

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program, etc.
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: THE TRUST COMPANY OF TENNESSEE 401 (K) PROFIT SHARING PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 12/12/1989
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 62-1291257
2c Plan Sponsor's telephone number: 865-971-1902
2d Business code (see instructions): 523900

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	128
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	108
	6a(2)	107
	6b	12
	6c	20
	6d	139
	6e	0
	6f	139
	6g(1)	128
6g(2)	138	
6h	13	
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 Characteristics Codes in the instructions:
 2E 2G 2J 2K 2R 2T 3D 2F

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information 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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan THE TRUST COMPANY OF TENNESSEE 401 (K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE TRUST COMPANY OF TENNESSEE	D Employer Identification Number (EIN) 62-1291257	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

THE TRUST COMPANY OF TENNESSEE

62-1291257

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

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

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

THE TRUST COMPANY OF TENNESSEE

62-1291257

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 19 26 38 65 15 21 27 50 17 24 37 64	NONE	5354	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan THE TRUST COMPANY OF TENNESSEE 401 (K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE TRUST COMPANY OF TENNESSEE	D Employer Identification Number (EIN) 62-1291257

Part I	Asset and Liability Statement
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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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	3565	1500
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1005450	1005407
(2) Participant contributions	1b(2)	0	34799
(3) Other	1b(3)	4950	2018
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	278914	299638
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1004967	1816582
(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)	231258	270662
(9) Value of interest in common/collective trusts	1c(9)	933170	490423
(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)	27434728	31449300
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	30897002	35370329
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	30897002	35370329

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)	1005407	
(B) Participants.....	2a(1)(B)	1186558	
(C) Others (including rollovers).....	2a(1)(C)	285239	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2477204
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	8420	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	17647	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		26067
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	11461	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	879770	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		891231
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	10470	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	11072	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-602
(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		12080
(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)		3621117
c Other income	2c		-355
d Total income. Add all income amounts in column (b) and enter total.....	2d		7026742

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2548061	
(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)		2548061
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)	4010	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	288	
(6) Bank or trust company trustee/custodial fees	2i(6)	1000	
(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)	56	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		5354
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2553415

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4473327
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) 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) 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: KRUGGEL LAWTON & COMPANY, LLC

(2) EIN: 35-1307701

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.)		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.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>THE TRUST COMPANY OF TENNESSEE 401 (K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE TRUST COMPANY OF TENNESSEE</u>	D Employer Identification Number (EIN) <u>62-1291257</u>	

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): 46-2345389

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

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

3	
---	--

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704103A.



THE TRUST COMPANY OF TENNESSEE 401(K) PROFIT SHARING PLAN

ANNUAL REPORT
December 31, 2024

THE TRUST COMPANY OF TENNESSEE 401(K) PROFIT SHARING PLAN

Knoxville, Tennessee

ANNUAL REPORT

December 31, 2024

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of
The Trust Company of Tennessee 401(k) Profit Sharing Plan
Knoxville, Tennessee

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2024 Financial Statements

We have performed an audit of the financial statements of The Trust Company of Tennessee 401(k) Profit Sharing 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 statement of net assets available for benefits as of December 31, 2024, the related statement of changes in net assets available for benefits for the year then ended and the related notes to the financial statements (2024 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2024 Financial Statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of December 31, 2024 and for the year then ended, stating that the certified investment information, as described in Note 3 to the 2024 Financial Statements, is complete and accurate.

Opinion on the 2024 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2024 Financial Statements section

- the amounts and disclosures in the accompanying 2024 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 2024 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 on the 2024 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2024 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 audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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 the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the 2024 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2024 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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 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 2024 Financial Statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the 2024 Financial Statements but is 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 2024 Financial Statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the 2024 Financial Statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2024 Financial Statements or to the 2024 Financial Statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is 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 schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

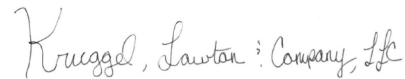
Other Matter - Accountant's Compilation Report on the 2023 Financial Statements

We have compiled the accompanying statement of net assets available for benefits of the Plan as of December 31, 2023. We have not audited or reviewed the Plan statement of net assets available for benefits and, accordingly, do not express an opinion or provide any assurance about whether the 2023 financial statements are in accordance with accounting principles generally accepted in the United States of America.

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 designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the compilation in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist management in presenting financial information in the form of financial statements without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements.

Respectfully submitted,



Certified Public Accountants

Knoxville, Tennessee
August 22, 2025

THE TRUST COMPANY OF TENNESSEE 401(K) PROFIT SHARING PLANKnoxville, Tennessee

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2024 and 2023

	<u>2024</u>	(Unaudited) <u>2023</u>
ASSETS		
Investments, at fair value	34,057,444	29,653,279
Receivables		
Employer contributions	1,005,407	1,005,450
Participant contributions	34,799	0
Notes receivable from participants	270,662	231,258
Accrued income	2,017	4,950
Total receivables	<u>1,312,885</u>	<u>1,241,658</u>
Cash	0	2,063
NET ASSETS AVAILABLE FOR BENEFITS	<u>35,370,329</u>	<u>30,897,000</u>

Notes to the Financial Statements are an integral part of this statement

THE TRUST COMPANY OF TENNESSEE 401(K) PROFIT SHARING PLAN

Knoxville, Tennessee

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Year Ended December 31, 2024

ADDITIONS TO NET ASSETS:

Investment income	
Net appreciation in fair value of investments	3,617,912
Dividend and interest income	913,980
<hr/> Total investment income	<hr/> 4,531,892
Interest income on notes receivable from participants	17,647
Contributions	
Employer	1,005,407
Participants	1,186,559
Rollovers	285,239
<hr/> Total contributions	<hr/> 2,477,205
<hr/> TOTAL ADDITIONS	<hr/> 7,026,744

DEDUCTIONS FROM NET ASSETS:

Benefits paid to participants	2,548,061
Administrative expenses	5,354
<hr/> TOTAL DEDUCTIONS	<hr/> 2,553,415

NET INCREASE 4,473,329

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	30,897,000
<hr/> End of year	<hr/> 35,370,329

Notes to the Financial Statements are an integral part of this statement

THE TRUST COMPANY OF TENNESSEE 401(K) PROFIT SHARING PLAN

Knoxville, Tennessee

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE 1 - DESCRIPTION OF PLAN

The following brief description of the The Trust Company of Tennessee 401(k) Profit Sharing Plan (the "Plan") is provided for general information purposes only. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

GENERAL

The Plan is a defined contribution plan covering substantially all employees of The Trust Company of Tennessee (the "Company") immediately upon hire. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

CONTRIBUTIONS

Each year, participants may contribute a portion of their eligible compensation, as defined by the Plan, as pretax or Roth contributions, up to the maximum allowed under the Internal Revenue Code ("IRC"). Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute rollover amounts representing distributions from other qualified plans. The Company may make discretionary matching or non-elective contributions. A matching contribution equal to 100% of deferrals on the first 6% of eligible compensation was made for 2024. A non-elective contribution equal to 4% of eligible compensation was made for 2024. Participants direct the investment of their contributions and Company contributions into various investment options offered by the Plan.

PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contribution and an allocation of the Company's contributions, Plan earnings, and is charged with an allocation of administrative expenses paid by the Plan. Allocations are based on participant earnings, contributions, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

VESTING

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. The vesting schedule provides for 100% vesting of employer contributions after six years of credited service.

NOTES RECEIVABLE FROM PARTICIPANTS

The Plan provides that participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of 50% of their vested account balance or \$50,000. The loans are secured by the vested balance in the participant's account and bear interest at a rate of 1% above the prime interest rate. Principal and interest is paid ratably through payroll deductions. These loans are subject to certain restrictions as defined by the Plan Document and applicable restrictions under the IRC.

THE TRUST COMPANY OF TENNESSEE 401(K) PROFIT SHARING PLAN

Knoxville, Tennessee

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

PAYMENT OF BENEFITS

Upon termination of service a participant, or their beneficiary, is entitled to receive the vested interest in his or her account. Participants may elect to receive a lump sum amount, partial payments, or installment payments. Withdrawals may also be made when a participant attains age 59 1/2 or demonstrates financial hardship.

FORFEITED ACCOUNTS

At December 31, 2024 and 2023, forfeited nonvested accounts totaled \$38,830 and \$10,027, respectively. These accounts may be used to reduce future employer contributions or to pay plan administrative expenses. The forfeited nonvested accounts were used in the following year to fund the employer contribution receivables and the receivables on the on the financial statements are net of forfeitures used.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The financial statements of the Plan are prepared under the accrual method of accounting.

INVESTMENT VALUATION AND INCOME RECOGNITION

The investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price). See Note 4 for discussion of fair value measurements.

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

NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2024 and 2023.

OPERATING EXPENSES

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Expenses that are charged to participant accounts include loan fees, withdrawal fees and plan administrative fees. Certain investment related expenses are included in net appreciation in fair value of investments.

PAYMENT OF BENEFITS

Benefits are recorded when paid.

THE TRUST COMPANY OF TENNESSEE 401(K) PROFIT SHARING PLAN

Knoxville, Tennessee

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE 3 - CERTIFIED INVESTMENT INFORMATION

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments held at December 31, 2024 and 2023, and investment income for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by The Trust Company of Tennessee ("TTC"), a qualified institution. The Plan's independent auditors did not perform auditing procedures with respect to this certified information, except for comparing such certified information to the related information included in the financial statements and ERISA-required supplemental schedule.

NOTE 4 - FAIR VALUE MEASUREMENT

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3).

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 inputs to the valuation methodology include the following:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

- *Mutual funds*. Valued at the published daily net asset value ("NAV") as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

THE TRUST COMPANY OF TENNESSEE 401(K) PROFIT SHARING PLAN

Knoxville, Tennessee

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

- *Self-directed brokerage accounts.* Accounts primarily consist of mutual funds and common stocks for which values are determined using quoted prices on a nationally recognized securities exchange.
- *Stable value fund.* Valued at the net asset value ("NAV") of units of a bank collective trust. The NAV, as provided by the Custodian, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. The Stable Value Fund seeks to preserve principle, and provide interest income based on prevailing market rates. Certain events may limit the ability of the Plan to transact at NAV with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (3) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events which would limit the Plan's ability to transact at NAV with participants are probable of occurring.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level within the fair value hierarchy the Plan's assets at fair value as of December 31, 2024 and 2023.

Investment Assets at Fair Value as of December 31, 2024

	Level 1	Level 2	Level 3	Total
Mutual funds	28,594,853	0	0	28,594,853
Self-directed brokerage accounts	4,972,168	0	0	4,972,168
Total assets in the fair value hierarchy	33,567,021	0	0	33,567,021
Investments measured at net asset value *	0	0	0	490,423
Total investment assets at fair value	33,567,021	0	0	34,057,444

Investment Assets at Fair Value as of December 31, 2023

	Level 1	Level 2	Level 3	Total
Mutual funds	26,212,149	0	0	26,212,149
Self-directed brokerage accounts	2,507,960	0	0	2,507,960
Total assets in the fair value hierarchy	28,720,109	0	0	28,720,109
Investments measured at net asset value *	0	0	0	933,170
Total investment assets at fair value	28,720,109	0	0	29,653,279

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NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

*Certain investments that were measured at net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2024 and 2023, respectively. There are no participant redemption restrictions for these investments. The redemption notice period is applicable only to the Plan.

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (If Currently Eligible)</u>	<u>Redemption Notice Period</u>
December 31, 2024:				
Stable value fund	490,423	N/A	Daily	None
December 31, 2023:				
Stable value fund	933,170	N/A	Daily	None

NOTE 5 - RISKS AND UNCERTAINTIES

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

NOTE 6 - TRANSACTIONS WITH PARTIES-IN-INTEREST

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. The Plan held notes receivable from participants, which qualify as party-in-interest transactions. The Plan is not charged for administrative services performed on its behalf by employees of the Company. Some fees paid by the Plan for the investment management services are included in net appreciation in fair value of investments. During 2024, the Plan paid administrative fees to the Company which also qualify as party-in-interest transactions. The fees paid to the Company were to cover costs and did not include a profit for the Company.

THE TRUST COMPANY OF TENNESSEE 401(K) PROFIT SHARING PLAN

Knoxville, Tennessee

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE 7 - TAX STATUS

The Plan uses a non-standardized pre-approved plan document sponsored by The Trust Company of Tennessee Inc. The Trust Company of Tennessee Inc received an opinion letter from the Internal Revenue Service ("IRS") dated June 30, 2020, which states that the non-standardized pre-approved plan document, as then designed, satisfies the applicable provisions of the IRC. The Plan itself has not received a determination letter from the IRS. However, the plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements.

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

NOTE 8 - SUBSEQUENT EVENTS

The Company has evaluated subsequent events through the date the financial statements were available to be issued, no events or transactions occurred through August 22, 2025 requiring recognition or disclosure in the financial statements.

THE TRUST COMPANY OF TENNESSEE 401(K) PROFIT SHARING PLAN

Knoxville, Tennessee

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

EIN: 62-1291257 PLAN NUMBER: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment - Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Market Value
		<u>Mutual Funds:</u>		
	BlackRock	Lifepath Index 2030 Fund K	#	781,294
	BlackRock	Lifepath Index 2035 Fund K	#	968,436
	BlackRock	Lifepath Index 2040 Fund K	#	319,171
	BlackRock	Lifepath Index 2045 Fund K	#	556,231
	BlackRock	Lifepath Index 2050 Fund K	#	1,574,991
	BlackRock	Lifepath Index 2055 Fund K	#	505,101
	BlackRock	Lifepath Index 2060 Fund K	#	216,621
	BlackRock	Lifepath Index 2065 Fund K	#	98,427
	BlackRock	Lifepath Index Retirement Fund K	#	1,009,562
	BlackRock	Strategic Income Opps K	#	770,166
	Causeway	International Value Instl.	#	1,728,847
	Conestoga	Small Cap Institutional	#	1,327,488
	Fidelity	Real Estate Index Fund	#	914,321
	Goldman Sachs	GQG Partners Intl. Opps R6	#	1,639,520
	JP Morgan	Core Bond R6	#	816,350
	JP Morgan	Emerging Markets Equity R6	#	1,672,360
	JP Morgan	US Government Money Market Capital	#	38,830
	Metropolitan West	Intermediate Bond I	#	801,382
	Nationwide	WCM Focused Small Cap R6	#	1,259,622
	Vanguard	500 Index Fund #540 Admiral Shares	#	6,630,923
	Vanguard	Growth Index Admiral	#	2,581,922
	Vanguard	Inflation-Protected Sec Fd Admiral	#	149,843
	Vanguard	Value Index Admiral #506	#	2,233,445
		<u>Self-Directed Brokerage Accounts:</u>		
*	Trust Company	Self-Directed Brokerage Accounts	#	4,972,168
		<u>Collective Trust:</u>		
	Invesco	Stable Value Trust CI A1	#	490,423
		<u>Participant Loans:</u>		
*	Participant Loans	Interest rates at 4.25%-9.50%	0	270,662
	Total			34,328,106

* Denotes party-in-interest

All investments are participant directed, therefore, cost information is not required

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR 12/31/2024

PLAN NAME: The Trust Company of Tennessee 401(k) Profit Sharing Plan
 THREE DIGIT PLAN NUMBER: 001
 PLAN SPONSOR'S NAME: The Trust Company of Tennessee
 EMPLOYER IDENTIFICATION NUMBER: 62-1291257

(A) (B) IDENTITY OF ISSUE, BORROWER, LESSOR , OR SIMILAR PARTY	(C) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	(D) COST	(E) CURRENT VALUE
American Funds Growth Fd CL R-6	136.861 Shares of Registered Investment Co	n/a	\$10,202.99
Artisan High Income Advisor	11,386.261 Shares of Registered Investment Co	n/a	\$103,614.98
Baird Aggregate Bond Inst	7,357.020 Shares of Registered Investment Co	n/a	\$70,995.25
BlackRock Lifepath Index 2030 Fund K	45,770.016 Shares of Registered Investment Co	n/a	\$781,294.17
BlackRock Lifepath Index 2035 Fund K	51,321.478 Shares of Registered Investment Co	n/a	\$968,436.29
BlackRock Lifepath Index 2040 Fund K	15,615.027 Shares of Registered Investment Co	n/a	\$319,171.15
BlackRock Lifepath Index 2045 Fund K	25,044.160 Shares of Registered Investment Co	n/a	\$556,230.79
BlackRock Lifepath Index 2050 Fund K	67,770.690 Shares of Registered Investment Co	n/a	\$1,574,990.84
BlackRock Lifepath Index 2055 Fund K	20,975.950 Shares of Registered Investment Co	n/a	\$505,100.88
BlackRock LifePath Index 2060 Fund K	10,042.697 Shares of Registered Investment Co	n/a	\$216,620.97
BlackRock LifePath Index 2065 Fund K	6,483.997 Shares of Registered Investment Co	n/a	\$98,427.07
BlackRock Lifepath Index Retirement Fund K	73,369.330 Shares of Registered Investment Co	n/a	\$1,009,561.98
Blackrock Strategic Income Opps K	97,229.610 Shares of Registered Investment Co	n/a	\$921,736.70
Blackrock Total Return Fd Cl K	54.369 Shares of Registered Investment Co	n/a	\$529.01
Causeway International Value Instl	103,481.619 Shares of Registered Investment Co	n/a	\$1,920,618.85
Conestoga Small Cap Inst'l	18,861.334 Shares of Registered Investment Co	n/a	\$1,499,476.06
Dodge & Cox Global Bond I	1,206.300 Shares of Registered Investment Co	n/a	\$12,678.22
Fidelity Real Estate Index Fund	63,789.658 Shares of Registered Investment Co	n/a	\$1,027,651.38
Goldman Sachs GQG Ptnrs Intl Opps R6	94,368.945 Shares of Registered Investment Co	n/a	\$1,844,912.88
JP Morgan Core Bond R6	87,387.071 Shares of Registered Investment Co	n/a	\$884,357.16
JP Morgan Emerging Markets Equity R6	61,701.367 Shares of Registered Investment Co	n/a	\$1,867,083.37
Metropolitan West Intermediate Bond I	86.170.153 Shares of Registered Investment Co	n/a	\$801,382.42
Nationwide WCM Focused Small Cap R6	45,379.003 Shares of Registered Investment Co	n/a	\$1,412,194.58
Schroders International Multi-Cap Value	1,727.699 Shares of Registered Investment Co	n/a	\$17,207.88
Vanguard 500 Index Fd #540 Adm Shs	13,498.246 Shares of Registered Investment Co	n/a	\$7,326,307.99
Vanguard Growth Index Admiral	14,033.514 Shares of Registered Investment Co	n/a	\$2,964,158.83

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR 12/31/2024

PLAN NAME: The Trust Company of Tennessee 401(k) Profit Sharing Plan
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	Vanguard Inflation-Protected Sec Fd Admiral	7,701.879 Shares of Registered Investment Co	n/a	\$173,446.31
	Vanguard Value Index Admiral #506	38,778.162 Shares of Registered Investment Co	n/a	\$2,560,909.82
	ADT Inc	100.000 Shares of Common Stock	n/a	\$691.00
	AIR LEASE CORP	20.000 Shares of Common Stock	n/a	\$964.20
	Allete Inc	20.000 Shares of Common Stock	n/a	\$1,296.00
	Alphabet Inc. Cl A	23.000 Shares of Common Stock	n/a	\$4,353.90
	Alto Ingredients Inc	400.000 Shares of Common Stock	n/a	\$624.00
	Amazon.Com Inc	55.000 Shares of Common Stock	n/a	\$12,066.45
	Advanced Micro Devices Inc.	127.000 Shares of Common Stock	n/a	\$15,340.33
	Apple Computer, Inc	740.000 Shares of Common Stock	n/a	\$185,310.80
	Bank Amer Corp	50.000 Shares of Common Stock	n/a	\$2,197.50
	Bionano Genomics Inc	70.000 Shares of Common Stock	n/a	\$20.19
	Blink Charging Co	200.000 Shares of Common Stock	n/a	\$278.00
	Bristol-Myers Squibb Co.	150.000 Shares of Common Stock	n/a	\$8,484.00
	CSX Corp	405.000 Shares of Common Stock	n/a	\$13,069.35
	Campbell Soup Company	100.000 Shares of Common Stock	n/a	\$4,188.00
	Caterpillar, Inc.	5.000 Shares of Common Stock	n/a	\$1,813.80
	Chargepoint Hldgs A	50.000 Shares of Common Stock	n/a	\$53.50
	Charlotte's Web Holdings	1,000.000 Shares of Common Stock	n/a	\$94.00
	ChevronTexaco Corporation	5.000 Shares of Common Stock	n/a	\$724.20
	Clearway Energy Inc	25.000 Shares of Common Stock	n/a	\$650.00
	Coca-Cola Company	10.000 Shares of Common Stock	n/a	\$622.60
	Columbus McKinnon Corp	35.000 Shares of Common Stock	n/a	\$1,303.40
	Comcast Corp NEW CL A	25.000 Shares of Common Stock	n/a	\$938.25
	Compass Minerals Intl Inc	20.000 Shares of Common Stock	n/a	\$225.00
	Corning Inc	125.000 Shares of Common Stock	n/a	\$5,940.00

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR 12/31/2024

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	Delta Air Lines Inc Com New	140.000 Shares of Common Stock	n/a	\$8,470.00
	Walt Disney Co	70.000 Shares of Common Stock	n/a	\$7,794.50
	Draganfly Inc	6.000 Shares of Common Stock	n/a	\$24.06
	DuPont De Nemours Inc	50.000 Shares of Common Stock	n/a	\$3,812.50
	Encompass Health Corporation	235.000 Shares of Common Stock	n/a	\$21,702.25
	Energys	55.000 Shares of Common Stock	n/a	\$5,083.65
	Enhabit Inc	150.000 Shares of Common Stock	n/a	\$1,171.50
	Exxon Mobil Corp	25.000 Shares of Common Stock	n/a	\$2,689.25
	FMC Corp	35.000 Shares of Common Stock	n/a	\$1,701.35
	Ford Motor Company Del	400.000 Shares of Common Stock	n/a	\$3,960.00
	FuboTV Inc	180.000 Shares of Common Stock	n/a	\$226.80
	General Dynamics Corp	5.000 Shares of Common Stock	n/a	\$1,317.45
	Gentex Corp	100.000 Shares of Common Stock	n/a	\$2,873.00
	Graphic Packaging Holding Co	25.000 Shares of Common Stock	n/a	\$679.00
	Hasbro Inc.	10.000 Shares of Common Stock	n/a	\$559.10
	Huntsman Corp	25.000 Shares of Common Stock	n/a	\$450.75
	IBM Corporation	25.000 Shares of Common Stock	n/a	\$5,495.75
	J P Morgan Chase & CO	25.000 Shares of Common Stock	n/a	\$5,992.75
	Kelloggs Co.	50.000 Shares of Common Stock	n/a	\$4,048.50
	Keurig Dr Pepper Inc	50.000 Shares of Common Stock	n/a	\$1,606.00
	Kraft Heinz Co	120.000 Shares of Common Stock	n/a	\$3,685.20
	Kroger CO	139.000 Shares of Common Stock	n/a	\$8,499.85
	Kyndryl Holdings Inc	20.000 Shares of Common Stock	n/a	\$692.00
	Lexicon Pharmaceuticals Inc	150.000 Shares of Common Stock	n/a	\$110.78
	Eli Lilly & Co.	20.000 Shares of Common Stock	n/a	\$15,440.00
	Lowes Co Inc.	20.000 Shares of Common Stock	n/a	\$4,936.00

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	Marriott Class A	25.000 Shares of Common Stock	n/a	\$6,973.50
	Marvell Technology Inc	115.000 Shares of Common Stock	n/a	\$12,701.75
	McDonalds Corp	57.000 Shares of Common Stock	n/a	\$16,523.73
	McKesson Hboc Inc	50.000 Shares of Common Stock	n/a	\$28,495.50
	Merck & Co Inc NEW	100.000 Shares of Common Stock	n/a	\$9,948.00
	Cisco Systems Inc.	209.000 Shares of Common Stock	n/a	\$12,372.80
	Microsoft Corp.	160.000 Shares of Common Stock	n/a	\$67,440.00
	Mondelez Intl Inc COM	60.000 Shares of Common Stock	n/a	\$3,583.80
	National CineMedia Inc	50.000 Shares of Common Stock	n/a	\$332.00
	Nextera Energy Inc Com	304.000 Shares of Common Stock	n/a	\$21,793.76
	NVIDIA Corp	6,658.000 Shares of Common Stock	n/a	\$894,102.82
	Ocean Power Technologies Inc	553.000 Shares of Common Stock	n/a	\$564.06
	Old National Bancorp Indiana	30.000 Shares of Common Stock	n/a	\$651.15
	Organon & Co	20.000 Shares of Common Stock	n/a	\$298.40
	Ovid Therapeutics Inc	1,000.000 Shares of Common Stock	n/a	\$933.70
	PPL Corp	100.000 Shares of Common Stock	n/a	\$3,246.00
	Paycom Software Inc	30.000 Shares of Common Stock	n/a	\$6,149.10
	Pepsico, Inc.	70.000 Shares of Common Stock	n/a	\$10,644.20
	Pitney Bowes Inc	250.000 Shares of Common Stock	n/a	\$1,810.00
	Procore Technologies Inc	10.000 Shares of Common Stock	n/a	\$749.30
	Raytheon Technologies Corp	25.000 Shares of Common Stock	n/a	\$2,893.00
	Senseonics Holdings Inc	750.000 Shares of Common Stock	n/a	\$392.55
	Serve Robotics Inc	73.000 Shares of Common Stock	n/a	\$985.50
	Sirius XM Holdings Inc COM	10.000 Shares of Common Stock	n/a	\$228.00
	SoundHound AI Inc Cl A	100.000 Shares of Common Stock	n/a	\$1,984.00
	SUNNOVA ENERGY INTERNATIO	30.000 Shares of Common Stock	n/a	\$102.90

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR 12/31/2024

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	Tesla Motors Inc	25.000 Shares of Common Stock	n/a	\$10,096.00
	Tonix Pharmaceuticals Hldg Corp	20.000 Shares of Common Stock	n/a	\$6.60
	Tourmaline Bio Inc	60.000 Shares of Common Stock	n/a	\$1,216.80
	Veeva Systems Inc	5.000 Shares of Common Stock	n/a	\$1,051.25
	Viatrix Inc	25.000 Shares of Common Stock	n/a	\$311.25
	VIKING THERAPEUTICS INC	100.000 Shares of Common Stock	n/a	\$4,024.00
	Visa Inc Cl A	225.000 Shares of Common Stock	n/a	\$71,109.00
	WK Kellogg Co	12.000 Shares of Common Stock	n/a	\$215.88
	Wal-Mart Stores, Inc.	9.000 Shares of Common Stock	n/a	\$813.15
	Washington Trust Bancorp	300.000 Shares of Common Stock	n/a	\$9,405.00
	World Fuel Service	50.000 Shares of Common Stock	n/a	\$1,375.50
	Smart Financial Inc NEW	4,000.000 Shares of Common Stock	n/a	\$123,920.00
	Robinhood Markets Inc Cl A	1,329.000 Shares of Common Stock	n/a	\$49,518.54
	ABB Ltd Spons ADR (Switzerland)	75.000 Shares of Foreign Common Stock	n/a	\$4,060.97
	Accelleron Inds ADR	3.000 Shares of Foreign Common Stock	n/a	\$154.59
	American Rare Earth NPV (Australia)	46,866.000 Shares of Foreign Common Stock	n/a	\$7,689.54
	Argo Blockchain PLC	100.000 Shares of Foreign Common Stock	n/a	\$5.95
	Gentrack Group Ltd	117.000 Shares of Foreign Common Stock	n/a	\$839.59
	Honda Motor Ltd (Japan)	100.000 Shares of Foreign Common Stock	n/a	\$2,855.00
	Lions Gate Entertainment	50.000 Shares of Foreign Common Stock	n/a	\$427.00
	Mint Payments Ltd	12,272.000 Shares of Foreign Common Stock	n/a	\$0.00
	Open Text Corp (Canada)	60.000 Shares of Foreign Common Stock	n/a	\$1,699.20
	Purple Biotech Ltd ADR	200.000 Shares of Foreign Common Stock	n/a	\$938.00
	Rio Tinto PLC ADR (Great Britain)	15.000 Shares of Foreign Common Stock	n/a	\$882.15
	Sanofi-Aventis Sponsored ADR (France)	230.000 Shares of Foreign Common Stock	n/a	\$11,092.90
	Shell PLC ADR (Great Britain)	200.000 Shares of Foreign Common Stock	n/a	\$12,530.00

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR 12/31/2024

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	Siemens AG ADR (Germany)	80.000 Shares of Foreign Common Stock	n/a	\$7,810.13
	Tilt Holdings Inc	15,000.000 Shares of Foreign Common Stock	n/a	\$78.90
	Vale S A ADR (Brazil)	200.000 Shares of Foreign Common Stock	n/a	\$1,774.00
	JPMorgan US Govt Mmkt Capital	299,638.1700 Par Value Money Market Fund	n/a	\$299,638.17
	Invesco Stable Value Trust Cl A1	490,423.32 Shares of Common Collective Trust Fd	n/a	\$490,423.32
	Iron Mountain Inc New	100.000 Shares of Real Estate Investment Trust	n/a	\$10,511.00
	The Trust Co Participant Loans	Interest Rate 4.25% - 9.50%	n/a	\$270,662.32