan prior to July 1, 1983, and 2) retire after age 55. The RAP lump sum is equal to three monthly installments of the retiree's monthly Pension Benefit (before any optional form modification) and is determined and payable as of the date retirement benefits commence.

Forms of Payment

The basic form of the Pension Benefit is a monthly lifetime annuity with the lump sum death benefit feature described above. The death benefit feature does not apply to the optional forms of payment. Other optional forms, determined as the actuarial equivalent of the basic form, include:

(a) Monthly lifetime annuity
(b) Monthly lifetime annuity with 100% continued to the contingent annuitant, with 120 payments guaranteed
(c) Monthly lifetime annuity with 75% or 50% continued to the contingent annuitant

The Actuarial Equivalent adjustments are based on tables defined in the plan.

Limitations

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

Contributions

The plan requires employee contributions at a rate ranging from 1.8% to 3.9% per year, depending on age at enrollment in the Plan. Employee contributions 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.

2025 Schedule SB, Line 24 – Change in Actuarial Assumptions
Defined Benefit Plan for Former Employees of Inter-State Federal Savings and Loan Association of Kansas City
EIN/PN: 44-0246815 / 003

The following non-prescribed assumptions were changed for the January 1, 2025 funding valuation:

- The administrative expense assumption was updated from $17,000 to $18,000 to better reflect future expectations.
- The salary scale assumption was updated from 2.00% to 4.00% to better reflect future expectations.