

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

1a Name of plan: INTERNATIONAL BANCSHARES CORPORATION EMPLOYEES PROFIT SHARING PLAN AND TRUST
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1976
2a Plan sponsor's name (employer, if for a single-employer plan): DENNIS E NIXON
2b Employer Identification Number (EIN): 74-2157138
2c Plan Sponsor's telephone number: 956-722-7611
2d Business code (see instructions): 551111

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

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

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

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  INTERNATIONAL BANK OF COMMERCE ELIZA V GONZALEZ P O BOX 1359 1200 SAN BERNARDO AVE LAREDO, TX 78040-6301	<b>3b</b> Administrator's EIN 74-1541057  <b>3c</b> Administrator's telephone number 956-722-7611
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 2283
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b> 2283 <b>6a(2)</b> 1757 <b>6b</b> <b>6c</b> 263 <b>6d</b> 2020 <b>6e</b> 4 <b>6f</b> 2024 <b>6g(1)</b> 1457 <b>6g(2)</b> 1757 <b>6h</b> 202
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2E 2J

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

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b> (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____ (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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

<b>A</b> Name of plan <b>INTERNATIONAL BANCSHARES CORPORATION EMPLOYEES PROFIT SHARING PLAN AND TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>INTERNATIONAL BANCSHARES CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>74-2157138</b>	

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

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

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

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

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

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

<b>LPL FINANCIAL LLC</b>	<b>4707 EXECUTIVE DRIVE SAN DIEGO, CA 92121</b>
<b>95-2834236</b>	

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

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

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

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>INTERNATIONAL BANCSHARES CORPORATION EMPLOYEES PROFIT SHARING PLAN AND TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>INTERNATIONAL BANCSHARES CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>74-2157138</b>

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	2358585
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	85927233
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	5641242
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	4811930
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>	7974013	9271699
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	100571313	108010689
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	14336	83686
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	14336	83686
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	100556977	107927003

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	4460000	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	2967307	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		7427307
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	94543	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	9857	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	422553	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		526953
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	211242	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		211242
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	6268547	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		14434049

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	7064023	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		7064023
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		0
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		7064023

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		7370026
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **FORVIS MAZARS, LLP**

(2) EIN: **44-0160260**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>INTERNATIONAL BANCSHARES CORPORATION EMPLOYEES PROFIT SHARING PLAN AND TRUST</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>INTERNATIONAL BANCSHARES CORPORATION</u>	<b>D</b> Employer Identification Number (EIN) <u>74-2157138</u>	

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

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 

1	
---	--

**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): \_\_\_\_\_

**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	
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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




# **International Bancshares Corporation Employees' Profit Sharing Plan and Trust**

**EIN 74-2157138 PN 001**

**Independent Auditor's Report, Financial Statements,  
and Supplemental Schedules – Modified Cash Basis**

December 31, 2024 and 2023



**International Bancshares Corporation Employees' Profit Sharing Plan and Trust  
Contents  
December 31, 2024 and 2023**

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## Independent Auditor's Report

### Trustees

International Bancshares Corporation Employees' Profit Sharing Plan and Trust  
Laredo, Texas

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

We have performed audits of the financial statements of International Bancshares Corporation Employees' Profit Sharing Plan and Trust (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 – modified cash basis as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits – modified cash basis for the years then ended, and the related notes to the financial statements – modified cash basis.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 3 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 the modified cash basis of accounting described in Note 2.
- 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 audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### ***Emphasis of Matter – Basis of Accounting***

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on a modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2 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.

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 certifications, 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 the modified cash basis of accounting described in Note 2.

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 the modified cash basis of accounting described in Note 2.

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 schedules listed in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

**Forvis Mazars, LLP**

**Austin, Texas  
October 9, 2025**

Federal Employer Identification Number: 44-0160260

**International Bancshares Corporation Employees' Profit Sharing Plan and Trust  
Statements of Net Assets Available for Benefits – Modified Cash Basis  
December 31, 2024 and 2023**

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	<u>2024</u>	<u>2023</u>
<b>ASSETS</b>		
Investments, at Fair Value	\$ 108,010,689	\$ 100,571,313
<b>Net Assets Available for Benefits – Modified Cash Basis</b>	<u>\$ 108,010,689</u>	<u>\$ 100,571,313</u>

**International Bancshares Corporation Employees' Profit Sharing Plan and Trust  
Statements of Changes in Net Assets Available for Benefits – Modified Cash Basis  
Years Ended December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
<b>Additions</b>		
<b>Investment Income</b>		
Net appreciation in fair value of investments	\$ 6,268,547	\$ 5,429,304
Interest and dividend income	738,195	666,193
<b>Net Investment Income</b>	<u>7,006,742</u>	<u>6,095,497</u>
<b>Contributions</b>		
Employer	4,460,000	4,011,000
Participant	3,050,993	2,896,502
<b>Total Contributions</b>	<u>7,510,993</u>	<u>6,907,502</u>
<b>Total Additions</b>	<u>14,517,735</u>	<u>13,002,999</u>
<b>Deductions</b>		
Benefits paid to participants	<u>7,078,359</u>	<u>9,974,248</u>
<b>Total Deductions</b>	<u>7,078,359</u>	<u>9,974,248</u>
<b>Net Increase</b>	7,439,376	3,028,751
<b>Net Assets Available for Benefits – Modified Cash Basis, Beginning of Year</b>	<u>100,571,313</u>	<u>97,542,562</u>
<b>Net Assets Available for Benefits – Modified Cash Basis, End of Year</b>	<u>\$ 108,010,689</u>	<u>\$ 100,571,313</u>

**International Bancshares Corporation Employees' Profit Sharing Plan and Trust**  
**Notes to Financial Statements – Modified Cash Basis**  
**December 31, 2024 and 2023**

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**Note 1. Description of the Plan**

***General***

The following description of International Bancshares Corporation Employees' Profit Sharing Plan and Trust (Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

The Plan is a defined contribution plan established by International Bancshares Corporation (IBC or Plan Sponsor) for the benefit of the employees of IBC and its subsidiaries. Any individual employed by IBC is eligible to participate in the Plan upon reaching the age of 19 and the completion of one hour of service beginning January 1 after the date of employment. Eligible participants may contribute to the Plan each pay period through payroll deductions. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). International Bank of Commerce serves as the trustee and custodian of the Plan.

***Contributions***

The Plan permits eligible employees through a salary deferral election to have IBC make annual contributions of up to 15% of their eligible compensation. Employee rollover contributions are also permitted. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. IBC profit-sharing contributions are discretionary as determined by IBC's board of directors. Contributions are subject to certain limitations.

***Participant Accounts***

Each participant's account is credited with the participant's contributions, the Plan Sponsor's contribution, and an allocation of the Plan's earnings or losses and forfeitures of terminated participants' nonvested accounts. Allocations of earnings or losses are based on the participant's balance. Allocations of forfeitures and the Plan Sponsor's contributions are based on participant points, which are determined by years of service, account balances, and compensation as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Contributions to the Plan are invested at the discretion of the Plan's Administration Committee. Participants have the option of diversifying their investment in the Plan's holdings of IBC stock among a selection of three mutual funds at the participant's expense. As of December 31, 2024 and 2023, no participant has elected to diversify their investment in the Plan's holdings of IBC stock.

***Vesting***

Participants are immediately vested in their voluntary contributions plus earnings thereon. Vesting in the Plan Sponsor's discretionary contribution portion of their accounts plus earnings thereon is based on years of continuous service. Participants are fully vested upon the death or disability of the participant. A participant is fully vested after six years of continuous service.

***Notes Receivable From Participants***

Participants are not permitted to borrow from their participant account.

***Payment of Benefits***

Upon termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the vested interest in their account or, for distributions made prior to June 1, 2021, annual installments over a 10-year period. Upon termination of service for other reasons, a participant may receive the value of the vested interest in their account only as a lump-sum distribution.

**International Bancshares Corporation Employees' Profit Sharing Plan and Trust**  
**Notes to Financial Statements – Modified Cash Basis**  
**December 31, 2024 and 2023**

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The Plan Sponsor may periodically distribute the funds of terminated participants who do not make a distribution election. If the vested account balance is \$1,000 or less, the funds will be distributed in the form of a lump-sum distribution. For vested benefits over \$1,000 up to \$5,000, the funds will be distributed in the form of a lump-sum distribution or a direct rollover to an individual retirement plan designated by the plan administrator. For vested benefits exceeding \$5,000, benefits may be paid by lump-sum distribution, remain in the Plan until the earlier of age 65 or death of the participant or rolled over into another qualified plan.

Hardship withdrawals are available to participants of the Plan upon approval.

***Forfeited Accounts***

At December 31, 2024 and 2023, forfeited nonvested accounts totaled approximately \$329,000 and \$398,000, respectively. These were reallocated to participants in the same manner as employer contributions.

**Note 2. Summary of Significant Accounting Policies**

***Basis of Accounting***

The financial statements of the Plan are prepared on the basis of cash receipts and disbursements (modified cash basis of accounting), which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Under the modified cash basis of accounting applied by the Plan, revenues, contributions, expenses, and withdrawals are recognized when cash is received or paid, and purchases and sales of securities are recorded on a settlement date basis. Investments are reported at estimated fair value. Accordingly, the accompanying financial statements do not purport to present net assets and changes in net assets in accordance with generally accepted accounting principles.

Investments held by a defined contribution plan are generally required to be reported at fair value.

***Use of Estimates***

The preparation of financial statements in conformity with the modified cash basis of accounting described in Note 2 requires management to make estimates and assumptions that affect the reported amounts of net assets and changes in net assets and the disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

***Investment Valuation and Income Recognition***

Investments are reported at fair value. Cash, cash equivalents, and certificates of deposit are stated at cost, which approximates fair value. Common stocks and U.S. government and agency securities are valued at the closing price reported on the active market on which the individual securities are traded. Corporate bonds are valued on the basis of yields currently available on comparable securities of issuers with similar credit ratings.

Purchases and sales of securities are recorded on a settlement date basis. Interest income and dividends are recorded on the date received by the Plan. Net appreciation in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

***Payment of Benefits***

Benefit payments to participants are recorded upon distribution.

***Administrative Expenses***

Administrative expenses may be paid by the Plan Sponsor or the Plan, at the Plan Sponsor's discretion.

**International Bancshares Corporation Employees' Profit Sharing Plan and Trust**  
**Notes to Financial Statements – Modified Cash Basis**  
**December 31, 2024 and 2023**

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**Note 3. Certification of Plan Trustee**

The plan administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, International Bank of Commerce, a qualified institution, has certified the following investment information included in the accompanying financial statements and ERISA-required supplemental schedules is complete and accurate:

- Investments as shown in the accompanying statements of net assets available for benefits – modified cash basis as of December 31, 2024 and 2023
- Investment income as shown in the accompanying statements of changes in net assets available for benefits – modified cash basis for the years ended December 31, 2024 and 2023
- Investment information included in the accompanying supplemental schedule of assets (held at end of year) – modified cash basis as of December 31, 2024 and the accompanying schedule of reportable transactions for the year ended December 31, 2024

The Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedules.

**Note 4. Related-Party and Party-in-Interest Transactions**

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association, or relatives of such persons.

International Bank of Commerce and IBC are related parties to the Plan. The Plan's investment in IBC's common stock totaled \$9,271,699 and \$7,974,013 and investments in certificates of deposit and other deposit accounts of International Bank of Commerce totaled \$2,432,085 and \$3,962,596, which together represents 10.8% and 11.9% of total plan investments at December 31, 2024 and 2023, respectively. The Plan earned income of \$1,582,361 and \$1,511,694 on these investments for the years ended December 31, 2024 and 2023, respectively.

Certificates of deposit in the aggregate amount of \$1,828,238 and \$3,504,141 were renewed in 2024 and 2023, respectively.

Administrative expenses incurred by the Plan were paid by the Plan Sponsor.

**Note 5. Disclosures About Fair Value of Plan Assets and Liabilities**

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. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. The hierarchy comprises three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities

**International Bancshares Corporation Employees' Profit Sharing Plan and Trust**  
**Notes to Financial Statements – Modified Cash Basis**  
**December 31, 2024 and 2023**

**Level 3** Unobservable inputs supported by little or no market activity and significant to the fair value of the assets or liabilities

***Recurring Measurements***

The following table presents the fair value measurements of assets and liabilities recognized in the accompanying statements of net assets available for benefits – modified cash basis measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31:

	<b>Fair Value</b>	<b>Fair Value Measurements Using</b>		
		<b>Quoted Prices in Active Markets for Identical Assets (Level 1)</b>	<b>Significant Other Observable Inputs (Level 2)</b>	<b>Significant Unobservable Inputs (Level 3)</b>
<b>2024</b>				
Cash and cash equivalents	\$ 530,347	\$ 530,347	\$ -	\$ -
Certificates of deposit	1,828,238	1,828,238	-	-
Corporate bonds	5,641,242	-	5,641,242	-
U.S. government and agency securities	85,927,233	85,683,068	244,165	-
Common stocks	14,083,629	14,083,629	-	-
Total assets in the fair value hierarchy	<u>\$ 108,010,689</u>	<u>\$ 102,125,282</u>	<u>\$ 5,885,407</u>	<u>\$ -</u>
<b>2023</b>				
Cash and cash equivalents	\$ 458,455	\$ 458,455	\$ -	\$ -
Certificates of deposit	3,504,141	3,504,141	-	-
Corporate bonds	5,695,486	-	5,695,486	-
U.S. government and agency securities	82,939,218	82,713,159	226,059	-
Common stocks	7,974,013	7,974,013	-	-
Total assets in the fair value hierarchy	<u>\$ 100,571,313</u>	<u>\$ 94,649,768</u>	<u>\$ 5,921,545</u>	<u>\$ -</u>

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits – modified cash basis, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the years ended December 31, 2024 and 2023. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

***Investments***

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections, and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities

**International Bancshares Corporation Employees' Profit Sharing Plan and Trust**  
**Notes to Financial Statements – Modified Cash Basis**  
**December 31, 2024 and 2023**

are classified within Level 3 of the hierarchy. The Plan had no assets classified within Level 3 of the fair value hierarchy at December 31, 2024 and 2023.

**Note 6. Plan Termination**

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

**Note 7. Tax Status**

The IRS has determined and informed IBC by a letter dated December 1, 2017 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan's tax counsel believe the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

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

**Note 8. Reconciliation of Financial Statements to Form 5500**

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 108,010,689	\$ 100,571,313
Excess contributions payable	<u>(83,686)</u>	<u>(14,336)</u>
Net assets available for benefits per Form 5500	<u>\$ 107,927,003</u>	<u>\$ 100,556,977</u>

The following is a reconciliation of net increase per the financial statements to Form 5500 for the years ended December 31:

	<u>2024</u>	<u>2023</u>
Net increase per statements of changes of net assets available for benefits – modified cash basis	\$ 7,439,376	\$ 3,028,751
Current year excess contributions payable	(83,686)	(14,336)
Prior year excess contributions payable	<u>14,336</u>	<u>15,385</u>
Net income per Form 5500	<u>\$ 7,370,026</u>	<u>\$ 3,029,800</u>

**International Bancshares Corporation Employees' Profit Sharing Plan and Trust**  
**Notes to Financial Statements – Modified Cash Basis**  
**December 31, 2024 and 2023**

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**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 changes could materially affect the participants' account balances and the amounts reported in the accompanying statements of net assets available for benefits – modified cash basis.

**Note 10. Subsequent Events**

Subsequent events have been evaluated through October 9, 2025, which is the date the financial statements were available to be issued.

## ***Supplemental Schedules***

**International Bancshares Corporation Employees' Profit Sharing Plan and Trust**  
**EIN 74-2157138 PN 001**  
**Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Modified Cash Basis**  
**December 31, 2024**

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
<b>Cash and Cash Equivalents</b>				
*	International Bank of Commerce	Savings account bearing interest of 0.85% at December 31, 2024	\$ 328,665	\$ 328,665
*	International Bank of Commerce	Money market account bearing interest of 1.00% at December 31, 2024	39,633	39,633
*	International Bank of Commerce	Money market account bearing interest of 1.50% at December 31, 2024	64,167	64,167
*	International Bank of Commerce	Money market account bearing interest of 1.50% at December 31, 2024	87,697	87,697
	LPL Financial	Insured Cash Account interest of 1.00% at December 31, 2024	10,185	10,185
<b>Total Cash and Cash Equivalents</b>			<u>530,347</u>	<u>530,347</u>
<b>U.S. Government and Agency Securities</b>				
	Federal Home Loan Mortgage Corp. Pool #782851	Mortgage-backed security bearing interest of 6.375% at December 31, 2024, maturing November 1, 2034; original par value \$8,073,886	91,371	93,728
	Federal Home Loan Mortgage Corp. Pool #789668	Mortgage-backed security bearing interest of 7.352% at December 31, 2024, maturing September 1, 2032; original par value \$5,000,000	7,690	7,844
	Federal Home Loan Mortgage Corp. Pool #3887	Mortgage-backed security bearing interest of 4.0% at December 31, 2024, maturing July 15, 2026; original par value \$5,000,000	55,735	55,344
	Treasury Bills Accrued Interest	Original par value \$87,249.07	87,249	87,249
	U.S. Treasury Bill #912797MY0	Treasury bill bearing interest of 4.41% at December 31, 2024, maturing January 21, 2025; original par value \$4,011,000	3,983,485	3,983,485
	U.S. Treasury Bill #912797MZ7	Treasury bill bearing interest of 4.16% at December 31, 2024, at December 31, 2024, maturing January 28, 2025; original par value \$1,000,000	996,764	996,764

**International Bancshares Corporation Employees' Profit Sharing Plan and Trust**  
**EIN 74-2157138 PN 001**  
**Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Modified Cash Basis**  
**December 31, 2024** **(Continued)**

<b>(a)</b>	<b>(b)</b> <b>Identity of Issue</b>	<b>(c)</b> <b>Description of Investment</b>	<b>(d)</b> <b>Cost</b>	<b>(e)</b> <b>Current Value</b>
	U.S. Treasury Bill #912797KJ5	Treasury bill bearing interest of 4.17% at December 31, 2024, maturing March 20, 2025; original par value \$5,000,000	\$ 4,947,875	\$ 4,947,875
	U.S. Treasury Bill #912797MU8	Treasury bill bearing interest of 4.17% at December 31, 2024, maturing March 27, 2025; original par value \$30,000,000	29,683,775	29,683,770
	U.S. Treasury Bill #912797MU8	Treasury bill bearing interest of 4.17% at December 31, 2024, maturing March 27, 2025; original par value \$5,000,000	4,946,138	4,946,135
	U.S. Treasury Bill #912797NV5	Treasury bill bearing interest of 4.1% at December 31, 2024, maturing June 20, 2025; original par value \$11,000,000	10,770,742	10,770,738
	U.S. Treasury Bill #912797NW3	Treasury bill bearing interest of 4.12% at December 31, 2024, maturing June 26, 2025; original par value \$31,000,000	<u>30,354,304</u>	<u>30,354,301</u>
	<b>Total U.S. Government and Agency Securities</b>		<u>85,925,128</u>	<u>85,927,233</u>
	<b>Common Stocks</b>			
*	International Bancshares Corporation	146,797 shares	286,116	9,271,699
	Microsoft	6,000 shares	2,429,353	2,529,000
	NVIDIA Corporation	17,000 shares	<u>2,008,689</u>	<u>2,282,930</u>
	<b>Total Common Stocks</b>		<u>4,724,158</u>	<u>14,083,629</u>

**International Bancshares Corporation Employees' Profit Sharing Plan and Trust**  
**EIN 74-2157138 PN 001**  
**Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Modified Cash Basis**  
**December 31, 2024** **(Continued)**

<u>(a)</u>	<u>(b)</u> <u>Identity of Issue</u>	<u>(c)</u> <u>Description of Investment</u>	<u>(d)</u> <u>Cost</u>	<u>(e)</u> <u>Current Value</u>
	<b>Corporate Bonds</b>			
	Wells Fargo & Co. New Jr Sub Debt	Corporate Bond Bearing variable interest of 5.917% at December 31, 2024, Maturing April 15, 2027; Current par value \$3,000,000	\$ 2,755,096	\$ 2,965,470
	State Street Cap Trust IV	Corporate Bond Bearing variable interest of 5.62% at December 31, 2024, Maturing June 15, 2047; Current par value \$2,900,000	<u>2,610,000</u>	<u>2,675,772</u>
	<b>Total Corporate Bonds</b>		<u>5,365,096</u>	<u>5,641,242</u>
	<b>Certificates of Deposit</b>			
*	International Bank of Commerce	Certificates of Deposit Bearing interest at 3.25% at December 31, 2024, Maturing April 1, 2025		
		IBC CD #632296440	982,976	982,976
		IBC CD #635876440	<u>845,262</u>	<u>845,262</u>
	<b>Total Certificates of Deposit</b>		<u>1,828,238</u>	<u>1,828,238</u>
	<b>Total</b>		<u>\$ 98,372,967</u>	<u>\$ 108,010,689</u>

\* Party in interest

International Bancshares Corporation Employees' Profit Sharing Plan and Trust  
 EIN 74-2157138 PN 001  
 Schedule H, Line 4j – Schedule of Reportable Transactions – Modified Cash Basis  
 Year Ended December 31, 2024

Description of Asset	Purchase Price	Selling Price	Expense Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
<b>Individual Transactions in Excess of 5%</b>						
Treasury Bill #912797NW3	\$ 30,354,304	\$ -	\$ -	\$ 30,354,304	**	\$ -
Treasury Bill #912797ZV4	30,205,418	-	-	30,205,418	**	-
Treasury Bill #912797MU8	29,683,775	-	-	29,683,775	**	-
Treasury Bill #912796ZV4	29,663,300	-	-	29,663,300	**	-
Treasury Bill #912797KM8	29,607,183	-	-	29,607,183	**	-
Treasury Bill #912796Y45	13,858,989	-	-	13,858,989	**	-
Treasury Bill #912797LQ8	10,872,651	-	-	10,872,651	**	-
Treasury Bill #912797NV5	10,770,742	-	-	10,770,742	**	-
Treasury Bill #912797KL0	10,362,514	-	-	10,362,514	**	-
Treasury Bill #912796Y45	6,908,520	-	-	6,908,520	**	-
<b>Series of Transactions in Excess of 5%</b>						
Treasury Bill #912796Y45	\$ 20,767,509	\$ -	\$ -	\$ 20,767,509	**	\$ -
Treasury Bill #912797MU8	34,629,913	-	-	34,629,913	**	-

\* Party in interest

\*\*The current value was the same as the respective purchase or selling price on the date purchased or sold.

**International Bancshares Corporation Employees' Profit Sharing Plan and Trust**  
**EIN 74-2157138 PN 001**  
**Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Modified Cash Basis**  
**December 31, 2024**

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
<b>Cash and Cash Equivalents</b>				
*	International Bank of Commerce	Savings account bearing interest of 0.85% at December 31, 2024	\$ 328,665	\$ 328,665
*	International Bank of Commerce	Money market account bearing interest of 1.00% at December 31, 2024	39,633	39,633
*	International Bank of Commerce	Money market account bearing interest of 1.50% at December 31, 2024	64,167	64,167
*	International Bank of Commerce	Money market account bearing interest of 1.50% at December 31, 2024	87,697	87,697
	LPL Financial	Insured Cash Account interest of 1.00% at December 31, 2024	10,185	10,185
<b>Total Cash and Cash Equivalents</b>			<b>530,347</b>	<b>530,347</b>
<b>U.S. Government and Agency Securities</b>				
	Federal Home Loan Mortgage Corp. Pool #782851	Mortgage-backed security bearing interest of 6.375% at December 31, 2024, maturing November 1, 2034; original par value \$8,073,886	91,371	93,728
	Federal Home Loan Mortgage Corp. Pool #789668	Mortgage-backed security bearing interest of 7.352% at December 31, 2024, maturing September 1, 2032; original par value \$5,000,000	7,690	7,844
	Federal Home Loan Mortgage Corp. Pool #3887	Mortgage-backed security bearing interest of 4.0% at December 31, 2024, maturing July 15, 2026; original par value \$5,000,000	55,735	55,344
	Treasury Bills Accrued Interest U.S. Treasury Bill #912797MY0	Original par value \$87,249.07 Treasury bill bearing interest of 4.41% at December 31, 2024, maturing January 21, 2025; original par value \$4,011,000	87,249	87,249
	U.S. Treasury Bill #912797M27	Treasury bill bearing interest of 4.16% at December 31, 2024, at December 31, 2024, maturing January 28, 2025; original par value \$1,000,000	3,983,485	3,983,485
			996,764	996,764

**International Bancshares Corporation Employees' Profit Sharing Plan and Trust**  
**EIN 74-2157138 PN 001**  
**Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Modified Cash Basis**  
**December 31, 2024** **(Continued)**

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	U.S. Treasury Bill #912797KJ5	Treasury bill bearing interest of 4.17% at December 31, 2024, maturing March 20, 2025; original par value \$5,000,000	\$ 4,947,875	\$ 4,947,875
	U.S. Treasury Bill #912797MU8	Treasury bill bearing interest of 4.17% at December 31, 2024, maturing March 27, 2025; original par value \$30,000,000	29,683,775	29,683,770
	U.S. Treasury Bill #912797MU8	Treasury bill bearing interest of 4.17% at December 31, 2024, maturing March 27, 2025; original par value \$5,000,000	4,946,138	4,946,135
	U.S. Treasury Bill #912797NV5	Treasury bill bearing interest of 4.1% at December 31, 2024, maturing June 20, 2025; original par value \$11,000,000	10,770,742	10,770,738
	U.S. Treasury Bill #912797NW3	Treasury bill bearing interest of 4.12% at December 31, 2024, maturing June 26, 2025; original par value \$31,000,000	<u>30,354,304</u>	<u>30,354,301</u>
	<b>Total U.S. Government and Agency Securities</b>		<u>85,925,128</u>	<u>85,927,233</u>
	<b>Common Stocks</b>			
*	International Bancshares Corporation	146,797 shares	286,116	9,271,699
	Microsoft	6,000 shares	2,429,353	2,529,000
	NVIDIA Corporation	17,000 shares	<u>2,008,689</u>	<u>2,282,930</u>
	<b>Total Common Stocks</b>		<u>4,724,158</u>	<u>14,083,629</u>

**International Bancshares Corporation Employees' Profit Sharing Plan and Trust**  
**EIN 74-2157138 PN 001**  
**Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Modified Cash Basis**  
**December 31, 2024** **(Continued)**

<b>(a)</b>	<b>(b)</b> <b>Identity of Issue</b>	<b>(c)</b> <b>Description of Investment</b>	<b>(d)</b> <b>Cost</b>	<b>(e)</b> <b>Current Value</b>
	<b>Corporate Bonds</b>			
	Wells Fargo & Co. New Jr Sub Debt	Corporate Bond Bearing variable interest of 5.917% at December 31, 2024, Maturing April 15, 2027; Current par value \$3,000,000	\$ 2,755,096	\$ 2,965,470
	State Street Cap Trust IV	Corporate Bond Bearing variable interest of 5.62% at December 31, 2024, Maturing June 15, 2047; Current par value \$2,900,000	<u>2,610,000</u>	<u>2,675,772</u>
	<b>Total Corporate Bonds</b>		<u>5,365,096</u>	<u>5,641,242</u>
	<b>Certificates of Deposit</b>			
*	International Bank of Commerce	Certificates of Deposit Bearing interest at 3.25% at December 31, 2024, Maturing April 1, 2025 IBC CD #632296440 IBC CD #635876440	982,976 <u>845,262</u>	982,976 <u>845,262</u>
	<b>Total Certificates of Deposit</b>		<u>1,828,238</u>	<u>1,828,238</u>
	<b>Total</b>		<u>\$ 98,372,967</u>	<u>\$ 108,010,689</u>

\* Party in interest

International Bancshares Corporation Employees' Profit Sharing Plan and Trust  
 EIN 74-2157138 PN 001  
 Schedule H, Line 4j – Schedule of Reportable Transactions – Modified Cash Basis  
 Year Ended December 31, 2024

Description of Asset	Purchase Price	Selling Price	Expense Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
<b>Individual Transactions in Excess of 5%</b>						
Treasury Bill #912797NW3	\$ 30,354,304	\$ -	-	\$ 30,354,304	**	\$ -
Treasury Bill #912797ZV4	30,205,418	-	-	30,205,418	**	-
Treasury Bill #912797MU8	29,683,775	-	-	29,683,775	**	-
Treasury Bill #912796ZV4	29,663,300	-	-	29,663,300	**	-
Treasury Bill #912797KM8	29,607,183	-	-	29,607,183	**	-
Treasury Bill #912796Y45	13,858,989	-	-	13,858,989	**	-
Treasury Bill #912797LQ8	10,872,651	-	-	10,872,651	**	-
Treasury Bill #912797NV5	10,770,742	-	-	10,770,742	**	-
Treasury Bill #912797KLO	10,362,514	-	-	10,362,514	**	-
Treasury Bill #912796Y45	6,908,520	-	-	6,908,520	**	-
<b>Series of Transactions in Excess of 5%</b>						
Treasury Bill #912796Y45	\$ 20,767,509	\$ -	\$ -	\$ 20,767,509	**	\$ -
Treasury Bill #912797MU8	34,629,913	-	-	34,629,913	**	-

\* Party in interest

\*\*The current value was the same as the respective purchase or selling price on the date purchased or sold.