

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 (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan BANK OF COMMERCE & TRUST COMPANY PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 12/01/1971
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BANK OF COMMERCE 326 NORTH AVENUE G. CROWLEY, LA 70526-5127
2b	Employer Identification Number (EIN) 72-0124890
2c	Plan Sponsor's telephone number 337-783-2201
2d	Business code (see instructions) 522110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2025	TOM TRAHAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor BANK OF COMMERCE 326 NORTH AVENUE G. CROWLEY, LA 70526-5127	3b Administrator's EIN 72-0124890
	3c Administrator's telephone number 337-783-2201
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN
	4d PN
5 Total number of participants at the beginning of the plan year	5 118
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 30
	6a(2) 29
	6b 49
	6c 33
	6d 111
	6e 7
	6f 118
	6g(1)
6g(2)	
6h 0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) ☐ DCG (Individual Plan Information) – Number Attached _____ (5) ☐ MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) – Number Attached <u>0</u> (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan BANK OF COMMERCE & TRUST COMPANY PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BANK OF COMMERCE	D Employer Identification Number (EIN) 72-0124890
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	10011802	
b	Actuarial value	2b	10011802	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	51	7110709	7110709
b	For terminated vested participants	37	1341044	1341044
c	For active participants	30	2406965	2406965
d	Total	118	10858718	10858718
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.15 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	0	
c	Target normal cost	6c	0	

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Signature of actuary STEVE J. PERSONS, MSEA Type or print name of actuary CREATIVE BENEFIT STRATEGIES, INC. Firm name 10155 BROADVIEW RD. SUITE 6 BROADVIEW HEIGHTS, OH 44147-3296 Address of the firm	01/21/2025 Date 23-03851 Most recent enrollment number 440-717-1600 Telephone number (including area code)
--------------------------	---	--

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	57577	167673
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	57577	167673
10 Interest on line 9 using prior year's actual return of 8.55 %	4923	14336
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		5278
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.24 %		277
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		5555
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	62500	182009

Part III Funding Percentages

14 Funding target attainment percentage	14	89.94 %
15 Adjusted funding target attainment percentage	15	89.94 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	86.62 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/12/2024	33755	0			
07/10/2024	33755	0			
10/15/2024	33755	0			
01/14/2025	18735	0			
Totals ►			18(b)	120000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	116401

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 % ☐ N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI	Miscellaneous Items
----------------	----------------------------

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....		☐ Yes ☒ No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...		☐ Yes ☒ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years
-----------------	--

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

Part VIII	Minimum Required Contribution For Current Year
------------------	---

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	0	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	1091425	106018	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	106018	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36	106018	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	116401	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	10383	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	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

A Name of plan BANK OF COMMERCE & TRUST COMPANY PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BANK OF COMMERCE	D Employer Identification Number (EIN) 72-0124890	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

WHITNEY BANK

228 ST. CHARLES AVENUE
NEW ORLEANS, LA 70130-2601

64-0169065

(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?
19 21 28	NONE	58194	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WHITNEY BANK	68	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SUNGUARD BROKERAGE SERVICES, LLC 228 ST. CHARLES AVE. NEW ORLEANS, LA 70130-2601 74-3086513	SOFT DOLLAR COMISSN=PLAN COMISSN EXP/1.378 (FOR EACH \$ OF COMISSN PAID ON EQUITY TRADES, BANK GETS CREDIT OF .726 FROM BROKER

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

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

A Name of plan BANK OF COMMERCE & TRUST COMPANY PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 BANK OF COMMERCE	D Employer Identification Number (EIN) 72-0124890

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	18735
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	30131	38601
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	467213	280550
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9514458	9752640
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other.....	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	10011802	10090526
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	10011802	10090526

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	120000	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		120000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	14206	
(B) U.S. Government securities	2b(1)(B)	107897	
(C) Corporate debt instruments	2b(1)(C)	48135	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		170238
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	140288	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		140288
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		454092
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		884618

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	747700	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		747700
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	58194	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		58194
j Total expenses. Add all expense amounts in column (b) and enter total	2j		805894

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		78724
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: **BROUSSARD POCHÉ, LLP**

(2) EIN: **72-0538016**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 543534.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan BANK OF COMMERCE & TRUST COMPANY PENSION PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan sponsor's name as shown on line 2a of Form 5500 BANK OF COMMERCE				D Employer Identification Number (EIN) 72-0124890	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1 0	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 72-6055383					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3 0	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

BANK OF COMMERCE AND TRUST COMPANY

PENSION PLAN

DECEMBER 31, 2024

CONTENTS

Page

INDEPENDENT AUDITORS' REPORT ON THE FINANCIAL STATEMENTS

1 - 3

FINANCIAL STATEMENTS

Statements of net assets available for benefits

6

Statement of changes in net assets available for benefits

7

Statements of accumulated plan benefits

8

Statement of changes in accumulated plan benefits

9

Notes to financial statements

10 - 16

SUPPLEMENTARY SCHEDULES

Schedule H, line 4i - schedule of assets (held at end of year)

18 - 27

Schedule H, line 4j – schedule of reportable transactions

28 - 29

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
Bank of Commerce and Trust Company
Pension Plan
Crowley, Louisiana

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

We have performed audits of the financial statements of Bank of Commerce and Trust Company Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, 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 within one year after the date that the financial statements are issued or 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 section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedule of assets held at end of year and schedule of reportable transactions as of December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Crowley, Louisiana
October 2, 2025

This page intentionally left blank.

FINANCIAL STATEMENTS

BANK OF COMMERCE AND TRUST COMPANY
PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
As of December 31, 2024 and 2023

ASSETS	<u>2024</u>	<u>2023</u>
Investments:		
Cash and cash equivalents	\$ 280,550	\$ 467,213
Investments at fair value	<u>9,752,640</u>	<u>9,514,458</u>
	\$10,033,190	\$ 9,981,671
Receivables:		
Contribution Receivable	\$ 18,735	\$ -
Accrued interest and dividends	<u>38,601</u>	<u>30,131</u>
	\$ 57,336	\$ 30,131
 Total assets	 <u>\$10,090,526</u>	 <u>\$10,011,802</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$10,090,526</u>	 <u>\$10,011,802</u>

See Notes to Financial Statements.

BANK OF COMMERCE AND TRUST COMPANY
PENSION PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2024

ADDITIONS TO NET ASSETS

Investment income:

Net appreciation in fair value of investments \$ 454,092

Dividends and interest 310,526

Contributions:

Employer 120,000

Total additions to net assets \$ 884,618

DEDUCTIONS FROM NET ASSETS

Benefits paid directly to participants \$ 747,700

Administrative expenses 58,194

Total deductions from net assets \$ 805,894

Net increase \$ 78,724

Net assets available for benefits:

Beginning of year \$ 10,011,802

End of year \$ 10,090,526

See Notes to Financial Statements.

BANK OF COMMERCE AND TRUST COMPANY
PENSION PLAN

STATEMENTS OF ACCUMULATED PLAN BENEFITS
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS		
Vested benefits:		
Active participants	\$ 2,305,000	\$ 2,315,000
Participants with deferred benefits	1,143,000	1,295,000
Participants receiving benefits	<u>7,032,000</u>	<u>6,879,000</u>
Total vested benefits	\$10,480,000	\$10,489,000
Load for contingency of early retirement	<u>100,000</u>	<u>110,000</u>
Total actuarial present value of Accumulated plan benefits	<u>\$10,580,000</u>	<u>\$10,599,000</u>

See Notes to Financial Statements.

BANK OF COMMERCE AND TRUST COMPANY
PENSION PLAN

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
Year Ended December 31, 2024

Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 10,599,000</u>
Increase (decrease) during the year attributed to:	
Increase for interest due to decrease in discount period	\$ 583,000
Benefits paid	(748,000)
Benefits accumulated and (gain) loss	128,000
Change in assumptions	<u>18,000</u>
Net decrease	<u>\$ (19,000)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 10,580,000</u>

See Notes to Financial Statements.

BANK OF COMMERCE AND TRUST COMPANY
PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan

The following brief description of the Plan is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General:

The Plan is a defined benefit pension plan covering substantially all employees of Bank of Commerce and Trust Company (the "Bank"). The Plan became effective December 1, 1971 and was amended and restated effective January 1, 2020. The Plan was frozen to any new participants on January 1, 2011. It is administered by the Retirement Committee, consisting of five members appointed by the Board of Directors of Bank of Commerce and Trust Company and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility:

Prior to the Plan being frozen to any new participants, an employee became a participant in the Plan on the first January 1 or July 1 (entry date) on which he or she:

1. Had been employed.
2. Was 21 years of age.
3. Had completed 1,000 hours of service in the 12-month period commencing with date of employment or upon completion of 1,000 hours in any subsequent Plan year.

Vesting:

An employee became 100% vested upon completion of five years of eligibility credit.

Benefits:

The normal retirement date is the first of the month coinciding with (or the next following) attainment of age 65. Early retirement is available at age 55 and completion of 20 years of service at a reduced monthly benefit amount. The amount of normal retirement pension, payable as a life annuity, is as follows:

1. For pension credit prior to January 1, 1992:
 - a. Participants' accrued benefit as of December 31, 1988 under the formula then in effect; plus
 - b. 1.7% of his average compensation as of December 31, 1991, multiplied by years of pension credit completed from January 1, 1989 through December 31, 1991.
2. For pension credit on and after January 1, 1992:
 - a. 0.9% of his average compensation multiplied by the number of years of pension credit completed (maximum of 25); plus,

NOTES TO FINANCIAL STATEMENTS

- b. 0.4% of his average compensation in excess of his covered compensation multiplied by the number of years of pension credit completed (but not in excess of 35).

Death and disability benefits are also included under the Plan. However, as of October 1, 2013, provisions for disability benefits were excluded and are no longer eligible for payment by the Plan.

On November 30, 2020, the officers of the Bank resolved that, effective December 31, 2020, the Plan be frozen with respect to future benefit accruals. As a result, participants will not accrue any additional benefits under the Plan after December 31, 2020. In no event does this freeze of the current pension accrual formula reduce the amount of the participant's accrued benefit, which was earned under the Plan as of December 31, 2020.

Note 2. Summary of Accounting Policies

Basis of accounting:

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

Use of estimates:

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the retirement committee to make estimates and assumptions that affect the reported amounts of Plan assets available for benefits and the actuarial present value of accumulated plan benefits as the date of the financial statements. Actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements.

Investment valuation and income recognition:

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for a discussion of fair value measurements.

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

Actuarial present value of accumulated Plan benefits:

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the services employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during their last five years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits.

NOTES TO FINANCIAL STATEMENTS

The actuarial present value of accumulated plan benefits is determined by an external actuary and is that amount that results from applying actuarial assumptions to adjust accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of December 31, 2024 and 2023 were:

Mortality rates –

The 2025 Combined Table and the 2024 Combined Table were used for Pre-Retirement and Post-Retirement pensioners for December 31, 2024 and 2023, respectively.

Expected retirement age -

The actuary used age 65 or present age if greater.

Discount rate -

Annual discount rates compounded annually were used for Pre-Retirement and Post-Retirement purposes and amounted to 5.50% for 2024 and 2023.

Vesting -

An employee whose employment terminates for reasons other than retirement has a vested interest in their benefit accrued to the date of termination after five years of service.

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

Payment of benefits:

Benefit payments to participants are recorded upon distributions.

Administrative expenses:

The Plan's administrative expenses are paid either by the Plan or the Bank. Expenses that are paid directly by the Bank are excluded from these financial statements. Expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net depreciation in fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Date of management's review of subsequent events:

Subsequent events were evaluated through October 2, 2025, which is the date the financial statements were available to be issued.

NOTES TO FINANCIAL STATEMENTS

Note 3. Funding Policy

The Bank makes an annual contribution to the trustee of the Plan to maintain minimum funding requirements of the Internal Revenue Service. The funding requirements are certified by an actuary selected by the trustee. Contributions by participants of the Plan are neither required nor permitted. The Bank's contributions for 2024 met the minimum funding requirements of ERISA.

Although it has not expressed any intention 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 set forth in ERISA.

Note 4. Information Certified by Hancock Whitney Bank

The following is a summary of the Plan's asset information as of December 31, 2024 and 2023, included in the Plan's financial statements and ERISA-required supplemental schedules, obtained by management and agreed to or derived from information certified as complete and accurate by Hancock Whitney Bank, a qualified institution and trustee of the Plan:

	<u>2024</u>	<u>2023</u>
Investments, at fair value:		
Cash and cash equivalents	\$ 280,550	\$ 467,213
Mutual funds	2,749,013	3,296,153
U.S. government securities	1,899,628	2,015,906
Mortgage backed securities	1,288,480	1,164,912
Collateralized mortgage obligations	54,545	62,608
Corporate bonds	1,287,516	1,407,267
Foreign bonds, notes and debentures	57,396	52,098
Common stock	2,368,740	1,482,483
Foreign stock	47,322	33,031
	<u>\$10,033,190</u>	<u>\$ 9,981,671</u>
Accrued interest	<u>\$ 38,601</u>	<u>\$ 30,131</u>

Hancock Whitney also certified to the completeness and accuracy of \$454,092 of net appreciation in fair value of investments and \$310,526 of interest and dividends related to the aforementioned assets for the year ended December 31, 2024.

Note 5. Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefit. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurements authoritative literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the

NOTES TO FINANCIAL STATEMENTS

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 3 inputs were used only when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair values of common and foreign stocks, exchange traded funds and U.S. Treasury securities are based on market quotes where they are actively traded. The fair value of mutual funds is based on the quoted net asset values of the shares as reported by the funds. The mutual funds held by the plan are open-ended 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.

Level 2 Fair Value Measurements

The fair values of corporate bonds, collateralized mortgage obligations, foreign debt securities, and mortgage backed securities are valued using a market approach on yields currently available on comparable securities of issuers with similar credit ratings.

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

		Fair Value Measurements at Reporting Date Using:		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	<u>Fair Value</u>			
December 31, 2024:				
Mutual funds	\$ 2,749,013	\$ 2,749,013	\$ -	\$ -
U.S. government obligations	1,899,628	1,899,628	-	-
Mortgage backed securities	1,288,480	-	1,288,480	-
Collateralized mortgage obligations	54,545	-	54,545	-
Corporate bonds	1,287,516	-	1,287,516	-
Foreign bonds, notes and debentures	57,396	-	57,396	-
Common stock	2,368,740	2,368,740	-	-
Foreign stock	<u>47,322</u>	<u>47,322</u>	<u>-</u>	<u>-</u>
Total investments	<u>\$ 9,752,640</u>	<u>\$ 7,064,703</u>	<u>\$2,687,937</u>	<u>\$ -</u>

NOTES TO FINANCIAL STATEMENTS

		Fair Value Measurements at Reporting Date Using:		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2023:				
Mutual funds	\$ 3,296,153	\$ 3,296,153	\$ -	\$ -
U.S. government obligations	2,015,906	2,015,906	-	-
Mortgage backed securities	1,164,912	-	1,164,912	-
Collateralized mortgage obligations	62,608	-	62,608	-
Corporate bonds	1,407,267	-	1,407,267	-
Foreign bonds, notes and debentures	52,098	-	52,098	-
Common stock	1,482,483	1,482,483	-	-
Foreign stock	33,031	33,031	-	-
Total investments	<u>\$ 9,514,458</u>	<u>\$ 6,827,573</u>	<u>\$2,686,885</u>	<u>\$ -</u>

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

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2024, there were no transfers in or out of Level 3.

Note 6. Plan Termination

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

- a. Benefits to employees or beneficiaries who began receiving benefits at least three years before the termination date of the Plan (including those benefits which would have been received for at least three years if the employee had retired) based on Plan provisions in effect during the five years prior to termination which produce the least benefits.
- b. All other benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (including benefits that would be guaranteed except for the special limitation on coverage of a "substantial owner").
- c. All other benefits that were nonforfeitable hereunder immediately prior to Plan termination.
- d. All other benefits under the Plan.

NOTES TO FINANCIAL STATEMENTS

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pension. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

Note 7. Tax Status

The Plan obtained its latest determination letter on January 1, 2012 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's consultants believe that the Plan is currently designed and is currently being operated in compliance with the applicable requirements 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. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2021.

Note 8. Related Party and Party in Interest Transactions

Parties in interest as defined under ERISA include persons and entities such as the plan sponsor, employers and Plan administrators, investment management team and plan auditors among others. All Plan investments are managed by Hancock Whitney Bank who is the trustee as defined by the Plan, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to \$58,194 for the year ended December 31, 2024 and is included in administrative expense. The Bank absorbs significantly all other administrative costs of the Plan.

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

Note 9. 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 change could materially affect the amounts reported in the statements of net assets available for benefits.

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

SUPPLEMENTARY SCHEDULES

BANK OF COMMERCE AND TRUST COMPANY
PENSION PLAN
E.I.N. 72-0124890
P.N.: 001

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

(a) Party-In Interest	(b) Identity of Issue	(c) Description of Investment Including Maturity Date, Rate of Interest	(d) Cost	(e) Current Value
	<u>Cash equivalents:</u>			
	Goldman Sachs Government Fund – Class Inst (#465)		\$ 280,550	\$ 280,550
	<u>US Government Obligations:</u>			
	US Treasury	2.875%, 05/15/2032	169,308	158,064
	US Treasury	2.75%, 08/15/2032	123,327	118,837
	US Treasury	3.125%, 08/31/2027	361,447	357,361
	US Treasury	3.875%, 09/30/2029	89,545	89,988
	US Treasury	3.625%, 03/31/2030	259,117	253,435
	US Treasury	3.375%, 05/15/2033	121,496	118,559
	US Treasury	4.125%, 07/31/2028	142,048	142,988
	US Treasury	4.125%, 08/31/2030	92,439	92,542
	US Treasury	4.375%, 11/30/2028	142,536	142,038
	US Treasury	4.375%, 12/15/2026	199,972	201,440
	U S Treasury	4.00%, 01/31/2031	227,434	224,377

BANK OF COMMERCE AND TRUST COMPANY
PENSION PLAN
E.I.N. 72-0124890
P.N.: 001

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(CONTINUED)
December 31, 2024

(a) Party-In <u>Interest</u>	(b) <u>Identity of Issue</u>	(c) Description of Investment Including <u>Maturity Date, Rate of Interest</u>	(d) <u>Cost</u>	(e) Current <u>Value</u>
<u>Mortgage Backed Securities:</u>				
	Federal Home Loan Mtg Corp Pool #SD3469	5.5%, 08/01/2053	70,171	70,159
	Federal Home Loan Mtg Corp Pool #SD5148	3.5%, 06/01/2049	53,340	54,026
	Federal Home Loan Mtg Corp Pool	2.5%, 11/01/2050	55,337	44,368
	Federal Home Loan Mtg Corp Pool #SD8142	3.0%, 04/01/2051	44,454	36,300
	Federal Home Loan Mtg Corp Pool #SD8169	3.5%, 09/01/2051	96,032	79,816
	Federal Home Loan Mtg Corp Pool #SD8363	6.0%, 09/01/2053	46,667	46,901
	Federal Home Loan Mtg Corp Pool #RC1888	2.0%, 03/01/2036	57,086	49,049
	FNMA Pass-Thru I Pool #BU3800	2.0%, 12/01/2051	99,112	77,565
	FNMA Pass-Thru I Pool #CA7734	2.5%, 11/01/2050	62,835	49,023
	FNMA Pass-Thru I Pool #CB7926	5.5%, 02/01/2054	82,489	82,499
	FNMA Pool #FM4796	2.0%, 11/01/2050	78,896	59,682
	FNMA Pass-Thru I Pool #FM5492	2.5%, 01/01/2051	78,614	61,675

BANK OF COMMERCE AND TRUST COMPANY
PENSION PLAN
E.I.N. 72-0124890
P.N.: 001

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(CONTINUED)
December 31, 2024

(a) Party-In Interest	(b) Identity of Issue	(c) Description of Investment Including Maturity Date, Rate of Interest	(d) Cost	(e) Current Value
	FNMA Pass-Thru I Pool #FM9474	3.0%, 10/01/2051	107,743	87,603
	FNMA Pass-Thru I Pool #FS2797	2.5%, 01/01/2052	121,162	110,183
	FNMA Pool #MA4465	2.0%, 11/01/2051	41,578	32,452
	FNMA Pool #MA4493	2.5%, 12/01/2051	57,546	46,013
	FNMA Pool #MA4494	3.0%, 12/01/2051	77,815	63,705
	FNMA Pool #MA4805	4.50%, 11/01/2052	62,723	61,896
	FNMA Pool #MA5009	5.0%, 05/01/2053	67,185	65,374
	FNMA Pool #MA516	5.5%, 10/01/2053	110,877	110,191
	<u>Collateralized Mortgage Obligation:</u>			
	Federal Home Loan Mtg Corp Ser 5227 CL JW	4.00%, 01/25/2049	58,335	54,545
	<u>Corporate Bonds:</u>			
	Chubbs Ina Holdings	3.35%, 05/03/2026	41,892	43,314
	Amazon.com Inc	1.0%, 05/12/2026	40,244	44,010
	American Tower Corp	3.375%, 10/15/2026	53,208	55,675
	Amgen Inc	5.25%, 3/02/2030	63,217	61,581
	Anheuser-Busch	4.7%, 02/01/2036	52,699	51,190
	Bank of America Corp	3.559%, 04/23/2027	116,877	102,340

BANK OF COMMERCE AND TRUST COMPANY
PENSION PLAN
E.I.N. 72-0124890
P.N.: 001

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(CONTINUED)
December 31, 2024

(a) Party-In Interest	(b) Identity of Issue	(c) Description of Investment Including Maturity Date, Rate of Interest	(d) Cost	(e) Current Value
	Bank of NY Mellon Corp Var	4.543%, 02/01/2029	84,345	84,346
	Berkshire Hathaway Inc	3.125%, 03/15/2026	55,533	50,218
	Home Depot Inc	3.9%, 12/06/2028	68,368	57,497
	JPMorgan Chase & Co	3.96%, 01/29/2027	114,343	99,223
	Keycorp	2.25%, 04/06/2027	65,816	67,926
	Kraft Heinz Foods Co	3.75%, 04/01/2030	69,340	68,993
	McDonalds Corp	3.6%, 07/01/2030	50,201	51,604
	Novartis Capital Corp	2.0%, 02/14/2027	39,453	40,888
	PNC Financial Services	2.55%, 01/22/2030	58,862	53,275
	Pepsico Inc	3.0%, 10/15/2027	29,509	30,807
	Stryker Corp	4.625%, 09/11/2034	64,422	63,015
	T-Mobile USA Inc	3.375%, 04/15/2029	75,020	79,336
	US Bancorp	3.15%, 04/27/2027	84,865	84,186
	UnitedHealth	2.95%, 10/15/2027	39,719	40,202
	Verizon Communications Verizon Communications Inc	4.329%, 09/21/2028	55,977	57,892
	<u>Foreign Bonds, Notes and Debentures:</u>			
	Aercap. Ireland Cap	3.00%, 10/29/2028	53,777	57,396

BANK OF COMMERCE AND TRUST COMPANY
PENSION PLAN
E.I.N. 72-0124890
P.N.: 001

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(CONTINUED)
December 31, 2024

(a) Party-In Interest	(b) Identity of Issue	(c) Description of Investment Including Maturity Date, Rate of Interest	(d) Cost	(e) Current Value
<u>Common Stocks:</u>				
	Allstate Corp	191 Shares	34,508	36,823
	Alphabet Incp	666 Shares	69,876	126,074
	Amazon.com Inc	614 Shares	73,995	134,705
	American Express Co	113 Shares	19,454	33,537
	Cencora Inc	125 Shares	21,130	28,085
	Amgen Inc	60 Shares	17,432	15,638
	Apple Inc	786 Shares	88,304	196,830
	Applied Materials Inc Com	167 Shares	16,937	27,159
	Arista Networks Inc	292 Shares	12,275	32,275
	Bank of New York Mellon Corp	317 Shares	20,230	24,355
	Berkley WR Corp	399 Shares	21,733	23,349
	Bristol-Myers Squibb	695 Shares	33,195	39,309
	Broadcom Inc	292 Shares	30,207	67,697
	Cabot Corp	189 Shares	13,943	17,258
	Chevron Corporation	88 Shares	11,117	12,746

BANK OF COMMERCE AND TRUST COMPANY
PENSION PLAN
E.I.N. 72-0124890
P.N.: 001

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(CONTINUED)
December 31, 2024

(a) Party-In Interest	(b) Identity of Issue	(c) Description of Investment Including Maturity Date, Rate of Interest	(d) Cost	(e) Current Value
	Coca Cola Consolidated Inc	28 Shares	22,898	35,280
	Commercial Metals Co	207 Shares	12,311	10,267
	Conocophillips	155 Shares	9,478	15,371
	Corpay Inc	81 Shares	24,866	27,412
	Cummins	74 Shares	21,914	25,796
	Deckers Outdoor Corp	72 Shares	7,574	14,622
	Emcor Group Inc Com	93 Shares	17,850	42,213
	Expedia Group Inc	110 Shares	20,008	20,496
	Exxon Mobile Corp	257 Shares	21,530	27,645
	Meta Platforms Inc	129 Shares	39,984	75,531
	General Motors Co	340 Shares	19,731	18,112
	WW Granger Inc	33 Shares	24,583	34,784
	Halozyme Therapeutics	210 Shares	11,823	10,040
	Home Depot Inc Com	79 Shares	21,033	30,730
	Intuit Inc	32 Shares	19,971	20,112
	Intuitive Surgical Inc	89 Shares	22,747	46,454
	JP Morgan Chase	182 Shares	26,608	43,627

BANK OF COMMERCE AND TRUST COMPANY
PENSION PLAN
E.I.N. 72-0124890
P.N.: 001

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(CONTINUED)
December 31, 2024

(a) Party-In Interest	(b) Identity of Issue	(c) Description of Investment Including Maturity Date, Rate of Interest	(d) Cost	(e) Current Value
	Leidos Holdings Inc	116 Shares	19,730	16,711
	Lennar	92 Shares	14,212	12,546
	Eli Lilly & Co Com	24 Shares	14,807	18,528
	Lockheed Martin Corp Com	62 Shares	25,112	30,128
	Medpace Holdings Inc	88 Shares	21,365	29,236
	Microsoft Corp Corporation	434 Shares	98,273	182,930
	Monolithic Power Systems Inc	30 Shares	17,270	17,751
	National Storage Affiliates	375 Shares	16,358	14,216
	Netflix Inc	44 Shares	26,661	39,218
	NVIDIA Corp Com	1,268 Shares	101,126	170,279
	Palo Alto Networks Inc	204 Shares	23,283	37,120
	Phillip Morris Intl Inc	229 Shares	27,422	27,560
	Proctor & Gamble Co	141 Shares	22,356	23,639
	Regeneron Pharmaceutical	14 Shares	9,894	9,973
	Reinsurance Group of America, Inc	146 Shares	28,442	31,190
	Sprouts Farmers Market Inc	249 Shares	12,094	31,640
	TJX Cos Inc	206 Shares	20,292	24,887

BANK OF COMMERCE AND TRUST COMPANY
PENSION PLAN
E.I.N. 72-0124890
P.N.: 001

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(CONTINUED)
December 31, 2024

(a) Party-In Interest	(b) Identity of Issue	(c) Description of Investment Including Maturity Date, Rate of Interest	(d) Cost	(e) Current Value
	T-Mobile US Inc	117 Shares	12,270	25,825
	Targa Res Corp	130 Shares	24,876	23,205
	Tenet	171 Shares	25,180	21,585
	Terex Corp New	377 Shares	22,385	17,425
	Tesla Motors	51 Shares	9,423	20,596
	UMB Financial Corp	140 Shares	17,151	15,800
	Uber Technologies Inc	413 Shares	29,925	24,912
	Valero Energy Corp New Com	121 Shares	19,000	14,833
	Veeva Systems Inc – Class A	119 Shares	25,283	25,020
	Viatis Inc	1,429 Shares	16,793	17,791
	Visa Inc	81 Shares	17,399	25,599
	Vista Corp Com	373 Shares	28,557	51,426
	Walmart Inc	250 Shares	14,332	22,588
	Wells Fargo & Co New Com	186 Shares	11,329	13,065
	XPO Inc	131 Shares	19,578	17,181
	<u>Foreign Stock:</u>			
	Janus Henderson Group PLC	859 Shares	39,141	36,533
	Seagate Technology Holdings PLC	125 Shares	12,250	10,789

BANK OF COMMERCE AND TRUST COMPANY
PENSION PLAN
E.I.N. 72-0124890
P.N.: 001

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(CONTINUED)
December 31, 2024

(a) Party-In Interest	(b) Identity of Issue	(c) Description of Investment Including Maturity Date, Rate of Interest	(d) Cost	(e) Current Value
	<u>Equity ETF:</u>			
	IShares Core S&P Mid-Cap ETF	2,772 Shares	220,234	172,723
	<u>Fixed Income ETF/Mutual Funds:</u>			
	IShares MBS ETF	3,563 Shares	357,213	326,656
	<u>Mutual Funds – Fixed Inc:</u>			
	Blackrock Dynamic High Income	11,750.691 Shares	95,000	101,291
	Blackrock High Yield Portfolio Inst	16,901.666 Shares	126,557	120,002
	Eaton Vance E/M Dbt Opp-1	24,405.13 Shares	183,400	193,533
	<u>Mutual Funds - Equity:</u>			
	AQR Diversified Arbitrage Class	16,142.499 Shares	194,800	195,647
	Blackrock Syst Multi Str Inst	47,040.275 Shares	478,237	475,107
	Causeway Emerging Markets Fund – Inst	16,710.934 Shares	203,777	181,815
	Cohen & Steers Global Realty Shares I	1,833.213 Shares	100,835	93,567
	Cohen & Steers GL Infr-1	3,339.436 Shares	66,773	76,807
	Macquarie Small Cap Core Fund Fund – Ins	2,227.38 Shares	51,941	67,690
	DFA Emerg Mkts Ex China Core Equity	32,788.061 Shares	315,190	326,241
	Federated Hermes Intl Leaders CI IS	8,764.264 Shares	319,084	308,152

BANK OF COMMERCE AND TRUST COMPANY
PENSION PLAN
E.I.N. 72-0124890
P.N.: 001

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(CONTINUED)
December 31, 2024

(a) Party-In Interest	(b) Identity of Issue	(c) Description of Investment Including Maturity Date, Rate of Interest	(d) Cost	(e) Current Value
	T Rowe Price International Discovery – I	1,745.09 Shares	126,369	109,784
			<u>\$ 9,629,127</u>	<u>\$ 10,033,190</u>

NOTE: This schedule is provided in answer to item 4(i), Part IV, Schedule H of Federal Form 5500.

- - Denotes party-in-interest transaction

BANK OF COMMERCE AND TRUST COMPANY
PENSION PLAN
E.I.N. 72-0124890
P.N.: 001

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
December 31, 2024

(a) <u>Identity of Party Involved</u> <u>Series in the same security</u>	(b) <u>Description of Assets</u>	(c) <u>Purchase</u> <u>Price</u>	(d) <u>Selling</u> <u>Price</u>	(e) <u>Lease</u> <u>Rental</u>	(f) <u>Expense</u> <u>Incurred</u> <u>With</u> <u>Transaction</u>	(g) <u>Cost of</u> <u>Asset</u>	(h) <u>Current Value</u> <u>of Asset on</u> <u>Transaction</u> <u>Date</u>	(i) <u>Net Gain</u> <u>or (Loss)</u>
Hancock Whitney Bank	Goldman Sachs Government Fund	\$ 1,589,932	\$ -	\$ -	-	\$ 1,589,932	\$ 1,589,932	\$ -
Hancock Whitney Bank	Goldman Sachs Government Fund	\$ -	\$ 1,776,595	\$ -	-	\$ 1,776,595	\$ 1,776,595	\$ -
<u>Mutual funds – equity</u>								
Mutual funds – equity	Federated Hermes INTL leaders CL	\$ 512,292	\$ -	\$ -	-	\$ 512,292	\$ 512,292	\$ -
Mutual funds – equity	Federated Hermes INTL leaders CL	\$ -	\$ 215,000	\$ -	-	\$ 205,466	\$ 215,000	\$ 9,534
Mutual funds – equity	Federated Hermes INTL leaders CL	\$ 6,510	\$ -	\$ -	-	\$ 6,510	\$ 6,476	\$ -
Mutual funds – equity	Federated Hermes INTL leaders CL	\$ 5,748	\$ -	\$ -	-	\$ 5,748	\$ 5,748	\$ -

BANK OF COMMERCE AND TRUST COMPANY
PENSION PLAN
E.I.N. 72-0124890
P.N.: 001

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
(CONTINUED)
December 31, 2024

(a) <u>Identity of Party Involved</u> <u>Series in the same security</u>	(b) <u>Description of Assets</u>	(c) <u>Purchase</u> <u>Price</u>	(d) <u>Selling</u> <u>Price</u>	(e) <u>Lease</u> <u>Rental</u>	(f) <u>Expense</u> <u>Incurred</u> <u>With</u> <u>Transaction</u>	(g) <u>Cost of</u> <u>Asset</u>	(h) <u>Current Value</u> <u>of Asset on</u> <u>Transaction</u> <u>Date</u>	(i) <u>Net Gain</u> <u>or (Loss)</u>
Mutual funds – equity	Lazard International Equity Port	\$ 200,000	\$ -	\$ -	\$ -	\$ 200,000	\$ 200,000	\$ -
Mutual funds – equity	Lazard International Equity Port	\$ -	\$ 511,042	\$ -	\$ -	\$ 538,064	\$ 511,042	\$ (27,022)

NOTE: This schedule is provided in answer to item 4(j), Part IV, Schedule H of Federal Form 5500.

Schedule SB, line 26 - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

Attained Age	Under 1		1 To 4		5 To 9		10 To 14		15 To 19		20 To 24		25 To 29		30 To 34		35 To 39		40 & Up	
	No. Comp	Avg.	No. Comp	Avg.	No. Comp	Avg.	No. Comp	Avg.	No. Comp	Avg.	No. Comp	Avg.	No. Comp	Avg.	No. Comp	Avg.	No. Comp	Avg.	No. Comp	Avg.
Under 25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	2	0	1	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
50 to 54	0	0	0	0	0	0	0	0	1	0	0	0	2	0	5	0	0	0	0	0
55 to 59	0	0	0	0	0	0	0	0	1	0	1	0	2	0	3	0	4	0	0	0
60 to 64	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	2	0
65 to 69	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
70 & Up	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0

FIN: 72-0124840
PU: 001

Statement of Actuarial Assumptions

Target Assumptions:

Male Nonannuitant: 2024 Nonannuitant Male
Female Nonannuitant: 2024 Nonannuitant Female
Male Annuitant: 2024 Annuitant Male
Female Annuitant: 2024 Annuitant Female
Applicable months from valuation month: 0
Probability of lump sum: 0.00%
Use pre-retirement mortality: Yes

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Segment rates:	4.37	4.96	4.95
High Quality Bond rates:	N/A	N/A	N/A
Final rates:	4.75	4.96	5.59
Override:	0.00	0.00	0.00

Salary Scale

Male: 4.00%
Female: 4.00%

Withdrawal

Male: N/A
Female: N/A

Withdrawal-Select

Male: N/A
Female: N/A

Early Retirement Rates

Male: N/A
Female: N/A

Subsidized Early Retirement Rates

Male: N/A
Female: N/A

Options:

Use optional combined mortality table for small plans: Yes
Use discount rate transition: No
Lump sums use proposed regulations: Yes
Actuarial Equivalent Floor
Stability period: plan year
Lookback months: 2
Nonannuitant: 2024 Applicable
Annuitant: 2024 Applicable

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Current:	5.50	5.76	5.83
Override:	0.00	0.00	0.00

Late Retirement Rates

Male: N/A
Female: N/A

Marriage Probability

Male: 0.00%
Female: 0.00%
Expense loading: 0.00%

Disability Rates

Male: N/A
Female: N/A

	<u>Mortality</u>	<u>Setback</u>
Male:	N/A	0
Female:	N/A	0

EIN: 72-0124890
 PN: 001

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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

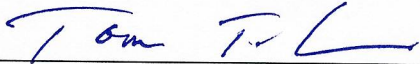
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
☒ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶ ☐
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan BANK OF COMMERCE & TRUST COMPANY PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 12/01/1971
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BANK OF COMMERCE 326 NORTH AVENUE G. CROWLEY LA 70526-5127	2b Employer Identification Number (EIN) 72-0124890
	2c Plan Sponsor's telephone number 337-783-2201
	2d Business code (see instructions) 522110

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

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

SIGN HERE		10.8.25	Tom Trahan
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address ☐ Same as Plan Sponsor BANK OF COMMERCE 326 NORTH AVENUE G. CROWLEY LA 70526-5127	3b Administrator's EIN 72-0124890 3c Administrator's telephone number 337-783-2201
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 118
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 30 6a(2) 29 6b 49 6c 33 6d 111 6e 7 6f 118 6g(1) 6g(2) 0 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	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		
A Name of plan BANK OF COMMERCE & TRUST COMPANY PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BANK OF COMMERCE		D Employer Identification Number (EIN) 72-0124890

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Whitney Bank
228 St. Charles Avenue

64-0169065

New Orleans

LA

70130-2601

(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?
19 21 28	None	58,194	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
Whitney Bank	68	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
Sunguard Brokerage Services, LLC 74-3086513 228 St. Charles Ave. New Orleans LA 70130-2601	soft dollar comissn=plan comissn exp/1.378 (for each \$ of comissn paid on equity trades, Bank gets credit of .726 from broker

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III	Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)
-----------------	---

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan BANK OF COMMERCE & TRUST COMPANY PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BANK OF COMMERCE		D Employer Identification Number (EIN) 72-0124890

Part I	Asset and Liability Statement
--------	-------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	18,735
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	30,131	38,601
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	467,213	280,550
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9,514,458	9,752,640
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	10,011,802	10,090,526
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	10,011,802	10,090,526

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	120,000	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		120,000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	14,206	
(B) U.S. Government securities	2b(1)(B)	107,897	
(C) Corporate debt instruments	2b(1)(C)	48,135	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		170,238
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	140,288	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		140,288
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		454,092
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		884,618

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	747,700	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		747,700
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Recordkeeping fees.....	2i(3)	0	
(4) IQPA audit fees.....	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	58,194	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		58,194
j Total expenses. Add all expense amounts in column (b) and enter total	2j		805,894

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		78,724
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: BROUSSARD POCHE', LLP

(2) EIN: 72-0538016

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500,000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 543534.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.			
For calendar plan year 2024 or fiscal plan year beginning		01/01/2024		and ending		12/31/2024	
A Name of plan BANK OF COMMERCE & TRUST COMPANY PENSION PLAN				B Three-digit plan number (PN) ▶		001	
C Plan sponsor's name as shown on line 2a of Form 5500 BANK OF COMMERCE				D Employer Identification Number (EIN) 72-0124890			
Part I		Distributions					
All references to distributions relate only to payments of benefits during the plan year.							
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1		0	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 72-6055383 Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.							
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3		0	
Part II		Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? If the plan is a defined benefit plan, go to line 8.				☐ Yes		☐ No	
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.				☒ N/A			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a			
b Enter the amount contributed by the employer to the plan for this plan year				6b			
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c			
If you completed line 6c, skip lines 8 and 9.				☐ Yes		☐ No	
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?				☐ Yes		☐ No	
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	
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	
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 III				Amendments			
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.				☐ Increase		☐ Decrease	
Part IV				ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.			
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?				☐ Yes		☐ No	
11 a Does the ESOP hold any preferred stock?				☐ Yes		☐ No	
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)				☐ Yes		☐ No	
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?				☐ Yes		☐ No	
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311			

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)

14c

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

a The corresponding number for the plan year immediately preceding the current plan year

15a

b The corresponding number for the second preceding plan year

15b

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

a Enter the number of employers who withdrew during the preceding plan year

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan BANK OF COMMERCE & TRUST COMPANY PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BANK OF COMMERCE	D Employer Identification Number (EIN) 72-0124890
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	10,011,802	
b	Actuarial value	2b	10,011,802	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	51	7,110,709	7,110,709
b	For terminated vested participants	37	1,341,044	1,341,044
c	For active participants	30	2,406,965	2,406,965
d	Total	118	10,858,718	10,858,718
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.15%	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	0	
c	Target normal cost	6c	0	

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Signature of actuary Steve J. Persons, MSEA Type or print name of actuary Creative Benefit Strategies, Inc. Firm name 10155 Broadview Rd. Suite 6 Broadview Heights OH 44147-3296 Address of the firm	01/21/2025 Date 2303851 Most recent enrollment number 440-717-1600 Telephone number (including area code)
--------------------------	--	---

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.75 %2nd segment:
4.96 %3rd segment:
5.59 %☐ N/A, full yield curve used**b** Applicable month (enter code).....**21b**

0

22 Weighted average retirement age**22**

65

23 Mortality table(s) (see instructions)

Prescribed - combined



Prescribed - separate



Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.

Yes



No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.

Yes



No

26 Demographic and benefit information**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.

Yes



No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...

Yes



No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c).....**31a**

0

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

0

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

1,091,425

106,018

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 106,018

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement

0

36 Additional cash requirement (line 34 minus line 35)..... **36** 106,018**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 116,401**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36).....**38a**

10,383

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b**

0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)****41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

Schedule SB, line 19 - Discounted Employer Contributions

Interest Rates for Contribution Year End Date: 12/31/2024 Effective: 5.15% Late Quarterly: 10.15%

<u>Effective Date</u>	<u>Amount</u>	<u>Discounted</u>
04/12/2024	\$33,755	\$33,286
07/10/2024	\$33,755	\$32,882
10/15/2024	\$33,755	\$32,447
01/14/2025	\$18,735	\$17,786
	<u>\$120,000</u>	<u>\$116,401</u>

Name of Plan: Bank of Commerce & Trust Comp
Plan Sponsor's EIN: 72-0124890
Plan Number: 001
Plan Sponsor's Name: Bank of Commerce & Trust Company

Schedule SB, line 22
Description of Weighted Average Retirement Age
Bank of Commerce & Trust Company Pension Plan
Plan Sponsor EIN: 72-0124890 Plan Number: 001

<u>Age</u>	<u>Assumed Rate</u>	<u>Weighted Age</u>
60	0.00%	0.0
61	0.00%	0.0
62	0.00%	0.0
63	0.00%	0.0
64	0.00%	0.0
65	90.00%	58.5
66	3.33%	2.2
67	0.00%	0.0
68	0.00%	0.0
69	0.00%	0.0
70	0.00%	0.0
71	3.34%	2.4
72	3.33%	2.4
		65.4

The assumed rate of retirement is adjusted for the assumed prior retirements and multiplied by the expected retirement age. The resulting amounts are summed to develop the weighted average.

Schedule SB, line 26 - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

Attained Age	Under 1		1 To 4		5 To 9		10 To 14		15 To 19		20 To 24		25 To 29		30 To 34		35 To 39		40 & Up	
	No. Comp	Avg.	No. Comp	Avg.	No. Comp	Avg.	No. Comp	Avg.	No. Comp	Avg.	No. Comp	Avg.	No. Comp	Avg.	No. Comp	Avg.	No. Comp	Avg.	No. Comp	Avg.
Under 25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	2	0	1	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
50 to 54	0	0	0	0	0	0	0	0	1	0	0	0	2	0	5	0	0	0	0	0
55 to 59	0	0	0	0	0	0	0	0	1	0	1	0	2	0	3	0	4	0	0	0
60 to 64	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	2	0
65 to 69	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
70 & Up	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0

FIN: 72-0124840
PU: 001

**Bank of Commerce & Trust Company
Bank of Commerce & Trust Company Pension Plan
Amortization Bases for Pension Protection Act Report
Valuation as of 01/01/2024 for the Plan Year Ending 12/31/2024**

Pension Protection Act

<u>Type of Base</u>	<u>Effective Date</u>	<u>Interest Rate</u>	<u>Initial Amount</u>	<u>Initial Amort</u>	<u>Current Balance</u>	<u>Rem Amort</u>	<u>Payment</u>
Shortfall	01/01/2023	4.75 / 4.96	1,474,301	15.00	1,408,728	14.00	135,018
Shortfall	01/01/2024	4.75 / 4.96	-317,303	15.00	-317,303	15.00	-29,000
Totals	Shortfall				1,091,425		106,018

EIN: 72-6124840
PN: 001

Statement of Actuarial Assumptions

Target Assumptions:

Male Nonannuitant: 2024 Nonannuitant Male
Female Nonannuitant: 2024 Nonannuitant Female
Male Annuitant: 2024 Annuitant Male
Female Annuitant: 2024 Annuitant Female
Applicable months from valuation month: 0
Probability of lump sum: 0.00%
Use pre-retirement mortality: Yes

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Segment rates:	4.37	4.96	4.95
High Quality Bond rates:	N/A	N/A	N/A
Final rates:	4.75	4.96	5.59
Override:	0.00	0.00	0.00

Salary Scale

Male: 4.00%
Female: 4.00%

Withdrawal

Male: N/A
Female: N/A

Withdrawal-Select

Male: N/A
Female: N/A

Early Retirement Rates

Male: N/A
Female: N/A

Subsidized Early Retirement Rates

Male: N/A
Female: N/A

Options:

Use optional combined mortality table for small plans: Yes
Use discount rate transition: No
Lump sums use proposed regulations: Yes

Actuarial Equivalent Floor

Stability period: plan year
Lookback months: 2
Nonannuitant: 2024 Applicable
Annuitant: 2024 Applicable

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Current:	5.50	5.76	5.83
Override:	0.00	0.00	0.00

Late Retirement Rates

Male: N/A
Female: N/A

Marriage Probability

Male: 0.00%
Female: 0.00%
Expense loading: 0.00%

Setback

0

Disability Rates

Male: N/A
Female: N/A

Mortality

Male: N/A
Female: N/A

Setback

0

0

EIN: 72-0124890
 PN: 001

Summary of Plan Provisions

Eligibility Requirements

Age (yrs) : 21
 Age (months) : 0
 Wait (months) : 12
 Two year eligibility : No

Service/Participation Requirements

Definition of years: Hours worked
 Continuing hours: 1,000
 Excluded classes: Other

Earnings

Total compensation excluding : 403(b)
 Cafeteria
 Other

<u>Retirement</u>	<u>Normal</u>	<u>Early</u>	<u>Subsidized Early</u>	<u>Disability</u>	<u>Death</u>
Age:	65	55			
Service:	0	20			
Participation:	0	0			
Defined:	1st of month following	1st of month following			

Benefit Reduction / Mortality table & setback

Male:	Actuarial Equivalence	Actuarial Equivalence	N/A	0
Female:	Actuarial Equivalence	Actuarial Equivalence	N/A	0
Rates - Male:	N/A	N/A	N/A	
Rates - Female:	N/A	N/A	N/A	

Use Social Security Retirement Age:	No	REACT Benefits Percentage:	50.00%
Vesting Schedule:	5 Year Cliff	Pre-retirement death benefit	
Vesting Definition:	Hours Worked	Percentage of accrued benefit:	0.00%
		Death Benefit Payment method:	PVAB

	<u>Annuity</u>	<u>Percent</u>	<u>Years</u>
Normal:	Life and certain	0.00%	10
QJSA:	Joint and contingent	50.00%	0

Significant Changes in Plan Provisions Since Last Valuation

EW: 72-0124890
 PN: 001

Summary of Plan Provisions

Benefits

Pension Formula:	Benefit formula		
Type of Formula:	Unit benefit non-integrated		
Effective Date:	01/01/2011		
Unit type:	Percent		
Unit based on:	Service		
Maximum total percent:	0.00%		
Tiers based on:	None		
First tier:	0.90%	for 1st	None
Second tier:	None	for next	None
Third tier:	None	for remaining yrs	
Maximum credit:			
Past years:	99		
Future years:	99		
Total years:	25		

Averaging

Projection method:	Current Compensation	Apply exclusion to accrued benefit:	No
Based on:	Final Average	Annualize short compensation years:	No
Highest:	5	Annualize short plan years:	No
In the last:	99	Include compensations based	
Excluding:	0	on years of:	Accrual

Accrual

Frozen:	Yes					
Definition of years:	Pro rata	Fractions based on: N/A				
Accrual credit:	<u>Continuing</u>	<u>Died</u>	<u>Disabled</u>	<u>Retired</u>	<u>Terminated</u>	Precision: 3
	1800	1800	1800	1800	1800	Limit current credit
						to: 1.000000
Years based on:	Service	Cap/floor years:	0			
Maximum past accrual years:	0.0000	Cap or floor:	Floor			
Method:	Fractional	Accrual % per year:	0.00%			
		Apply 415 before accrual:	No			

EIN: 72-0124890
 PP: 001

Summary of Plan Provisions

Benefits

Pension Formula: Second formula
Type of Formula: Unit benefit integrated
Effective Date: 01/01/2011

<u>Formula</u>	<u>% per Unit</u>	<u>Maximum Total %</u>	<u>Simplified table limit</u>	<u>Adjust %</u>
Base:	0.40%	0.00%		No
Excess:	0.40%	0.00%	No	No

<u>Maximum Credits</u>	<u>Past years</u>	<u>Future years</u>	<u>Total years</u>
Base:	99	99	35
Excess:	99	99	35
Units based on:	Service		

Integration level

Covered compensation table: Dynamic
Rounding: Exact
Uniform dollar amount: None

Averaging

Projection method:	Current Compensation	Apply exclusion to accrued benefit:	No
Based on:	Final Average	Annualize short compensation years:	No
Highest:	5	Annualize short plan years:	No
In the last:	99	Include compensations based on years of:	Accrual
Excluding:	0		

Accrual

Frozen:	Yes		
Definition of years:	Pro rata	Fractions based on:	N/A
Accrual credit:	<u>Continuing</u> 1800 <u>Died</u> 1800 <u>Disabled</u> 1800 <u>Retired</u> 1800 <u>Terminated</u> 1800	Precision:	6
		Limit current credit to:	1.000000
Years based on:	Service	Cap/floor years:	0
Maximum past accrual years:	0.0000	Cap or floor:	Floor
Method:	Fractional	Accrual % per year:	0.00%
		Apply 415 before accrual:	No

EID: 72-0124990
 ID: 001

Summary of Plan Provisions

Benefits:

Pension Formula:	Final benefit
Type of Formula:	Sum of
Effective Date:	01/01/2011
Selected Formulas:	Benefit formula
	Second formula

EW: 72- 6124890
PN: 001



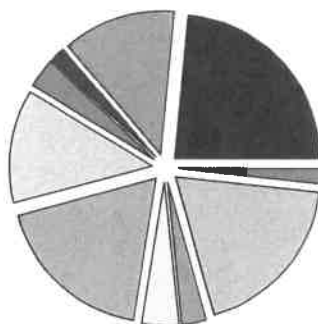
Statement Period
Account Number

01/01/2024 through 12/31/2024
1150002448
**BANK OF COMMERCE AND TRUST
COMPANY PENSION PLAN**

Asset Summary As Of 12/31/2024

DESCRIPTION	MARKET VALUE	COST	% OF PORT	ACCRUED INCOME
SHORT TERM INV	280,549.90	280,549.90	3	1,002.28
US GOV'T OBLIGATIONS	1,899,627.68	1,928,669.00	19	18,478.34
MBS	1,288,480.30	1,471,661.98	13	4,203.30
CMO	54,544.55	58,334.67	1	185.79
CORPORATE BONDS	1,287,515.63	1,323,909.48	13	13,690.68
FOREIGN BDS NTS & DEB	57,395.88	53,776.83	1	320.33
COMMON STOCK	2,368,740.27	1,621,420.95	24	630.25
FOREIGN STOCK	47,322.02	51,391.24	0	90.00
EQUITY ETF	172,723.32	220,234.39	2	0.00
FIXED INCOME ETF/MUTUAL FUNDS	326,655.84	357,213.49	3	0.00
MUTUAL FDS - FIXED INC	414,825.47	404,956.69	4	0.00
MUTUAL FDS - EQUITY	1,834,809.47	1,857,005.99	18	0.00
TOTAL INVESTMENTS	10,033,190.33	9,629,124.61		38,600.97
CASH	0.00			
DUE FROM BROKER	0.00			
DUE TO BROKER	0.00			
ACCRUED INCOME	38,600.97			
TOTAL MARKET VALUE	10,071,791.30			

Ending Asset Allocation



23.6%
12.8%
1.7%
3.3%
12.8%
18.3%
4.1%
2.8%
19.0%
1.6%

COMMON STOCK
CORPORATE BONDS
EQUITY ETF
FIXED INCOME ETF/MUTUAL FUNDS
MBS
MUTUAL FDS - EQUITY
MUTUAL FDS - FIXED INC
SHORT TERM INV
US GOV'T OBLIGATIONS
All Others-Combined

2,368,740.27
1,287,515.63
172,723.32
326,655.84
1,288,480.30
1,834,809.47
414,825.47
280,549.90
1,899,627.68
159,262.45

100.0%

Total

10,033,190.33



Statement Period
Account Number

01/01/2024 through 12/31/2024
1150002448
**BANK OF COMMERCE AND TRUST
COMPANY PENSION PLAN**

Asset Detail As Of 12/31/2024

UNITS/BOOK VALUE	DESCRIPTION	MARKET VALUE	COST	% OF PORT	ACCRUED INCOME
SHORT TERM INV					
280,549.9	CUSIP # 38141W273 GOLDMAN SACHS GOVERNMENT FUND - CLASS: INST (#465)	280,549.90	280,549.90	3	1,002.28
		280,549.90	280,549.90	3	1,002.28
US GOVT OBLIGATIONS					
176,000	CUSIP # 91282CEP2 UNITED STATES TREASURY NOTES 2.875% 05/15/2032	158,063.84	169,307.96	2	656.96
134,000	CUSIP # 91282CFF3 UNITED STATES TREASURY NOTES 2.75% 08/15/2032	118,836.56	123,326.73	1	1,391.89
368,000	CUSIP # 91282CFH9 UNITED STATES TREASURY NOTES 3.125% 08/31/2027	357,361.12	361,446.75	4	3,907.46
92,000	CUSIP # 91282CFL0 UNITED STATES TREASURY NOTES 3.875% 09/30/2029	89,987.96	89,545.48	1	910.84
263,000	CUSIP # 91282CGS4 UNITED STATES TREASURY NOTES 3.625% 03/31/2030	253,434.69	259,116.64	3	2,435.82
129,000	CUSIP # 91282CHC8 UNITED STATES TREASURY NOTES 3.375% 05/15/2033	118,558.74	121,496.28	1	565.27
144,000	CUSIP # 91282CHQ7 UNITED STATES TREASURY NOTES 4.125% 07/31/2028	142,987.68	142,048.14	1	2,485.76
94,000	CUSIP # 91282CHW4 UNITED STATES TREASURY NOTES 4.125% 08/31/2030	92,542.06	92,439.46	1	1,317.49
142,000	CUSIP # 91282CJN2 UNITED STATES TREASURY NOTES 4.375% 11/30/2028	142,038.34	142,535.98	1	546.15
201,000	CUSIP # 91282CJP7 UNITED STATES TREASURY NOTES 4.375% 12/15/2026	201,440.19	199,971.56	2	410.70
230,000	CUSIP # 91282CJX0 UNITED STATES TREASURY NOTES 4% 01/31/2031	224,376.50	227,434.02	2	3,850.00



Statement Period
Account Number

01/01/2024 through 12/31/2024
1150002448
BANK OF COMMERCE AND TRUST
COMPANY PENSION PLAN

Asset Detail As Of 12/31/2024

UNITS/BOOK VALUE	DESCRIPTION	MARKET VALUE	COST	% OF PORT	ACCRUED INCOME
		1,899,627.68	1,928,669.00	19	18,478.34
MBS					
70,145.51	CUSIP # 3132DQ2A3 FHLMC POOL #SD3469 5.5% 08/01/2053	70,158.84	70,171.10	1	321.50
60,228.64	CUSIP # 3132DSWH1 FHLMC POOL #SD5148 3.5% 06/01/2049	54,025.69	53,339.99	1	175.67
53,594.68	CUSIP # 3132DVLK9 FEDERAL HOME LOAN MTG CORP POOL #SD7530 2.5% 11/01/2050	44,368.36	55,336.52	0	111.66
42,243.24	CUSIP # 3132DWBK8 FHLMC POOL #SD8142 3% 04/01/2051	36,300.04	44,454.41	0	105.61
89,881.01	CUSIP # 3132DWCE1 FHLMC POOL #SD8169 3.5% 09/01/2051	79,816.13	96,032.25	1	262.15
46,627.09	CUSIP # 3132DWJG9 FHLMC POOL #SD8363 6% 09/01/2053	46,900.79	46,667.16	0	233.14
55,339.1	CUSIP # 3133L8CZ6 FEDERAL HOME LOAN MTG CORP POOL #RC1888 2% 03/01/2036	49,049.26	57,085.70	0	92.23
99,298.25	CUSIP # 3140M5GJ8 FNMA PASS-THRU I POOL #BU3800 2% 12/01/2051	77,564.84	99,112.09	1	165.50
59,647.29	CUSIP # 3140QFSY6 FNMA PASS-THRU I POOL #CA7734 2.5% 11/01/2050	49,022.91	62,834.69	0	124.27
83,559.95	CUSIP # 3140QTTY9 FNMA PASS-THRU I POOL #CB7926 5.5% 02/01/2054	82,498.74	82,489.33	1	382.98
75,548.94	CUSIP # 3140X8KJ5 FNMA POOL #FM4796 2% 11/01/2050	59,682.15	78,895.52	1	125.91
74,361.6	CUSIP # 3140X9C60 FNMA PASS-THRU I POOL# FM5492 2.5% 01/01/2051	61,674.77	78,614.16	1	154.92
102,857.11	CUSIP # 3140XDQ41 FNMA PASS-THRU I POOL #FM9474 3% 10/01/2051	87,603.40	107,742.83	1	257.14
133,511.66	CUSIP # 3140XJDB6 FNMA PASS-THRU I POOL #FS2797 2.5% 01/01/2052	110,183.17	121,161.82	1	278.15



Statement Period
Account Number

01/01/2024 through 12/31/2024
1150002448
**BANK OF COMMERCE AND TRUST
COMPANY PENSION PLAN**

Asset Detail As Of 12/31/2024

UNITS/BOOK VALUE	DESCRIPTION	MARKET VALUE	COST	% OF PORT	ACCRUED INCOME
41,506.63	CUSIP # 31418D6B3 FNMA POOL #MA4465 2% 11/01/2051	32,452.37	41,577.97	0	69.18
56,288.59	CUSIP # 31418D7F3 FNMA POOL #MA4493 2.5% 12/01/2051	46,013.11	57,546.28	0	117.27
74,475.09	CUSIP # 31418D7G1 FNMA POOL #MA4494 3% 12/01/2051	63,705.25	77,814.82	1	186.19
65,689.25	CUSIP # 31418EKT6 FNMA POOL #MA4805 4.5% 11/01/2052	61,895.70	62,722.96	1	246.33
67,661.13	CUSIP # 31418ER77 FNMA POOL #MA5009 5% 05/01/2053	65,374.18	67,185.40	1	281.92
111,618.2	CUSIP # 31418EW30 FNMA POOL # MA5165 5.5% 10/01/2053	110,190.60	110,876.98	1	511.58
		1,288,480.30	1,471,661.98	13	4,203.30
CMO					
57,658.98	CUSIP # 3137H7CK7 FEDERAL HOME LOAN MTG CORP SER 5227 CL JW 4% 01/25/2049	54,544.55	58,334.67	1	185.79
		54,544.55	58,334.67	1	185.79
CORPORATE BONDS					
44,000	CUSIP # 00440EAV9 CHUBB INA HOLDINGS INC INA HOLDINGS 3.35% 05/03/2026	43,313.60	41,891.80	0	237.48
46,000	CUSIP # 023135BX3 AMAZON.COM INC 1% 05/12/2026-2026	44,010.04	40,243.56	0	62.61
57,000	CUSIP # 03027XAK6 AMERICAN TOWER CORP 3.375% 10/15/2026-2026	55,674.75	53,208.36	1	406.13
61,000	CUSIP # 031162DQ0 AMGEN INC 5.25% 03/02/2030-2030	61,580.72	63,217.35	1	1,058.60
54,000	CUSIP # 03522AAH3 ANHEUSER-BUSCH 4.7% 02/01/2036	51,190.38	52,698.86	1	1,057.50
104,000	CUSIP # 06051GHT9 BANK OF AMERICA CORP 3.559% 04/23/2027	102,340.16	116,877.28	1	699.15



Statement Period
Account Number

01/01/2024 through 12/31/2024
1150002448
BANK OF COMMERCE AND TRUST
COMPANY PENSION PLAN

Asset Detail As Of 12/31/2024

UNITS/BOOK VALUE	DESCRIPTION	MARKET VALUE	COST	% OF PORT	ACCRUED INCOME
85,000	CUSIP # 06406RBN6 BANK OF NY MELLON CORP VAR 4.543% 02/01/2029-2028	84,345.50	84,345.08	1	1,608.98
51,000	CUSIP # 084670BS6 BERKSHIRE HATHAWAY INC 3.125% 03/15/2026	50,217.66	55,532.88	0	469.27
59,000	CUSIP # 437076BW1 HOME DEPOT INC 3.9% 12/06/2028	57,496.68	68,368.48	1	159.79
100,000	CUSIP # 46647PBA3 JPMORGAN CHASE & CO 3.96% 01/29/2027	99,223.00	114,343.00	1	1,672.00
72,000	CUSIP # 49326EEK5 KEYCORP 2.25% 04/06/2027	67,926.24	65,815.92	1	382.50
73,000	CUSIP # 50077LAV8 KRAFT HEINZ FOODS CO 3.75% 04/01/2030-2030	68,993.03	69,339.78	1	684.38
55,000	CUSIP # 58013MFQ2 MCDONALDS CORP 3.6% 07/01/2030-2030	51,603.75	50,200.70	1	990.00
43,000	CUSIP # 66989HAQ1 NOVARTIS CAPITAL CORP 2% 02/14/2027-2026	40,888.27	39,452.50	0	327.28
60,000	CUSIP # 693475AZ8 PNC FINANCIAL SERVICES 2.55% 01/22/2030-2029	53,275.20	58,862.10	1	675.75
32,000	CUSIP # 713448DY1 PEPSICO INC 3% 10/15/2027	30,806.72	29,509.12	0	202.67
66,000	CUSIP # 863667BF7 STRYKER CORP 4.625% 09/11/2034-2034	63,014.82	64,421.94	1	932.71
85,000	CUSIP # 87264ABV6 T-MOBILE USA INC 3.375% 04/15/2029-2024	79,335.60	75,020.38	1	605.63
87,000	CUSIP # 91159HHR4 US BANCORP 3.15% 04/27/2027-2027	84,185.55	84,865.02	1	487.20
42,000	CUSIP # 91324PDE9 UNITEDHEALTH 2.95% 10/15/2027	40,201.98	39,718.56	0	261.57
59,000	CUSIP # 92343VER1 VERIZON COMMUNICATIONS VERIZON COMMUNICATIONS INC 4.329% 09/21/2028	57,891.98	55,976.81	1	709.48



Statement Period
Account Number

01/01/2024 through 12/31/2024
1150002448
BANK OF COMMERCE AND TRUST
COMPANY PENSION PLAN

Asset Detail As Of 12/31/2024

UNITS/BOOK VALUE	DESCRIPTION	MARKET VALUE	COST	% OF PORT	ACCRUED INCOME
		1,287,515.63	1,323,909.48	13	13,690.68
	FOREIGN BDS NTS & DEB				
62,000	CUSIP # 00774MAW5 AERCAP IRELAND CAP/GLOBA 3% 10/29/2028-2028	57,395.88	53,776.83	1	320.33
		57,395.88	53,776.83	1	320.33
	COMMON STOCK				
191	CUSIP # 020002101 ALLSTATE CORP	36,822.89	34,507.70	0	175.72
666	CUSIP # 02079K305 ALPHABET INC INC CL A	126,073.80	69,875.70	1	0.00
614	CUSIP # 023135106 AMAZON.COM INC	134,705.46	73,994.88	1	0.00
113	CUSIP # 025816109 AMERICAN EXPRESS CO	33,537.27	19,454.05	0	0.00
125	CUSIP # 03073E105 CENCORA INC	28,085.00	21,130.03	0	0.00
60	CUSIP # 031162100 AMGEN INC	15,638.40	17,432.22	0	0.00
786	CUSIP # 037833100 APPLE INC	196,830.12	88,303.93	2	0.00
167	CUSIP # 038222105 APPLIED MATERIALS INC COM	27,159.21	16,936.55	0	0.00
292	CUSIP # 040413205 ARISTA NETWORKS INC NPV	32,274.76	12,274.50	0	0.00
317	CUSIP # 064058100 BANK OF NEW YORK MELLON CORP	24,355.11	20,229.54	0	0.00
399	CUSIP # 084423102 BERKLEY W R CORP	23,349.48	21,732.65	0	0.00
695	CUSIP # 110122108 BRISTOL-MYERS SQUIBB	39,309.20	33,195.23	0	0.00
292	CUSIP # 11135F101 BROADCOM INC	67,697.28	30,207.41	1	0.00
189	CUSIP # 127055101 CABOT CORP	17,257.59	13,942.66	0	0.00



Statement Period
Account Number

01/01/2024 through 12/31/2024
1150002448
BANK OF COMMERCE AND TRUST
COMPANY PENSION PLAN

Asset Detail As Of 12/31/2024

UNITS/BOOK VALUE	DESCRIPTION	MARKET VALUE	COST	% OF PORT	ACCRUED INCOME
88	CUSIP # 166764100 CHEVRON CORPORATION	12,745.92	11,116.94	0	0.00
28	CUSIP # 191098102 COCA COLA CONSOLIDATED INC	35,279.72	22,897.58	0	0.00
207	CUSIP # 201723103 COMMERCIAL METALS CO	10,267.20	12,311.22	0	0.00
155	CUSIP # 20825C104 CONOCOPHILLIPS	15,371.35	9,478.04	0	0.00
81	CUSIP # 219948106 CORPAY INC	27,412.02	24,866.27	0	0.00
74	CUSIP # 231021106 CUMMINS INC	25,796.40	21,913.98	0	0.00
72	CUSIP # 243537107 DECKERS OUTDOOR CORP	14,622.48	7,573.99	0	0.00
93	CUSIP # 29084Q100 EMCOR GROUP INC COM	42,212.70	17,849.97	0	0.00
110	CUSIP # 30212P303 EXPEDIA GROUP INC	20,496.30	20,007.88	0	0.00
257	CUSIP # 30231G102 EXXON MOBIL CORP	27,645.49	21,530.34	0	0.00
129	CUSIP # 30303M102 META PLATFORMS INC	75,530.79	39,984.40	1	0.00
340	CUSIP # 37045V100 GENERAL MOTORS CO MOTORS CO	18,111.80	19,731.02	0	0.00
33	CUSIP # 384802104 WW GRAINGER INC	34,783.65	24,582.72	0	0.00
210	CUSIP # 40637H109 HALOZYME THERAPEUTICS INC	10,040.10	11,822.69	0	0.00
79	CUSIP # 437076102 HOME DEPOT INC COM	30,730.21	21,032.84	0	0.00
32	CUSIP # 461202103 INTUIT INC	20,112.00	19,970.86	0	0.00
89	CUSIP # 46120E602 INTUITIVE SURGICAL INC	46,454.44	22,746.62	0	0.00
182	CUSIP # 46625H100 JP MORGAN CHASE & CO	43,627.22	26,607.57	0	0.00
116	CUSIP # 525327102 LEIDOS HOLDINGS INC	16,710.96	19,730.08	0	0.00



Statement Period
Account Number

01/01/2024 through 12/31/2024
1150002448
BANK OF COMMERCE AND TRUST
COMPANY PENSION PLAN

Asset Detail As Of 12/31/2024

UNITS/BOOK VALUE	DESCRIPTION	MARKET VALUE	COST	% OF PORT	ACCRUED INCOME
92	CUSIP # 526057104 LENNAR	12,546.04	14,212.24	0	0.00
24	CUSIP # 532457108 ELI LILLY & CO & CO COM	18,528.00	14,807.05	0	0.00
62	CUSIP # 539830109 LOCKHEED MARTIN CORP COM	30,128.28	25,111.53	0	0.00
88	CUSIP # 58506Q109 MEDPACE HOLDINGS INC	29,236.24	21,364.95	0	0.00
434	CUSIP # 594918104 MICROSOFT CORP CORPORATION	182,931.00	98,272.93	2	0.00
30	CUSIP # 609839105 MONOLITHIC POWER SYSTEMS, INC	17,751.00	17,270.02	0	37.50
375	CUSIP # 637870106 NATIONAL STORAGE AFFILIATES	14,216.25	16,357.92	0	0.00
44	CUSIP # 64110L106 NETFLIX INC	39,218.08	26,661.05	0	0.00
1,268	CUSIP # 67066G104 NVIDIA CORP COM	170,279.72	101,125.60	2	0.00
204	CUSIP # 697435105 PALO ALTO NETWORKS, INC	37,119.84	23,283.15	0	0.00
229	CUSIP # 718172109 PHILIP MORRIS INTL INC	27,560.15	27,421.82	0	309.15
141	CUSIP # 742718109 PROCTER & GAMBLE CO	23,638.65	22,355.55	0	0.00
14	CUSIP # 75886F107 REGENERON PHARMACEUTICAL	9,972.62	9,893.67	0	0.00
146	CUSIP # 759351604 REINSURANCE GROUP OF AMERICA INC	31,189.98	28,442.14	0	0.00
249	CUSIP # 85208M102 SPROUTS FARMERS MARKET INC	31,640.43	12,093.92	0	0.00
206	CUSIP # 872540109 TJX COS INC	24,886.86	20,292.30	0	0.00
117	CUSIP # 872590104 T-MOBILE US INC	25,825.41	12,270.36	0	0.00
130	CUSIP # 87612G101 TARGA RES CORP	23,205.00	24,876.13	0	0.00
171	CUSIP # 88033G407 TENET	21,585.33	25,180.43	0	0.00



Statement Period
Account Number

01/01/2024 through 12/31/2024
1150002448
BANK OF COMMERCE AND TRUST
COMPANY PENSION PLAN

Asset Detail As Of 12/31/2024

UNITS/BOOK VALUE	DESCRIPTION	MARKET VALUE	COST	% OF PORT	ACCRUED INCOME
377	CUSIP # 880779103 TEREX CORP NEW	17,424.94	22,384.59	0	0.00
51	CUSIP # 88160R101 TESLA MOTORS	20,595.84	9,423.30	0	0.00
140	CUSIP # 902788108 UMB FINANCIAL CORP	15,800.40	17,151.48	0	56.00
413	CUSIP # 90353T100 UBER TECHNOLOGIES INC	24,912.16	29,925.01	0	0.00
121	CUSIP # 91913Y100 VALERO ENERGY CORP NEW COM	14,833.39	19,000.41	0	0.00
119	CUSIP # 922475108 VEEVA SYSTEMS INC - CLASS A	25,019.75	25,283.34	0	0.00
1,429	CUSIP # 92556V106 VIATRIS INC	17,791.05	16,792.93	0	0.00
81	CUSIP # 92826C839 VISA INC	25,599.24	17,398.90	0	0.00
373	CUSIP # 92840M102 VISTRA CORP COM	51,425.51	28,557.29	1	0.00
250	CUSIP # 931142103 WALMART INC INC	22,587.50	14,331.89	0	51.88
186	CUSIP # 949746101 WELLS FARGO & CO NEW COM	13,064.64	11,329.11	0	0.00
131	CUSIP # 983793100 XPO INC	17,180.65	19,577.88	0	0.00
		2,368,740.27	1,621,420.95	24	630.25
FOREIGN STOCK					
859	CUSIP # G4474Y214 JANUS HENDERSON GROUP PLC	36,533.27	39,140.76	0	0.00
125	CUSIP # G7997R103 SEAGATE TECHNOLOGY HOLDINGS PLC	10,788.75	12,250.48	0	90.00
		47,322.02	51,391.24	0	90.00
EQUITY ETF					
2,772	CUSIP # 464287507 ISHARES CORE S&P MID-CAP ETF	172,723.32	220,234.39	2	0.00
		172,723.32	220,234.39	2	0.00
FIXED INCOME ETF/MUTUAL FUNDS					



Statement Period
Account Number

01/01/2024 through 12/31/2024
1150002448
BANK OF COMMERCE AND TRUST
COMPANY PENSION PLAN

Asset Detail As Of 12/31/2024

UNITS/BOOK VALUE	DESCRIPTION	MARKET VALUE	COST	% OF PORT	ACCRUED INCOME
3,563	CUSIP # 464288588 ISHARES MBS ETF	326,655.84	357,213.49	3	0.00
		326,655.84	357,213.49	3	0.00
MUTUAL FDS - FIXED INC					
11,750.691	CUSIP # 09257E795 BLACKROCK DYNAMIC HIGH INCOME INSTL	101,290.96	94,999.85	1	0.00
16,901.666	CUSIP # 09260B630 BLACKROCK HIGH YIELD PORTFOLIO - INST	120,001.83	126,556.88	1	0.00
24,405.13	CUSIP # 27827V402 EATON VANCE E/M DBT OPP-I	193,532.68	183,399.96	2	0.00
		414,825.47	404,956.69	4	0.00
MUTUAL FDS - EQUITY					
16,142.499	CUSIP # 00203H602 AQR DIVERSIFIED ARBITRAGE CLASS I	195,647.09	194,799.79	2	0.00
47,040.275	CUSIP # 09260C307 BLACKROCK SYST MULTI STR INST	475,106.78	478,236.76	5	0.00
16,710.934	CUSIP # 149498107 CAUSEWAY EMERGING MARKETS FUND - INST	181,814.96	203,777.35	2	0.00
1,833.213	CUSIP # 19247N409 COHEN & STEERS GLOBAL REALTY SHARES I	93,567.19	100,834.75	1	0.00
3,339.436	CUSIP # 19248B404 COHEN & STEERS GL INFR-I	76,807.03	66,772.63	1	0.00
2,227.38	CUSIP # 24610B859 MACQUARIE SMALL CAP CORE FUND - INS	67,690.08	51,941.46	1	0.00
32,788.061	CUSIP # 25239Y287 DFA EMERG MKTS EX CHINA CORE EQUITY	326,241.21	315,189.65	3	0.00
8,764.264	CUSIP # 31428U623 FEDERATED HERMES INTL LEADERS CL IS	308,151.52	319,084.42	3	0.00
1,745.09	CUSIP # 77956H377 T ROWE PRICE INTERNATIONAL DISCOVERY - I	109,783.61	126,369.18	1	0.00
		1,834,809.47	1,857,005.99	18	0.00



Statement Period
Account Number

01/01/2024 through 12/31/2024
1150002448
BANK OF COMMERCE AND TRUST
COMPANY PENSION PLAN

Schedule Of Reportable Transactions

PLAN NUMBER:

EIN NUMBER: 72-0124890

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
BEGINNING MARKET VALUE:	10,011,801.95			
SECURITY TRANSACTIONS EXCEEDING 5%:				
SHORT TERM INV				
CUSIP # 38141W273 GOLDMAN SACHS GOVERNMENT FUND - CLASS: INST (#465)				
TOTAL ACTIVITY FROM 01/01/2024 TO 12/31/2024				
PURCHASED	1,589,932.19	1,589,932.19	1,589,932.19	
SOLD	1,776,594.95	1,776,594.95	1,776,594.95	
TOTAL	3,366,527.14	3,366,527.14	3,366,527.14	
TOTAL SHORT TERM INV	3,366,527.14	3,366,527.14	3,366,527.14	
MUTUAL FDS - EQUITY				
CUSIP # 31428U623 FEDERATED HERMES INTL LEADERS CL IS				
PURCHASED AT 36.420	512,292.00	512,292.00	512,291.99	
SOLD AT 38.110	215,000.00	205,465.77	215,000.00	9,534.23
PURCHASED AT 36.810 FOR REINVESTMENT	6,509.80	6,509.80	6,476.21	
PURCHASED AT 35.320 FOR REINVESTMENT	5,748.39	5,748.39	5,758.17	
TOTAL	739,550.19	730,015.96	739,526.37	9,534.23
CUSIP # 52106N400 LAZARD INTERNATIONAL EQUITY PORT - INST				
PURCHASED AT 16.640	200,000.00	200,000.00	200,000.00	
SOLD AT 16.350	511,042.27	538,063.87	511,042.27	27,021.60-
TOTAL	711,042.27	738,063.87	711,042.27	27,021.60-
TOTAL MUTUAL FDS - EQUITY	1,450,592.46	1,468,079.83	1,450,568.64	17,487.37-
TOTAL SECURITY TRANSACTIONS EXCEEDING 5%		4,834,606.97		



Statement Period
Account Number

01/01/2024 through 12/31/2024
1150002448
BANK OF COMMERCE AND TRUST
COMPANY PENSION PLAN

Schedule Of Reportable Transactions

PLAN NUMBER:

EIN NUMBER: 72-0124890

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
BEGINNING MARKET VALUE:	10,011,801.95			
SINGLE TRANSACTIONS EXCEEDING 5%:				
04/18/2024 PURCHASED 14,066.227 SHS FEDERATED HERMES INTL LEADERS CL IS ON 04/17/2024 AT 36.42		512,292.00		
04/18/2024 SOLD 31,256.408 SHS LAZARD INTERNATIONAL EQUITY PORT - INST ON 04/17/2024 AT 16.35		538,063.87		
TOTAL SINGLE TRANSACTIONS EXCEEDING 5%		1,050,355.87		

SCHEDULE SB
(Form 5500)

Single-Employer Defined Benefit Plan
Actuarial Information

OMB No. 1210-0110

2024

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

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

This Form is Open to Public Inspection

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

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

▶ Round off amounts to nearest dollar.

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

A Name of plan

BANK OF COMMERCE & TRUST COMPANY PENSION PLAN

B Three-digit

plan number (PN) ▶

001

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

BANK OF COMMERCE

D Employer Identification Number (EIN)

72-0124890

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B

F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2024

2 Assets:

a Market value..... **2a** 10,011,802

b Actuarial value..... **2b** 10,011,802

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	51	7,110,709	7,110,709
b For terminated vested participants.....	37	1,341,044	1,341,044
c For active participants.....	30	2,406,965	2,406,965
d Total.....	118	10,858,718	10,858,718

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

a Funding target disregarding prescribed at-risk assumptions..... **4a** _____

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

5 Effective interest rate..... **5** 5.15%

6 Target normal cost.....

a Present value of current plan year accruals..... **6a** 0

b Expected plan-related expenses..... **6b** 0

c Target normal cost..... **6c** 0

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN
HERE**


Signature of actuary

Steve J. Persons, MSEA

Type or print name of actuary

01-21-2025

Date

2303851

Most recent enrollment number

Creative Benefit Strategies, Inc.

Firm name

440-717-1600

Telephone number (including area code)

10155 Broadview Rd.
Suite 6

Broadview Heights OH

44147-3296

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF

Schedule SB (Form 5500) 2024
v. 240311

Part II—Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	57,577	167,673
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	57,577	167,673
10 Interest on line 9 using prior year's actual return of <u>8.55%</u>	4,923	14,336
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		5,278
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.24%</u>		277
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		5,555
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	62,500	182,009

Part III	Funding Percentages
----------	---------------------

14	Funding target attainment percentage	14	89.94 %
15	Adjusted funding target attainment percentage	15	89.94 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	86.62 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/12/2024	33,755	0			
07/10/2024	33,755	0			
10/15/2024	33,755	0			
01/14/2025	18,735	0			
Totals ▶	120,000	0	18(b)	120,000	18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year.

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	116,401

20 Quarterly contributions and liquidity shortfalls:

- a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Demographic and benefit information	
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment	☐ Yes ☒ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	0	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	1,091,425	106,018	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	106,018	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35).....	36	106,018	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	116,401	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36).....	38a	10,383	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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



Statement Period
Account Number

01/01/2024 through 12/31/2024
1150002448
BANK OF COMMERCE AND TRUST
COMPANY PENSION PLAN

Schedule Of Reportable Transactions

PLAN NUMBER:

EIN NUMBER: 72-0124890

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
BEGINNING MARKET VALUE: 10,011,801.95				
SECURITY TRANSACTIONS EXCEEDING 5%:				
SHORT TERM INV				
CUSIP # 38141W273 GOLDMAN SACHS GOVERNMENT FUND - CLASS: INST (#465)				
TOTAL ACTIVITY FROM 01/01/2024 TO 12/31/2024				
PURCHASED	1,589,932.19	1,589,932.19	1,589,932.19	
SOLD	1,776,594.95	1,776,594.95	1,776,594.95	
TOTAL	3,366,527.14	3,366,527.14	3,366,527.14	
TOTAL SHORT TERM INV	3,366,527.14	3,366,527.14	3,366,527.14	
MUTUAL FDS - EQUITY				
CUSIP # 31428U623 FEDERATED HERMES INTL LEADERS CL IS				
PURCHASED AT 36.420	512,292.00	512,292.00	512,291.99	
SOLD AT 38.110	215,000.00	205,465.77	215,000.00	9,534.23
PURCHASED AT 36.810 FOR REINVESTMENT	6,509.80	6,509.80	6,476.21	
PURCHASED AT 35.320 FOR REINVESTMENT	5,748.39	5,748.39	5,758.17	
TOTAL	739,550.19	730,015.96	739,526.37	9,534.23
CUSIP # 52106N400 LAZARD INTERNATIONAL EQUITY PORT - INST				
PURCHASED AT 16.640	200,000.00	200,000.00	200,000.00	
SOLD AT 16.350	511,042.27	538,063.87	511,042.27	27,021.60-
TOTAL	711,042.27	738,063.87	711,042.27	27,021.60-
TOTAL MUTUAL FDS - EQUITY	1,450,592.46	1,468,079.83	1,450,568.64	17,487.37-
TOTAL SECURITY TRANSACTIONS EXCEEDING 5%		4,834,606.97		



Statement Period
Account Number

01/01/2024 through 12/31/2024
1150002448
BANK OF COMMERCE AND TRUST
COMPANY PENSION PLAN

Schedule Of Reportable Transactions

PLAN NUMBER:

EIN NUMBER: 72-0124890

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
BEGINNING MARKET VALUE:	10,011,801.95			
SINGLE TRANSACTIONS EXCEEDING 5%:				
04/18/2024 PURCHASED 14,066.227 SHS FEDERATED HERMES INTL LEADERS CL IS ON 04/17/2024 AT 36.42		512,292.00		
04/18/2024 SOLD 31,256.408 SHS LAZARD INTERNATIONAL EQUITY PORT - INST ON 04/17/2024 AT 16.35		538,063.87		
TOTAL SINGLE TRANSACTIONS EXCEEDING 5%		1,050,355.87		

BANK OF COMMERCE AND TRUST COMPANY

PENSION PLAN

E.I.N. 72-0124890

P.N.: 001

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

December 31, 2024

(a) <u>Identity of Party Involved</u> <u>Series in the same security</u>	(b) <u>Description of Assets</u>	(c) <u>Purchase</u> <u>Price</u>	(d) <u>Selling</u> <u>Price</u>	(e) <u>Lease</u> <u>Rental</u>	(f) <u>Expense</u> <u>Incurred</u> <u>With</u> <u>Transaction</u>	(g) <u>Cost of</u> <u>Asset</u>	(h) <u>Current Value</u> <u>of Asset on</u> <u>Transaction</u> <u>Date</u>	(i) <u>Net Gain</u> <u>or (Loss)</u>
Hancock Whitney Bank	Goldman Sachs Government Fund	\$ 1,589,932	\$ -	\$ -	-	\$ 1,589,932	\$ 1,589,932	\$ -
Hancock Whitney Bank	Goldman Sachs Government Fund	\$ -	\$ 1,776,595	\$ -	-	\$ 1,776,595	\$ 1,776,595	\$ -
<u>Mutual funds – equity</u>								
Mutual funds – equity	Federated Hermes INTL leaders CL	\$ 512,292	\$ -	\$ -	-	\$ 512,292	\$ 512,292	\$ -
Mutual funds – equity	Federated Hermes INTL leaders CL	\$ -	\$ 215,000	\$ -	-	\$ 205,466	\$ 215,000	\$ 9,534
Mutual funds – equity	Federated Hermes INTL leaders CL	\$ 6,510	\$ -	\$ -	-	\$ 6,510	\$ 6,476	\$ -
Mutual funds – equity	Federated Hermes INTL leaders CL	\$ 5,748	\$ -	\$ -	-	\$ 5,748	\$ 5,748	\$ -

BANK OF COMMERCE AND TRUST COMPANY
PENSION PLAN
E.I.N. 72-0124890
P.N.: 001

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
(CONTINUED)
December 31, 2024

(a) <u>Identity of Party Involved</u> <u>Series in the same security</u>	(b) <u>Description of Assets</u>	(c) <u>Purchase Price</u>	(d) <u>Selling Price</u>	(e) <u>Lease Rental</u>	(f) <u>Expense Incurred With Transaction</u>	(g) <u>Cost of Asset</u>	(h) <u>Current Value of Asset on Transaction Date</u>	(i) <u>Net Gain or (Loss)</u>
Mutual funds – equity	Lazard International Equity Port	\$ 200,000	\$ -	\$ -	\$ -	\$ 200,000	\$ 200,000	\$ -
Mutual funds – equity	Lazard International Equity Port	\$ -	\$ 511,042	\$ -	\$ -	\$ 538,064	\$ 511,042	\$ (27,022)

NOTE: This schedule is provided in answer to item 4(j), Part IV, Schedule H of Federal Form 5500.

SCHEDULE SB
(Form 5500)

Single-Employer Defined Benefit Plan
Actuarial Information

OMB No. 1210-0110

2024

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

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

This Form is Open to Public Inspection

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

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

▶ Round off amounts to nearest dollar.

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

A Name of plan

BANK OF COMMERCE & TRUST COMPANY PENSION PLAN

B Three-digit

plan number (PN) ▶

001

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

BANK OF COMMERCE

D Employer Identification Number (EIN)

72-0124890

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B

F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2024

2 Assets:

a Market value..... **2a** 10,011,802

b Actuarial value..... **2b** 10,011,802

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	51	7,110,709	7,110,709
b For terminated vested participants.....	37	1,341,044	1,341,044
c For active participants.....	30	2,406,965	2,406,965
d Total.....	118	10,858,718	10,858,718

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

a Funding target disregarding prescribed at-risk assumptions..... **4a** _____

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

5 Effective interest rate..... **5** 5.15%

6 Target normal cost.....

a Present value of current plan year accruals..... **6a** 0

b Expected plan-related expenses..... **6b** 0

c Target normal cost..... **6c** 0

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN
HERE**


Signature of actuary

Steve J. Persons, MSEA

Type or print name of actuary

01-21-2025

Date

2303851

Most recent enrollment number

Creative Benefit Strategies, Inc.

Firm name

440-717-1600

Telephone number (including area code)

10155 Broadview Rd.
Suite 6

Broadview Heights OH

44147-3296

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF

Schedule SB (Form 5500) 2024
v. 240311

Part II—Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	57,577	167,673
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	57,577	167,673
10 Interest on line 9 using prior year's actual return of <u>8.55%</u>	4,923	14,336
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		5,278
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.24%</u>		277
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		5,555
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	62,500	182,009

Part III	Funding Percentages
----------	---------------------

14	Funding target attainment percentage	14	89.94 %
15	Adjusted funding target attainment percentage	15	89.94 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	86.62 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/12/2024	33,755	0
07/10/2024	33,755	0
10/15/2024	33,755	0
01/14/2025	18,735	0
Totals ▶	120,000	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year.

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	116,401

20 Quarterly contributions and liquidity shortfalls:

- a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

_____ (1) 1st 0 _____ (2) 2nd 0 _____ (3) 3rd _____ (4) 4th 0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Demographic and benefit information	
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment	☐ Yes ☒ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	0	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	1,091,425	106,018	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	106,018	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36	106,018	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	116,401	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	10,383	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

Schedule SB, line 19 - Discounted Employer Contributions

Interest Rates for Contribution Year End Date: 12/31/2024 Effective: 5.15% Late Quarterly: 10.15%

<u>Effective Date</u>	<u>Amount</u>	<u>Discounted</u>
04/12/2024	\$33,755	\$33,286
07/10/2024	\$33,755	\$32,882
10/15/2024	\$33,755	\$32,447
01/14/2025	\$18,735	\$17,786
	<u>\$120,000</u>	<u>\$116,401</u>

Name of Plan: Bank of Commerce & Trust Comp
Plan Sponsor's EIN: 72-0124890
Plan Number: 001
Plan Sponsor's Name: Bank of Commerce & Trust Company

Schedule SB, line 22
Description of Weighted Average Retirement Age
Bank of Commerce & Trust Company Pension Plan
Plan Sponsor EIN: 72-0124890 Plan Number: 001

<u>Age</u>	<u>Assumed Rate</u>	<u>Weighted Age</u>
60	0.00%	0.0
61	0.00%	0.0
62	0.00%	0.0
63	0.00%	0.0
64	0.00%	0.0
65	90.00%	58.5
66	3.33%	2.2
67	0.00%	0.0
68	0.00%	0.0
69	0.00%	0.0
70	0.00%	0.0
71	3.34%	2.4
72	3.33%	2.4
		65.4

The assumed rate of retirement is adjusted for the assumed prior retirements and multiplied by the expected retirement age. The resulting amounts are summed to develop the weighted average.

Summary of Plan Provisions

Eligibility Requirements

Age (yrs) : 21
 Age (months) : 0
 Wait (months) : 12
 Two year eligibility : No

Service/Participation Requirements

Definition of years: Hours worked
 Continuing hours: 1,000
 Excluded classes: Other

Earnings

Total compensation excluding : 403(b)
 Cafeteria
 Other

<u>Retirement</u>	<u>Normal</u>	<u>Early</u>	<u>Subsidized Early</u>	<u>Disability</u>	<u>Death</u>
Age:	65	55			
Service:	0	20			
Participation:	0	0			
Defined:	1st of month following	1st of month following			

Benefit Reduction / Mortality table & setback

Male:	Actuarial Equivalence	Actuarial Equivalence	N/A	0
Female:	Actuarial Equivalence	Actuarial Equivalence	N/A	0
Rates - Male:	N/A	N/A	N/A	
Rates - Female:	N/A	N/A	N/A	

Use Social Security Retirement Age:	No	REACT Benefits Percentage:	50.00%
Vesting Schedule:	5 Year Cliff	Pre-retirement death benefit	
Vesting Definition:	Hours Worked	Percentage of accrued benefit:	0.00%
		Death Benefit Payment method:	PVAB

	<u>Annuity</u>	<u>Percent</u>	<u>Years</u>
Normal:	Life and certain	0.00%	10
QJSA:	Joint and contingent	50.00%	0

Significant Changes in Plan Provisions Since Last Valuation

EW: 72-0124890
 PN: 001

Summary of Plan Provisions

Benefits

Pension Formula:	Benefit formula		
Type of Formula:	Unit benefit non-integrated		
Effective Date:	01/01/2011		
Unit type:	Percent		
Unit based on:	Service		
Maximum total percent:	0.00%		
Tiers based on:	None		
First tier:	0.90%	for 1st	None
Second tier:	None	for next	None
Third tier:	None	for remaining yrs	
Maximum credit:			
Past years:	99		
Future years:	99		
Total years:	25		

Averaging

Projection method:	Current Compensation	Apply exclusion to accrued benefit:	No
Based on:	Final Average	Annualize short compensation years:	No
Highest:	5	Annualize short plan years:	No
In the last:	99	Include compensations based	
Excluding:	0	on years of:	Accrual

Accrual

Frozen:	Yes					
Definition of years:	Pro rata	Fractions based on: N/A				
Accrual credit:	<u>Continuing</u>	<u>Died</u>	<u>Disabled</u>	<u>Retired</u>	<u>Terminated</u>	Precision: 3
	1800	1800	1800	1800	1800	Limit current credit
						to: 1.000000
Years based on:	Service	Cap/floor years:	0			
Maximum past accrual years:	0.0000	Cap or floor:	Floor			
Method:	Fractional	Accrual % per year:	0.00%			
		Apply 415 before accrual:	No			

EIN: 72-0124890
 PP: 001

Summary of Plan Provisions

Benefits

Pension Formula: Second formula
Type of Formula: Unit benefit integrated
Effective Date: 01/01/2011

<u>Formula</u>	<u>% per Unit</u>	<u>Maximum Total %</u>	<u>Simplified table limit</u>	<u>Adjust %</u>
Base:	0.40%	0.00%		No
Excess:	0.40%	0.00%	No	No

<u>Maximum Credits</u>	<u>Past years</u>	<u>Future years</u>	<u>Total years</u>
Base:	99	99	35
Excess:	99	99	35
Units based on:	Service		

Integration level

Covered compensation table: Dynamic
Rounding: Exact
Uniform dollar amount: None

Averaging

Projection method:	Current Compensation	Apply exclusion to accrued benefit:	No
Based on:	Final Average	Annualize short compensation years:	No
Highest:	5	Annualize short plan years:	No
In the last:	99	Include compensations based on years of:	Accrual
Excluding:	0		

Accrual

Frozen:	Yes		
Definition of years:	Pro rata	Fractions based on:	N/A
Accrual credit:	<u>Continuing</u> <u>Died</u> <u>Disabled</u> <u>Retired</u> <u>Terminated</u> 1800 1800 1800 1800 1800	Precision:	6
		Limit current credit to:	1.000000
Years based on:	Service	Cap/floor years:	0
Maximum past accrual years:	0.0000	Cap or floor:	Floor
Method:	Fractional	Accrual % per year:	0.00%
		Apply 415 before accrual:	No

EID: 72-0124990
 ID: 001

Summary of Plan Provisions

Benefits:

Pension Formula:	Final benefit
Type of Formula:	Sum of
Effective Date:	01/01/2011
Selected Formulas:	Benefit formula
	Second formula

EW: 72- 6124890
PN: 001



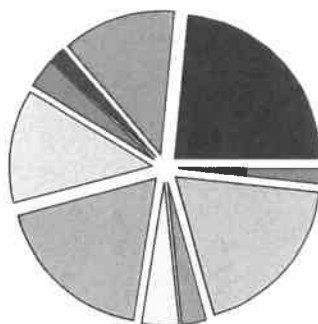
Statement Period
Account Number

01/01/2024 through 12/31/2024
1150002448
**BANK OF COMMERCE AND TRUST
COMPANY PENSION PLAN**

Asset Summary As Of 12/31/2024

DESCRIPTION	MARKET VALUE	COST	% OF PORT	ACCRUED INCOME
SHORT TERM INV	280,549.90	280,549.90	3	1,002.28
US GOV'T OBLIGATIONS	1,899,627.68	1,928,669.00	19	18,478.34
MBS	1,288,480.30	1,471,661.98	13	4,203.30
CMO	54,544.55	58,334.67	1	185.79
CORPORATE BONDS	1,287,515.63	1,323,909.48	13	13,690.68
FOREIGN BDS NTS & DEB	57,395.88	53,776.83	1	320.33
COMMON STOCK	2,368,740.27	1,621,420.95	24	630.25
FOREIGN STOCK	47,322.02	51,391.24	0	90.00
EQUITY ETF	172,723.32	220,234.39	2	0.00
FIXED INCOME ETF/MUTUAL FUNDS	326,655.84	357,213.49	3	0.00
MUTUAL FDS - FIXED INC	414,825.47	404,956.69	4	0.00
MUTUAL FDS - EQUITY	1,834,809.47	1,857,005.99	18	0.00
TOTAL INVESTMENTS	10,033,190.33	9,629,124.61		38,600.97
CASH	0.00			
DUE FROM BROKER	0.00			
DUE TO BROKER	0.00			
ACCRUED INCOME	38,600.97			
TOTAL MARKET VALUE	10,071,791.30			

Ending Asset Allocation



23.6%	COMMON STOCK	2,368,740.27
12.8%	CORPORATE BONDS	1,287,515.63
1.7%	EQUITY ETF	172,723.32
3.3%	FIXED INCOME ETF/MUTUAL FUNDS	326,655.84
12.8%	MBS	1,288,480.30
18.3%	MUTUAL FDS - EQUITY	1,834,809.47
4.1%	MUTUAL FDS - FIXED INC	414,825.47
2.8%	SHORT TERM INV	280,549.90
19.0%	US GOV'T OBLIGATIONS	1,899,627.68
1.6%	All Others-Combined	159,262.45
100.0%	Total	10,033,190.33



Statement Period
Account Number

01/01/2024 through 12/31/2024
1150002448
**BANK OF COMMERCE AND TRUST
COMPANY PENSION PLAN**

Asset Detail As Of 12/31/2024

UNITS/BOOK VALUE	DESCRIPTION	MARKET VALUE	COST	% OF PORT	ACCRUED INCOME
SHORT TERM INV					
280,549.9	CUSIP # 38141W273 GOLDMAN SACHS GOVERNMENT FUND - CLASS: INST (#465)	280,549.90	280,549.90	3	1,002.28
		280,549.90	280,549.90	3	1,002.28
US GOVT OBLIGATIONS					
176,000	CUSIP # 91282CEP2 UNITED STATES TREASURY NOTES 2.875% 05/15/2032	158,063.84	169,307.96	2	656.96
134,000	CUSIP # 91282CFF3 UNITED STATES TREASURY NOTES 2.75% 08/15/2032	118,836.56	123,326.73	1	1,391.89
368,000	CUSIP # 91282CFH9 UNITED STATES TREASURY NOTES 3.125% 08/31/2027	357,361.12	361,446.75	4	3,907.46
92,000	CUSIP # 91282CFL0 UNITED STATES TREASURY NOTES 3.875% 09/30/2029	89,987.96	89,545.48	1	910.84
263,000	CUSIP # 91282CGS4 UNITED STATES TREASURY NOTES 3.625% 03/31/2030	253,434.69	259,116.64	3	2,435.82
129,000	CUSIP # 91282CHC8 UNITED STATES TREASURY NOTES 3.375% 05/15/2033	118,558.74	121,496.28	1	565.27
144,000	CUSIP # 91282CHQ7 UNITED STATES TREASURY NOTES 4.125% 07/31/2028	142,987.68	142,048.14	1	2,485.76
94,000	CUSIP # 91282CHW4 UNITED STATES TREASURY NOTES 4.125% 08/31/2030	92,542.06	92,439.46	1	1,317.49
142,000	CUSIP # 91282CJN2 UNITED STATES TREASURY NOTES 4.375% 11/30/2028	142,038.34	142,535.98	1	546.15
201,000	CUSIP # 91282CJP7 UNITED STATES TREASURY NOTES 4.375% 12/15/2026	201,440.19	199,971.56	2	410.70
230,000	CUSIP # 91282CJX0 UNITED STATES TREASURY NOTES 4% 01/31/2031	224,376.50	227,434.02	2	3,850.00



Statement Period
Account Number

01/01/2024 through 12/31/2024
1150002448
BANK OF COMMERCE AND TRUST
COMPANY PENSION PLAN

Asset Detail As Of 12/31/2024

UNITS/BOOK VALUE	DESCRIPTION	MARKET VALUE	COST	% OF PORT	ACCRUED INCOME
		1,899,627.68	1,928,669.00	19	18,478.34
MBS					
70,145.51	CUSIP # 3132DQ2A3 FHLMC POOL #SD3469 5.5% 08/01/2053	70,158.84	70,171.10	1	321.50
60,228.64	CUSIP # 3132DSWH1 FHLMC POOL #SD5148 3.5% 06/01/2049	54,025.69	53,339.99	1	175.67
53,594.68	CUSIP # 3132DVLK9 FEDERAL HOME LOAN MTG CORP POOL #SD7530 2.5% 11/01/2050	44,368.36	55,336.52	0	111.66
42,243.24	CUSIP # 3132DWBK8 FHLMC POOL #SD8142 3% 04/01/2051	36,300.04	44,454.41	0	105.61
89,881.01	CUSIP # 3132DWCE1 FHLMC POOL #SD8169 3.5% 09/01/2051	79,816.13	96,032.25	1	262.15
46,627.09	CUSIP # 3132DWJG9 FHLMC POOL #SD8363 6% 09/01/2053	46,900.79	46,667.16	0	233.14
55,339.1	CUSIP # 3133L8CZ6 FEDERAL HOME LOAN MTG CORP POOL #RC1888 2% 03/01/2036	49,049.26	57,085.70	0	92.23
99,298.25	CUSIP # 3140M5GJ8 FNMA PASS-THRU I POOL #BU3800 2% 12/01/2051	77,564.84	99,112.09	1	165.50
59,647.29	CUSIP # 3140QFSY6 FNMA PASS-THRU I POOL #CA7734 2.5% 11/01/2050	49,022.91	62,834.69	0	124.27
83,559.95	CUSIP # 3140QTTY9 FNMA PASS-THRU I POOL #CB7926 5.5% 02/01/2054	82,498.74	82,489.33	1	382.98
75,548.94	CUSIP # 3140X8KJ5 FNMA POOL #FM4796 2% 11/01/2050	59,682.15	78,895.52	1	125.91
74,361.6	CUSIP # 3140X9C60 FNMA PASS-THRU I POOL# FM5492 2.5% 01/01/2051	61,674.77	78,614.16	1	154.92
102,857.11	CUSIP # 3140XDQ41 FNMA PASS-THRU I POOL #FM9474 3% 10/01/2051	87,603.40	107,742.83	1	257.14
133,511.66	CUSIP # 3140XJDB6 FNMA PASS-THRU I POOL #FS2797 2.5% 01/01/2052	110,183.17	121,161.82	1	278.15



Statement Period
Account Number

01/01/2024 through 12/31/2024
1150002448
BANK OF COMMERCE AND TRUST
COMPANY PENSION PLAN

Asset Detail As Of 12/31/2024

UNITS/BOOK VALUE	DESCRIPTION	MARKET VALUE	COST	% OF PORT	ACCRUED INCOME
41,506.63	CUSIP # 31418D6B3 FNMA POOL #MA4465 2% 11/01/2051	32,452.37	41,577.97	0	69.18
56,288.59	CUSIP # 31418D7F3 FNMA POOL #MA4493 2.5% 12/01/2051	46,013.11	57,546.28	0	117.27
74,475.09	CUSIP # 31418D7G1 FNMA POOL #MA4494 3% 12/01/2051	63,705.25	77,814.82	1	186.19
65,689.25	CUSIP # 31418EKT6 FNMA POOL #MA4805 4.5% 11/01/2052	61,895.70	62,722.96	1	246.33
67,661.13	CUSIP # 31418ER77 FNMA POOL #MA5009 5% 05/01/2053	65,374.18	67,185.40	1	281.92
111,618.2	CUSIP # 31418EW30 FNMA POOL # MA5165 5.5% 10/01/2053	110,190.60	110,876.98	1	511.58
		1,288,480.30	1,471,661.98	13	4,203.30
CMO					
57,658.98	CUSIP # 3137H7CK7 FEDERAL HOME LOAN MTG CORP SER 5227 CL JW 4% 01/25/2049	54,544.55	58,334.67	1	185.79
		54,544.55	58,334.67	1	185.79
CORPORATE BONDS					
44,000	CUSIP # 00440EAV9 CHUBB INA HOLDINGS INC INA HOLDINGS 3.35% 05/03/2026	43,313.60	41,891.80	0	237.48
46,000	CUSIP # 023135BX3 AMAZON.COM INC 1% 05/12/2026-2026	44,010.04	40,243.56	0	62.61
57,000	CUSIP # 03027XAK6 AMERICAN TOWER CORP 3.375% 10/15/2026-2026	55,674.75	53,208.36	1	406.13
61,000	CUSIP # 031162DQ0 AMGEN INC 5.25% 03/02/2030-2030	61,580.72	63,217.35	1	1,058.60
54,000	CUSIP # 03522AAH3 ANHEUSER-BUSCH 4.7% 02/01/2036	51,190.38	52,698.86	1	1,057.50
104,000	CUSIP # 06051GHT9 BANK OF AMERICA CORP 3.559% 04/23/2027	102,340.16	116,877.28	1	699.15



Statement Period
Account Number

01/01/2024 through 12/31/2024
1150002448
BANK OF COMMERCE AND TRUST
COMPANY PENSION PLAN

Asset Detail As Of 12/31/2024

UNITS/BOOK VALUE	DESCRIPTION	MARKET VALUE	COST	% OF PORT	ACCRUED INCOME
85,000	CUSIP # 06406RBN6 BANK OF NY MELLON CORP VAR 4.543% 02/01/2029-2028	84,345.50	84,345.08	1	1,608.98
51,000	CUSIP # 084670BS6 BERKSHIRE HATHAWAY INC 3.125% 03/15/2026	50,217.66	55,532.88	0	469.27
59,000	CUSIP # 437076BW1 HOME DEPOT INC 3.9% 12/06/2028	57,496.68	68,368.48	1	159.79
100,000	CUSIP # 46647PBA3 JPMORGAN CHASE & CO 3.96% 01/29/2027	99,223.00	114,343.00	1	1,672.00
72,000	CUSIP # 49326EEK5 KEYCORP 2.25% 04/06/2027	67,926.24	65,815.92	1	382.50
73,000	CUSIP # 50077LAV8 KRAFT HEINZ FOODS CO 3.75% 04/01/2030-2030	68,993.03	69,339.78	1	684.38
55,000	CUSIP # 58013MFQ2 MCDONALDS CORP 3.6% 07/01/2030-2030	51,603.75	50,200.70	1	990.00
43,000	CUSIP # 66989HAQ1 NOVARTIS CAPITAL CORP 2% 02/14/2027-2026	40,888.27	39,452.50	0	327.28
60,000	CUSIP # 693475AZ8 PNC FINANCIAL SERVICES 2.55% 01/22/2030-2029	53,275.20	58,862.10	1	675.75
32,000	CUSIP # 713448DY1 PEPSICO INC 3% 10/15/2027	30,806.72	29,509.12	0	202.67
66,000	CUSIP # 863667BF7 STRYKER CORP 4.625% 09/11/2034-2034	63,014.82	64,421.94	1	932.71
85,000	CUSIP # 87264ABV6 T-MOBILE USA INC 3.375% 04/15/2029-2024	79,335.60	75,020.38	1	605.63
87,000	CUSIP # 91159HHR4 US BANCORP 3.15% 04/27/2027-2027	84,185.55	84,865.02	1	487.20
42,000	CUSIP # 91324PDE9 UNITEDHEALTH 2.95% 10/15/2027	40,201.98	39,718.56	0	261.57
59,000	CUSIP # 92343VER1 VERIZON COMMUNICATIONS VERIZON COMMUNICATIONS INC 4.329% 09/21/2028	57,891.98	55,976.81	1	709.48



Statement Period
Account Number

01/01/2024 through 12/31/2024
1150002448
BANK OF COMMERCE AND TRUST
COMPANY PENSION PLAN

Asset Detail As Of 12/31/2024

UNITS/BOOK VALUE	DESCRIPTION	MARKET VALUE	COST	% OF PORT	ACCRUED INCOME
		1,287,515.63	1,323,909.48	13	13,690.68
	FOREIGN BDS NTS & DEB				
62,000	CUSIP # 00774MAW5 AERCAP IRELAND CAP/GLOBA 3% 10/29/2028-2028	57,395.88	53,776.83	1	320.33
		57,395.88	53,776.83	1	320.33
	COMMON STOCK				
191	CUSIP # 020002101 ALLSTATE CORP	36,822.89	34,507.70	0	175.72
666	CUSIP # 02079K305 ALPHABET INC INC CL A	126,073.80	69,875.70	1	0.00
614	CUSIP # 023135106 AMAZON.COM INC	134,705.46	73,994.88	1	0.00
113	CUSIP # 025816109 AMERICAN EXPRESS CO	33,537.27	19,454.05	0	0.00
125	CUSIP # 03073E105 CENCORA INC	28,085.00	21,130.03	0	0.00
60	CUSIP # 031162100 AMGEN INC	15,638.40	17,432.22	0	0.00
786	CUSIP # 037833100 APPLE INC	196,830.12	88,303.93	2	0.00
167	CUSIP # 038222105 APPLIED MATERIALS INC COM	27,159.21	16,936.55	0	0.00
292	CUSIP # 040413205 ARISTA NETWORKS INC NPV	32,274.76	12,274.50	0	0.00
317	CUSIP # 064058100 BANK OF NEW YORK MELLON CORP	24,355.11	20,229.54	0	0.00
399	CUSIP # 084423102 BERKLEY W R CORP	23,349.48	21,732.65	0	0.00
695	CUSIP # 110122108 BRISTOL-MYERS SQUIBB	39,309.20	33,195.23	0	0.00
292	CUSIP # 11135F101 BROADCOM INC	67,697.28	30,207.41	1	0.00
189	CUSIP # 127055101 CABOT CORP	17,257.59	13,942.66	0	0.00



Statement Period
Account Number

01/01/2024 through 12/31/2024
1150002448
BANK OF COMMERCE AND TRUST
COMPANY PENSION PLAN

Asset Detail As Of 12/31/2024

UNITS/BOOK VALUE	DESCRIPTION	MARKET VALUE	COST	% OF PORT	ACCRUED INCOME
88	CUSIP # 166764100 CHEVRON CORPORATION	12,745.92	11,116.94	0	0.00
28	CUSIP # 191098102 COCA COLA CONSOLIDATED INC	35,279.72	22,897.58	0	0.00
207	CUSIP # 201723103 COMMERCIAL METALS CO	10,267.20	12,311.22	0	0.00
155	CUSIP # 20825C104 CONOCOPHILLIPS	15,371.35	9,478.04	0	0.00
81	CUSIP # 219948106 CORPAY INC	27,412.02	24,866.27	0	0.00
74	CUSIP # 231021106 CUMMINS INC	25,796.40	21,913.98	0	0.00
72	CUSIP # 243537107 DECKERS OUTDOOR CORP	14,622.48	7,573.99	0	0.00
93	CUSIP # 29084Q100 EMCOR GROUP INC COM	42,212.70	17,849.97	0	0.00
110	CUSIP # 30212P303 EXPEDIA GROUP INC	20,496.30	20,007.88	0	0.00
257	CUSIP # 30231G102 EXXON MOBIL CORP	27,645.49	21,530.34	0	0.00
129	CUSIP # 30303M102 META PLATFORMS INC	75,530.79	39,984.40	1	0.00
340	CUSIP # 37045V100 GENERAL MOTORS CO MOTORS CO	18,111.80	19,731.02	0	0.00
33	CUSIP # 384802104 WW GRAINGER INC	34,783.65	24,582.72	0	0.00
210	CUSIP # 40637H109 HALOZYME THERAPEUTICS INC	10,040.10	11,822.69	0	0.00
79	CUSIP # 437076102 HOME DEPOT INC COM	30,730.21	21,032.84	0	0.00
32	CUSIP # 461202103 INTUIT INC	20,112.00	19,970.86	0	0.00
89	CUSIP # 46120E602 INTUITIVE SURGICAL INC	46,454.44	22,746.62	0	0.00
182	CUSIP # 46625H100 JP MORGAN CHASE & CO	43,627.22	26,607.57	0	0.00
116	CUSIP # 525327102 LEIDOS HOLDINGS INC	16,710.96	19,730.08	0	0.00



Statement Period
Account Number

01/01/2024 through 12/31/2024
1150002448
**BANK OF COMMERCE AND TRUST
COMPANY PENSION PLAN**

Asset Detail As Of 12/31/2024

UNITS/BOOK VALUE	DESCRIPTION	MARKET VALUE	COST	% OF PORT	ACCRUED INCOME
92	CUSIP # 526057104 LENNAR	12,546.04	14,212.24	0	0.00
24	CUSIP # 532457108 ELI LILLY & CO & CO COM	18,528.00	14,807.05	0	0.00
62	CUSIP # 539830109 LOCKHEED MARTIN CORP COM	30,128.28	25,111.53	0	0.00
88	CUSIP # 58506Q109 MEDPACE HOLDINGS INC	29,236.24	21,364.95	0	0.00
434	CUSIP # 594918104 MICROSOFT CORP CORPORATION	182,931.00	98,272.93	2	0.00
30	CUSIP # 609839105 MONOLITHIC POWER SYSTEMS, INC	17,751.00	17,270.02	0	37.50
375	CUSIP # 637870106 NATIONAL STORAGE AFFILIATES	14,216.25	16,357.92	0	0.00
44	CUSIP # 64110L106 NETFLIX INC	39,218.08	26,661.05	0	0.00
1,268	CUSIP # 67066G104 NVIDIA CORP COM	170,279.72	101,125.60	2	0.00
204	CUSIP # 697435105 PALO ALTO NETWORKS, INC	37,119.84	23,283.15	0	0.00
229	CUSIP # 718172109 PHILIP MORRIS INTL INC	27,560.15	27,421.82	0	309.15
141	CUSIP # 742718109 PROCTER & GAMBLE CO	23,638.65	22,355.55	0	0.00
14	CUSIP # 75886F107 REGENERON PHARMACEUTICAL	9,972.62	9,893.67	0	0.00
146	CUSIP # 759351604 REINSURANCE GROUP OF AMERICA INC	31,189.98	28,442.14	0	0.00
249	CUSIP # 85208M102 SPROUTS FARMERS MARKET INC	31,640.43	12,093.92	0	0.00
206	CUSIP # 872540109 TJX COS INC	24,886.86	20,292.30	0	0.00
117	CUSIP # 872590104 T-MOBILE US INC	25,825.41	12,270.36	0	0.00
130	CUSIP # 87612G101 TARGA RES CORP	23,205.00	24,876.13	0	0.00
171	CUSIP # 88033G407 TENET	21,585.33	25,180.43	0	0.00



Statement Period
Account Number

01/01/2024 through 12/31/2024
1150002448
BANK OF COMMERCE AND TRUST
COMPANY PENSION PLAN

Asset Detail As Of 12/31/2024

UNITS/BOOK VALUE	DESCRIPTION	MARKET VALUE	COST	% OF PORT	ACCRUED INCOME
377	CUSIP # 880779103 TEREX CORP NEW	17,424.94	22,384.59	0	0.00
51	CUSIP # 88160R101 TESLA MOTORS	20,595.84	9,423.30	0	0.00
140	CUSIP # 902788108 UMB FINANCIAL CORP	15,800.40	17,151.48	0	56.00
413	CUSIP # 90353T100 UBER TECHNOLOGIES INC	24,912.16	29,925.01	0	0.00
121	CUSIP # 91913Y100 VALERO ENERGY CORP NEW COM	14,833.39	19,000.41	0	0.00
119	CUSIP # 922475108 VEEVA SYSTEMS INC - CLASS A	25,019.75	25,283.34	0	0.00
1,429	CUSIP # 92556V106 VIATRIS INC	17,791.05	16,792.93	0	0.00
81	CUSIP # 92826C839 VISA INC	25,599.24	17,398.90	0	0.00
373	CUSIP # 92840M102 VISTRA CORP COM	51,425.51	28,557.29	1	0.00
250	CUSIP # 931142103 WALMART INC INC	22,587.50	14,331.89	0	51.88
186	CUSIP # 949746101 WELLS FARGO & CO NEW COM	13,064.64	11,329.11	0	0.00
131	CUSIP # 983793100 XPO INC	17,180.65	19,577.88	0	0.00
		2,368,740.27	1,621,420.95	24	630.25
FOREIGN STOCK					
859	CUSIP # G4474Y214 JANUS HENDERSON GROUP PLC	36,533.27	39,140.76	0	0.00
125	CUSIP # G7997R103 SEAGATE TECHNOLOGY HOLDINGS PLC	10,788.75	12,250.48	0	90.00
		47,322.02	51,391.24	0	90.00
EQUITY ETF					
2,772	CUSIP # 464287507 ISHARES CORE S&P MID-CAP ETF	172,723.32	220,234.39	2	0.00
		172,723.32	220,234.39	2	0.00
FIXED INCOME ETF/MUTUAL FUNDS					



Statement Period
Account Number

01/01/2024 through 12/31/2024
1150002448
BANK OF COMMERCE AND TRUST
COMPANY PENSION PLAN

Asset Detail As Of 12/31/2024

UNITS/BOOK VALUE	DESCRIPTION	MARKET VALUE	COST	% OF PORT	ACCRUED INCOME
3,563	CUSIP # 464288588 ISHARES MBS ETF	326,655.84	357,213.49	3	0.00
		326,655.84	357,213.49	3	0.00
MUTUAL FDS - FIXED INC					
11,750.691	CUSIP # 09257E795 BLACKROCK DYNAMIC HIGH INCOME INSTL	101,290.96	94,999.85	1	0.00
16,901.666	CUSIP # 09260B630 BLACKROCK HIGH YIELD PORTFOLIO - INST	120,001.83	126,556.88	1	0.00
24,405.13	CUSIP # 27827V402 EATON VANCE E/M DBT OPP-I	193,532.68	183,399.96	2	0.00
		414,825.47	404,956.69	4	0.00
MUTUAL FDS - EQUITY					
16,142.499	CUSIP # 00203H602 AQR DIVERSIFIED ARBITRAGE CLASS I	195,647.09	194,799.79	2	0.00
47,040.275	CUSIP # 09260C307 BLACKROCK SYST MULTI STR INST	475,106.78	478,236.76	5	0.00
16,710.934	CUSIP # 149498107 CAUSEWAY EMERGING MARKETS FUND - INST	181,814.96	203,777.35	2	0.00
1,833.213	CUSIP # 19247N409 COHEN & STEERS GLOBAL REALTY SHARES I	93,567.19	100,834.75	1	0.00
3,339.436	CUSIP # 19248B404 COHEN & STEERS GL INFR-I	76,807.03	66,772.63	1	0.00
2,227.38	CUSIP # 24610B859 MACQUARIE SMALL CAP CORE FUND - INS	67,690.08	51,941.46	1	0.00
32,788.061	CUSIP # 25239Y287 DFA EMERG MKTS EX CHINA CORE EQUITY	326,241.21	315,189.65	3	0.00
8,764.264	CUSIP # 31428U623 FEDERATED HERMES INTL LEADERS CL IS	308,151.52	319,084.42	3	0.00
1,745.09	CUSIP # 77956H377 T ROWE PRICE INTERNATIONAL DISCOVERY - I	109,783.61	126,369.18	1	0.00
		1,834,809.47	1,857,005.99	18	0.00

BANK OF COMMERCE AND TRUST COMPANY
PENSION PLAN
E.I.N. 72-0124890
P.N.: 001

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

(a) Party-In Interest	(b) Identity of Issue	(c) Description of Investment Including Maturity Date, Rate of Interest	(d) Cost	(e) Current Value
	<u>Cash equivalents:</u>			
	Goldman Sachs Government Fund – Class Inst (#465)		\$ 280,550	\$ 280,550
	<u>US Government Obligations:</u>			
	US Treasury	2.875%, 05/15/2032	169,308	158,064
	US Treasury	2.75%, 08/15/2032	123,327	118,837
	US Treasury	3.125%, 08/31/2027	361,447	357,361
	US Treasury	3.875%, 09/30/2029	89,545	89,988
	US Treasury	3.625%, 03/31/2030	259,117	253,435
	US Treasury	3.375%, 05/15/2033	121,496	118,559
	US Treasury	4.125%, 07/31/2028	142,048	142,988
	US Treasury	4.125%, 08/31/2030	92,439	92,542
	US Treasury	4.375%, 11/30/2028	142,536	142,038
	US Treasury	4.375%, 12/15/2026	199,972	201,440
	U S Treasury	4.00%, 01/31/2031	227,434	224,377

BANK OF COMMERCE AND TRUST COMPANY
PENSION PLAN
E.I.N. 72-0124890
P.N.: 001

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(CONTINUED)
December 31, 2024

(a) Party-In <u>Interest</u>	(b) <u>Identity of Issue</u>	(c) Description of Investment Including <u>Maturity Date, Rate of Interest</u>	(d) <u>Cost</u>	(e) Current <u>Value</u>
<u>Mortgage Backed Securities:</u>				
	Federal Home Loan Mtg Corp Pool #SD3469	5.5%, 08/01/2053	70,171	70,159
	Federal Home Loan Mtg Corp Pool #SD5148	3.5%, 06/01/2049	53,340	54,026
	Federal Home Loan Mtg Corp Pool	2.5%, 11/01/2050	55,337	44,368
	Federal Home Loan Mtg Corp Pool #SD8142	3.0%, 04/01/2051	44,454	36,300
	Federal Home Loan Mtg Corp Pool #SD8169	3.5%, 09/01/2051	96,032	79,816
	Federal Home Loan Mtg Corp Pool #SD8363	6.0%, 09/01/2053	46,667	46,901
	Federal Home Loan Mtg Corp Pool #RC1888	2.0%, 03/01/2036	57,086	49,049
	FNMA Pass-Thru I Pool #BU3800	2.0%, 12/01/2051	99,112	77,565
	FNMA Pass-Thru I Pool #CA7734	2.5%, 11/01/2050	62,835	49,023
	FNMA Pass-Thru I Pool #CB7926	5.5%, 02/01/2054	82,489	82,499
	FNMA Pool #FM4796	2.0%, 11/01/2050	78,896	59,682
	FNMA Pass-Thru I Pool #FM5492	2.5%, 01/01/2051	78,614	61,675

BANK OF COMMERCE AND TRUST COMPANY
PENSION PLAN
E.I.N. 72-0124890
P.N.: 001

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(CONTINUED)
December 31, 2024

(a) Party-In Interest	(b) Identity of Issue	(c) Description of Investment Including Maturity Date, Rate of Interest	(d) Cost	(e) Current Value
	FNMA Pass-Thru I Pool #FM9474	3.0%, 10/01/2051	107,743	87,603
	FNMA Pass-Thru I Pool #FS2797	2.5%, 01/01/2052	121,162	110,183
	FNMA Pool #MA4465	2.0%, 11/01/2051	41,578	32,452
	FNMA Pool #MA4493	2.5%, 12/01/2051	57,546	46,013
	FNMA Pool #MA4494	3.0%, 12/01/2051	77,815	63,705
	FNMA Pool #MA4805	4.50%, 11/01/2052	62,723	61,896
	FNMA Pool #MA5009	5.0%, 05/01/2053	67,185	65,374
	FNMA Pool #MA516	5.5%, 10/01/2053	110,877	110,191
	<u>Collateralized Mortgage Obligation:</u>			
	Federal Home Loan Mtg Corp Ser 5227 CL JW	4.00%, 01/25/2049	58,335	54,545
	<u>Corporate Bonds:</u>			
	Chubbs Ina Holdings	3.35%, 05/03/2026	41,892	43,314
	Amazon.com Inc	1.0%, 05/12/2026	40,244	44,010
	American Tower Corp	3.375%, 10/15/2026	53,208	55,675
	Amgen Inc	5.25%, 3/02/2030	63,217	61,581
	Anheuser-Busch	4.7%, 02/01/2036	52,699	51,190
	Bank of America Corp	3.559%, 04/23/2027	116,877	102,340

BANK OF COMMERCE AND TRUST COMPANY
PENSION PLAN
E.I.N. 72-0124890
P.N.: 001

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(CONTINUED)
December 31, 2024

(a) Party-In Interest	(b) Identity of Issue	(c) Description of Investment Including Maturity Date, Rate of Interest	(d) Cost	(e) Current Value
	Bank of NY Mellon Corp Var	4.543%, 02/01/2029	84,345	84,346
	Berkshire Hathaway Inc	3.125%, 03/15/2026	55,533	50,218
	Home Depot Inc	3.9%, 12/06/2028	68,368	57,497
	JPMorgan Chase & Co	3.96%, 01/29/2027	114,343	99,223
	Keycorp	2.25%, 04/06/2027	65,816	67,926
	Kraft Heinz Foods Co	3.75%, 04/01/2030	69,340	68,993
	McDonalds Corp	3.6%, 07/01/2030	50,201	51,604
	Novartis Capital Corp	2.0%, 02/14/2027	39,453	40,888
	PNC Financial Services	2.55%, 01/22/2030	58,862	53,275
	Pepsico Inc	3.0%, 10/15/2027	29,509	30,807
	Stryker Corp	4.625%, 09/11/2034	64,422	63,015
	T-Mobile USA Inc	3.375%, 04/15/2029	75,020	79,336
	US Bancorp	3.15%, 04/27/2027	84,865	84,186
	UnitedHealth	2.95%, 10/15/2027	39,719	40,202
	Verizon Communications Verizon Communications Inc	4.329%, 09/21/2028	55,977	57,892
	<u>Foreign Bonds, Notes and Debentures:</u>			
	Aercap. Ireland Cap	3.00%, 10/29/2028	53,777	57,396

BANK OF COMMERCE AND TRUST COMPANY
PENSION PLAN
E.I.N. 72-0124890
P.N.: 001

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(CONTINUED)
December 31, 2024

(a) Party-In Interest	(b) Identity of Issue	(c) Description of Investment Including Maturity Date, Rate of Interest	(d) Cost	(e) Current Value
	<u>Common Stocks:</u>			
	Allstate Corp	191 Shares	34,508	36,823
	Alphabet Incp	666 Shares	69,876	126,074
	Amazon.com Inc	614 Shares	73,995	134,705
	American Express Co	113 Shares	19,454	33,537
	Cencora Inc	125 Shares	21,130	28,085
	Amgen Inc	60 Shares	17,432	15,638
	Apple Inc	786 Shares	88,304	196,830
	Applied Materials Inc Com	167 Shares	16,937	27,159
	Arista Networks Inc	292 Shares	12,275	32,275
	Bank of New York Mellon Corp	317 Shares	20,230	24,355
	Berkley WR Corp	399 Shares	21,733	23,349
	Bristol-Myers Squibb	695 Shares	33,195	39,309
	Broadcom Inc	292 Shares	30,207	67,697
	Cabot Corp	189 Shares	13,943	17,258
	Chevron Corporation	88 Shares	11,117	12,746

BANK OF COMMERCE AND TRUST COMPANY
PENSION PLAN
E.I.N. 72-0124890
P.N.: 001

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(CONTINUED)
December 31, 2024

(a) Party-In Interest	(b) Identity of Issue	(c) Description of Investment Including Maturity Date, Rate of Interest	(d) Cost	(e) Current Value
	Coca Cola Consolidated Inc	28 Shares	22,898	35,280
	Commercial Metals Co	207 Shares	12,311	10,267
	Conocophillips	155 Shares	9,478	15,371
	Corpay Inc	81 Shares	24,866	27,412
	Cummins	74 Shares	21,914	25,796
	Deckers Outdoor Corp	72 Shares	7,574	14,622
	Emcor Group Inc Com	93 Shares	17,850	42,213
	Expedia Group Inc	110 Shares	20,008	20,496
	Exxon Mobile Corp	257 Shares	21,530	27,645
	Meta Platforms Inc	129 Shares	39,984	75,531
	General Motors Co	340 Shares	19,731	18,112
	WW Granger Inc	33 Shares	24,583	34,784
	Halozyme Therapeutics	210 Shares	11,823	10,040
	Home Depot Inc Com	79 Shares	21,033	30,730
	Intuit Inc	32 Shares	19,971	20,112
	Intuitive Surgical Inc	89 Shares	22,747	46,454
	JP Morgan Chase	182 Shares	26,608	43,627

BANK OF COMMERCE AND TRUST COMPANY
PENSION PLAN
E.I.N. 72-0124890
P.N.: 001

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(CONTINUED)
December 31, 2024

(a) Party-In Interest	(b) Identity of Issue	(c) Description of Investment Including Maturity Date, Rate of Interest	(d) Cost	(e) Current Value
	Leidos Holdings Inc	116 Shares	19,730	16,711
	Lennar	92 Shares	14,212	12,546
	Eli Lilly & Co Com	24 Shares	14,807	18,528
	Lockheed Martin Corp Com	62 Shares	25,112	30,128
	Medpace Holdings Inc	88 Shares	21,365	29,236
	Microsoft Corp Corporation	434 Shares	98,273	182,930
	Monolithic Power Systems Inc	30 Shares	17,270	17,751
	National Storage Affiliates	375 Shares	16,358	14,216
	Netflix Inc	44 Shares	26,661	39,218
	NVIDIA Corp Com	1,268 Shares	101,126	170,279
	Palo Alto Networks Inc	204 Shares	23,283	37,120
	Phillip Morris Intl Inc	229 Shares	27,422	27,560
	Proctor & Gamble Co	141 Shares	22,356	23,639
	Regeneron Pharmaceutical	14 Shares	9,894	9,973
	Reinsurance Group of America, Inc	146 Shares	28,442	31,190
	Sprouts Farmers Market Inc	249 Shares	12,094	31,640
	TJX Cos Inc	206 Shares	20,292	24,887

BANK OF COMMERCE AND TRUST COMPANY
PENSION PLAN
E.I.N. 72-0124890
P.N.: 001

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(CONTINUED)
December 31, 2024

(a) Party-In Interest	(b) Identity of Issue	(c) Description of Investment Including Maturity Date, Rate of Interest	(d) Cost	(e) Current Value
	T-Mobile US Inc	117 Shares	12,270	25,825
	Targa Res Corp	130 Shares	24,876	23,205
	Tenet	171 Shares	25,180	21,585
	Terex Corp New	377 Shares	22,385	17,425
	Tesla Motors	51 Shares	9,423	20,596
	UMB Financial Corp	140 Shares	17,151	15,800
	Uber Technologies Inc	413 Shares	29,925	24,912
	Valero Energy Corp New Com	121 Shares	19,000	14,833
	Veeva Systems Inc – Class A	119 Shares	25,283	25,020
	Viatis Inc	1,429 Shares	16,793	17,791
	Visa Inc	81 Shares	17,399	25,599
	Vista Corp Com	373 Shares	28,557	51,426
	Walmart Inc	250 Shares	14,332	22,588
	Wells Fargo & Co New Com	186 Shares	11,329	13,065
	XPO Inc	131 Shares	19,578	17,181
	<u>Foreign Stock:</u>			
	Janus Henderson Group PLC	859 Shares	39,141	36,533
	Seagate Technology Holdings PLC	125 Shares	12,250	10,789

BANK OF COMMERCE AND TRUST COMPANY
PENSION PLAN
E.I.N. 72-0124890
P.N.: 001

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(CONTINUED)
December 31, 2024

(a) Party-In Interest	(b) Identity of Issue	(c) Description of Investment Including Maturity Date, Rate of Interest	(d) Cost	(e) Current Value
	<u>Equity ETF:</u>			
	IShares Core S&P Mid-Cap ETF	2,772 Shares	220,234	172,723
	<u>Fixed Income ETF/Mutual Funds:</u>			
	IShares MBS ETF	3,563 Shares	357,213	326,656
	<u>Mutual Funds – Fixed Inc:</u>			
	Blackrock Dynamic High Income	11,750.691 Shares	95,000	101,291
	Blackrock High Yield Portfolio Inst	16,901.666 Shares	126,557	120,002
	Eaton Vance E/M Dbt Opp-1	24,405.13 Shares	183,400	193,533
	<u>Mutual Funds - Equity:</u>			
	AQR Diversified Arbitrage Class	16,142.499 Shares	194,800	195,647
	Blackrock Syst Multi Str Inst	47,040.275 Shares	478,237	475,107
	Causeway Emerging Markets Fund – Inst	16,710.934 Shares	203,777	181,815
	Cohen & Steers Global Realty Shares I	1,833.213 Shares	100,835	93,567
	Cohen & Steers GL Infr-1	3,339.436 Shares	66,773	76,807
	Macquarie Small Cap Core Fund Fund – Ins	2,227.38 Shares	51,941	67,690
	DFA Emerg Mkts Ex China Core Equity	32,788.061 Shares	315,190	326,241
	Federated Hermes Intl Leaders CI IS	8,764.264 Shares	319,084	308,152

BANK OF COMMERCE AND TRUST COMPANY
PENSION PLAN
E.I.N. 72-0124890
P.N.: 001

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(CONTINUED)
December 31, 2024

(a) Party-In Interest	(b) Identity of Issue	(c) Description of Investment Including Maturity Date, Rate of Interest	(d) Cost	(e) Current Value
	T Rowe Price International Discovery – I	1,745.09 Shares	126,369	109,784
			<u>\$ 9,629,127</u>	<u>\$ 10,033,190</u>

NOTE: This schedule is provided in answer to item 4(i), Part IV, Schedule H of Federal Form 5500.

- - Denotes party-in-interest transaction

**Bank of Commerce & Trust Company
Bank of Commerce & Trust Company Pension Plan
Amortization Bases for Pension Protection Act Report
Valuation as of 01/01/2024 for the Plan Year Ending 12/31/2024**

Pension Protection Act

<u>Type of Base</u>	<u>Effective Date</u>	<u>Interest Rate</u>	<u>Initial Amount</u>	<u>Initial Amort</u>	<u>Current Balance</u>	<u>Rem Amort</u>	<u>Payment</u>
Shortfall	01/01/2023	4.75 / 4.96	1,474,301	15.00	1,408,728	14.00	135,018
Shortfall	01/01/2024	4.75 / 4.96	-317,303	15.00	-317,303	15.00	-29,000
Totals	Shortfall				1,091,425		106,018

EIN: 72-6124840
PN: 001