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
MISSION BANK 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1999

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)
MISSION BANK

11200 RIVER RUN BLVD., SUITE 100
BAKERSFIELD, CA 93311

2b Employer Identification Number (EIN)
77-0483168

2c Plan Sponsor's telephone number
661-859-2511

2d Business code (see instructions)
522110

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2026	JASON CASTLE
	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:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	167
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)**	144
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	141
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	26
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	168
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	168
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)**	135
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)**	139
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	12
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:

2E 2J 2K 2F 2G 3D

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [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 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
MISSION BANK 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
77-0483168

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

NATIONWIDE

31-4177100

(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?
15	RECORDKEEPER	57990	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

MORGAN STANELY WEALTH MANAGEMENT

1 NEW YORK PLAZA
12 FL ANNUITY
NEW YORK, NY 10004

26-3415651

(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	REGISTERED INVEST ADVISO	0	Yes [X] No [ ]	Yes [X] No [ ]	32217	Yes [ ] No [X]

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

PROACCOUNT

10 W. NATIONWIDE BLVD.
COLUMBUS, OH 43215

73-0988442

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	31873	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

BARBICH HOOPER KING DILL HOFFMAN

9801 CAMINO MEDIA STE 102
BAKERSFIELD, CA 93309

95-3705481

(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?
14	ADMINISTATOR	3213	Yes [X] No [ ]	Yes [X] No [ ]	6443	Yes [ ] No [X]

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

IRON FIDUCIARY

99-9552241

(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?
31	NAMED FIDUCIARY	5247	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MORGAN STANLEY WEALTH MANAGEMENT	27	32217
(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.	
NATIONWIDE 31-4177100	INVESTMENT ADVISORY FEES	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BARBICH HOOPER KING DILL HOFFMAN	14	6443
(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.	
NATIONWIDE 31-4177100	PLAN ADMINISTRATOR FEES	

(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

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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
MISSION BANK 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
77-0483168

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(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)	138141	212731
(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)	11105671	14131875
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(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	11243812	14344606
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	-8202	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	-8202	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	11252014	14344606

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)	554820	
(B) Participants	2a(1)(B)	1190557	
(C) Others (including rollovers)	2a(1)(C)	249590	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1994967
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)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	13455	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		13455
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3539	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3539
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1977517
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3989478
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	846492	
(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)		846492
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		12648
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	31873	
(6) Bank or trust company trustee/custodial fees	2i(6)	1165	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	4708	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		37746
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		896886
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3092592
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: CALIBER AUDIT & ATTET **(2)** EIN: 26-2350873

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		36403
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
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.) ..... ☐ Yes ☐ No ☐ Not determined

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

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
MISSION BANK 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
77-0483168

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): 04-3157927

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 |

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 06 / 20 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number O701493A .

Mission Bank 401(k) Profit Sharing Plan

Financial Statements

December 31, 2025 and 2024

CALIBER
AUDIT & ATTEST, LLP

C O N T E N T S

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Independent Auditors' Report

To the Plan Administrator, Trustees and Participants
of the Mission Bank 401(k) Profit Sharing Plan
Bakersfield, California

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for 2025

We have performed an audit of the accompanying financial statements of Mission Bank 401(k) Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2025, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements (financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit 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 a certification from a qualified institution as of December 31, 2025 and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on 2025 Financial Statements

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

- the amounts and disclosures in the 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).

805 Aerovista Pl, Ste 103, San Luis Obispo, CA 93401 Phone: (805) 888-0241 Fax: (805) 888-0245

Independent Auditors' Report – Continued

Basis for Opinion on the 2025 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Mission Bank 401(k) Profit Sharing Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2025 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 Mission Bank 401(k) Profit Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the 2025 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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.

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Independent Auditors' Report – Continued

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 Mission Bank 401(k) Profit Sharing 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 Mission Bank 401(k) Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

Our audit 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.

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Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedule of delinquent participant contributions and supplemental schedule of assets (held at end of year) as of December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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, is 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 schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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Independent Auditors' Report – Continued

Report on Compiled 2024 Financial Statements

Plan management is responsible for the accompanying financial statements of the Mission Bank 401(k) Profit Sharing Plan, which comprises the statement of net assets available for benefits as of December 31, 2024, in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements.

Caliber Audit & Attest, LLP

San Luis Obispo, California
August 5, 2026

805 Aerovista Pl, Ste 103, San Luis Obispo, CA 93401 Phone: (805) 888-0241 Fax: (805) 888-0245

Mission Bank 401(k) Profit Sharing Plan

Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	*2024*
ASSETS		***(unaudited)***
Investments at fair value (See Note 4)	$ 14,131,875	$ 11,167,647
Receivables		
Participant contributions	-	29,310
Employer contributions	-	11,429
Notes receivable from participants	212,731	138,141
Total receivables	212,731	178,880
Total assets	14,344,606	11,346,527
LIABILITIES		
Total liabilities	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 14,344,606	$ 11,346,527

See Notes to Financial Statements.

Mission Bank 401(k) Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2025

Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 1,977,610
Dividend and interest income	3,539
Total investment income	1,981,149
Interest income on notes receivable from participants	13,455
Contributions:	
Participant	1,164,404
Participant rollovers	249,590
Employer	486,366
Total contributions	1,900,360
Total additions	3,894,964
Deductions from net assets attributed to:	
Benefits paid to participants	859,139
Administrative expenses	37,746
Total deductions	896,885
Net increase	2,998,079
Net assets available for benefits:	
Beginning of year	11,346,527
End of year	$ 14,344,606

See Notes to Financial Statements.

Note 1. Plan Description

The following description of the Mission Bank 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General:

The Plan is a defined contribution plan covering all employees of Mission Bank and affiliated entity Mission 1031 Exchange LLC, the operating subsidiaries of Mission Bancorp (the Company) who are age 21 and have met the service requirement of 6 consecutive full calendar months and are not members of a collective bargaining unit or non-resident aliens. Employees enter the Plan on the first day of each month that occurs after the employee has completed the eligibility service period. In addition, long-term part-time employees who do not satisfy the standard service requirements of the Plan are eligible to make employee contributions into the Plan after completing 500 hours of service during each of two consecutive years of service under the long-term part-time rules. The Plan is a defined contribution plan under Section 401(k) of the Internal Revenue Code (IRC) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan administration:

The Company is the Plan sponsor and Plan administrator. The Plan administrator is responsible for carrying out the duties imposed under ERISA, including oversight of the Plan, appropriateness of investment offerings, and monitoring investment performance.

The Company is serviced by Nationwide Trust Company, FSB and affiliates (Nationwide) for trustee, custodian, and recordkeeper services. Wealthspire LLC acts as the third-party administrator.

Contributions:

Each year, participants may contribute up to 100 percent of pretax annual compensation, as defined in the Plan. Participants may also designate a portion or all of the deferral contributions as Roth 401(k) contributions that are includable in the participant’s gross income at the time deferred. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan.

The Plan includes an automatic enrollment provision whereby all newly eligible participants are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3 percent of eligible pretax compensation, and their deferral rate is not subject to automatic increases. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

The Company makes fixed matching contributions subject to a maximum percentage of compensation per Plan year. The Company contributes 100 percent of the first 1 percent of eligible compensation that a participant contributes to the Plan, and 50 percent of the next 5 percent of eligible compensation that a participant contributes to the Plan. The matching contribution is funded with payroll each pay period, and subject to an annual true-up. The net annual true-up for the year ended December 31, 2025 was $46,673, which was funded through transactions with the forfeiture subsequent to year-end.

The Company may also contribute discretionary non-elective contributions (profit sharing contributions) to the Plan. For the year ended December 31, 2025, the Company did not make a profit sharing contribution to the Plan.

Participant accounts:

Each participant's account is credited with the participant's contributions and Company matching contributions, as well as allocations of the Company's profit sharing contribution, if any, and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. All amounts in participant accounts are participant directed. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting:

Participants are vested immediately in their contributions plus actual earnings thereon.

Vesting in the Company's matching contribution and profit sharing contribution portions of their account balance, if any, is based on years of service as follows:

Years of service	
Less than 1	0%
1	20%
2	40%
3	60%
4	80%
5	100%

Notes receivable from participants:

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate, determined quarterly, is set at the prime rate plus 1%, as defined. Principal and interest is paid ratably through semi-monthly payroll deductions.

Benefit payments and withdrawals:

On termination of service due to any reason, a participant may receive a lump sum amount equal to the value of the participant's vested interest in their account. If the terminated participant's vested and non-forfeitable balance is less than $5,000, the participant's balance may be distributed (without authorization from the participant) as a cash distribution if the balance is under $1,000, and as a direct rollover to a default individual retirement account if the balance is under $5,000 (but exceeds $1,000), unless otherwise specified by the participant.

Forfeited accounts:

Forfeitures result from non-vested benefit payments remaining in the Plan for all terminated employees or adjustments, if any. At December 31, 2025 and 2024 (unaudited), the forfeiture balance was $104,557 and $98,911, respectively. Forfeitures may be applied to reduce administrative expenses of the Plan or reduce employer contributions, at the discretion of the Company. During the year ended December 31, 2025, forfeitures applied to reduce administrative expenses of the Plan and reduce employer contributions totaled $36,444.

Note 2. Significant Accounting Policies

Basis of accounting:

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

Use of estimates:

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. 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 sponsor's management determines the Plan's valuation policies utilizing information provided by the custodian and investment advisors. See Note 4 for 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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes receivable from participants:

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant does not make loan repayments and the participant loan is considered to be in default and uncollectible, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Excess contributions payable:

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions.

Payment of benefits:

Benefits are recorded when paid.

Administrative expenses:

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants and benefit payments are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Note 3. Certified Information

The following information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments held at December 31, 2025, and net appreciation in fair value of investments, interest and dividends for the year ended December 31, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by Nationwide Trust Company, FSB:

	2025
Investments, at fair value	$ 14,131,875
Investment income	$ 1,981,149

Notes receivable from participants and related interest income are not included in the certification.

Note 4. Investments and Fair Value Measurements

The *Fair Value Measurements* topic of the Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC)* establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or by other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025:

	Level 1
Mutual funds, total investments at fair value	$ 14,131,875

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 (unaudited):

	Level 1
Mutual funds, total investments at fair value	$ 11,167,647

Note 5. Related Party and Party-in-Interest Transactions

Certain Plan investments are managed by Nationwide. Nationwide is the custodian and recordkeeper for the Plan and, therefore, transactions with Nationwide qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

Certain fees incurred by the Plan for investment management services are included in net appreciation in fair value of the investments, as they are paid through revenue sharing rather than a direct payment. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

Wealthspire LLC provides third-party administrative services to the Plan, and therefore, fees paid for these services qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

Morgan Stanley Wealth Management is the financial advisor for the Plan and, therefore, transactions with Morgan Stanley qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

Iron Fiduciary is the named fiduciary for the Plan and, therefore, transactions with Iron Fiduciary qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

Notes receivable from Plan participants and related interest income are also considered party-in-interest transactions, which are exempt from the prohibited transaction rules.

Note 6. Plan Termination

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

Note 7. Tax Status

The Company has adopted a pre-approved plan document that has received an opinion letter from the IRS dated June 30, 2020, stating that the form of the pre-approved plan document was in compliance with the applicable requirements of the IRC. Including any applicable amendments, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC, and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan as of December 31, 2025, and is not aware of any uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 8. Risks and Uncertainties

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

Note 9. Reconciliation of the Plan Financial Statements to the Form 5500

Certain amounts included on Schedule H Part I and II on the Annual Return/Report of Employee Benefits Plan (Form 5500) may be grouped differently for purposes of presentation in the financial statements.

There were no reconciling items between the net assets available for benefits per the financial statements and the Form 5500 as of December 31, 2025.

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

Net assets available for benefits per the financial statements	$	11,346,527
Net forfeiture adjustments as of December 31, 2024, not included in the 2024 Form 5500		(102,715)
Other adjustments accrued in 2024 for 2024 Form 5500		8,202
Net assets available for benefits per the Form 5500	$	11,252,014

The following is a reconciliation of changes in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2025:

Net increase in net assets available for benefits per the financial statements	$	2,998,079
Net forfeiture adjustments as of December 31, 2024, not included in the 2024 Form 5500		102,715
Other adjustments accrued in 2024 for 2024 Form 5500		(8,202)
Net increase in net assets available for benefits per the Form 5500	$	3,092,592

Note 10. Subsequent Events

Effective April 17, 2026, the Plan was amended so that employees enter the Plan immediately after completion of the eligibility service period.

The Plan has evaluated subsequent events through August 5, 2026 the date the financial statements were available to be issued.

Supplemental Information
Mission Bank 401(k) Profit Sharing Plan
Schedule H, Line 4a Form 5500
Schedule of Delinquent Participant Contributions
EIN 77-0483168 Plan #001
December 31, 2025

Participant Contributions Transferred Late to Plan		*Total that Constitutes Nonexempt Prohibited Transactions*			*Total Fully Corrected Under VFCP and PTE 2002-51*
Participant Loan Repayments are Included		*Contributions Not Corrected*	*Contributions Corrected Outside VFCP*	*Contributions Pending Correction in VFCP*	
✔	$ 36,403	$ 36,403	$ -	$ -	$ -

Supplemental Information
Mission Bank 401(k) Profit Sharing Plan
Schedule H, Line 4i Form 5500
Schedule of Assets (Held at End of Year)
EIN 77-0483168 Plan #001
December 31, 2025

(a)	*(b)* *Identity of Issue or Borrower*	*(c)* *Description of Investment*	*(d)* *Cost*	*(e)* *Current Value*
	AB Global Bond Fund Class I	Mutual fund	**	$ 673
	American Funds American High-Income Trust Class R-6	Mutual fund	**	127,577
	American Funds EUPAC Fund Class R-6	Mutual fund	**	118,314
	American Funds Inflation Linked Bond Fund Class R-6	Mutual fund	**	1,175
	American Funds New World Fund Class R-6	Mutual fund	**	187,010
	American Funds Washington Mutual Investors Fund Class R-6	Mutual fund	**	1,955
	BlackRock High Yield Portfolio Fund Class K	Mutual fund	**	44,115
	DFA Emerging Markets Core Equity 2 Portfolio Institutional Class	Mutual fund	**	3,784
	DFA Global Real Estate Securities Portfolio	Mutual fund	**	2,511
	DFA International Value Portfolio Institutional Class	Mutual fund	**	221,753
	DFA U.S. Large Cap Value Portfolio Institutional Class	Mutual fund	**	1,462
	DFA U.S. Targeted Value Portfolio Institutional Class	Mutual fund	**	1,085
	Dodge & Cox International Stock Fund Class I	Mutual fund	**	5,050
	DWS Enhanced Commodity Strategy Fund - Class Inst	Mutual fund	**	731
	Federated Hermes Govt Obl Premier	Mutual fund	**	799,129
	Fidelity 500 Index Fund	Mutual fund	**	213,899
	Fidelity Global Ex U.S. Index Fund	Mutual fund	**	203,785
	Fidelity Inflation-Protected Bond Index Fund	Mutual fund	**	36,284
	Fidelity International Index Fund	Mutual fund	**	4,395
	Fidelity Large Cap Growth Index Fund	Mutual fund	**	235,200
	Fidelity Large Cap Value Index Fund	Mutual fund	**	330,683
	Fidelity Mid Cap Index Fund	Mutual fund	**	120,041
	Fidelity U.S. Bond Index Fund	Mutual fund	**	126,531
	Franklin Small Cap Growth Fund Class R6	Mutual fund	**	68,306
	Goldman Sachs GQG Partners International Opportunities Fund Class R6	Mutual fund	**	213,097
	Invesco International Growth Fund Class Y	Mutual fund	**	1,922
	JPMorgan Equity Income Fund Class R5	Mutual fund	**	3,593
	JPMorgan Mid Cap Value Fund Class R6	Mutual fund	**	1,922
	JPMorgan Strategic Income Opportunities Fund Class R5 Shares	Mutual fund	**	2,507
	BrandywineGLOBAL - Global Opportunities Bond Fund Class R	Mutual fund	**	868
	Western Asset Core Plus Bond Fund Class I	Mutual fund	**	1,362
	Lord Abbett High Yield Fund Class R5	Mutual fund	**	1,275
	MFS Mid Cap Growth Fund Class R6	Mutual fund	**	1,885
	Morgan Stanley Institutional Fund Trust Discovery Portfolio Class I	Mutual fund	**	33,150
*	Nationwide Invesco Core Plus Bond Fund Class R6	Mutual fund	**	241,605
*	Nationwide Loomis All Cap Growth Fund Class R6	Mutual fund	**	355,942
*	Nationwide Loomis Core Bond Fund Class R6	Mutual fund	**	238,214
*	Nationwide BNY Mellon Dynamic U.S. Equity Income Fund Class R6	Mutual fund	**	224,515
*	Nationwide BNY Mellon Dynamic U.S. Core Fund Class R6	Mutual fund	**	223,870
	PGIM High Yield Fund- Class R6	Mutual fund	**	90,469
	PGIM High Yield Fund- Class Z	Mutual fund	**	1,628
	PGIM Total Return Bond Fund -Class R6	Mutual fund	**	7,466
	PIMCO Real Return Fund Institutional Class	Mutual fund	**	161,624

Supplemental Information
Mission Bank 401(k) Profit Sharing Plan
Schedule H, Line 4i Form 5500
Schedule of Assets (Held at End of Year) - Continued
EIN 77-0483168 Plan #001
December 31, 2025

(a)	*(b)* *Identity of Issue or Borrower*	*(c)* *Description of Investment*	*(d)* *Cost*	*(e)* *Current Value*
	Nuveen Lifecycle Index 2015 Fund R6 Class	Mutual fund	**	$ 41
	Nuveen Lifecycle Index 2030 Fund R6 Class	Mutual fund	**	281,589
	Nuveen Lifecycle Index 2035 Fund R6 Class	Mutual fund	**	146,222
	Nuveen Lifecycle Index 2040 Fund R6 Class	Mutual fund	**	149,730
	Nuveen Lifecycle Index 2045 Fund R6 Class	Mutual fund	**	221,045
	Nuveen Lifecycle Index 2050 Fund R6 Class	Mutual fund	**	390,668
	Nuveen Lifecycle Index 2055 Fund R6 Class	Mutual fund	**	946,157
	Nuveen Lifecycle Index 2065 Fund R6 Class	Mutual fund	**	19,963
	Nuveen Lifecycle Index Retirement Income Fund R6 Class	Mutual fund	**	195,253
	Vanguard Developed Markets Index Fund Admiral Shares	Mutual fund	**	1,191,744
	Vanguard Explorer Fund Admiral Shares	Mutual fund	**	1,825
	Vanguard Growth Index Fund Admiral Shares	Mutual fund	**	2,250,867
	Vanguard Mid-Cap Index Fund Admiral Shares	Mutual fund	**	871,007
	Vanguard Real Estate Index Fund Admiral Shares	Mutual fund	**	94,752
	Vanguard Small Cap Index Fund Admiral Shares	Mutual fund	**	372,949
	Vanguard Short-Term Bond Index Fund Admiral Shares	Mutual fund	**	26,186
	Vanguard Target Retirement 2025 Fund	Mutual fund	**	140,886
	Vanguard Target Retirement 2030 Fund	Mutual fund	**	6,766
	Vanguard Target Retirement 2040 Fund	Mutual fund	**	16,840
	Vanguard Target Retirement 2045 Fund	Mutual fund	**	79,357
	Vanguard Target Retirement 2050 Fund	Mutual fund	**	231,598
	Vanguard Target Retirement 2055 Fund	Mutual fund	**	214,400
	Vanguard Target Retirement 2060 Fund	Mutual fund	**	180,262
	Vanguard Total Bond Market Index Fund Admiral Shares	Mutual fund	**	2,953
	Vanguard Total International Bond Index Fund Admiral Shares	Mutual fund	**	483
	Vanguard Total International Stock Index Fund Admiral Shares	Mutual fund	**	1,877
	Vanguard Total Stock Market Index Fund Admiral Shares	Mutual fund	**	3,966
	Vanguard U.S. Growth Fund Admiral Shares	Mutual fund	**	5,339
	Vanguard Value Index Fund Admiral Shares	Mutual fund	**	302,457
	Allspring Precious Metals Fund - Class Inst	Mutual fund	**	3,140
	American Beacon International Equity Fund R5 Class	Mutual fund	**	2,364
	AB Global Bond Fund Class Z	Mutual fund	**	67,043
	Avantis Emerging Markets Equity Fund Institutional Class	Mutual fund	**	41,819
	Avantis U.S. Small Cap Value Fund Institutional Class	Mutual fund	**	69,226
*	Nationwide GQG US Quality Equity Fund Class R6	Mutual fund	**	335,725
	Fidelity Total International Index Fund	Mutual fund	**	108,433
*	Nationwide Geneva Mid Cap Growth Fund Class R6	Mutual fund	**	117,036
	Avantis U.S. Large Cap Value Fund Institutional Class	Mutual fund	**	3,930
	Columbia Overseas Value Fund Institutional 3 Class	Mutual fund	**	120,076
	VanEck International Investors Gold Fund Class A	Mutual fund	**	3,182
	Allspring Precious Metals Fund - Class A	Mutual fund	**	2,143
	Columbia Commodity Strategy Fund Institutional 3 Class	Mutual fund	**	118,832
	Invesco Global Real Estate Income Fund Class R6	Mutual fund	**	129,382
	Total investments			$ 14,131,875
*	**Participant loans**	Interest rates 4.25% - 9.50%	- 0 -	$ 212,731

* Party-in-interest

** Column (d) is blank as all investments are participant directed

Supplemental Information
Mission Bank 401(k) Profit Sharing Plan
Schedule H, Line 4i Form 5500
Schedule of Assets (Held at End of Year)
EIN 77-0483168 Plan #001
December 31, 2025

(a)	*(b)* *Identity of Issue or Borrower*	*(c)* *Description of Investment*	*(d)* *Cost*	*(e)* *Current Value*
	AB Global Bond Fund Class I	Mutual fund	**	$ 673
	American Funds American High-Income Trust Class R-6	Mutual fund	**	127,577
	American Funds EUPAC Fund Class R-6	Mutual fund	**	118,314
	American Funds Inflation Linked Bond Fund Class R-6	Mutual fund	**	1,175
	American Funds New World Fund Class R-6	Mutual fund	**	187,010
	American Funds Washington Mutual Investors Fund Class R-6	Mutual fund	**	1,955
	BlackRock High Yield Portfolio Fund Class K	Mutual fund	**	44,115
	DFA Emerging Markets Core Equity 2 Portfolio Institutional Class	Mutual fund	**	3,784
	DFA Global Real Estate Securities Portfolio	Mutual fund	**	2,511
	DFA International Value Portfolio Institutional Class	Mutual fund	**	221,753
	DFA U.S. Large Cap Value Portfolio Institutional Class	Mutual fund	**	1,462
	DFA U.S. Targeted Value Portfolio Institutional Class	Mutual fund	**	1,085
	Dodge & Cox International Stock Fund Class I	Mutual fund	**	5,050
	DWS Enhanced Commodity Strategy Fund - Class Inst	Mutual fund	**	731
	Federated Hermes Govt Obl Premier	Mutual fund	**	799,129
	Fidelity 500 Index Fund	Mutual fund	**	213,899
	Fidelity Global Ex U.S. Index Fund	Mutual fund	**	203,785
	Fidelity Inflation-Protected Bond Index Fund	Mutual fund	**	36,284
	Fidelity International Index Fund	Mutual fund	**	4,395
	Fidelity Large Cap Growth Index Fund	Mutual fund	**	235,200
	Fidelity Large Cap Value Index Fund	Mutual fund	**	330,683
	Fidelity Mid Cap Index Fund	Mutual fund	**	120,041
	Fidelity U.S. Bond Index Fund	Mutual fund	**	126,531
	Franklin Small Cap Growth Fund Class R6	Mutual fund	**	68,306
	Goldman Sachs GQG Partners International Opportunities Fund Class R6	Mutual fund	**	213,097
	Invesco International Growth Fund Class Y	Mutual fund	**	1,922
	JPMorgan Equity Income Fund Class R5	Mutual fund	**	3,593
	JPMorgan Mid Cap Value Fund Class R6	Mutual fund	**	1,922
	JPMorgan Strategic Income Opportunities Fund Class R5 Shares	Mutual fund	**	2,507
	BrandywineGLOBAL - Global Opportunities Bond Fund Class R	Mutual fund	**	868
	Western Asset Core Plus Bond Fund Class I	Mutual fund	**	1,362
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	PGIM High Yield Fund- Class R6	Mutual fund	**	90,469
	PGIM High Yield Fund- Class Z	Mutual fund	**	1,628
	PGIM Total Return Bond Fund -Class R6	Mutual fund	**	7,466
	PIMCO Real Return Fund Institutional Class	Mutual fund	**	161,624

Supplemental Information
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Schedule H, Line 4i Form 5500
Schedule of Assets (Held at End of Year) - Continued
EIN 77-0483168 Plan #001
December 31, 2025

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Supplemental Information
Mission Bank 401(k) Profit Sharing Plan
Schedule H, Line 4i Form 5500
Schedule of Assets (Held at End of Year)
EIN 77-0483168 Plan #001
December 31, 2025

(a)	*(b)* *Identity of Issue or Borrower*	*(c)* *Description of Investment*	*(d)* *Cost*	*(e)* *Current Value*
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	American Funds EUPAC Fund Class R-6	Mutual fund	**	118,314
	American Funds Inflation Linked Bond Fund Class R-6	Mutual fund	**	1,175
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	American Funds Washington Mutual Investors Fund Class R-6	Mutual fund	**	1,955
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	DFA U.S. Large Cap Value Portfolio Institutional Class	Mutual fund	**	1,462
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	DWS Enhanced Commodity Strategy Fund - Class Inst	Mutual fund	**	731
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	Fidelity Inflation-Protected Bond Index Fund	Mutual fund	**	36,284
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	Fidelity Large Cap Growth Index Fund	Mutual fund	**	235,200
	Fidelity Large Cap Value Index Fund	Mutual fund	**	330,683
	Fidelity Mid Cap Index Fund	Mutual fund	**	120,041
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	Franklin Small Cap Growth Fund Class R6	Mutual fund	**	68,306
	Goldman Sachs GQG Partners International Opportunities Fund Class R6	Mutual fund	**	213,097
	Invesco International Growth Fund Class Y	Mutual fund	**	1,922
	JPMorgan Equity Income Fund Class R5	Mutual fund	**	3,593
	JPMorgan Mid Cap Value Fund Class R6	Mutual fund	**	1,922
	JPMorgan Strategic Income Opportunities Fund Class R5 Shares	Mutual fund	**	2,507
	BrandywineGLOBAL - Global Opportunities Bond Fund Class R	Mutual fund	**	868
	Western Asset Core Plus Bond Fund Class I	Mutual fund	**	1,362
	Lord Abbett High Yield Fund Class R5	Mutual fund	**	1,275
	MFS Mid Cap Growth Fund Class R6	Mutual fund	**	1,885
	Morgan Stanley Institutional Fund Trust Discovery Portfolio Class I	Mutual fund	**	33,150
*	Nationwide Invesco Core Plus Bond Fund Class R6	Mutual fund	**	241,605
*	Nationwide Loomis All Cap Growth Fund Class R6	Mutual fund	**	355,942
*	Nationwide Loomis Core Bond Fund Class R6	Mutual fund	**	238,214
*	Nationwide BNY Mellon Dynamic U.S. Equity Income Fund Class R6	Mutual fund	**	224,515
*	Nationwide BNY Mellon Dynamic U.S. Core Fund Class R6	Mutual fund	**	223,870
	PGIM High Yield Fund- Class R6	Mutual fund	**	90,469
	PGIM High Yield Fund- Class Z	Mutual fund	**	1,628
	PGIM Total Return Bond Fund -Class R6	Mutual fund	**	7,466
	PIMCO Real Return Fund Institutional Class	Mutual fund	**	161,624

Supplemental Information
Mission Bank 401(k) Profit Sharing Plan
Schedule H, Line 4i Form 5500
Schedule of Assets (Held at End of Year) - Continued
EIN 77-0483168 Plan #001
December 31, 2025

(a)	*(b)* *Identity of Issue or Borrower*	*(c)* *Description of Investment*	*(d)* *Cost*	*(e)* *Current Value*
	Nuveen Lifecycle Index 2015 Fund R6 Class	Mutual fund	**	$ 41
	Nuveen Lifecycle Index 2030 Fund R6 Class	Mutual fund	**	281,589
	Nuveen Lifecycle Index 2035 Fund R6 Class	Mutual fund	**	146,222
	Nuveen Lifecycle Index 2040 Fund R6 Class	Mutual fund	**	149,730
	Nuveen Lifecycle Index 2045 Fund R6 Class	Mutual fund	**	221,045
	Nuveen Lifecycle Index 2050 Fund R6 Class	Mutual fund	**	390,668
	Nuveen Lifecycle Index 2055 Fund R6 Class	Mutual fund	**	946,157
	Nuveen Lifecycle Index 2065 Fund R6 Class	Mutual fund	**	19,963
	Nuveen Lifecycle Index Retirement Income Fund R6 Class	Mutual fund	**	195,253
	Vanguard Developed Markets Index Fund Admiral Shares	Mutual fund	**	1,191,744
	Vanguard Explorer Fund Admiral Shares	Mutual fund	**	1,825
	Vanguard Growth Index Fund Admiral Shares	Mutual fund	**	2,250,867
	Vanguard Mid-Cap Index Fund Admiral Shares	Mutual fund	**	871,007
	Vanguard Real Estate Index Fund Admiral Shares	Mutual fund	**	94,752
	Vanguard Small Cap Index Fund Admiral Shares	Mutual fund	**	372,949
	Vanguard Short-Term Bond Index Fund Admiral Shares	Mutual fund	**	26,186
	Vanguard Target Retirement 2025 Fund	Mutual fund	**	140,886
	Vanguard Target Retirement 2030 Fund	Mutual fund	**	6,766
	Vanguard Target Retirement 2040 Fund	Mutual fund	**	16,840
	Vanguard Target Retirement 2045 Fund	Mutual fund	**	79,357
	Vanguard Target Retirement 2050 Fund	Mutual fund	**	231,598
	Vanguard Target Retirement 2055 Fund	Mutual fund	**	214,400
	Vanguard Target Retirement 2060 Fund	Mutual fund	**	180,262
	Vanguard Total Bond Market Index Fund Admiral Shares	Mutual fund	**	2,953
	Vanguard Total International Bond Index Fund Admiral Shares	Mutual fund	**	483
	Vanguard Total International Stock Index Fund Admiral Shares	Mutual fund	**	1,877
	Vanguard Total Stock Market Index Fund Admiral Shares	Mutual fund	**	3,966
	Vanguard U.S. Growth Fund Admiral Shares	Mutual fund	**	5,339
	Vanguard Value Index Fund Admiral Shares	Mutual fund	**	302,457
	Allspring Precious Metals Fund - Class Inst	Mutual fund	**	3,140
	American Beacon International Equity Fund R5 Class	Mutual fund	**	2,364
	AB Global Bond Fund Class Z	Mutual fund	**	67,043
	Avantis Emerging Markets Equity Fund Institutional Class	Mutual fund	**	41,819
	Avantis U.S. Small Cap Value Fund Institutional Class	Mutual fund	**	69,226
*	Nationwide GQG US Quality Equity Fund Class R6	Mutual fund	**	335,725
	Fidelity Total International Index Fund	Mutual fund	**	108,433
*	Nationwide Geneva Mid Cap Growth Fund Class R6	Mutual fund	**	117,036
	Avantis U.S. Large Cap Value Fund Institutional Class	Mutual fund	**	3,930
	Columbia Overseas Value Fund Institutional 3 Class	Mutual fund	**	120,076
	VanEck International Investors Gold Fund Class A	Mutual fund	**	3,182
	Allspring Precious Metals Fund - Class A	Mutual fund	**	2,143
	Columbia Commodity Strategy Fund Institutional 3 Class	Mutual fund	**	118,832
	Invesco Global Real Estate Income Fund Class R6	Mutual fund	**	129,382
	Total investments			$ 14,131,875
*	**Participant loans**	Interest rates 4.25% - 9.50%	- 0 -	$ 212,731

* Party-in-interest

** Column (d) is blank as all investments are participant directed