Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) _____

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
INTRUST FINANCIAL CORPORATION EMPLOYEES' RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1954

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)
INTRUST FINANCIAL CORPORATION

P.O. BOX 1
WICHITA, KS 67201-9819

105 NORTH MAIN
WICHITA, KS 67201-9819

2b Employer Identification Number (EIN)
48-0937376

2c Plan Sponsor's telephone number
316-383-1188

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.	10/08/2026	JOCELYN BOYD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

PLAN OVERSIGHT COMMITTEE INTRUST FINANCIAL CORPORATION

105 NORTH MAIN
WICHITA, KS 67202

3b Administrator's EIN: 48-0850683

3c Administrator's telephone number: 316-383-1188

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	893
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)**	403
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	376
b	Retired or separated participants receiving benefits	**6b**	124
c	Other retired or separated participants entitled to future benefits	**6c**	338
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	838
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	16
f	Total. Add lines **6d** and **6e**.	**6f**	854
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
INTRUST FINANCIAL CORPORATION EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
48-0937376

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	87846461
b Actuarial value	**2b**	87846461

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	369	12902114	12902114
b For terminated vested participants	121	12272278	12272278
c For active participants	403	43936746	43936746
d Total	893	69111138	69111138

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

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

5 Effective interest rate	**5**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	3336069
b Expected plan-related expenses	**6b**	110000
c Target normal cost	**6c**	3446069

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

10/02/2026
Date

JEFF R. SMITH, FSA. EA
Type or print name of actuary

26-05839
Most recent enrollment number

ASCENSUS
Firm name

336-544-6614
Telephone number (including area code)

2525 HARRODSBURG ROAD
SUITE 210
LEXINGTON, KY 40504
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	10581720
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	10581720
10	Interest on line 9 using prior year's actual return of 5.10 %	0	539668
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		2375297
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 5.25 %		124703
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		2500000
d	Portion of (c) to be added to prefunding balance		2500000
12	Other reductions in balances due to elections or deemed elections	0	3039668
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	10581720

Part III Funding Percentages

14	Funding target attainment percentage	14	111.79 %
15	Adjusted funding target attainment percentage	15	111.79 %
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	109.78 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:	1st segment: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

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

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	3446069
b Excess assets, if applicable, but not greater than line 31a	**31b**	3446069

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**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
INTRUST FINANCIAL CORPORATION EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
48-0937376

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
EAGLE SERIES TRUST	880 CARILLON PARKWAY ST. PETERSBURG, FL 33716

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
FEDERATED MANAGED POOL SERIES	5800 CORPORATE DRIVE PITTSBURGH, PA 15222-3779

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
FEDERATED TOTAL RETURN SERIES INC.	5800 CORPORATE DRIVE PITTSBURGH, PA 15222-3779

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
GOLDMAN SACHS TRUST	71 SOUTH WACKER DRIVE CHICAGO, IL 60606

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

FEDERATED HERMES FUNDS

4000 ERICSSON DRIVE
WARRENDALE, PA 15086-7561

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

UNDISCOVERED MANAGERS FUNDS

700 NORTH PEARL
DALLAS, TX 75201

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

VANGUARD TAX-MANAGED FUNDS

P.O. BOX 2600
VALLEY FORGE, PA 19482-2900

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

T. ROWE PRICE INTERNATIONAL FUNDSI

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

VANGUARD INDEX FUNDS

P.O. BOX 2600
VALLEY FORGE, PA 19482-2900

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

VANGUARD SPECIALIZED FUNDS

P.O. BOX 2600 V26
VALLEY FORGE, PA 19482-2900

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

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

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

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

FEDERATED HERMES, INC.

25-1111467

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	113785	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
INTRUST FINANCIAL CORPORATION EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
48-0937376

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	514599	662482
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4026401	96304
(2) U.S. Government securities	1c(2)	8504379	11156150
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	33959823	36658719
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	40841258	42946407
(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	87846460	91520062
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	87846460	91520062

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	34045	
(B) U.S. Government securities	2b(1)(B)	460204	
(C) Corporate debt instruments	2b(1)(C)	1676873	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2171122
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1046478	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1046478
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	24935473	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	22945539	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		1989934
(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)		5472710
c Other income	2c		150
d Total income. Add all **income** amounts in column (b) and enter total	2d		10680394
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6893007	
(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)		6893007
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	113785	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(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)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		113785
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7006792
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3673602
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: GJ & COMPANY, LLC **(2)** EIN: 48-0970195

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**		X	
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 572814.

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
INTRUST FINANCIAL CORPORATION EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
48-0937376

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): 20-2378830

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** 38

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

INTRUST FINANCIAL CORPORATION
EMPLOYEES' RETIREMENT PLAN

FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION

Years ended December 31, 2025 and 2024

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Bradley K. McGlachlin
Brian A. Wilkinson
Jason D. Gutschenritter
Danying Diane Zhu

GJ & COMPANY, LLC
CERTIFIED PUBLIC ACCOUNTANTS

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INDEPENDENT AUDITOR'S REPORT

To the Plan Oversight Committee
INTRUST Financial Corporation Employees' Retirement Plan

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

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

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

Management has obtained certifications from INTRUST Bank, N.A., the trustee of the Plan as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note H to the financial statements, is complete and accurate.

Opinion

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

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

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

Basis for Opinion

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

Responsibilities of Management for the 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 the Plan's ability to continue as a going concern for one year after the date that the financial statements are issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets Held at End of Year as of December 31, 2025 and Schedule of Reportable Transactions for 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 audits 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 its form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

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

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



October 7, 2026

INTRUST FINANCIAL CORPORATION EMPLOYEES' RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments:		
Cash equivalent	$ 96,304	$ 4,026,401
Mutual funds	42,946,407	40,841,258
Government securities	11,156,150	8,504,379
Corporate debt instruments	36,658,719	33,959,823
	90,857,580	87,331,861
Receivables:		
Accrued income	662,482	514,599
TOTAL ASSETS	91,520,062	87,846,460
NET ASSETS AVAILABLE FOR BENEFITS	$ 91,520,062	$ 87,846,460

See accompanying notes.

INTRUST FINANCIAL CORPORATION EMPLOYEES' RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years ended December 31, 2025 and 2024

	2025	2024
ADDITIONS		
Additions to net assets attributed to:		
Investment income:		
Interest and dividend income on investments	$ 3,217,600	$ 2,862,232
Net appreciation in fair value of investments	7,462,644	1,413,168
	10,680,244	4,275,400
Other income	150	134
Contributions:		
Employer's	-	2,500,000
TOTAL ADDITIONS	10,680,394	6,775,534
DEDUCTIONS		
Deductions from net assets attributed to:		
Benefits paid to participants	6,893,007	3,448,210
Operating expenses	113,785	108,755
TOTAL DEDUCTIONS	7,006,792	3,556,965
NET INCREASE	3,673,602	3,218,569
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	87,846,460	84,627,891
END OF YEAR	$ 91,520,062	$ 87,846,460

See accompanying notes.

INTRUST FINANCIAL CORPORATION EMPLOYEES' RETIREMENT PLAN
STATEMENT OF ACCUMULATED PLAN BENEFITS
December 31, 2024

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	
Vested benefits:	
Participants currently receiving payments	$ 12,902,114
Other participants	56,209,024
	69,111,138
Non-vested benefits	-
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	$ 69,111,138

See accompanying notes.

INTRUST FINANCIAL CORPORATION EMPLOYEES' RETIREMENT PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
Year ended December 31, 2024

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR	$ 67,448,691
Increase (decrease) during year attributed to:	
Increase due to passage of time	3,451,699
Additional benefits accrued and experience loss	1,658,958
Benefits paid to participants	(3,448,210)
NET INCREASE	1,662,447
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	$ 69,111,138

See accompanying notes.

INTRUST FINANCIAL CORPORATION EMPLOYEES' RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE A - DESCRIPTION OF PLAN

The following description of the Plan provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General

The Plan, established July 1,1954, and amended and restated January 1, 2017, is a defined benefit pension plan covering employees of INTRUST Financial Corporation (IFC) and INTRUST Bank, N.A. (INTRUST) (collectively referred to as the Company). Employees become eligible to participate in the Plan on the entry date coinciding with or the next following entry date upon the attainment of age 21 and the completion of one year of service as defined by the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participation Freeze

After September 19, 2018, no rehired employees who are inactive participants will again become active participants in the Plan, and after July 1, 2019, no new employees will become participants in the Plan.

Pension Benefits

Normal retirement occurs at age 65 with five years of participation. The Plan permits early retirement at age 55 with ten years of service. A participant's normal retirement benefit is based on the highest 5-year average monthly compensation during the 10-year period immediately preceding the earliest of their normal retirement date, early retirement date, or termination of employment. Upon reaching the normal retirement age, a participant is eligible to begin receiving a monthly pension, which is payable for 15 years. If a participant should die prior to receiving 180 monthly payments, the named beneficiary would receive the balance of the payments. The amount of a participant's monthly retirement income is equal to the sum of (a) 1% of the final average monthly compensation multiplied by the number of years of service credit, and (b) 0.5% of the final average monthly compensation in excess of the social security covered compensation multiplied by the number of years of service credit, not to exceed 35 years. A participant may elect to have retirement benefits paid in a form other than the normal form of 15 years.

For terminated participants whose present value of vested accrued benefits is $7,000 or less, the Plan provides for lump-sum distributions without the participants' consent.

Freeze of Benefit Accruals

Effective as of December 31, 2018, the accrued benefit of a participant in the Plan will be frozen if the participant makes a valid election during the choice election period to receive an enhanced nonelective contribution under the INTRUST 401(k) Plan. An employee who is a participant in the Plan but fails to make a valid election during the choice election period to receive an enhanced nonelective contribution under the INTRUST 401(k) Plan will remain an active participant in the Plan with an unfrozen accrued benefit.

NOTE A - DESCRIPTION OF PLAN (CONTINUED)

The number of active participants with frozen accrued benefits was 48 and 47 at December 31, 2025 and 2024, respectively.

For a participant whose accrued benefit under the Plan was frozen as of December 31, 2018, the participant's accrued benefit under the Plan will be calculated taking into account only benefit service credited through December 31, 2018 and compensation earned through December 31, 2018, with final average compensation calculated as if the participant's termination of employment occurs on the earlier of the actual date of termination of employment or December 31, 2018.

For a participant who remains an active participant in the Plan, the participant's accrued benefit under the Plan will continue to be calculated in accordance with the terms of the Plan.

Vesting

If a participant separates from service before his or her normal retirement date for any reason other than death or disability, the participant will receive the vested portion of their accrued benefit beginning on his or her normal retirement date calculated as of the date of separation from service as follows:

Years of service	Percent vested
Less than 5 years	0%
5 or more years	100%

Vesting service will continue to be credited for all participants in accordance with the terms of the Plan and will not be frozen as of December 31, 2018.

Participants become 100% vested in the Plan upon disability.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Accounting Method

The financial statements of the Plan have been prepared using the accrual method of accounting and present the net assets available for plan benefits and changes in those net assets based on fair value.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect the reported amounts and disclosures. Actual results could differ from those estimates.

Payments of Benefits

Benefits are recorded when paid. There were no withdrawals requested but unpaid at December 31, 2025.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investments

Investments are reported at fair value, which 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. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

Actuarial Assumptions and Data

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. The actuarial present value of accumulated plan benefits is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of January 1, 2025 and 2024 are as follows:

January 1, 2025:	
Investment rate of return	Segmented - 5.00%, 5.27% and 5.50%
Retirement age	Age 65
Mortality:	
Pre-retirement	2025 Non-annuitant Static tables (M/F)
Post-retirement	2025 Annuitant Static tables (M/F)
Effective interest rate	5.35%
Salary progression	4% annual increase
January 1, 2024:	
Investment rate of return	Segmented - 4.75%, 4.96% and 5.59%
Retirement age	Age 65
Mortality:	
Pre-retirement	2024 Non-annuitant Static tables (M/F)
Post-retirement	2024 Annuitant Static tables (M/F)
Effective interest rate	5.25%
Salary progression	4% annual increase

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

NOTE C - PLAN EXPENSES

Plan expenses including administration, consulting, and accounting services are paid by the Company and are excluded from these financial statements.

NOTE D - CONCENTRATIONS

Four funds or notes with the highest value comprised approximately 27% of net assets available for benefits as of December 31, 2025 and 2024.

NOTE E - 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 the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

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

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

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

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

(e) All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward. Benefit improvements attributable to plan amendments effected within the five years preceding plan terminations may not be fully guaranteed even though total benefit entitlements fall below the aforementioned ceilings.

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

NOTE F - TAX STATUS

The IRS has determined and informed the plan sponsor by a letter dated February 20, 2018, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe 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 IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE G - FUNDING POLICY

The Company's policy is, at a minimum, to fund the amount necessary to meet the minimum funding requirements set forth by ERISA. The Company did not make any contribution in 2025. The Company's contribution in 2024 exceeded the minimum funding requirements of ERISA.

NOTE H - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

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

	2025	2024
Investments, at fair value:		
Cash equivalent	$ 96,304	$ 4,026,401
Mutual funds	42,946,407	40,841,258
Government securities	11,156,150	8,504,379
Corporate debt instruments	36,658,719	33,959,823
Accrued income	662,482	514,599
Interest and dividend income on investments	3,217,600	2,862,232
Net appreciation in fair value of investments	7,462,644	1,413,168
Other income	150	134
Operating expenses	113,785	108,755

NOTE I - RELATED PARTY TRANSACTIONS

Plan investments are in custodial control and managed by INTRUST Bank, N.A., the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

NOTE J - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The following tables present fair value measurement information for certain financial instruments.

	Fair Value	Fair Value Measurements Using: Quoted Prices in Active Markets for Identical Assets (Level 1)	Fair Value Measurements Using: Significant Other Observable Inputs (Level 2)
December 31, 2025			
Cash equivalent	$ 96,304	$ 96,304	$ -
Mutual funds			
Small Cap stocks	1,810,036	1,810,036	-
Mid Cap stocks	2,928,418	2,928,418	-
Large Cap stocks	19,361,711	19,361,711	-
International stocks	13,241,756	13,241,756	-
Fixed income funds	5,604,486	5,604,486	-
Government securities	11,156,150	11,156,150	-
Corporate debt instruments	36,658,719	-	36,658,719
Total	$ 90,857,580	$ 54,198,861	$ 36,658,719
December 31, 2024			
Cash equivalent	$ 4,026,401	$ 4,026,401	$ -
Mutual funds			
Small Cap stocks	1,772,949	1,772,949	-
Mid Cap stocks	2,895,475	2,895,475	-
Large Cap stocks	19,383,731	19,383,731	-
International stocks	11,904,036	11,904,036	-
Fixed income funds	4,885,067	4,885,067	-
Government securities	8,504,379	8,504,379	-
Corporate debt instruments	33,959,823	-	33,959,823
Total	$ 87,331,861	$ 53,372,038	$ 33,959,823

FASB ASC 820-10, Fair Value Measurement, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 3 inputs were used by the Plan.

NOTE J - FAIR VALUE MEASUREMENTS (CONTINUED)

Level 1 Fair Value Measurements

The Plan invests in the Federated Hermes Government Obligations Fund, which is a highly liquid money market fund and is considered to be a cash equivalent.

The fair value of the money market fund and mutual funds are based on quoted net asset values of the shares held by the Plan at year end. The fair value of government securities is based on quoted market prices of the specific investments held by the Plan at year end.

Level 2 Fair Value Measurements

Corporate debt instruments are valued using pricing models that incorporate observable market inputs, including quoted prices for similar securities, benchmark yields, credit spreads and other market-related data. These investments are classified within Level 2 of the fair value hierarchy.

NOTE K - RISKS AND UNCERTAINTIES

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

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

NOTE L - RECLASSIFICATIONS

Certain amounts in the 2024 financial statements have been reclassified to conform to the 2025 presentation.

NOTE M - SUBSEQUENT EVENTS

According to the actuarial report for the 2026 plan year prepared as of January 1, 2026, the actuarial present value of accumulated plan benefits at December 31, 2025 is $72,747,102. There is no minimum required contribution for 2026. The Company is planning another year-end contribution to ensure the Plan remains fully funded, should one be warranted.

Management has evaluated subsequent events through October 7, 2026, the date the financial statements were available to be issued. There were no significant events requiring adjustment to the financial statements or disclosure.

SUPPLEMENTARY INFORMATION

INTRUST FINANCIAL CORPORATION EMPLOYEES' RETIREMENT PLAN
SCHEDULE H, Line 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR
EIN 48-0937376, Plan 001
December 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Federated Hermes Government Obligations Fund	Money Market Fund	$ 96,304	$ 96,304
	Carillon Eagle Small Cap Growth Fund	Mutual Fund	1,218,709	931,763
	JPMorgan Undiscovered Managers Behavioral Fund	Mutual Fund	685,924	878,273
	Vanguard Mid Cap Index Fund	Mutual Fund	1,360,981	2,928,418
	Vanguard Institutional Index Fund	Mutual Fund	1,517,698	8,938,137
	Vanguard Growth Index Fund	Mutual Fund	870,953	3,708,314
	Vanguard Value Index Fund	Mutual Fund	3,196,630	6,715,260
	Goldman Sachs Emerging Markets Fund	Mutual Fund	2,155,517	2,613,923
	MFS International Diversification Fund	Mutual Fund	2,794,859	4,512,828
	T Rowe Price International Discovery Fund	Mutual Fund	1,195,698	1,531,515
	Vanguard Developed Markets Index Fund	Mutual Fund	2,984,412	4,583,490
	Federated Hermes Total Return Bond Fund	Mutual Fund	2,367,501	2,275,300
	Federated Hermes Short-Inter Total Return Bond Fund	Mutual Fund	3,234,861	3,329,186
	US Treasury	Note @ 4.250% due 05/15/2035	399,813	403,408
	US Treasury	Note @ 1.875% due 07/15/2035	507,074	505,778
	US Treasury	Bond @ 4.250% due 08/15/2054	3,015,591	2,713,320
	US Treasury	Bond @ 4.125% due 08/15/2044	594,469	550,854
	US Treasury	Bond @ 4.500% due 11/15/2054	984,258	943,520
	US Treasury	Bond @ 4.625% due 11/15/2044	2,725,035	2,744,672
	US Treasury	Bond @ 4.625% due 02/15/2055	581,766	578,112
	US Treasury	Bond @ 4.750% due 02/15/2045	155,309	149,286
	US Treasury	Bond @ 5.000% due 05/15/2045	2,540,820	2,567,200
	Costco Wholesale Corp	Note @ 1.750% due 04/20/2032	445,295	433,720
	JPMorgan Chase & Co	Note @ Var Rate due 01/23/2035	275,000	285,015
	National Rural Utils Coop	Bond @ 2.750% due 04/15/2032	236,338	225,495
	State Str Corp	Note @ Var Rate due 05/13/2033	502,910	497,615
	Virginia Elec & Pwr Co	Note @ 2.400% due 03/30/2032	230,750	222,245
	Wells Fargo & Co	Note @ Var Rate due 01/23/2035	750,000	782,527
	AT&T Inc	Note @ 3.100% due 02/01/2043	224,268	183,055
	AT&T Inc	Note @ 3.300% due 02/01/2052	214,090	162,725
	AT&T Inc	Note @ 3.500% due 02/01/2061	231,145	159,447
	Abbott Labs	Note @ 4.900% due 11/30/2046	248,525	235,387
	Abbvie Inc	Note @ 4.050% due 11/21/2039	513,647	446,330
	Abbvie Inc	Note @ 4.250% due 11/21/2049	297,650	205,890
	Abbvie Inc	Note @ 4.850% due 06/15/2044	110,130	115,777
	Alcon Fin Corp	Note @ 5.750% due 12/06/2052	217,526	209,999
	Alphabet Inc.	Note @ 5.450% due 11/15/2055	199,312	196,194
	Altria Group Inc	Note @ 3.700% due 02/04/2051	204,720	176,662
	Amazon Com Inc	Note @ 2.500% due 06/03/2050	629,705	448,260
	American Intl Group Inc	Note @ 4.375% due 06/30/2050	306,015	208,672
	Amgen Inc	Note @ 3.375% due 02/21/2050	263,777	177,907
	Amgen Inc	Note @ 2.800% due 08/15/2041	215,095	182,975
	Anheuser Busch Cos LLC	Note @ 4.700% due 02/01/2036	270,737	247,462
	Anheuser Busch Inbev Wldw Inc	Note @ 4.439% due 10/06/2048	451,410	430,150
	APA Corp	Note @ 6.750% due 02/15/2055	89,689	89,636
	Apple Inc	Note @ 2.400% due 08/20/2050	412,450	296,625
	Apple Inc	Note @ 2.375% due 02/08/2041	494,465	360,635
	Applovin Corp	Note @ 5.950% due 12/01/2054	129,353	128,752
	Bat Capital Corp	Note @ 4.390% due 08/15/2037	232,442	230,290
	Bat Capital Corp	Note @ 4.540% due 08/15/2047	263,772	207,382
	Bank of America Corp	Note @ Var Rate due 06/19/2041	881,450	737,330
	Bank of America Corp	Note @ Var Rate due 09/21/2036	429,070	438,780
	Beacon Funding Trust	Note @ 6.266% due 08/15/2054	150,000	152,284
	Becton Dickinson & Co	Note @ 3.794% due 05/20/2050	259,480	186,965
	Biogen Inc	Note @ 3.150% due 05/01/2050	244,137	161,492
	Boeing Co	Note @ 3.950% due 08/01/2059	260,494	212,304
	BP Cap Mkts Amer Inc	Note @ 2.772% due 11/10/2050	304,927	208,096
	BP Cap Mkts Amer Inc	Note @ 2.939% due 06/04/2051	169,318	127,256
	Bristol Myers Squibb Co	Note @ 2.350% due 11/13/2040	173,025	177,820
	Bristol Myers Squibb Co	Note @ 2.550% due 11/13/2050	208,677	147,835
	Broadcom Inc	Note @ 3.500% due 02/15/2041	238,977	203,372

See independent auditor's report.

INTRUST FINANCIAL CORPORATION EMPLOYEES' RETIREMENT PLAN
SCHEDULE H, Line 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR (CONTINUED)
EIN 48-0937376, Plan 001
December 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	CVS Health Corp	Note @ 2.700% due 08/21/2040	668,275	534,945
	Carrier Global Corp	Note @ 3.577% due 04/05/2050	264,294	184,047
	Charter Communications	Note @ 3.700% due 04/01/2051	228,602	157,357
	Chubb INA Hldgs Inc	Note @ 3.050% due 12/15/2061	214,180	153,282
	Cisco Sys Inc	Note @ 5.350% due 02/26/2064	259,092	236,145
	Citigroup Inc	Note @ 4.650% due 07/23/2048	458,030	441,035
	Citigroup Inc	Note @ Var Rate due 11/03/2042	83,451	92,399
	Comcast Corp	Note @ 2.800% due 01/15/2051	853,177	579,310
	Comcast Corp	Note @ 2.450% due 08/15/2052	92,940	79,543
	Commonwealth Edison Co	Bond @ 4.000% due 03/01/2048	93,269	99,286
	ConocoPhillips Co	Note @ 5.200% due 06/01/2045	279,432	232,182
	Constellation Brands Inc	Note @ 3.750% due 05/01/2050	193,197	182,030
	Crown Castle Intl Corp	Note @ 2.900% due 04/01/2041	223,282	182,347
	Danaher Corp	Note @ 2.600% due 10/01/2050	238,105	152,585
	Danaher Corp	Note @ 2.800% due 12/10/2051	252,789	189,006
	Diamondback Energy Inc	Note @ 5.750% due 04/18/2054	94,959	89,779
	Disney Walt Co	Note @ 3.600% due 01/13/2051	558,980	371,385
	Keurig Dr Pepper Inc	Note @ 4.500% due 11/15/2045	208,005	208,435
	Duke Energy Corp	Note @ 3.750% due 09/01/2046	472,265	379,170
	Duke Energy Fla LLC	Bond @ 5.950% due 11/15/2052	264,605	258,412
	Elevance Health Inc	Note @ 5.125% due 02/15/2053	242,307	225,640
	Energy Transfer LP	Note @ 6.200% due 04/01/2055	198,796	196,034
	Enel Fin Amer LLC	Note @ 2.875% due 07/12/2041	246,922	179,903
	Enterprise Prods Oper LLC	Note @ 3.300% due 02/15/2053	429,168	333,870
	Exelon Generation Co LLC	Note @ 5.750% due 10/01/2041	269,243	254,827
	Exelon Corp	Note @ 5.875% due 03/15/2055	199,316	200,556
	Meta Platforms Inc	Note @ 4.450% due 08/15/2052	377,952	345,869
	Florida Pwr & Lt Co	Bond @ 3.150% due 10/01/2049	494,715	342,425
	Florida Pwr & Lt Co	Bond @ 2.875% due 12/04/2051	444,195	318,690
	General Dynamics Corp	Note @ 2.850% due 06/01/2041	398,412	301,536
	General Motors Co	Note @ 5.200% due 04/01/2045	306,103	224,543
	Gilead Sciences Inc	Note @ 2.600% due 10/01/2040	242,933	184,943
	Glencore FDG LLC	Note @ 5.893% due 04/04/2054	70,000	69,634
	Goldman Sachs Group Inc	Note @ Var Rate due 02/24/2043	464,410	391,640
	HCA Healthcare	Note @ 5.125% due 06/15/2039	221,550	241,428
	Hartford Finl Svcs Group Inc	Note @ 3.600% due 08/19/2049	252,650	185,020
	Hewlett Packard Enterprise Co	Note @ 5.600% due 10/15/2054	122,608	115,813
	Home Depot Inc	Note @ 2.375% due 03/15/2051	458,720	286,770
	Indiana Mich Pwr Co	Note @ 5.625% due 04/01/2053	99,969	98,948
	Ingersoll Rand Inc	Note @ 5.700% due 06/15/2054	64,734	65,163
	JPMorgan Chase & Co	Note @ Var Rate due 11/19/2041	660,998	539,520
	Kraft Heinz Foods Co	Note @ 4.375% due 06/01/2046	498,015	413,060
	L3Harris Technologies Inc	Note @ 5.500% due 08/15/2054	246,628	244,245
	Lam Research Corp	Note @ 2.875% due 06/15/2050	176,525	162,165
	Eli Lilly & Co	Note @ 2.250% due 05/15/2050	204,263	143,820
	Lockheed Martin Corp	Note @ 2.800% due 06/15/2050	220,350	158,245
	MPLX LP	Note @ 4.700% due 04/15/2048	266,795	207,780
	Marathon Pete Corp	Note @ 4.500% due 04/01/2048	262,620	201,205
	Mars Inc	Note @ 5.700% due 05/01/2055	139,243	139,458
	Marsh & McLennan Cos Inc	Note @ 5.400% due 03/15/2055	199,038	192,560
	Massachusetts Mut Life	Note @ 5.672% due 12/01/2052	150,628	144,699
	Merck & Co Inc	Note @ 2.350% due 06/24/2040	393,910	360,205
	Metlife Inc	Note @ 5.000% due 07/15/2052	243,308	228,475
	Microsoft Corp	Note @ 2.525% due 06/01/2050	433,015	305,275
	Microsoft Corp	Note @ 2.921% due 03/17/2052	507,475	327,520
	Micron Technology Inc	Note @ 3.366% due 11/01/2041	268,299	229,950
	MidAmerican Energy Co	Note @ 3.650% due 08/01/2048	528,295	374,225
	Morgan Stanley	Note @ Var Rate due 09/16/2036	861,150	879,310
	NBC Universal Media LLC	Note @ 5.950% due 04/01/2041	103,916	102,157
	Netflix	Note @ 5.400% due 08/15/2054	245,008	242,265
	Nisource Fin Corp	Note @ 3.950% due 03/30/2048	281,460	194,980

See independent auditor's report.

INTRUST FINANCIAL CORPORATION EMPLOYEES' RETIREMENT PLAN
SCHEDULE H, Line 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR (CONTINUED)
EIN 48-0937376, Plan 001
December 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Northrop Grumman Corp	Note @ 4.030% due 10/15/2047	446,010	401,625
	Northwestern Mutual Life Ins Co	Note @ 3.450% due 03/30/2051	498,260	348,590
	Oneok Inc	Note @ 4.450% due 09/01/2049	256,580	201,095
	Otis Worldwide Corp	Note @ 3.362% due 02/15/2050	241,230	177,598
	Ovintiv Inc	Note @ 7.100% due 07/15/2053	105,379	111,577
	Philip Morris Intl Inc	Note @ 4.250% due 11/10/2044	215,830	212,640
	Piedmont Nat Gas Co Inc	Note @ 3.350% due 06/01/2050	220,210	171,538
	Public Svc Elec & Gas Co	Note @ 3.850% due 05/01/2049	611,560	577,238
	Qualcomm Inc	Note @ 4.500% due 05/20/2052	226,077	211,778
	RTX Corp	Note @ 3.125% due 07/01/2050	257,782	168,253
	RTX Corp	Note @ 2.820% due 09/01/2051	126,312	93,549
	San Diego Gas & Elec Co	Bond @ 4.100% due 06/15/2049	208,975	197,823
	Southern Co Gas	Note @ 3.150% due 09/30/2051	198,228	129,670
	Southern Copper Corp	Note @ 5.875% due 04/23/2045	199,090	154,064
	Southwestern Elec Pwr Co	Note @ 3.850% due 02/01/2048	254,482	186,123
	Sysco Corp	Note @ 3.300% due 02/15/2050	231,935	174,053
	T Mobile USA Inc	Note @ 3.300% due 02/15/2051	211,817	167,120
	T Mobile USA Inc	Note @ 3.400% due 10/15/2052	249,032	168,038
	Tampa Elec Co	Note @ 3.450% due 03/15/2051	498,885	353,755
	Targa Res Corp	Note @ 4.950% due 04/15/2052	502,943	427,365
	Williams Cos Inc	Note @ 3.500% due 10/15/2051	219,233	173,718
	Travelers Companies Inc	Note @ 3.750% due 05/15/2046	224,948	196,540
	Union Pacific Corp	Note @ 3.839% due 03/20/2060	288,058	180,355
	Union Pacific Corp	Note @ 3.250% due 02/05/2050	233,768	173,095
	UnitedHealth Group Inc	Note @ 2.750% due 05/15/2040	480,880	373,935
	UnitedHealth Group Inc	Note @ 5.050% due 04/15/2053	239,685	225,495
	UnitedHealth Group Inc	Note @ 5.375% due 04/15/2054	159,137	141,533
	Verizon Communications Inc	Note @ 2.650% due 11/20/2040	224,250	178,435
	Verizon Communications Inc	Note @ 3.550% due 03/22/2051	236,303	177,460
	Verizon Communications Inc	Note @ 2.850% due 09/03/2041	220,200	180,180
	Verisk Analytics Inc	Note @ 3.625% due 05/15/2050	248,415	180,390
	Viacom Inc	Note @ 4.375% due 03/15/2043	238,085	173,890
	Virginia Elec & Pwr Co	Note @ 2.450% due 12/15/2050	463,085	287,270
	Walmart Inc	Note @ 2.650% due 09/22/2051	447,250	315,215
	Wells Fargo & Co	Note @ Var Rate due 04/30/2041	486,120	387,795
	Anglo American Capital	Note @ 6.000% due 04/05/2054	197,234	200,240
	Bacardi Ltd	Note @ 5.900% due 06/15/2043	149,462	145,823
	Bell Tel Co	Note @ 3.650% due 08/15/2052	239,783	175,875
	Canadian Pacific Railway Co	Note @ 3.000% due 12/02/2041	109,426	82,217
	Canadian Pacific Railway Co	Note @ 3.100% due 12/02/2051	220,233	165,853
	Cenovus Energy Inc	Note @ 3.750% due 02/15/2052	84,391	59,420
	Eni Spa Glbl	Note @ 5.950% due 05/15/2054	197,656	198,290
	Electricite De France	Note @ 6.900% due 05/23/2053	198,646	220,322
	Pfizer Invt Enterprises	Note @ 5.300% due 05/19/2053	505,587	487,643
	Rogers Communications Inc	Note @ 4.500% due 03/15/2042	148,323	128,210
	Shell International	Note @ 2.875% due 11/26/2041	450,565	369,820
	Suncor Energy Inc	Note @ 4.000% due 11/15/2047	252,685	189,828
	Takeda Pharmaceutical Co	Note @ 3.175% due 07/09/2050	251,430	166,728
	Telefonica Emisiones	Note @ 4.895% due 03/06/2048	278,810	209,968
	Vodafone Group	Note @ 4.250% due 09/17/2050	267,728	195,648
	Waste Connections Inc	Note @ 2.950% due 01/15/2052	224,255	226,622
			$79,606,772	$90,857,580

See independent auditor's report.

INTRUST FINANCIAL CORPORATION EMPLOYEES' RETIREMENT PLAN
SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
EIN 48-0937376, Plan 001
Year ended December 31, 2025

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Series of Transactions in the Same Security								
Federated	Hermes Government Obligations Fund	$ 9,246,553	N/A	N/A	$ -	$ 9,246,553	$ 9,246,553	$ -
Federated	Hermes Government Obligations Fund	N/A	$ 13,176,651	N/A	-	13,176,651	13,176,651	-

See independent auditor's report.

INTRUST Financial Corporation Employees' Retirement Plan

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

Years of Credited Service

Attained Age	Under 1			1 to 4			5 to 9			10 to 14			15 to 19		
	No.	Average Comp.	Average Cash Bal.	No.	Average Comp.	Average Cash Bal.	No.	Average Comp.	Average Cash Bal.	No.	Average Comp.	Average Cash Bal.	No.	Average Comp.	Average Cash Bal.
Under 25	0			0			0			0			0		
25 to 29	0			0			5			0			0		
30 to 34	0			0			20			19			0		
35 to 39	0			0			17			17			18		
40 to 44	0			0			15			6			16		
45 to 49	0			0			11			8			7		
50 to 54	0			0			12			7			4		
55 to 59	0			0			7			9			7		
60 to 64	0			0			2			10			7		
65 to 69	0			0			4			2			4		
70 & Up	0			0			0			0			2		

Attained Age	20 to 24			25 to 29			30 to 34			35 to 39			40 & Up		
	No.	Average Comp.	Average Cash Bal.	No.	Average Comp.	Average Cash Bal.	No.	Average Comp.	Average Cash Bal.	No.	Average Comp.	Average Cash Bal.	No.	Average Comp.	Average Cash Bal.
Under 25	0			0			0			0			0		
25 to 29	0			0			0			0			0		
30 to 34	0			0			0			0			0		
35 to 39	3			0			0			0			0		
40 to 44	14			3			0			0			0		
45 to 49	15			7			1			0			0		
50 to 54	10			11			5			0			0		
55 to 59	10			15			14			4			0		
60 to 64	7			14			5			14			0		
65 to 69	3			5			0			5			0		
70 & Up	0			0			0			1			0		

Funding – Assumptions

Interest Rates

Funding Segment Rates	2024		2025	
	Minimum	Maximum	Minimum	Maximum
1st Segment	4.75%	4.37%	5.00%	5.00%
2nd Segment	4.96%	4.96%	5.27%	5.27%
3rd Segment	5.59%	4.95%	5.50%	5.40%
Weighted Average	5.25%	N/A	5.35%	5.31%

Disability
None assumed.

Mortality
For 2025, the 2025 IRS generational mortality table is adopted, (previously, the 2024 IRS generational mortality table).

Termination
W-3 American Society of Pension Actuaries (see sample rates below)

Age	Probability of Termination
25	14.03%
35	7.64%
45	6.57%
55	0.47%

Assumed Retirement
The Assumed Retirement date is age 65.

Marriage
Male spouses are assumed to be three years older than their wives.
It is assumed that all participants are married.

Salary Scale
4.00%

Covered Compensation
Covered compensation is based on the 2025 Covered Compensation Table.

IRS Limits
The IRS Maximum Benefit Limitation for the 2025 Plan Year is $280,000.

Expenses
Administrative expenses are assumed to be paid from the trust, and these assumed expenses are added to the Target Normal Cost.

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
INTRUST FINANCIAL CORPORATION EMPLOYEES' RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1954

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)

INTRUST FINANCIAL CORPORATION

P.O. BOX 1
Wichita KS 67201-9819

105 NORTH MAIN
Wichita KS 67201-9819

2b Employer Identification Number (EIN) 48-0937376

2c Plan Sponsor's telephone number 316-383-1188

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	Jocelyn Boyd	10/08/2026	JOCELYN BOYD
	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

Please See Audit

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
INTRUST FINANCIAL CORPORATION EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
48-0937376

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	87,846,461
b Actuarial value	**2b**	87,846,461

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	369	12,902,114	12,902,114
b For terminated vested participants	121	12,272,278	12,272,278
c For active participants	403	43,936,746	43,936,746
d Total	893	69,111,138	69,111,138

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

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

5 Effective interest rate	**5**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	3,336,069
b Expected plan-related expenses	**6b**	110,000
c Target normal cost	**6c**	3,446,069

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

Jeff Smith
Signature of actuary

10/02/2026
Date

Jeff R. Smith, FSA. EA
Type or print name of actuary

2605839
Most recent enrollment number

Ascensus
Firm name

336-544-6614
Telephone number (including area code)

2525 Harrodsburg Road
Suite 210
Lexington KY 40504
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 [ ]

Bradley K. McGlachlin
Brian A. Wilkinson
Jason D. Gutschenritter
Danying Diane Zhu

GJ & COMPANY, LLC
CERTIFIED PUBLIC ACCOUNTANTS

345 RIVERVIEW, SUITE 520
WICHITA, KANSAS 67203-4265
(316) 267-9211 FAX: (316) 267-9215
EMAIL: admin@gjcpas. com

October 7, 2026

To the Plan Oversight Committee and Management
INTRUST Financial Corporation Employees' Retirement Plan

We have audited the financial statements of INTRUST Financial Corporation Employees' Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit] for the year ended December 31, 2025, and have issued our report thereon dated October 7, 2026. As permitted by ERISA Section 103(a)(3)(C), our audit did 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, that prepared and certified the statements or information regarding assets so held in accordance with 29 CFR 2520.103-5. 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 supplemental schedules, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP. Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated April 22, 2026. Professional standards also require that we communicate to you the following information related to our audit.

Significant Audit Matters

Qualitative Aspects of Accounting Practices

You are responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by INTRUST Financial Corporation Employees' Retirement Plan are described in Note B to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during 2025. We noted no transactions entered into by the Plan during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements and are based on your knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the financial statements were:

- Your estimate of the present value of accumulated plan benefits is based on valuations performed on the plan by the plan actuary. We evaluated the key factors and assumptions used to develop the present value of accumulated plan benefits in determining that it is reasonable in relation to the financial statements taken as a whole.
- Your estimate of the fair value of investments is based on valuations performed by a plan trustee. We evaluated the key factors and assumptions used to develop the fair value of the investments in determining that the fair value is reasonable in relation to the financial statements taken as a whole.

Certain financial statement disclosures are particularly sensitive because of their significance to financial statement users. The most sensitive disclosure affecting the financial statements was:

- The disclosure of Fair Value Measurements
- The disclosure of Actuarial Assumptions and Data

The financial statement disclosures are neutral, consistent, and clear.

Form 5500 Procedures

We are required to obtain and read a substantially complete draft of Form 5500 prior to dating our auditor's report. The purpose of this procedure is to identify any material inconsistencies between the draft Form 5500 and the Plan's financial statements. We recommended changes to the draft Form 5500.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. No material misstatements were identified during the course of our audit.

Disagreements with Management

For purposes of this letter, a disagreement with management is a disagreement on a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Other Matters

Our responsibility for the ERISA-required supplemental schedules accompanying the financial statements is to perform adequate procedures to evaluate whether the form and content of the ERISA-required supplemental schedules, other than that agreed to or derived from the certified investment information, is presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, and whether the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

This report is intended solely for the information and use of the Plan Oversight Committee and Management of the INTRUST Financial Corporation Employees' Retirement Plan and is not intended to be and should not be used by anyone other than these specified parties.

Very truly yours,



Intrust Financial Corporation Employees' Retirement Plan

Intrust Financial Corporation
105 North Main
Wichita, KS 67202

AUTHORIZATION OF PRACTITIONER TO ELECTRONICALLY SIGN AND FILE

Name of Plan: Intrust Financial Corporation Employees' Retirement Plan
EIN: 48-0937376
Plan year ending: December 31, 2025

I hereby authorize American Trust to electronically sign and file the named return/report through EFAST2. If required, the annual Form 8955-SSA will also be filed electronically.

I understand that in granting this authority:

1. I must manually sign and date **page 1 of the Form 5500** and provide a scanned copy of that signature page to American Trust before the electronic filing can be initiated.
2. American Trust will retain a copy of this written authorization in its records.
3. American Trust will notify the individual signing below as plan administrator about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report.
4. A copy of my signature, as it appears on **page 1 of the Form 5500**, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
5. American Trust shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan Year end stated above.

Plan Administrator: Jocelyn Boyd Date: 10/13/26
Jocelyn Boyd

American Trust certifies that the firm will use the authority granted only for the express purposes described above, that the firm will not disclose confidential information to any parties other than the DOL, as required for EFAST filing and that the firm will take reasonable steps to assure that confidential information provided by the Plan Administrator is protected from unauthorized disclosure.

Principal Plan Provisions

General Information

Valuation Date	January 1, 2025
Original Plan Effective Date	July 1, 1954
Date of Last Restatement	January 1, 2017
Plan Year	January 1 to December 31
Employer Fiscal Year	January 1 to December 31

Eligibility Requirements

Plan Participation has been frozen. Effective 8-1-2018, no new or rehired Employees will become a Participant except for those Employees who prior to 9-19-2018 make a "choice election" not to receive an enhanced benefit 401k Plan benefit and who would enter the Plan on or before 7-1-2019.

Credited Service

A year of service shall be credited for each calendar year since January 1, 1977, in which the employee works 1,000 or more hours. In the initial or final year of employment, 1/12th of a year of service is granted for each full month working 83 or more hours. Effective in 2002, a vested disabled participant who delays receipt of their benefit under the plan will continue to receive credited service each year up to age 65. A year of service shall be credited for the period July 1, 1976, through December 31, 1976, if the employee worked 500 or more hours during the period. Service prior to July 1, 1976, is credited in accordance with the plan provisions in effect at that time. For eligibility purposes, a year of service is credited if the employee works 1,000 or more hours during the first 12 months of employment.

Compensation

Compensation is the total compensation received by the Participant for the prior **calendar** year, including bonuses, overtime and commissions and any amounts deferred under a qualified 401(k), 132(f), 403(b) or 125 Plan. Excluded are amounts for other fringe benefits, moving expenses, automobile allowances, taxable values of employer-paid group term life insurance, and any other special forms of payment.

Final Average

Highest five (5) consecutive years out of the last ten (10) years of compensation.

Vesting

All participants shall vest according to the following schedule:

Years of Service	Percent Vested
Less than 5	0%
5 or more	100%

In addition, all participants shall be 100% vested upon attainment of the Normal Retirement Age.
The vested benefit is the vested portion of the Accrued Benefit as of the date of determination.

Normal Retirement
The normal retirement date for each participant is the first of the month on or next following the later of age 65 or the fifth anniversary of plan participation.

Benefit
The amount of annual retirement benefit payable according to the Normal Form of payment is calculated as follows:

The amount of the monthly Normal Retirement Benefit is equal to 1/12 of the sum of (a) plus (b) plus (c) as described below:

(a) Accrued Benefit payable at age 65 under the prior plan on December 31, 1995; plus

(b) Base Benefit. One percent (1.0%) of the *"Final Average Annual Compensation*" multiplied by the number of *Years of Benefit Service*; plus

(c) Social Security Excess Benefit. An excess percentage of the "*Final Average Annual Compensation*" (based on your Social Security Retirement Age) in excess of the applicable Social Security Covered Compensation" multiplied by the number of *Years of Benefit Service*, subject to a maximum of 35 Years of Service:

The accrued benefit will be no less than the participant's accrued benefit determined using the current benefit formula applied to all years of service.

For those making a "choice election" to receive the enhanced 401k Plan contribution, benefits were frozen as of 1-1-2019.

For former First Bank of Moore employees, only service after December 31, 1995 is considered. For former First National Bank of Ottawa employees, their accrued benefit is the sum of the accrued benefit under the Ottawa Plan at December 31, 1995, and their accrued benefit using the current formula applied to service after December 31, 1995. For former Willis Corroon Corporation of Kansas employees, only service after November 1, 1996 is considered. For former U.S. Bank employees, only service after September 25, 1999 is considered. For former SunGard Wealth Management Services employees, only service after December 1, 2004 is considered. For former First State Bank, Junction City employees, only service after March 17, 2007 is considered.

"Covered Compensation" is the average of Social Security Taxable Wage Base for the 35-year period ending at the Participant's Social Security retirement age.

Accrued Benefit
The Monthly Accrued Benefit, with respect to the formula above, as of any date, is calculated using actual service and compensation as of the date of determination.

Delayed Retirement
Eligibility is the first of the month on or the next following the actual date the Participant terminates employment after Normal Retirement Date. The Benefit is based on service and Final Average Compensation as of the actual retirement date, or the actuarial equivalent of the Normal Retirement Benefit, if greater.

Early Retirement
A monthly benefit payable for 15 years certain equal to the participant's accrued benefit reduced by 0.5 percent for each month the early retirement date precedes the participant's normal retirement date. Effective January 1, 1995, the reduction in the accrued benefit is from age 62 if the participant has 20 or more years of service. (From May 1, 2002 through December 31, 2006, the reduction was 0.7 percent per month for early commencement, with the May 1, 2002 accrued benefit reduced by the 0.5 percent per month reduction preserved due to the protected benefit rules.)

Disability Retirement
Totally and Permanently Disabled. Unable to engage in any substantial gainful occupation because of physical or mental impairment. The benefit is the Accrued Benefit as of the Disability Retirement Date, commencing at the Normal Retirement Date. If the payment begins prior to Normal Retirement Date, the monthly payment will be reduced.

Death Benefit
Eligibility: Contingent upon death after the vesting date and prior to actual retirement.

A benefit computed assuming the Participant had terminated employment on date of death and had elected a 50% Joint and Survivor Annuity, and then died. Monthly benefit at what would have been the Participant's Earliest Retirement Date.

Post-retirement Death Benefits are dependent upon the form of payment selected at actual retirement.

Methods of Payments
Under the Normal Form of payment, a Participant's retirement annuity is payable monthly with 180 payments guaranteed. A Participant may elect to receive the annuity under one of the following actuarially-equivalent optional modes:

- A reduced benefit is paid to the Participant for life, with no further benefits after death.
- A reduced benefit is paid to the Participant for life, with 100%, 75% or 50% of such benefit continued after death for the subsequent lifetime of the surviving spouse.
- A reduced benefit is paid to the Participant for life with 60 or 120 monthly payments guaranteed. If the Participant dies within the guarantee period, the payments continue to a beneficiary until 60 or 120 have been paid.
- A lump sum payment of the actuarial equivalence of the Participant's retirement benefit.

Unless the Participant has elected an option above, it is automatically assumed that a married Participant has elected a Joint and Survivor option with one-half of the initial amount continued to the surviving spouse.

Contributions
The entire cost of the Plan is borne by the Employer.

Please See Audit