

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... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [ ] automatic extension... 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: AMERICAN BANK OF COMMERCE 401(K) PROFIT SHARING PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1976
2a Plan sponsor's name (employer, if for a single-employer plan): AMERICAN BANK OF COMMERCE
2b Employer Identification Number (EIN): 75-1095067
2c Plan Sponsor's telephone number: 806-775-5160
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.

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.

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	234
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	156
	<b>6a(2)</b>	150
	<b>6b</b>	0
	<b>6c</b>	45
	<b>6d</b>	195
	<b>6e</b>	0
	<b>6f</b>	195
	<b>6g(1)</b>	234
	<b>6g(2)</b>	195
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2E 2F 2G 2J 2K 2S 2T 3D 3H

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" 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   1
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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

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**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.

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**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 \_\_\_\_\_

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**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**

<b>A</b> Name of plan <b>AMERICAN BANK OF COMMERCE 401(K) PROFIT SHARING PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AMERICAN BANK OF COMMERCE</b>	<b>D</b> Employer Identification Number (EIN) <b>75-1095067</b>

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>04-1590850</b>	<b>65935</b>	<b>765964-01</b>	<b>195</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	2615157
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	0

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶ GROUP ANNUITY CONTRACT

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	2327082
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<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	51433	
	(2) Dividends and credits.....	<b>7c(2)</b>	0
	(3) Interest credited during the year.....	<b>7c(3)</b>	104353
	(4) Transferred from separate account .....	<b>7c(4)</b>	1007765
	(5) Other (specify below).....	<b>7c(5)</b>	67569

▶ LOAN PAYMENTS

(6) Total additions .....	<b>7c(6)</b>	1231120
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<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	3558202
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<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	791071	
	(2) Administration charge made by carrier.....	<b>7e(2)</b>	46945
	(3) Transferred to separate account .....	<b>7e(3)</b>	105029
	(4) Other (specify below).....	<b>7e(4)</b>	

(5) Total deductions .....	<b>7e(5)</b>	943045
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<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	2615157
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**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>			
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>			
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>			
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>		0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>			
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>			
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>		0
	(4) Claims charged .....		<b>9b(4)</b>		
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --				
	(A) Commissions .....	<b>9c(1)(A)</b>			
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>			
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>			
	(D) Other expenses .....	<b>9c(1)(D)</b>			
	(E) Taxes .....	<b>9c(1)(E)</b>			
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>			
	(G) Other retention charges .....	<b>9c(1)(G)</b>			
	(H) Total retention .....		<b>9c(1)(H)</b>		0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>		
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>		
	(2) Claim reserves .....		<b>9d(2)</b>		
	(3) Other reserves .....		<b>9d(3)</b>		
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>		

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>		

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>AMERICAN BANK OF COMMERCE 401(K) PROFIT SHARING PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AMERICAN BANK OF COMMERCE</b>	<b>D</b> Employer Identification Number (EIN) <b>75-1095067</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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**(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)

EMPOWER ANNUITY INS CO OF AMERICA

8515 EAST ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	79992	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

WORLD INVESTMENT ADVISORS LLC

24 E COTA ST STE 200  
SANTA BARBARA, CA 93101

(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	INVESTMENT ADVISOR	37645	Yes <input type="checkbox"/> No <input checked="" 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)

AMERICO BANCSHARES INC DBA AMERICAN

530 E HWY 62/82  
WOLFFORTH, TX 79382

(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?
99	OTHER	20450	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

PAYNE & SMITH LLC

12240 INWOOD RD STE 220  
DALLAS, TX 75244

(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	INVESTMENT ADVISOR	12500	Yes <input type="checkbox"/> No <input checked="" 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)

BKD LLP

910 E ST. LOUIS ST STE 400  
SPRINGFIELD, MO 65807

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	3460	Yes <input type="checkbox"/> No <input checked="" 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.

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>AMERICAN BANK OF COMMERCE 401(K) PROFIT SHARING PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AMERICAN BANK OF COMMERCE</b>	<b>D</b> Employer Identification Number (EIN) <b>75-1095067</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	0	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	0	0
<b>(3)</b> Other .....	<b>1b(3)</b>	0	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	0	0
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	0	0
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	0	0
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	0	0
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	0	0
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	0	0
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	0	0
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	0	0
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	0	0
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	221712	301652
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	0	0
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	0	0
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	0	0
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	16569705	18028605
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	2327082	2615157
<b>(15)</b> Other .....	<b>1c(15)</b>	0	0

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>	0	0
(2) Employer real property.....	<b>1d(2)</b>	0	0
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	0	0
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	19118499	20945414
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	0	0
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>	0	0
<b>j</b> Other liabilities.....	<b>1j</b>	0	0
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	19118499	20945414

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	344244	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	1006268	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	31744	
(2) Noncash contributions.....	<b>2a(2)</b>	0	
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		1382256
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	0	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	0	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	0	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>	0	
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	18080	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	104352	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		122432
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>	0	
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	0	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	787737	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		787737
<b>(3)</b> Rents.....	<b>2b(3)</b>		0
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	0	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	0	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>	0	
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	0	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		0
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		0
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		0
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		1320749
<b>c</b> Other income .....	<b>2c</b>		6130
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		3619304

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	1675987	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	0	
(3) Other .....	<b>2e(3)</b>	0	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		1675987
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		0
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		0
<b>h</b> Interest expense .....	<b>2h</b>		0
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>	0	
(2) Contract administrator fees .....	<b>2i(2)</b>	0	
(3) Recordkeeping fees .....	<b>2i(3)</b>	42347	
(4) IQPA audit fees .....	<b>2i(4)</b>	3460	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	50145	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	0	
(7) Actuarial fees .....	<b>2i(7)</b>	0	
(8) Legal fees .....	<b>2i(8)</b>	0	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>	0	
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	0	
(11) Other expenses .....	<b>2i(11)</b>	20450	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		116402
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		1792389

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		1826915
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **PAYNE & SMITH, LLC**

(2) EIN: **27-0316262**

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		8000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

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

<b>A</b> Name of plan <u>AMERICAN BANK OF COMMERCE 401(K) PROFIT SHARING PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>AMERICAN BANK OF COMMERCE</u>	<b>D</b> Employer Identification Number (EIN) <u>75-1095067</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
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**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): 84-1455663

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

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

<b>Part II</b>	<b>Funding Information</b> (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.)
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**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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b	
<b>c</b> 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

<b>Part III</b>	<b>Amendments</b>
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**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

<b>Part IV</b>	<b>ESOPs</b> (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.
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**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:

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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 11 / 14 / 2022 (MM/DD/YYYY) and the Opinion Letter serial number Q702518A.

***AMERICAN BANK OF COMMERCE***  
***401(k) PROFIT SHARING PLAN***

**Financial Statements and  
Supplemental Schedule**

**December 31, 2024 and 2023**

**(With Independent Auditor's Report Thereon)**

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**Independent Auditor's Report**

To the Plan Trustees  
American Bank of Commerce 401(k) Profit Sharing Plan  
Wolfforth, Texas

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

We have performed audits of the financial statements of American Bank of Commerce 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 and 2023, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of December 31, 2024 and 2023, and the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

***Opinion on the Financial Statements***

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 financial statements referred to above, 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 financial statements referred to above 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 Financial Statements***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. 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 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.

***Subsequent Event***

As discussed in Note 2 to the financial statements, effective January 1, 2025, the Company merged the Plan into the Company’s ESOP. Accordingly, the Company’s ESOP was amended and restated to include features of this Plan, and the net assets of the Plan were transferred into the new ESOP in June 2025. Our opinion is not modified with respect to that matter.

### ***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 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 Financial Statements***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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 generally accepted auditing standards 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 generally accepted auditing standards, 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 Matters

### *Supplemental Schedule Required by ERISA*

The supplemental Schedule of Assets (Held at End of Year) as of or for the year ended December 31, 2024 is presented for purposes of additional analysis and is not a required part of the 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 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 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 generally accepted auditing standards. 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 their 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).

*Payne + Smith, LLC*

September 3, 2025

**AMERICAN BANK OF COMMERCE**  
**401(K) PROFIT SHARING PLAN**

STATEMENTS OF NET ASSETS  
AVAILABLE FOR BENEFITS

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<u>ASSETS</u>		
Investments:		
Mutual funds, at fair value	\$ 18,028,605	\$ 16,569,705
Fixed annuities, at contract value	<u>2,615,157</u>	<u>2,327,082</u>
Total investments	20,643,762	18,896,787
Notes receivable from participants	<u>301,652</u>	<u>221,712</u>
Total assets	<u>20,945,414</u>	<u>19,118,499</u>
<u>LIABILITIES</u>		
Reimbursement due Employer for Plan expenses paid by Employer	<u>-</u>	<u>20,450</u>
Total liabilities	<u>-</u>	<u>20,450</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 20,945,414</u>	<u>\$ 19,098,049</u>

The accompanying notes are an integral part of these financial statements.

**AMERICAN BANK OF COMMERCE**  
**401(K) PROFIT SHARING PLAN**

STATEMENTS OF CHANGES IN NET ASSETS  
AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2024 and 2023

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	<u>2024</u>	<u>2023</u>
Investment income:		
Net appreciation in value of investments	\$ 1,326,880	\$ 1,770,862
Interest and dividend income on investments	892,089	604,453
Investment advisory fees	<u>(50,145)</u>	<u>(33,688)</u>
Total investment income	<u>2,168,824</u>	<u>2,341,627</u>
Interest income on notes receivable from participants	18,080	15,285
Contributions:		
Employer	344,244	370,963
Participants'	1,006,268	1,079,563
Rollover	<u>31,744</u>	<u>33,063</u>
Total contributions	<u>1,382,256</u>	<u>1,483,589</u>
Total additions	<u>3,569,160</u>	<u>3,840,501</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefit payments to participants	1,675,753	1,918,397
Corrective distributios	234	-
Administrative expenses	<u>45,808</u>	<u>58,862</u>
Total deductions	<u>1,721,795</u>	<u>1,977,259</u>
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	1,847,365	1,863,242
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>19,098,049</u>	<u>17,234,807</u>
End of year	<u>\$ 20,945,414</u>	<u>\$ 19,098,049</u>

The accompanying notes are an integral part of these financial statements.

**AMERICAN BANK OF COMMERCE**  
**401(K) PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

**1. Description of the Plan**

The following description of American Bank of Commerce 401(k) Profit Sharing Plan (“the Plan”) provides only general information. Participants should refer to the Plan Document and Summary Plan Description for a more complete description of the Plan's provisions.

As discussed in Note 2 to the financial statements, effective January 1, 2025, the Company merged the Plan into the Company's ESOP. Accordingly, the ESOP was amended and restated to include features of the Plan. The amended and restated plan name was changed to “ABC Bank 401(k) Plan and ESOP”. Participants should refer to the amended and restated Plan Document and Summary Plan Description of ABC Bank 401(k) Plan and ESOP in effect at January 1, 2025 for a more complete description of the ABC Bank 401(k) Plan and ESOP s provisions as amended and restated.

General

The Plan is a defined contribution plan sponsored by American Bank of Commerce and its subsidiary, Infinity Mortgage Holdings, LLC (collectively, “the Company”), for the benefit of its employees who are not Excluded Employees (covered employees) and have met the eligibility requirements of the Plan. Excluded Employees are employees who are residents of Puerto Rico, or are reclassified employees as defined in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was most recently amended effective July 1, 2023 to update certain Plan provisions relating to automatic deferral features of the Plan. The Board of Trustees is responsible for oversight of the Plan including determining the appropriateness of the Plan's investment offerings and monitoring investment performance.

Eligibility

Covered employees who are age 21 or older and have completed at least 60 days of service are eligible to join the Plan. The Entry date will be the first day of the month coinciding with or next following the date such employee satisfies the age and service eligibility requirements.

For purposes of elective deferrals, Employer matching contribution, and nonelective contributions (which includes any profit sharing contribution), a covered employee becomes eligible to actually participate on the Entry Date. Covered employees who are 100% commissioned and those classified as Long-Term Part-Time (LTPT) are eligible to make salary deferral contributions but are not eligible to receive Employer matching contributions and nonelective contributions.

Contributions

Participants may elect to make Pre-Tax 401(k) deferral contributions and Roth 401(k) deferrals contributions to the Plan through salary deductions, as defined in the Plan, not to exceed the maximum limitations imposed by the Internal Revenue Code (“the Code”). Participants who are eligible to make salary deferral contributions under the Plan and have attained age 50 before the close of the Plan year may make catch-up contributions in accordance with, and subject to the maximum limitation imposed by the Code.

The Plan includes an automatic deferral feature under which the Employer automatically withholds a portion of an employee's compensation each payroll period as a Pre-Tax 401(k) deferral contribution unless the participant enters into a Salary Reduction Agreement to change the deferral amount or to elect not to defer. The automatic enrollment provisions shall be effective as of the first day of the first pay period that occurs on or after the 30th day following the later of: the Employee's Entry Date; or the date on which the Employee has received notice of such automatic reduction. The automatic deferral is equal to 6% of the participant's compensation and is automatically increased by 1% each Plan Year until the amount withheld reaches a maximum percentage of compensation (10% prior to July 1, 2023 and 15% after July 1, 2023) unless the Employer amends the Plan, or the participant enters into a Salary Reduction Agreement to change or end the election. The automatic increase in the withheld deferral occurs each July 1 in the manner defined in the Plan.

The Company makes matching contributions equal to 50% of participants' elective deferrals amounts up to 6% of such participants' eligible compensation. The Company may also make discretionary profit sharing contributions as determined by the Company's Board of Directors. Such Profit sharing contributions are allocated to eligible participants' accounts using a formula based on eligible compensation, as defined in the Plan. Included in Employer contributions in the accompanying statements of changes in net assets available for benefits are Company profit sharing contributions for the years ended December 31, 2024 and 2023 in the amounts of \$55,000 and \$38,000, respectively.

**AMERICAN BANK OF COMMERCE**  
**401(K) PROFIT SHARING PLAN**

Investment Options

The Plan offers various mutual funds and a fixed annuity as investment options for participants. Participants must direct contributions to these selected investments and may change their investment options at any time throughout the year via internet or direct phone access to the Plan trustee's plan sponsor web site. Contributions of those participants who have not provided investment directions will automatically be invested in the default investment alternatives established under the Plan until changed by the participant.

Participant Accounts

The Plan is a defined contribution plan under which a separate individual account is established for each participant. A participant is entitled to the benefit that can be provided from the vested account balance. Each participant's account is credited with the participant's contribution, employer matching contribution, plan earnings or losses, charges for allocated transaction-specific plan expenses, and an allocation of the Company's nonelective contributions (which also includes discretionary profit sharing contribution) using a formula based on eligible compensation, as defined in the Plan.

Vesting

Participants are always 100% vested in their salary deferrals and rollover contributions plus earnings or losses thereon. Vesting in the Company's contributions portion of discretionary matching and discretionary profit-sharing contributions plus related earnings or losses thereon is based on years of vesting service according to the following vesting schedule: A year of service is defined as 1,000 hours of service in a calendar year.

<u>Years of Vesting Service</u>	<u>Percentage Vested</u>
Less than 2 years	0%
2 but less than 3 years	20%
3 but less than 4 years	40%
4 but less than 5 years	60%
5 but less than 6 years	80%
At least 6 years	100%

Notes Receivable from Participants

Participants may borrow from their 401(k) Portion of Plan accounts, a minimum of \$1,000 up to a maximum equal to the lesser of: (a) one-half of the participant's vested account balance or (b) \$50,000 reduced by the participant's greatest outstanding loan balance during the 12 months preceding the date of the loan. The loans are secured by the balance in the participant's account and bear interest (priced at Prime Rate published by the Wall Street Journal on the first business day of the month in which the loan is originated) ranging from 4.25% to 9.50%, which is commensurate with local prevailing rates as determined by the Plan administrator. Loans are required to be repaid within five years of the date the loan proceeds are received except in the case of certain loans to acquire a principal residence, which may be repaid over a period not to exceed 10 years. Principal and interest are repaid ratably through periodic payroll deductions. Participants can only have one outstanding loans at any time but can refinance for any reasonable purpose.

Forfeitures

Terminated participants may forfeit the non-vested portion of their account balance. The Plan permits forfeited account balances to be reinstated to a participant's account in accordance with the Plan's reinstatement of forfeitures provisions. Forfeited account balances are reinstated when a terminated participant is re-employed during the five-year period that began on the date of termination, and upon repayment of the entire vested account balance distributed to the participant at the time of termination.

Forfeitures not used to reinstate previously forfeited account balances may be used to reduce future Employer contributions or pay administrative expenses of the Plan. At December 31, 2024 and 2023, forfeited nonvested accounts totaled \$5,179 and \$36,836, respectively. During 2024 and 2023, newly forfeited account balances net of earnings or losses totaled \$59,988 and \$55,052, respectively. During 2024 and 2023, the Plan used forfeitures in the amounts of \$55,000 and \$38,000 to reduce Employer contributions, respectively. During 2024 and 2023, the Plan used \$36,645 and \$216, respectively, to reduce Plan expenses.

**AMERICAN BANK OF COMMERCE**  
**401(K) PROFIT SHARING PLAN**

Payments of Benefits

Upon termination of service due to death, disability or retirement, participants may receive a lump sum payment equal to their vested account balance. Benefits under the Plan will generally be paid to participants or their beneficiaries in cash. Distributions to participants with vested account balances between \$1,000 and \$5,000 may be made in a single lump-sum payment equal to the value of the participant's vested interest in their account or rolled over to an individual retirement account designated by the Plan Administrator. Participants with vested account balances over \$5,000 may defer distributions or elect to receive distributions. A participant may elect an in-service distribution when they attain the age of 59 ½ years. To comply with certain requirements of the SECURE Act and IRS regulations, the Plan requires participants to take their first required minimum distribution (RMD) in the year they reach age 73.

Plan Merger and Termination

As more fully discussed in the subsequent events captioned at Note 2 to the financial statements, effective January 1, 2025, the Company merged the Plan into the Company's ESOP. Accordingly, the ESOP was amended and restated to include features of the Plan.

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

**2. Summary of Significant Accounting Policies**

Date of Management's Review

The Plan has evaluated events and transactions for potential recognition or disclosure through September 3, 2025, which is the date the financial statements were available to be issued.

Subsequent Events

Effective January 1, 2025, the Company merged the Plan into the Company's ESOP. Accordingly, the ESOP was amended and restated to include features of the Plan. The amended and restated plan name was changed to "ABC Bank 401(k) Plan and ESOP". On June 26, 2025, the Plan assets were liquidated for \$18,971,837 and the proceeds were transferred to the ABC Bank 401(k) Plan and ESOP, and the net assets were allocated to the respective individual participant accounts for the participants to continue with participation and transactions.

Basis of Accounting

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

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts (FBRICS). Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to FBRICS because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Therefore, the statement of changes in net assets available for benefits has been prepared on a contract value basis for that portion related to FBRICS.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

**AMERICAN BANK OF COMMERCE**  
**401(K) PROFIT SHARING PLAN**

Investment Valuation and Income Recognition

Investments are reported at fair value, except for FBRICS, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Benefits Committee determines the Plan's valuation policies. See Note 5 for discussion of fair value measurements.

The net appreciation in the value of investments consists of the realized gains and losses on investments bought and sold as well as held during the year and unrealized appreciation (depreciation) of investments. The net change in unrealized appreciation (depreciation) in the value of investments is determined by the change in value from the beginning of the year to the end of the year or change in value from date of the purchase to the end of the year.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

The classification of investment earnings reported in the statement of changes in net assets available for benefits may differ from the classification of earnings on Form 5500 due to different reporting requirements on Form 5500.

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.

If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent note receivable from participant is recorded as a benefit payment based on the terms of the Plan document. All other loan transactions are treated as transfers between the investment fund and the participant loan fund.

The fair value disclosures for financial instruments are not required for participant loans. Also, participant loans continue to be considered as investments for Form 5500 reporting purposes.

Administrative Expenses

Officers or employees of the Company perform certain administrative functions for the Plan. However, such officers and employees receive no compensation from the Plan. Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Plan expenses that are absorbed by the Company are excluded from these financial statements. Plan expenses that are paid by the Company and reimbursed to the Company by the Plan are accrued in liabilities on the statement of net assets available for benefits if reimbursed after the Plan year end. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expense fees are included in net appreciation in value of investments on the statement of changes in net assets available for benefits.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Reclassification

Certain amounts reported in the prior year's financial statements of the Plan have been reclassified to conform to the current format. The reclassifications had no material effect on the accompanying financial statements of the Plan.

**AMERICAN BANK OF COMMERCE**  
**401(K) PROFIT SHARING PLAN**

**3. Information Certified by Trustee**

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by Empower Annuity Insurance Company of America (“Empower”), the trustee of the Plan, and Massachusetts Mutual Life Insurance Company (a subsidiary of Empower) as agent of Empower.

	<u>2024</u>	<u>2023</u>
Investments:		
Mutual funds, at fair value	\$ 18,028,605	\$ 16,569,705
Fixed annuities, at contract value	<u>2,615,157</u>	<u>2,327,082</u>
Total investments	<u>\$ 20,643,762</u>	<u>\$ 18,896,787</u>
Notes receivable from participants	<u>\$ 301,652</u>	<u>\$ 221,712</u>
Interest and dividend income on investments	<u>\$ 892,089</u>	<u>\$ 604,453</u>
Interest income on notes receivable from participants	<u>\$ 18,080</u>	<u>\$ 15,285</u>

**4. Investment Contract with Insurance Company**

The Plan entered into a fully benefit-responsive investment contract (“FBRIC”) under terms of a group annuity contract (“GIC”) issued by Massachusetts Mutual Life Insurance Company (a subsidiary of Empower) and managed by Empower. Empower maintains the contributions in a general account, which is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Empower (the “issuer”) is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than zero percent. Such interest rates are reviewed on a quarterly basis for resetting. The GIC does not permit the issuer to terminate the agreement prior to the scheduled maturity date without reasonable cause.

Because the GIC is fully benefit-responsive, contract value is the relevant measure for the portion of net assets available for benefits attributable to the GIC. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The contract value of the GIC at December 31, 2024 and 2023 was \$2,615,157 and \$2,327,082, respectively.

The Plan’s ability to receive amounts due is dependent on the issuer’s ability to meet financial obligations. The issuer’s ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events may limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination, merger with another plan or corporate relocation, (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, (3) retirement incentive programs, (4) the liberalization of the plan withdrawal of transfer rules or (5) 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 contract value with the participants are probable of occurring.

Empower may terminate the contract with 30 days advance written notice to the contract owner for reasonable cause, which includes the contract owner’s failure to abide by state or federal law, failure to render performance necessary to comply with the terms of the contract, failure to maintain assets of at least \$25,000, plan disqualification, and failure to adopt the Plan within a reasonable period of time. Upon termination by Standard Insurance Company, a market value adjustment may apply. As more fully discussed in the subsequent events caption at Note 2 to the financial statements, effective January 1, 2025, the Company merged the Plan into the Company’s ESOP. Accordingly, the ESOP was amended and restated to include features of the Plan.

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**401(K) PROFIT SHARING PLAN**

**5. Fair Value Measurements**

ASC Topic 820, *Fair Value Measurements and Disclosures* establishes a fair value hierarchy for valuation inputs that gives the highest priority to quoted prices in active markets for identical assets or liabilities and the lowest priority to unobservable inputs. The three broad levels of the fair value hierarchy are as follows:

- 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 (Level 1).
- Level 3 inputs consist of unobservable inputs and 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. Level 2 inputs are used for investments for which Level 1 inputs are not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs are not available. There are no plan assets requiring the use of Level 2 and Level 3 inputs for the periods presented.

*Level 1 Fair Value Measurements*

**Mutual funds** - The fair value of mutual funds is based on quoted net asset values of the shares as reported by the fund. The mutual funds held by the Plan are open-end mutual funds registered with the U.S. Securities and Exchange Commission. The funds must publish their daily net asset value and transact at that price. The mutual funds held by the Plan are considered to be actively traded.

The following table set forth, the Plan’s investments at fair value as of December 31, 2024 and 2023:

	<u>Fair Value</u>	Fair Value Measurements Using:		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2024:				
Mutual funds	\$ 18,028,605	\$ 18,028,605	\$ -	\$ -
December 31, 2023:				
Mutual funds	\$ 16,569,705	\$ 16,569,705	\$ -	\$ -

Gains and losses included in changes in net assets available for benefits for the year ended December 31, 2024 and 2023 are reported in net appreciation in value of investments.

**6. Tax Status**

The Plan sponsor is an adopter of a pre-approved plan that received a favorable Internal Revenue Service (“IRS”) Opinion Letter dated November 14, 2022, in which the IRS stated that the Plan was in compliance with the applicable requirements of the Internal Revenue Code (“IRC”). Although the Plan has been amended and restated since receiving the Opinion Letter, the Plan Administrator believes this Plan is designed and is being operated in compliance with the applicable provisions of the IRC.

Accounting principles generally accepted in the United States of America require the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

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**7. Related-party and Party-in-Interest Transactions**

Certain Plan investments are shares of mutual funds sponsored and managed by Empower Annuity and Insurance Company of America (“Empower”). Other Plan investments are units of fixed annuity funds in a group annuity contract issued by Massachusetts Mutual Life Insurance Company (a subsidiary of Empower) and managed by Empower. Empower is the contract administrator, record keeper, and trustee of the Plan. Therefore, Empower and Massachusetts Mutual Life Insurance Company (“MassMutual”) qualify as parties-in-interest and transactions with Empower and MassMutual qualify as party-in-interest transactions. Fees paid by the Plan to Empower for contract administration and record keeping services during 2024 and 2023 totaled \$29,848 and \$38,412, respectively, and are included in administrative expenses in the accompanying statements of changes in net assets available for benefits. During 2024 and 2023, fees paid to MassMutual for investment expenses under the group annuity contract were included in net appreciation in value of investments, as they were paid through revenue sharing arrangements rather than direct payment arrangements.

World Investment Advisors, LLC formerly known as Pensionmark Financial Group, LLC (“WIA”) is the third-party service provider of investment advisory services to the Plan. Therefore, transactions with WIA qualify as party-in-interest transactions. Fees paid by the Plan for investment advisory services are included in investment income on the accompanying statements of changes in net assets available for benefits. During 2024 and 2023, fees paid by the Plan to WIA for investment advisory services was \$50,145 and \$33,688, respectively.

During 2024 and 2023, Payne and Smith, LLC (“PS”) and Forvis LLP, were the Plan’s independent public accountants (“IPAs”), respectively. Therefore, the IPAs are parties-in-interest under ERISA, and transactions with the IPAs qualify as party-in-interest transactions. These fees are included in Administrative expenses on the accompanying financial statements. During 2024, fees paid by the Plan to PS and Forvis LLP for audit and nonattest services were \$12,500 and \$3,460, respectively. During 2023, fees paid by the Plan to Forvis for audit and nonattest services was \$20,450.

These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

**8. Risks and Uncertainties**

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

The following table presents concentrations of investments that represented 5% or more of the Plan’s net assets at December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Mutual funds, at fair value:		
American Funds 2025 Target Date Retire R6 Fd	\$ 3,433,340	\$ 3,162,184
American Funds 2030 Target Date Retire R6 Fd	***	1,660,752
American Funds 2035 Target Date Retire R6 Fd	3,570,638	3,121,503
American Funds 2045 Target Date Retire R6 Fd	1,285,027	1,044,124
Fixed annuities, at contract value-		
Sagic Diversified Bond II Fd	2,615,157	2,327,082

\*\*\*Investment concentration did not represent 5% or more of the Plan assets as of the year end presented.

**AMERICAN BANK OF COMMERCE**  
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**9. Reconciliation of Financial Statements to Schedule H of Form 5500**

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500 at December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 20,945,414	\$ 19,098,049
Accrued liabilities on the financial statements not on Schedule H of Form 5500	<u>-</u>	<u>20,450</u>
Net assets available for benefits per Schedule H of Form 5500	<u>\$ 20,945,414</u>	<u>\$ 19,118,499</u>

The following is a reconciliation of statement of changes in net assets available for benefits per the financial statements for the years ended December 31, 2024 and 2023 to Schedule H of Form 5500:

	<u>2024</u>	<u>2023</u>
Net increase in net assets available for benefits per the financial statements	\$ 1,847,365	\$ 1,863,242
Change in accrued Plan expenses per financial statements	<u>(20,450)</u>	<u>20,450</u>
Net income per Schedule H of Form 5500	<u>\$ 1,826,915</u>	<u>\$ 1,883,692</u>

**SUPPLEMENTAL SCHEDULE**

**AMERICAN BANK OF COMMERCE  
401(K) PROFIT SHARING PLAN**

SCHEDULE H, PART IV, LINE 4 (i) – SCHEDULE OF ASSETS  
(HELD AT END OF YEAR)

December 31, 2024

EIN: 75-1095067

PN: 001

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description of investment	Units(Shares)	Cost	Current Value
	Allspring Core Plus Bond R6 Fd	Mutual funds	37,703.439	** \$ 418,131
	Allspring Special Mid Cap Value R6 Fd	Mutual funds	6,873.290	** 328,612
	Allspring Special Small Cap Value R6 Fd	Mutual funds	1,080.838	** 43,493
	American Funds 2015 Target Date Retire R6 Fd	Mutual funds	20,906.892	** 256,109
	American Funds 2020 Target Date Retire R6 Fd	Mutual funds	29,333.025	** 394,823
	American Funds 2025 Target Date Retire R6 Fd	Mutual funds	226,026.361	** 3,433,340
	American Funds 2030 Target Date Retire R6 Fd	Mutual funds	43,430.125	** 750,907
	American Funds 2035 Target Date Retire R6 Fd	Mutual funds	187,533.491	** 3,570,638
	American Funds 2040 Target Date Retire R6 Fd	Mutual funds	25,743.158	** 529,279
	American Funds 2045 Target Date Retire R6 Fd	Mutual funds	60,614.473	** 1,285,027
	American Funds 2050 Target Date Retire R6 Fd	Mutual funds	36,502.094	** 762,894
	American Funds 2055 Target Date Retire R6 Fd	Mutual funds	34,569.325	** 913,667
	American Funds 2060 Target Date Retire R6 Fd	Mutual funds	13,612.329	** 244,069
	American Funds 2065 Target Date Retire R6 Fd	Mutual funds	5,580.377	** 97,601
	American Funds American Balanced R6 Fd	Mutual funds	16,052.052	** 551,388
	American Funds Europacific GR R6 Fd	Mutual funds	9,558.009	** 513,456
	American Funds New World R6 Fd	Mutual funds	886.187	** 68,210
	Columbia Small Cap Growth T Instl Fd	Mutual funds	5,043.615	** 149,392
	Fidelity 500 Index Fd	Mutual funds	4,960.237	** 1,012,831
	Fidelity Mid Cap Index Fd	Mutual funds	2,327.706	** 78,606
	Fidelity Small Cap Index Fd	Mutual funds	2,963.088	** 82,018
	Franklin Utilities Adv Fd	Mutual funds	3,015.758	** 68,639
	JP Morgan LG Growth R6 Fd	Mutual funds	11,827.643	** 990,447
*	MassMutual Inf-Prot and Inc I Fd	Mutual funds	23,755.310	** 218,311
*	MassMutual Mid Cap Growth I Fd	Mutual funds	2,918.336	** 56,411
	PIMCO Income Adm Fd	Mutual funds	40,860.698	** 429,855
	TIAA-CREF Real Estate Sec Instl Fd	Mutual funds	9,850.778	** 177,216
	Vanguard Equity-Income Adm Fd	Mutual funds	6,841.721	** 603,235
	Total mutual funds			<u>18,028,605</u>
*	Massachusetts Mutual Life Insurance Company (Empower) Group Annuity Contract # 765964-01	Fixed annuities	N/A	** 2,615,157
*	Participant loans	Interest rates range from 4.25% to 9.50%, various maturity dates through October 2029		<u>301,652</u>
	<b>TOTAL ASSETS AT DECEMBER 31, 2024</b>			<u><b>\$ 20,945,414</b></u>

\* Denotes Party in interest to the Plan.

\*\* Cost is not required for participant-directed investments.

N/A – No units to the fixed annuities in the general account was provided by custodian.

See accompanying independent auditor's report and notes thereto.

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

American Bank of Commerce 401(k) Profit Sharing Plan

01-JAN-24 to 31-DEC-24

17-JAN-25 08:04:37

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IRFJTX			52,563.98	256,109.42
IRRCTX			87,568.30	394,822.50
IRFDTX			806,375.55	3,433,340.42
IRFETX			305,440.36	750,906.86
IRFFTX			757,217.95	3,570,637.68
IRFGTX			207,633.44	529,279.32
IRFHTX			448,859.28	1,285,026.84
IRFITX			333,296.61	762,893.78
IRFKTX			412,237.72	913,667.25
IRFUTX			185,919.55	244,069.09
IRFVTX			86,241.27	97,600.80
IRREGX			133,289.66	513,456.22
IRNWGX			61,086.99	68,209.86
IRUAAX			27,783.37	68,638.65
ITIREX			62,933.21	177,215.53
ICSGYX			16,700.07	149,391.88
IFSSNX			65,973.74	82,018.27
IESPRX			27,933.34	43,492.92
IFSM DX			61,625.53	78,606.63
IMEFZX			29,412.15	56,411.41
IWFPRX			99,254.75	328,612.02
IFXAIX			746,589.11	1,012,830.81
IJLGMX			729,240.52	990,446.78
IWEIRX			176,644.42	603,234.50
IRLBGX			126,884.18	551,387.99
IMPZXX			71,057.15	218,311.30
IPIINX			90,700.59	429,854.55
ISTYJX			124,353.65	418,131.12
ISGVMQ0		3.650	2,380,913.99	2,560,971.08
			<b>8,715,730.43</b>	<b>20,589,575.48</b>
PARTICIPANT LOANS	VARIOUS	4.250-9.500	301,113.07	301,652.02
FORFEITURES			54,632.25	60,179.66

Attachment to Form 5500, Schedule H, Part 4, Item I  
EIN # 75-1095067

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

American Bank of Commerce 401(k) Profit Sharing Plan

01-JAN-24 to 31-DEC-24

17-JAN-25 08:04:37

INVESTMENT OPTION      MATURITY DATE      INTEREST RATE      COST OF ASSETS      CURRENT VALUE

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IRFJTX	American Funds 2015 Trgt Date Retire R6		IRRCTX	American Funds 2020 Trgt Date Retire R6
IRFDTX	American Funds 2025 Trgt Date Retire R6		IRFETX	American Funds 2030 Trgt Date Retire R6
IRFFTX	American Funds 2035 Trgt Date Retire R6		IRFGTX	American Funds 2040 Trgt Date Retire R6
IRFHTX	American Funds 2045 Trgt Date Retire R6		IRFITX	American Funds 2050 Trgt Date Retire R6
IRFKTX	American Funds 2055 Trgt Date Retire R6		IRFUTX	American Funds 2060 Trgt Date Retire R6
IRFVTX	American Funds 2065 Trgt Date Retire R6		IRREGX	American Funds EuroPacific Gr R6
IRNWGX	American Funds New World R6		IFRUAX	Franklin Utilities Adv
ITIREX	Nuveen Real Estate Securities Select R6		ICSGYX	Columbia Small Cap Growth I Inst3
IFSSNX	Fidelity Small Cap Index		IESPRX	Allspring Special Small Cap Value R6
IFSMDX	Fidelity Mid Cap Index		IMEFZX	MassMutual Mid Cap Growth I
IWFPRX	Allspring Special Mid Cap Value R6		IFXALX	Fidelity 500 Index
IJLGMX	JPMorgan Large Cap Growth R6		IVEIRX	Vanguard Equity-Income Adm
IRLBGX	American Funds American Balanced R6		IMIPZX	MassMutual Inf-Prot and Inc I
IPINX	PIMCO Income Adm		ISTYIX	Allspring Core Plus Bond R6
ISGVMQ0	SAGIC Diversified Bond II			

LEGEND

INVESTMENT OPTION:

- IRFJTX American Funds 2015 Trgt Date Retire R6
- IRFDTX American Funds 2025 Trgt Date Retire R6
- IRFFTX American Funds 2035 Trgt Date Retire R6
- IRFHTX American Funds 2045 Trgt Date Retire R6
- IRFKTX American Funds 2055 Trgt Date Retire R6
- IRFVTX American Funds 2065 Trgt Date Retire R6
- IRNWGX American Funds New World R6
- ITIREX Nuveen Real Estate Securities Select R6
- IFSSNX Fidelity Small Cap Index
- IFSMDX Fidelity Mid Cap Index
- IWFPRX Allspring Special Mid Cap Value R6
- IJLGMX JPMorgan Large Cap Growth R6
- IRLBGX American Funds American Balanced R6
- IPINX PIMCO Income Adm
- ISGVMQ0 SAGIC Diversified Bond II

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year  
 CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year