

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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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

<p>1a Name of plan <u>FIRST NATIONAL BANK OF OMAHA PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>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) <u>FIRST NATIONAL BANK OF OMAHA</u></p> <p><u>1620 DODGE ST, ONE FIRST NAT'L CENTER OMAHA, NE 68102</u></p>	<p>1c Effective date of plan <u>01/01/1952</u></p> <p>2b Employer Identification Number (EIN) <u>47-0259043</u></p> <p>2c Plan Sponsor's telephone number <u>402-341-0500</u></p> <p>2d Business code (see instructions) <u>522110</u></p>

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.	10/14/2025	SARAH LABEDZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	SARAH LABEDZ
	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	3513
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)	809
	6a(2)	759
	6b	1393
	6c	1230
	6d	3382
	6e	105
	6f	3487
	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 3H

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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 <u>FIRST NATIONAL BANK OF OMAHA PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>FIRST NATIONAL BANK OF OMAHA</u>	D Employer Identification Number (EIN) <u>47-0259043</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>293814125</u>
	b Actuarial value	2b	<u>293814125</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>1417</u>	<u>167257085</u>
	b For terminated vested participants	<u>1287</u>	<u>75462135</u>
	c For active participants	<u>809</u>	<u>54460344</u>
	d Total	<u>3513</u>	<u>297179564</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	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	<u>5.18 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>1583231</u>
	b Expected plan-related expenses	6b	<u>1350000</u>
	c Target normal cost	6c	<u>2933231</u>

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	<u>09/04/2025</u>	Date
	<u>CHRISTOPHER BIRCH</u>	<u>23-07123</u>	Most recent enrollment number
	<u>AON CONSULTING, INC.</u>	<u>312-381-7208</u>	Telephone number (including area code)
	<u>MSC#17755 AON PO BOX 551343 ATLANTA, GA 30355</u>		
	Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	18594326
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	7576356
9	Amount remaining (line 7 minus line 8)	0	11017970
10	Interest on line 9 using prior year's actual return of <u>12.66</u> %	0	1394875
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	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>5.27</u> %		0
	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		0
	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)	0	12412845

Part III Funding Percentages			
14	Funding target attainment percentage	14	94.57 %
15	Adjusted funding target attainment percentage	15	94.57 %
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	87.51 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ▶	18(b)	18(c)
				0	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
0	0	0
		(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 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 2933231
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	16131831		1631472	
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 4564703
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	4564703	4564703	
36 Additional cash requirement (line 34 minus line 35)				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

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

A Name of plan FIRST NATIONAL BANK OF OMAHA PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 FIRST NATIONAL BANK OF OMAHA	D Employer Identification Number (EIN) 47-0259043	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

AON CONSULTING

22-2232264

(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?
17 50 11 28	CONSULTANT	656870	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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: MICHAEL S. EHMKE	b EIN: 47-0813106
c Position: ACTUARY	
d Address: 11516 MIRACLE HILLS DRIVE SUITE 100 OMAHA, NE 68154-8006	e Telephone: 402-964-5400

Explanation: AS A RESULT OF A CHANGE IN ACTUARIAL FIRM, THE ENROLLED ACTUARY HAS CHANGED FROM MICHAEL S. EHMKE TO CHRISTOPHER G. BIRCH

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan FIRST NATIONAL BANK OF OMAHA PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 FIRST NATIONAL BANK OF OMAHA	D Employer Identification Number (EIN) 47-0259043

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	585412 721037
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0 4562874
(2) U.S. Government securities	1c(2)	69828406 70521374
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	13737359 19611084
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	19891529 12521425
(5) Partnership/joint venture interests	1c(5)	16578919 16278290
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	156593129 150945607
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	16603616 6294074

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	293818370	281455765
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	4245	0
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	4245	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	293814125	281455765

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	441385	
(B) U.S. Government securities.....	2b(1)(B)	1012982	
(C) Corporate debt instruments.....	2b(1)(C)	837340	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	298470	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2590177
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	191630	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	5113981	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		5305611
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	68026719	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	63797729	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		4228990
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-14063082	
(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		6194746
c Other income	2c		524351
d Total income. Add all income amounts in column (b) and enter total.....	2d		4780793

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	15428060	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		15428060
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	656870	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	1054223	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1711093
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		17139153

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-12358360
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **DELOITTE & TOUCHE, LLP**

(2) EIN: **13-3891517**

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		15000000
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.)			
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 559011.

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

A Name of plan <u>FIRST NATIONAL BANK OF OMAHA PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FIRST NATIONAL BANK OF OMAHA</u>	D Employer Identification Number (EIN) <u>47-0259043</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

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

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): 27-4157288

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 2

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 33.1 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 57.6 %
 High-Yield Debt: 3.7 % Real Assets: 4.1 % Cash or Cash Equivalents: 1.5 % Other: 0.0 %

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 _____.

First National Bank of Omaha Pension Plan

Employer ID No: 47-0259043
Plan Number: 001

Financial Statements as of and for the
Years Ended December 31, 2024 and 2023,
Supplemental Schedules as of and for the
Year Ended December 31, 2024, and
Independent Auditor's Report

FIRST NATIONAL BANK OF OMAHA PENSION PLAN

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Form 5500, Schedule H, Part IV, Line 4(i) — Schedule of Assets (Held at End of Year) as of December 31, 2024	17-23
Form 5500, Schedule H, Part IV, Line 4(j) — Schedule of Reportable Transactions for the Year Ended December 31, 2024	24
NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	

INDEPENDENT AUDITOR'S REPORT

To the Employee Benefits Committee
First National Bank of Omaha Pension Plan

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

We have performed audits of the financial statements of First National Bank of Omaha 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 as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 7 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our 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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are 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 accounting principles generally accepted in the United States of America.

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

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

Other Matter — Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024, and schedule of reportable transactions for the year ended 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 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 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 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 schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Deloitte Touche LLP

October 14, 2025

FIRST NATIONAL BANK OF OMAHA PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AS OF DECEMBER 31, 2024 AND 2023

	2024	2023
ASSETS:		
Investments — at fair value	\$ 280,734,728	\$ 293,232,958
Accrued investment income	<u>721,037</u>	<u>585,412</u>
Total assets	<u>281,455,765</u>	<u>293,818,370</u>
LIABILITIES — Payables for securities purchased	<u>-</u>	<u>4,245</u>
Total liabilities	<u>-</u>	<u>4,245</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 281,455,765</u>	<u>\$ 293,814,125</u>

See notes to financial statements.

FIRST NATIONAL BANK OF OMAHA PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
ADDITIONS:		
Investment income:		
Dividends and interest	\$ 7,895,788	\$ 7,821,494
Net appreciation (depreciation) in fair value of investments	<u>(3,639,346)</u>	<u>26,471,197</u>
Net investment income	4,256,442	34,292,691
Other income	<u>524,351</u>	<u>40,307</u>
Total additions	<u>4,780,793</u>	<u>34,332,998</u>
DEDUCTIONS:		
Benefits paid directly to participants	(15,428,060)	(14,872,895)
Administrative expenses	<u>(1,711,093)</u>	<u>(3,326,902)</u>
Total deductions	<u>(17,139,153)</u>	<u>(18,199,797)</u>
INCREASE (DECREASE) IN NET ASSETS	(12,358,360)	16,133,201
NET ASSETS AVAILABLE FOR BENEFITS —		
Beginning of year	<u>293,814,125</u>	<u>277,680,924</u>
NET ASSETS AVAILABLE FOR BENEFITS —		
End of year	<u>\$ 281,455,765</u>	<u>\$ 293,814,125</u>

See notes to financial statements.

FIRST NATIONAL BANK OF OMAHA PENSION PLAN

NOTES TO FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

1. DESCRIPTION OF THE PLAN

The following is a brief description of the First National Bank of Omaha Pension Plan (the “Plan”). Plan participants should refer to the Plan document for a more detailed description of the Plan provisions.

General — The Plan is a noncontributory defined benefit retirement plan established for the employees of certain subsidiaries of First National of Nebraska, Inc. (the “Employer”). First National Bank of Omaha (FNBO) serves as trustee of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Employer contributes necessary amounts as determined by an actuary to provide the Plan with sufficient assets to meet the benefits to be paid to Plan participants. For the years ended December 31, 2024 and 2023, no contributions were required to meet the minimum funding requirements of ERISA.

Effective December 30, 2014, the Fremont National Bank and Trust Company Pension Plan (“Fremont Plan”) was merged into the Plan. All assets and liabilities of the Fremont Plan were transferred into the Plan and were considered to be de minimis under the Internal Revenue Code.

Eligibility — Effective December 31, 2007, the Plan was frozen (“freeze date”). Effective on the freeze date, no new employees are eligible to participate in the Plan. All full-time employees who had attained age 21 and who had completed one year of service as of the freeze date are covered under the Plan.

Former Fremont Plan participants became participants in this Plan effective December 30, 2014. In addition, the Fremont Plan was also frozen effective December 31, 2007 to not allow any new employees to participate in the Fremont Plan.

Pension Benefits — As of the freeze date, participants no longer accrue benefits for service. Only years of service and compensation earned prior to December 31, 2007, will be included in the retirement benefit. Employees with at least 5 years of service and whose age plus years of service equaled at least 50 as of the freeze date are eligible for a supplemental benefit where their final average earnings will be determined based on compensation when their employment ends with the Employer.

Normal retirement is at age 65 with 5 years of participation. Early retirement is at age 55 with 10 years of service. Late retirement is available for employees over 65 who have 5 years of participation. Pre-retirement protection exists for vested employees who are married and die before their benefits commence.

Active employees who become totally disabled receive the normal retirement benefits based on the compensation during the last plan year prior to disability.

Employees with 5 or more years of vesting service are generally entitled to monthly pension benefits beginning at normal retirement equal to the greater of the sum of (1), (2) and (3) or (4) below:

- (1) 1.25% of average monthly compensation multiplied by the years of credited service prior to January 1, 2005, not exceeding 40 years of combined service and increased by 4.25% for each year of service in excess of 40 years plus

- (2) 1% of average monthly compensation multiplied by the years of credited service after December 31, 2004, not exceeding 40 years of combined service and 4.25% for each year of service in excess of 40 years plus
- (3) 0.42% of average monthly compensation in excess of one-twelfth of the taxable wage base, multiplied by all years of credited service (not exceeding 35 years of service), or
- (4) \$2.00 per month for each year of credited service.

The automatic cashout threshold for the Plan is \$7,000.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting — The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates — The preparation of the financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Risks and Uncertainties — The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

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

Investment Valuation and Income Recognition — Under the terms of a trust agreement between FNBO (the “Trustee”) and the Plan, the Trustee manages the funds on behalf of the Plan. The Trustee has been granted discretionary authority concerning purchases and sales of investments in the trust. The investments and changes therein have been reported to the Plan by the Trustee as having been determined using fair values for all assets in the trust.

Fair value of a financial instrument 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 values were determined using quoted market prices or market prices for similar assets as reported by the Trustee.

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.

Payment of Benefits — Benefit payments to participants are recorded upon distribution.

Administrative Expenses — Administrative expenses are paid by the Employer except for Pension Benefit Guaranty Corporation (PBGC) premiums and allowable administrative expenses, which are paid from Plan assets.

Subsequent Events — Subsequent events were evaluated through October 14, 2025, the date the financial statements were available to be issued. The Plan has determined that there are no material events that require adjustments to or disclosure in these financial statements.

3. 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 service rendered by employees as of the valuation date. 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 and their beneficiaries. 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.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the 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, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The effect of plan amendments on accumulated plan benefits are recognized during the year in which such amendments are adopted. There were no amendments effective January 1, 2024 recognized in the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits presented in the accompanying financial statements are presented using the beginning of year benefit information date. The actuarial present value of accumulated plan benefits below is measured as of January 1, 2024. Had the valuations been performed as of December 31, 2023, there would be no material differences.

	2024
Actuarial present value of accumulated benefits:	
Vested benefits:	
For retired and terminated employees receiving benefits	\$ 168,719,958
For active and terminated employees not yet in pay status	<u>135,875,902</u>
Total vested benefits	304,595,860
Non-vested benefits	<u>246,463</u>
Total actuarial present value of accumulated benefits	<u>\$ 304,842,323</u>

4. PLAN TERMINATION

Although it has not expressed any intent to do so, the Employer has the right under the Plan, in certain circumstances, to terminate the Plan at any time subject to the provisions of ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and in the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (“PBGC”) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor’s pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amounts of benefit protection are subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan’s termination, subject to a statutory ceiling on the amount of an individual’s monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan’s net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

5. FAIR VALUE MEASUREMENTS

Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value, as follows: Level 1, which refers to securities valued using unadjusted quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

Asset Valuation Techniques — Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. Money market funds, U.S. government securities and agency obligations, mutual funds, liquid alternatives, and common stock, except other financial instruments that are not actively traded, are categorized as Level 1 based on quoted prices in active markets. Municipal obligations, asset-backed securities, corporate bonds, and preferred stocks are categorized as Level 2 based on market prices for similar assets or market prices in an inactive market. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Money Market Funds – The shares of money market funds are actively traded in a public exchange and the quoted prices at which these securities trade in the exchange are readily available. These quoted prices are used to determine the fair values of money market funds at year-end. These investments are classified as Level 1.

U.S. Government Securities and Agencies – Valued at the closing price reported in the active market in which the individual security is traded.

Municipal Obligations – Valued by maximizing the use of relevant observable inputs, including quoted prices for similar securities, benchmark curves and market-corroborated inputs.

Asset-Backed Securities – Valued by maximizing the use of relevant observable inputs, including quoted prices for similar securities, benchmark curves and market-corroborated inputs.

Corporate Bonds – Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote, if available.

Liquid Alternatives – Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual Funds – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Preferred Stocks – Valued using a bid evaluation process with bid data provided by independent pricing sources.

Common Stocks – Valued at the closing price reported on the active market on which the individual securities are traded.

Limited Partnerships – The net asset value of these investments, as provided by the general partner, is used as a practical expedient to estimate fair value. The fair value of these investments is estimated based on the net asset value derived from the latest audited financial statements or most recent capital account statements provided by the funds' investment manager, or third-party service providers, as a practical expedient. This practical expedient is not used when it is determined to be probable that the partnership will sell the investment for an amount different than the reported net asset value. Were the Plan to initiate a full redemption, the general partner reserves the right to temporarily delay withdrawal from the partnership in order to confirm that securities liquidations will be carried out in an orderly business manner.

The following tables set forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value on a recurring basis at December 31, 2024 and 2023.

	Fair Value Measurements at December 31, 2024, Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Money market funds	\$ 4,562,874	\$ -	\$ -	\$ 4,562,874
U.S. government securities and agencies	70,521,374	-	-	70,521,374
Municipal obligations	-	180,774	-	180,774
Asset-backed securities	-	6,113,300	-	6,113,300
Corporate bonds	-	19,611,084	-	19,611,084
Liquid alternatives	11,002,271	-	-	11,002,271
Mutual funds	139,943,336	-	-	139,943,336
Common stocks	<u>12,521,425</u>	<u>-</u>	<u>-</u>	<u>12,521,425</u>
Total	<u>\$ 238,551,280</u>	<u>\$ 25,905,158</u>	<u>\$ -</u>	<u>\$ 264,456,438</u>
Investments measured at NAV:				
Limited partnerships				<u>16,278,290</u>
Total investments				<u>\$ 280,734,728</u>

	Fair Value Measurements at December 31, 2023, Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Money market funds	\$ 7,586,868	\$ -	\$ -	\$ 7,586,868
U.S. government securities and agencies	69,828,406	-	-	69,828,406
Municipal obligations	-	448,309	-	448,309
Asset-backed securities	-	16,155,307	-	16,155,307
Corporate bonds	-	13,737,359	-	13,737,359
Liquid alternatives	5,791,790	-	-	5,791,790
Mutual funds	143,214,470	-	-	143,214,470
Common stocks	<u>19,891,529</u>	<u>-</u>	<u>-</u>	<u>19,891,529</u>
Total	<u>\$ 246,313,064</u>	<u>\$ 30,340,975</u>	<u>\$ -</u>	<u>\$ 276,654,039</u>
Investments measured at NAV:				
Limited partnerships				<u>16,578,919</u>
Total investments				<u>\$ 293,232,958</u>

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. There were no transfers for the years ended December 31, 2024 and 2023.

Net Asset Value (“NAV”) Per Share – The following table summarizes investments for which fair value is measured at NAV. There are no participant redemption restrictions for these investments and the redemption notice period is applicable only to the plan.

Fair Value Estimated Using Net Asset Value per Share December 31, 2024				
Investment	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Limited partnerships	\$ 16,278,290	n/a	Daily	None
Total	<u>\$ 16,278,290</u>			

Fair Value Estimated Using Net Asset Value per Share December 31, 2023				
Investment	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Limited partnerships	\$ 16,578,919	n/a	Daily	None
Total	<u>\$ 16,578,919</u>			

The limited partnerships are intended to generate income and diversify the Plan from publicly traded stocks and bond markets. They focus on investment grade debt and high-quality real estate equity backed by associated properties. Both funds allow redemptions with limits on liquidity.

6. FEDERAL INCOME TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Employer by a letter dated February 10, 2016 that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. Each year, the IRS publishes a Required Amendments List for individually designed plans, which specifies changes in qualification requirements. The list requires plans to be amended for each change, as applicable, to retain its tax-exempt status. Management believes the Plan and related trust are currently designed, have been amended, and are being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan’s financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

7. CERTIFIED INVESTMENT INFORMATION

The following is a summary of the certified financial information regarding the Plan as of and for the years ended December 31, 2024 and 2023, included in the Plan's financial statements and supplemental schedules, that was prepared by or derived from information prepared by the Trustee of the Plan, and furnished to the Plan administrator. The Plan administrator has obtained certifications from the Trustee that such information is complete and accurate.

	2024	2023
Investments — at fair value	<u>\$ 280,734,728</u>	<u>\$ 293,232,958</u>
Accrued investment income	<u>\$ 721,037</u>	<u>\$ 585,412</u>
Dividends and interest	<u>\$ 7,895,788</u>	<u>\$ 7,821,494</u>
Net appreciation (depreciation) in fair value of investments	<u>\$ (3,639,346)</u>	<u>\$ 26,471,197</u>

Additionally, all investment balances and investment information included in the supplemental schedules and Note 5, excluding the classification of investments into levels within the fair value hierarchy and the unfunded commitment and redemption frequency, other redemption restrictions and redemption notice period for investments recorded at NAV per share, have been certified by the Trustee.

* * * * *

SUPPLEMENTAL SCHEDULES

FIRST NATIONAL BANK OF OMAHA PENSION PLAN

EIN: 47-0259043 Plan Number: 001

FORM 5500, SCHEDULE H, PART IV, LINE 4(i) — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024

(a) (b) Identity of Issue or Borrower, Lessor or Similar Party	(c) Description of Investment, Including Collateral, Rate of Interest, Maturity Date, Par or Maturity Value			(d) Cost	(e) Current Value
	Rate	Maturity Date	Par Value/ Number of Shares		
MONEY MARKET FUNDS:					
GOLDMAN SACHS FINANCIAL SQUARE #465 FUND				\$ 4,562,874	\$ 4,562,874
Total money market funds				\$ 4,562,874	\$ 4,562,874
U.S. GOVERNMENT SECURITIES AND AGENCIES:					
UNITED STATES TREAS BD STRIPP PRIN	0.000%	8/15/2052	16,050,000	4,511,187	4,317,290
UNITED STATES TREAS BD STRIPP	0.000%	2/15/2052	13,500,000	4,007,175	3,684,555
UNITED STATES TREAS BD STRIPP	0.000%	5/15/2052	17,750,000	5,044,668	4,816,818
UNITED STATES TREAS BD STRIPP	0.000%	11/15/2051	10,000,000	3,109,028	2,750,800
UNITED STATES TREAS BD STRIPP	2.000%	2/15/2050	11,260,000	8,158,477	6,541,497
US TREASURY BOND	2.250%	2/15/2052	10,275,000	6,944,547	6,231,993
US TREASURY BOND	2.750%	11/15/2047	4,375,000	3,249,643	3,071,338
US TREASURY BOND	3.625%	8/15/2043	6,830,000	6,640,539	5,787,742
US TREASURY BOND	3.625%	5/15/2053	7,925,000	7,117,592	6,444,769
U S TREAS BD STRIPPED PRIN PMT	0.000%	8/15/2045	12,500,000	4,623,025	4,598,375
U S TREAS SEC STRIPPED INT PMT INT	0.000%	8/15/2044	11,700,000	4,839,007	4,342,455
U S TREAS SEC STRIPPED INT PMT TINT	0.000%	5/15/2050	15,000,000	4,556,430	4,243,200
U S TREAS SEC STRIPPED INT PMT TINT	0.000%	11/15/2048	14,600,000	4,498,442	4,413,434
U S TREAS SEC STRIPPED INT PMT	0.000%	5/15/2047	13,000,000	4,340,740	4,227,860
UNITED STATES TREAS BD STRIPP	0.000%	2/15/2053	19,000,000	5,368,122	5,049,250
Total U.S. government securities and agencies				\$77,008,620	\$70,521,374
MUNICIPAL OBLIGATIONS:					
LINCOLN NEB ELEC SYS REV TAXABLE REF	1.749%	9/1/2032	90,000	90,000	71,898
LINCOLN NEB WEST HAYMARKET JT	6.000%	12/15/2039	15,000	18,937	15,569
NEW YORK N Y CITY MUN WTR FIN WTR	5.724%	6/15/2042	95,000	122,067	93,307
Total municipal obligations				\$ 231,004	\$ 180,774
ASSET-BACKED SECURITIES:					
AMORTIZING RES COLL TR SER 2004 1 CL	5.452%	10/25/2034	7,947	\$ 7,674	\$ 7,864
BAMLL COM MTG SEC TR SER 2013 WBRK	3.534%	3/12/2037	350,000	373,188	343,000
BRAVO RES FDG TR SER 2021 HE1 CL A 1	5.484%	1/27/2070	14,619	14,619	14,577
BRAVO RESI FDG TR SER 2020 RPL1 CL A	2.500%	5/25/2059	3,721	3,997	3,623
BRAVO RESIDENTIAL FDG TR 2021-HE2	5.484%	11/25/2069	74,155	74,155	73,913
BREAN ASSET BACKED SECS TR 2021-RM1	1.400%	10/25/2063	185,904	175,432	168,170
BX TR SER 2021 MFM1 CL A	5.249%	1/17/2034	11,430	11,430	11,423
BX TRUST SER 2021 ACNT CL A	5.346%	11/15/2038	47,622	47,504	47,577

(Continued)

FIRST NATIONAL BANK OF OMAHA PENSION PLAN

EIN: 47-0259043 Plan Number: 001

FORM 5500, SCHEDULE H, PART IV, LINE 4(i) — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024

(a) (b) Identity of Issue or Borrower, Lessor or Similar Party	(c) Description of Investment, Including Collateral, Rate of Interest, Maturity Date, Par or Maturity Value			(d) Cost	(e) Current Value
	Rate	Maturity Date	Par Value/ Number of Shares		
ASSET-BACKED SECURITIES (Continued):					
BXHPP SER 2021 FILM CL A	5.200%	8/15/2036	90,000	\$ 90,000	\$ 87,161
CARS DB SER 2021 1 CL A 1	1.440%	8/15/2051	125,106	125,051	117,838
CF 2019-CF1 MTG TR MTG PASS THRU	3.623%	5/15/2052	280,516	288,931	264,316
CF HIPPOLYTA ISSUER LLC 2021-1 NET	1.530%	3/15/2061	259,173	258,412	245,710
CF HIPPOLYTA ISSUER LLC NET LEASE	1.690%	7/15/2060	139,415	139,646	136,217
CITIGROUP MTG LN TR 2019-RP1 MTG	3.500%	1/25/2066	92,886	94,025	89,959
CITIGROUP MTG LN TR SER 2014 A	4.000%	1/25/2035	47,740	49,312	45,755
CITIGROUP MTG LN TR SER 2015 RP2 CL	4.250%	1/25/2053	22,394	25,247	21,292
COMMONBOND ST LN TR SER 2017 A GS CL	2.550%	5/25/2041	19,426	20,692	18,131
COMMONBOND STD LN TR SER 2021 B GS	1.170%	9/25/2051	89,398	89,378	73,844
CSMC TRUST SER 2013 6 CL 1 A 1	2.499%	7/25/2028	9,405	9,744	9,002
CSMC TRUST SER 2017 FHA1 CL A 1	3.250%	4/25/2047	232,116	245,680	207,465
CSMLT TRUST SER 2015 3 CL 2 A 7	2.969%	10/25/2030	46,329	46,602	43,903
EDVESTINU PVT ED LN SER 2021 A CL A	1.800%	11/27/2045	110,142	110,021	100,391
ELFI GRADUATE LN PROGRAM 2020-A LLC	1.730%	8/25/2045	12,221	12,217	10,762
EVERBANK MTG LN TR SER 2013 1 CL A 2	2.499%	3/25/2043	52,859	51,273	47,121
FEDERAL HOME LN MTG CORP MULTICLASS	3.500%	10/25/2046	14,341	15,134	12,822
FEDERAL HOME LN MTG CORP MULTICLASS	3.000%	8/25/2056	162,713	166,908	150,351
FEDERAL HOME LN MTG CORP MULTICLASS	4.500%	7/15/2041	30,440	32,418	29,835
FEDERAL HOME LN MTG CORP MULTICLASS	3.500%	6/15/2043	1,708	1,798	1,704
FEDERAL HOME LN MTG CORP MULTICLASS	3.750%	12/15/2054	11,710	12,324	11,530
FEDERAL HOME LN MTG CORP MULTICLASS	2.108%	12/15/2025	30,000	30,000	29,410
FEDERAL HOME LN MTG CORP PARTN CTF	2.500%	12/1/2051	281,171	267,826	232,202
FEDERAL HOME LN MTG CORP PARTN CTF	4.000%	12/1/2045	56,402	60,210	52,609
FEDERAL NATL MTG ASSN GTD PASSTHRU	5.800%	12/1/2033	23,503	26,474	23,428
FEDERAL NATL MTG ASSN GTD PASSTHRU	4.500%	12/1/2040	9,233	10,069	8,952
FEDERAL NATL MTG ASSN GTD PASSTHRU	3.000%	7/1/2043	28,458	29,701	25,107
FEDERAL NATL MTG ASSN GTD PASSTHRU	3.409%	2/1/2027	28,657	29,750	27,700
FEDERAL NATL MTG ASSN GTD PASSTHRU	4.000%	10/1/2043	21,471	23,088	20,151
FEDERAL NATL MTG ASSN GTD PASSTHRU	3.500%	6/1/2045	23,163	24,332	21,713
FEDERAL NATL MTG ASSN GTD PASSTHRU	3.500%	11/1/2047	160,283	158,104	144,145
FEDERAL NATL MTG ASSN GTD PASSTHRU	3.000%	1/1/2052	884,205	817,423	753,688
FHLMCT SLSTT SERIES SER 2019 3 CL A	2.750%	10/25/2059	96,661	98,957	89,719
FHLMCT SLSTT SERIES SER 2020 2 CL A	2.000%	9/27/2060	142,940	148,663	129,041
FREDDIE MAC SEASONED CR RISK	4.500%	6/25/2057	122,490	130,691	116,808
FREDDIE MAC SEASONED LNS STRUCTURED	2.000%	7/25/2030	173,304	179,911	156,696
GOVERNMENT NATL MTG ASSN GTD REMIC	2.850%	4/16/2050	121,349	122,716	116,692
GOVERNMENT NATL MTG ASSN GTD REMIC	3.500%	1/20/2069	102,015	103,843	97,998
IOWA STUDENT LN LIQUIDITY CORP VAR	5.122%	8/25/2070	28,274	28,274	28,274
JPMBB COML MTG SEC TR SER 2016 C1 CL	3.315%	3/17/2049	9,113	9,688	9,037
KNDR TRUST SER 2021 KIND CL A	5.496%	8/16/2038	99,172	99,172	98,200
MFA SER 2020 NQM1 CL A 2	1.786%	3/25/2065	50,710	50,781	48,107
MFA SER 2021 INV1 CL A 1	1.100%	1/25/2056	35,365	35,879	33,910
MFA TRUST SER 2022 INV1 CL A 1	3.907%	3/25/2067	148,223	146,792	143,017
NAVIENT PRIV ED LN TR SER 2014 A CL	6.096%	10/15/2031	63,772	64,489	63,872
NAVIENT PRIVATE ED LN SER 2021 F CL	1.110%	2/18/2070	94,767	94,749	82,748
NAVIENT PRIVATE ED LO SER 2021 E CL	0.970%	12/16/2069	50,263	50,252	44,263
NELNET STUDENT LN TR 2021-A	1.360%	4/20/2062	108,755	108,736	100,616
NELNET STUDENT LOAN TRUST	1.630%	4/20/2062	81,677	81,671	75,889
NEW RESI MTG LN TR SER 2015 1	3.750%	5/28/2052	19,508	20,032	18,467
NEW RESI MTG LN TR SER 2015 2	3.750%	8/25/2055	52,006	53,183	49,380
NEW RESIDENTIAL MTG LN TR 2014-3	3.750%	11/25/2054	48,620	49,926	45,933
NEW RESIDENTIAL MTG LN TR 2018-1	4.000%	12/25/2057	59,950	61,745	57,293
NEW RESIDENTIAL MTG LN TR 2020-1	3.500%	10/25/2059	51,667	53,138	48,152
NORTH TEXAS HI ED AUTH SER 2021 1 CL	5.022%	9/26/2061	41,027	41,027	40,701

(Continued)

FIRST NATIONAL BANK OF OMAHA PENSION PLAN

EIN: 47-0259043 Plan Number: 001

FORM 5500, SCHEDULE H, PART IV, LINE 4(i) — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024

(a) (b) Identity of Issue or Borrower, Lessor or Similar Party	(c) Description of Investment, Including Collateral, Rate of Interest, Maturity Date, Par or Maturity Value			(d) Cost	(e) Current Value
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ASSET-BACKED SECURITIES (Continued):					
OCEANVIEW MORTGAE LN TR SER 2020 1	1.732%	5/28/2050	9,289	\$ 9,314	\$ 8,643
RMF BUYOUT ISSUANCE TR 2021-HB1	1.259%	11/25/2031	12,928	12,928	12,863
SABEY DATA CENTER ISSUER LLC 20211	1.881%	6/20/2046	145,000	145,000	137,739
SEQUOIA MTG TR 2015-4 MTG PASSTHRU	3.000%	11/25/2030	57,987	59,084	56,055
SOFI PRFSNL PRG SER 2021 B CL A FX	1.140%	2/15/2047	27,085	27,082	23,313
SOFI PRFSNL LN PRGRM SER 2018 C CL	3.590%	1/25/2048	6,576	6,926	6,475
SOFI PROFESSIONAL LN PROGRAM 2021-A	1.030%	8/17/2043	37,908	37,899	32,709
SUTHERLAND COML MTG TR 2021-SBC10	1.550%	12/25/2041	99,371	100,499	90,606
TOWD PT MTG TR 2021-1 NT CL A1 144A	2.250%	11/25/2061	49,022	51,023	45,099
TOWD PT MTG TR SER 2017 1 CL M1	3.750%	10/25/2056	35,000	36,619	34,081
TOWD PT MTG TR SER 2018 5 CL A1	3.250%	7/25/2058	157,784	162,879	149,909
TOWD PT MTG TR SER 2018 5	3.250%	7/25/2058	6,464	6,614	6,356
VASA TRUST SER 2021 VASA CL A	5.443%	7/15/2039	50,000	50,000	47,553
VELOCITY COML CAP LN TR 2021-1	1.400%	5/25/2051	38,371	38,603	32,727
Total asset-backed securities				\$ 6,648,575	\$ 6,113,300
CORPORATE BONDS:					
ADVANCED MICRO DEVICES INC SR GLBL	4.393%	6/1/2052	250,000	\$ 221,133	\$ 208,910
ALBEMARLE CORP SR GLBL NT	5.050%	6/1/2032	110,000	103,691	104,693
ALBEMARLE CORP SR GLBL NT	5.450%	12/1/2044	230,000	243,768	205,264
ALPHABET INC SR NT	2.250%	8/15/2060	390,000	338,429	211,244
AMAZON COM INC SR GLBL NT	3.950%	4/13/2052	450,000	376,860	354,839
AMERICAN WTR CAP CORP SR GLBL NT	5.450%	3/1/2054	550,000	545,060	525,938
AT&T INC SR GLBL NT	4.650%	6/1/2044	300,000	266,631	254,688
AT&T INC SR NT	4.300%	12/15/2042	355,000	322,817	295,364
BANK AMER CORP FR	4.083%	3/20/2051	665,000	569,443	520,582
BOEING CO CR SEN SR GLBL	6.858%	5/1/2054	100,000	108,607	106,285
BURLINGTON NORTHN SANTA FE CP SR	4.550%	9/1/2044	630,000	626,481	549,051
CAMPBELL SOUP CO SR NT	4.800%	3/15/2048	610,000	535,492	525,655
CHUBB CORP BDS	6.800%	11/15/2031	253,000	335,026	276,769
CHUBB INA HLDGS INC SR GLBL NT	4.350%	11/3/2045	300,000	281,131	255,558
CISCO SYS INC SR GLBL	5.300%	2/26/2054	500,000	508,960	486,005
CITIGROUP INC SR GLBL NT	4.650%	7/23/2048	550,000	500,392	470,613
CME GROUP INC SR GLBL NT	4.150%	6/15/2048	600,000	531,271	495,084
COMCAST CORP NEW SR GLBL	2.800%	1/15/2051	650,000	425,504	386,328
COMCAST CORP NEW	4.600%	10/15/2038	145,000	133,280	131,287
CONOCOPHILLIPS SR GLBL	4.300%	11/15/2044	620,000	526,957	518,450
DISNEY WALT CO FR	4.125%	6/1/2044	200,000	168,845	164,442
DISNEY WALT CO MTNS SR NT	4.125%	12/1/2041	470,000	486,102	393,559
DOLLAR GEN CORP SR GLBL NT	4.125%	4/3/2050	700,000	556,658	514,668
DUKE ENERGY CAROLINAS LLC 1M GLBL BD	5.350%	1/15/2053	555,000	542,804	527,972
ENERGY TRANSFER L P SR GLBL	5.300%	4/15/2047	575,000	518,490	508,501
FLORIDA PWR & LT CO 1M GLBL	5.300%	4/1/2053	545,000	549,022	519,156
GOLDMAN SACHS GROUP INC SR GLBL NT	4.750%	10/21/2045	580,000	538,220	513,248
HEWLETT PACKARD ENTERPRISE CO SR NT	5.000%	10/15/2034	175,000	171,656	168,205
INTEL CORP SR NT	4.250%	12/15/2042	520,000	439,397	395,002
JP MORGAN CHASE BANK NA SR NT	3.109%	4/22/2051	790,000	546,209	522,877
KROGER CO SR GLBL NT	5.000%	9/15/2034	425,000	421,892	411,617
MCDONALDS CORP MED TERM NT FR	3.625%	9/1/2049	730,000	703,328	526,250

(Continued)

FIRST NATIONAL BANK OF OMAHA PENSION PLAN

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AS OF DECEMBER 31, 2024

(a) (b) Identity of Issue or Borrower, Lessor or Similar Party	(c) Description of Investment, Including Collateral, Rate of Interest, Maturity Date, Par or Maturity Value			(d) Cost	(e) Current Value
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CORPORATE BONDS (Continued):					
META PLATFORMS INC GLBL NT	4.450%	8/15/2052	615,000	\$ 541,392	\$ 518,316
MIDAMERICAN ENERGY COMPANY 1M GLBL	4.250%	7/15/2049	285,000	239,447	231,004
MORGAN STANLEY FR	2.802%	1/25/2052	830,000	541,722	506,898
MOSAIC CO SR NT	5.625%	11/15/2043	475,000	457,158	449,626
NIKE INC SR GLBL NT	3.875%	11/1/2045	500,000	421,483	394,150
NISOURCE INC SR GLBL NT	5.350%	4/1/2034	500,000	502,765	495,860
NNN REIT INC SR GLBL NT	3.000%	4/15/2052	600,000	388,476	364,170
ORACLE CORP SR NT	3.950%	3/25/2051	700,000	538,651	518,497
PACIFICORP	6.250%	10/15/2037	285,000	357,156	298,951
QUALCOMM INC FR	4.300%	5/20/2047	635,000	645,105	524,605
RTX CORPORATION GLBL NT	4.875%	10/15/2040	365,000	388,320	336,194
RTX CORPORATION SR GLBL NT	5.375%	2/27/2053	200,000	188,776	189,910
TRUIST FINL CORP FR	5.711%	1/24/2035	110,000	113,474	110,842
TTX CO MEDIUM TERM NTS	4.600%	2/1/2049	560,000	528,657	484,747
VERIZON COMMUNICATIONS INC SR GLBL	3.550%	3/22/2051	745,000	594,531	526,454
WALMART INC SR GLBL	4.500%	4/15/2053	600,000	585,872	522,054
WASTE MGMT INC DEL	4.150%	7/15/2049	625,000	543,335	506,213
WELLS FARGO & CO FR	4.611%	4/25/2053	700,000	640,935	584,493
Total corporate bonds				<u>\$21,360,812</u>	<u>\$ 19,611,084</u>
COMMON STOCKS:					
APPLE INC COM			668	\$ 10,525	\$ 167,281
ABBOTT LABORATORIES COM			858	17,032	97,048
AGREE REALTY CORP COM			2,130	134,969	150,059
ADDUS HOMECARE CORP COM			941	81,328	117,954
ADVANCED ENERGY INDS INC COM			856	72,976	98,979
ALAMO GROUP INC COM			545	112,467	101,321
AMBARELLA INC SHS			2,426	149,405	176,467
AMN HEALTHCARE SERVICES INC COM			3,267	185,456	78,147
ATLANTIC UN BANKSHARES CORP COM			5,184	179,841	196,370
AVANOS MED INC COM			4,192	122,944	66,737
BALCHEM CORP COM			1,059	94,019	172,612
BECTON DICKINSON & CO COM			198	13,400	44,920
BENCHMARK ELECTRS INC COM			2,649	60,868	120,265
BLACKBAUD INC COM			2,393	144,031	176,891
BOOT BARN HLDGS INC COM			989	27,249	150,150
BROADRIDGE FINL SOLUTIONS INC COM			649	60,864	146,732
BROWN & BROWN INC COM			786	51,973	80,188
BURLINGTON STORES INC COM			611	102,128	174,172
THE BALDWIN INSURANCE GROUP INC			2,155	50,220	83,528
CACI INTL INC CL A			250	69,453	101,015
CASS INFORMATION SYS INC COM			1,469	51,182	60,097
CASEYS GEN STORES INC COM			283	50,562	112,133
CULLEN FROST BANKERS INC COM			1,063	110,491	142,708
COMCAST CORP CL A			1,369	13,830	51,379
COHU INC COM			2,767	83,895	73,879
CHESAPEAKE UTILS CORP COM			607	56,750	73,659

(Continued)

FIRST NATIONAL BANK OF OMAHA PENSION PLAN

EIN: 47-0259043 Plan Number: 001

FORM 5500, SCHEDULE H, PART IV, LINE 4(i) — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024

(a) (b) Identity of Issue or Borrower, Lessor or Similar Party	(c) Description of Investment, Including Collateral, Rate of Interest, Maturity Date, Par or Maturity Value			(d) Cost	(e) Current Value
	Rate	Maturity Date	Par Value/ Number of Shares		
COMMON STOCKS (Continued):					
CARLISLE COS INC COM			280	\$ 63,429	\$ 103,275
CSW INDUSTRIALS INC COM			306	21,448	107,957
CARETRUST REIT INC COM			2,477	63,048	67,003
CTS CORP COM			1,400	40,010	73,822
CHEVRON CORP NEW COM			367	23,739	53,156
DIODES INC COM			2,230	126,927	137,524
DISNEY WALT CO COM			518	20,487	57,679
DORMAN PRODUCTS INC COM			1,866	124,994	241,740
ENOVIS CORPORATION COM			4,738	239,671	207,903
ENERSYS COM			1,906	130,487	176,172
EOG RES INC COM			342	26,320	41,922
ESCO TECHNOLOGIES INC COM			831	88,433	110,698
EXLSERVICE HOLDINGS INC COM			5,388	102,318	239,119
FORTUNE BRANDS INNOVATIONS INC COM			1,057	70,049	72,225
FRANKLIN ELEC INC COM			2,047	91,795	199,480
GENTEX CORP COM			2,103	66,936	60,419
ACUSHNET HLDGS CORP COM			1,208	62,966	85,865
ALPHABET INC CAP STK CL A			437	23,814	82,724
ICF INTL INC COM			1,700	149,035	202,657
ICON PLC SHS			332	74,807	69,624
IDACORP INC COM			2,536	187,833	277,134
INTEGER HLDGS CORP COM			1,948	175,394	258,149
JONES LANG LASALLE INC COM			420	85,287	106,319
JPMORGAN CHASE & CO COM			516	17,750	123,690
KAISER ALUMINUM CORP COM PAR			1,238	89,220	86,994
KFORCE INC COM			1,962	73,762	111,245
KORN FERRY			1,606	68,589	108,325
LAMAR ADVERTISING CO NEW CL A			809	83,258	98,488
LANCASTER COLONY CORP COM			375	64,207	64,928
LEIDOS HLDGS INC COM			466	36,222	67,132
LITTLEFUSE INC COM			705	138,693	166,133
LGI HOMES INC COM			1,478	164,455	132,133
MERCANTILE BANK CORP COM			1,329	37,568	59,127
MOELIS & CO CL A			3,356	126,223	247,941
MONARCH CASINO & RESORT INC COM			1,248	79,676	98,467
MARKEL GROUP INC			110	121,680	189,885
MKS INSTRUMENT INC COM			1,147	130,427	119,735
MARCUS & MILLICHAP INC COM			2,997	77,119	114,665
MOLINA HEALTHCARE INC COM			353	109,478	102,741
MICROSOFT CORP COM			301	6,875	126,872
NORTHERN OIL AND GAS INC MN COM			4,479	156,148	166,440
ENPRO INC			1,317	127,439	227,117
NORTHERN TR CORP COM			547	22,892	56,068
NETSTREIT CORP COM			4,177	66,759	59,105
NV5 GLOBAL INC COM			4,468	110,721	84,177
NEXSTAR MEDIA GROUP INC			361	60,925	57,027
ORIGIN BANCORP INC COM			2,112	80,474	70,308
OLLIES BARGAIN OUTLT HLDGS INC COM			2,543	109,190	279,043
ONTO INNOVATION INC COM			513	66,370	85,502
OSHKOSH CORPORATION			564	58,094	53,619
PATRICK INDS INC COM			1,395	62,203	115,897
PEPSICO INC COM			365	21,517	55,502
PROCTER & GAMBLE CO COM			392	17,464	65,719
POWER INTEGRATIONS INC COM			2,834	207,515	174,858

(Continued)

FIRST NATIONAL BANK OF OMAHA PENSION PLAN

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COMMON STOCKS (Continued):					
PERMIAN RESOURCES CORP CLASS A COM			7,101	\$ 108,689	\$ 102,112
PTC INC COM			1,069	76,222	196,557
QUALYS INC COM			541	68,468	75,859
LIVERAMP HLDGS INC COM			2,334	70,819	70,884
ROBERT HALF INC			1,132	109,622	79,761
RPM INTL INC COM			785	63,812	96,602
RTX CORPORATION COM			666	28,068	77,070
REVVITY INC COM			1,487	208,844	165,964
SEACOAST BKG CORP FLA COM NEW			3,028	98,431	83,361
STIFEL FINL CORP COM			1,545	108,173	163,894
SUNSTONE HOTEL INVS INC NEW COM			6,023	65,184	71,312
SELECTIVE INS GROUP INC COM			2,509	121,226	234,642
SIMULATIONS PLUS INC COM			1,865	65,885	52,015
SM ENERGY CO COM			4,697	153,199	182,056
SONOCO PRODS CO COM			572	35,534	27,942
SOUTHSTATE CORP			1,989	146,847	197,866
STEWART INFORMATION SVCS CORP COM			1,495	55,968	100,898
SUPERNUS PHARMACEUTICALS INC COM			1,563	41,156	56,518
TARGET CORP COM			352	16,605	47,583
TRAVELERS COS INC COM			323	16,055	77,807
TRACTOR SUPPLY CO COM			3,525	116,746	187,037
TETRA TECH INC NEW COM			3,080	90,966	122,707
UMB FINL CORP COM			1,549	111,742	174,820
UNION PAC CORP COM			208	3,340	47,432
VIAVI SOLUTIONS INC COM			5,829	59,479	58,873
VITAL ENERGY INC COM			2,142	85,431	66,231
WYNDHAM HOTELS & RESORTS INC COM			868	58,509	87,486
Total common stock				<u>\$ 8,945,017</u>	<u>\$ 12,521,425</u>

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FIXED INCOME MUTUAL FUNDS:					
INVESCO FLOATING RATE ESG FUND - R6 #5095			263,684	\$ 1,918,552	\$ 1,761,407
PALMER SQUARE INCOME PLUS FUND #857			207,420	2,022,636	2,084,572
VANGUARD LONG-TERM CORPORATE BOND INDEX FUND - ADM #1947			2,601,870	57,966,825	52,245,544
VANGUARD LONG TERM INVESTMENT GRADE ADM #568			1,768,426	<u>14,064,071</u>	<u>13,316,248</u>
Total fixed income mutual funds				\$ <u>75,972,084</u>	\$ <u>69,407,771</u>
EQUITY MUTUAL FUNDS:					
GOLDMAN SACHS GQG PARTNERS INTERNATIONAL FUND			127,813	\$ 2,354,128	\$ 2,500,021
INVESCO DEVELOPING MARKETS FUND CLASS R6			58,193	1,968,381	2,213,650
LAZARD INTERNATIONAL EQUITY INST #632			140,657	2,332,905	2,211,130
MANNING & NAPIER RAINIER INTERNATIONAL			166,595	2,784,407	3,838,343
MFS GLOBAL REAL ESTATE FUND R6 #4826			66,312	1,099,454	1,066,298
T ROWE PRICE BLUE CHIP GROWTH FUND CLASS			12,262	555,243	2,297,801
T ROWE PRICE MID-CAP VALUE FUND CLASS I #526			64,792	1,725,672	2,062,985
VANGUARD 500 INDEX FUND ADM #540			35,689	8,023,334	19,370,799
VANGUARD DEVELOPED MARKETS INDEX FUND			274,654	3,778,462	4,224,175
VANGUARD GROWTH INDEX FUND INS #868			48,038	6,443,097	10,146,964
VANGUARD MID CAP GROWTH INDEX FUND			38,266	3,305,008	4,181,337
VANGUARD MID CAP VALUE INDEX FUND			47,462	2,543,731	3,976,876
VANGUARD SMALL-CAP INDEX FUND			29,510	2,817,029	3,398,340
VANGUARD VALUE INDEX FUND INST			137,011	<u>7,520,788</u>	<u>9,046,845</u>
Total equity mutual funds				\$ <u>47,251,637</u>	\$ <u>70,535,565</u>
LIQUID ALTERNATIVES:					
JPMORGAN EQUITY PREMIUM INCOME			306,631	\$ 4,332,702	\$ 4,400,161
JPMORGAN HEDGED EQUITY FUND SERIES 1			142,758	3,044,033	4,739,575
JPMORGAN HEDGED EQUITY FUND SERIES 2			100,352	<u>1,564,034</u>	<u>1,862,535</u>
Total liquid alternatives				\$ <u>8,940,769</u>	\$ <u>11,002,271</u>
LIMITED PARTNERSHIPS:					
HCM CAYMAN FEEDER LIMITED			6,000	\$ 6,000,000	\$ 6,725,400
TOWNSEND REAL ESTATE FUND-E LP			6,663	<u>10,404,552</u>	<u>9,552,890</u>
Total limited partnerships				\$ <u>16,404,552</u>	\$ <u>16,278,290</u>
TOTAL INVESTMENTS				\$ <u>267,325,946</u>	\$ <u>280,734,728</u>

See accompanying independent auditor's report.

(Concluded)

FIRST NATIONAL BANK OF OMAHA PENSION PLAN

EIN: 47-0259043 Plan Number: 001

**FORM 5500, SCHEDULE H, PART IV, LINE 4(j) — SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024**

(a) Identity of Party Involved	(b) Description of Asset	# of Transactions	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or Loss
SERIES TRANSACTIONS IN SAME SECURITY								
Goldman Sachs Financial Square #465 Fund	Money market fund	520 189	\$ 37,274,794 -	\$ - 40,298,789	\$ - -	\$ 37,274,794 40,298,789	\$ 37,274,794 40,298,789	\$ - -

See accompanying independent auditor's report.

Schedule SB Attachment (Form 5500) –2024 Plan Year
 First National Bank of Omaha Pension Plan
 EIN: 47-0259043 PN: 001

Schedule SB, line 26a – Schedule of Active Participant Data
 as of January 1, 2024

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39		2	17	3						
40-44		2	70 \$126,000	38 \$106,717	1					
45-49			27 \$120,976	96 \$112,006	36 \$107,556	2				
50-54			25 \$110,844	46 \$130,659	82 \$112,168	24 \$113,535	1			
55-59			30 \$111,722	51 \$101,637	64 \$96,367	48 \$126,295	13			
60-64		1	8	33 \$94,606	30 \$105,995	18	17	2		
65-69			4	8	2	1	2	2	1	
70+			1			1				

N-809

Schedule SB Attachment (Form 5500) —2024 Plan Year
First National Bank of Omaha Pension Plan
EIN: 47-0259043 PN: 001

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of January 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	4.96%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of January 2024), without regard to interest rate stabilization
1st Segment Rate	4.37%
2nd Segment Rate	4.96%
3rd Segment Rate	4.95%
Salary Increases	
Minimum Funding Target Normal Cost	4.00%
Maximum Tax Expected Benefit Increase	4.00%
Optional Payment Form Election Percentage	100% single life annuity
Retirement Age	See Table 1
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per section 1.430(h)(3)-1(b)
Withdrawal Rates	See Table 2
Disability Rates	None

Schedule SB Attachment (Form 5500) —2024 Plan Year
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Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving Spouse Benefit	It is assumed that 80% of males and 60% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	2023 pensionable earnings rolled forward one year with the salary increase assumption
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the 401(a)(17) compensation limit of \$345,000.
Valuation of Plan Assets	Fair market value
Expected Return on Assets	
2023 Plan Year	6.00%
2024 Plan Year	6.00%
Trust Expenses Included in Target Normal Cost	Expenses are estimated based on an average of the prior two years' administrative expenses (excluding PBGC premium) plus the current year's PBGC premium.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2024

Schedule SB Attachment (Form 5500) —2024 Plan Year
First National Bank of Omaha Pension Plan
EIN: 47-0259043 PN: 001

Actuarial Assumptions and Methods

Table 1

Retirement Rates

Age	Rate
55	2.00%
56	2.00%
57	2.00%
58	4.00%
59	4.00%
60	8.00%
61	8.00%
62	12.00%
63	20.00%
64	20.00%
65+	100.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year
 First National Bank of Omaha Pension Plan
 EIN: 47-0259043 PN: 001

Actuarial Assumptions and Methods

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	26.28%	45	8.01%
16	26.28%	46	7.78%
17	26.28%	47	7.67%
18	26.28%	48	7.52%
19	26.28%	49	7.44%
20	26.28%	50	6.93%
21	26.28%	51	6.31%
22	26.28%	52	5.57%
23	23.88%	53	4.73%
24	21.66%	54	3.73%
25	19.64%	55	3.50%
26	17.81%	56	3.28%
27	16.17%	57	3.06%
28	14.70%	58	2.84%
29	13.43%	59	2.62%
30	12.93%	60	2.40%
31	11.96%	61	2.18%
32	11.17%	62	1.96%
33	10.67%	63	1.74%
34	10.41%	64	1.50%
35	10.35%	65+	0.00%
36	10.29%		
37	10.19%		
38	9.83%		
39	9.49%		
40	9.15%		
41	8.83%		
42	8.54%		
43	8.34%		
44	8.14%		

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

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).

2024

Department of Labor Employee Benefits Security Administration

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

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: FIRST NATIONAL BANK OF OMAHA PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1952
2a Plan sponsor's name (employer, if for a single-employer plan): FIRST NATIONAL BANK OF OMAHA
2b Employer Identification Number (EIN): 47-0259043
2c Plan Sponsor's telephone number: (402) 341-0500
2d Business code (see instructions): 522110

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Contains two rows for Sarah Labedz as plan administrator and employer/plan sponsor, signed 10/14/25.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	3513
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) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h	809 759 1393 1230 3382 105 3487 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 3H

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached _____
- (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 _____

Plan Name	FIRST NATIONAL BANK OF OMAHA PENSION PLAN
Plan Sponsor EIN	47-0259043
ERISA Plan #	001
Plan Year Ending	December 31, 2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant contributions	

**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 FIRST NATIONAL BANK OF OMAHA 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 FIRST NATIONAL BANK OF OMAHA		D Employer Identification Number (EIN) 47-0259043	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	293,814,125	
b Actuarial value	2b	293,814,125	
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	1,417	167,257,085	167,257,085
b For terminated vested participants	1,287	75,462,135	75,462,135
c For active participants	809	54,460,344	54,813,891
d Total	3,513	297,179,564	297,533,111
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
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	5.18%	
6 Target normal cost			
a Present value of current plan year accruals	6a	1,583,231	
b Expected plan-related expenses	6b	1,350,000	
c Target normal cost	6c	2,933,231	

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	Christopher Birch		
			09/04/2025
	Signature of actuary		Date
	Christopher Birch		2307123
	Type or print name of actuary		Most recent enrollment number
	Aon Consulting, Inc.		312-381-7208
	Firm name		Telephone number (including area code)
	MSC#17755 Aon PO Box 551343 Atlanta GA 30355		
	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)	0	18,594,326
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	7,576,356
9	Amount remaining (line 7 minus line 8)	0	11,017,970
10	Interest on line 9 using prior year's actual return of <u>12.66%</u>	0	1,394,875
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	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>5.27%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	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)	0	12,412,845

Part III Funding Percentages			
14	Funding target attainment percentage	14	94.57%
15	Adjusted funding target attainment percentage	15	94.57%
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	87.51%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls						
18 Contributions made to the plan for the plan year by employer(s) and employees:						
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
Totals ▶			18(b)	0	18(c)	0

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

20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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	2,933,231	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	16,131,831		1,631,472
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	4,564,703	
		Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		0	4,564,703
			Total balance
			4,564,703
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021

Schedule SB Attachment (Form 5500) –2024 Plan Year
 First National Bank of Omaha Pension Plan
 EIN: 47-0259043 PN: 001

Schedule SB, line 22 – Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	2.00%	1.0000	1.11
56.5	2.00%	0.9800	1.11
57.5	2.00%	0.9604	1.10
58.5	4.00%	0.9412	2.20
59.5	4.00%	0.9035	2.15
60.5	8.00%	0.8674	4.20
61.5	8.00%	0.7980	3.93
62.5	12.00%	0.7342	5.51
63.5	20.00%	0.6461	8.21
64.5	20.00%	0.5169	6.67
65	100.00%	0.4135	26.88
Weighted Average			63.07

Schedule SB Attachment (Form 5500) –2024 Plan Year
 First National Bank of Omaha Pension Plan
 EIN: 47-0259043 PN: 001

Schedule SB, line 26b – Schedule of Projection of Expected
 Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	425,241	370,826	15,036,416	15,832,483
2025	855,201	1,078,420	14,746,644	16,680,265
2026	1,183,994	1,621,487	14,461,016	17,266,497
2027	1,594,263	2,166,806	14,159,858	17,920,927
2028	2,001,044	2,894,876	13,844,000	18,739,920
2029	2,473,033	3,505,362	13,496,658	19,475,053
2030	2,934,224	4,034,867	13,105,714	20,074,805
2031	3,390,418	4,615,490	12,730,735	20,736,643
2032	3,832,796	5,142,585	12,331,769	21,307,150
2033	4,082,444	5,568,768	11,912,814	21,564,026
2034	4,380,376	5,914,688	11,474,666	21,769,730
2035	4,616,949	6,298,058	10,979,808	21,894,815
2036	4,767,647	6,586,811	10,488,876	21,843,334
2037	4,888,513	6,782,885	9,984,185	21,655,583
2038	4,910,353	6,934,699	9,468,346	21,313,398
2039	4,922,549	7,014,763	8,940,122	20,877,434
2040	4,928,320	7,058,084	8,401,859	20,388,263
2041	4,911,127	7,059,704	7,854,964	19,825,795
2042	4,885,046	6,989,974	7,302,342	19,177,362
2043	4,823,943	6,876,911	6,747,120	18,447,974
2044	4,734,528	6,720,172	6,192,729	17,647,429
2045	4,634,307	6,523,598	5,642,935	16,800,840
2046	4,509,258	6,306,389	5,101,859	15,917,506
2047	4,371,570	6,065,522	4,573,924	15,011,016
2048	4,211,904	5,810,038	4,063,730	14,085,672
2049	4,036,105	5,538,873	3,575,862	13,150,840
2050	3,852,431	5,254,236	3,114,653	12,221,320
2051	3,656,573	4,956,609	2,683,936	11,297,118
2052	3,451,020	4,649,229	2,286,843	10,387,092
2053	3,239,081	4,334,441	1,925,652	9,499,174
2054	3,022,120	4,015,046	1,601,734	8,638,900
2055	2,801,749	3,694,149	1,315,490	7,811,388
2056	2,579,801	3,375,004	1,066,333	7,021,138
2057	2,358,506	3,060,941	852,816	6,272,263
2058	2,140,054	2,755,153	672,729	5,567,936

Schedule SB Attachment (Form 5500) –2024 Plan Year
 First National Bank of Omaha Pension Plan
 EIN: 47-0259043 PN: 001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	1,926,716	2,460,563	523,289	4,910,568
2060	1,720,693	2,179,715	401,328	4,301,736
2061	1,524,084	1,915,014	303,454	3,742,552
2062	1,338,704	1,668,126	226,238	3,233,068
2063	1,166,023	1,440,322	166,367	2,772,712
2064	1,007,104	1,232,366	120,757	2,360,227
2065	862,539	1,044,557	86,628	1,993,724
2066	732,545	876,776	61,544	1,670,865
2067	616,957	728,536	43,436	1,388,929
2068	515,288	599,026	30,588	1,144,902
2069	426,796	487,175	21,621	935,592
2070	350,539	391,716	15,457	757,712
2071	285,465	311,244	11,271	607,980
2072	230,467	244,269	8,452	483,188
2073	184,421	189,259	6,557	380,237

Schedule SB Attachment (Form 5500) —2024 Plan Year
First National Bank of Omaha Pension Plan
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Schedule SB, Part V — Summary of Plan Provisions

FNBO Pension Plan

Plan Year

The plan year is the calendar year

Eligibility for Participation

An employee shall become a participant in this plan on the January 1 or July 1 coincident with or next following reaching age 21 and completing one year of eligibility service.

The plan is frozen to new hires effective December 31, 2007 except for Fremont participants who entered December 30, 2014 due to the merger of the Fremont plan into this Plan.

Normal Retirement

Eligibility

Age 65 and five years of service.

Benefit

A monthly annuity equal to the greater of the sum of (a) and (b), or (c):

- (1) 1.25% of Average Monthly Compensation multiplied by the years of Credited Service prior to January 1, 2005 plus 1% of Average Monthly Compensation multiplied by the years of Credited Service beginning from January 1, 2005 with total Credited Service not exceeding 40 years. This benefit is increased by 4.25% for each year of service in excess of 40.
- (2) 0.42% of Average Monthly Compensation in excess of the Social Security wage base, multiplied by years of Credited Service at normal retirement age (not exceeding 35)
- (3) \$2.00 per month for each year of Credited Service

Early Retirement

Eligibility

Age 55 and 10 years of service

Benefit

An amount equal to the actuarial equivalent of the participant's Normal Retirement benefit payable at the participant's early retirement date

Late Retirement

Eligibility

Retirement after normal retirement age

Schedule SB Attachment (Form 5500) —2024 Plan Year

First National Bank of Omaha Pension Plan

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Benefit	For Non-Grandfathered participants, normal retirement benefit actuarially increased. For grandfathered participants, the greater of actuarially increased benefit and recalculated accrued benefit at termination date.
Vested Termination	
Eligibility	Five years of service
Benefit	The accrued normal retirement benefit at the date of termination
Disability	
Eligibility	Age 55 and 10 years of service
Benefit	Continuation of benefit accrual as if the participant was still active. Benefit is accrued based on the compensation during the last plan year prior to disability.
Spouse Pension	
Eligibility	Five years of service
Benefit	The actuarial equivalent of the normal retirement benefit under a 100% joint and survivor annuity option based on service and compensation to date of death, and as if retirement took place on the later of the date of death or the member's earliest retirement age
Normal Form of Annuity	
	Single life annuity for single participants 100% joint and survivor annuity for married participants
Optional Forms	
	Single life annuity 5-, 10-, or 15-year certain and life annuity 100%, 66%, or 50% joint and survivor annuity
Actuarial Equivalence	
	6.0% and the 1971 GAM Male mortality
Definitions	
Year of Service	A plan year during which an employee has worked not less than 1,000 hours
Credited Service	Years of service up to December 31, 2007. No years of service shall be recognized after December 31, 2007
Points	The sum of a participant's attained age plus Years of Service as of December 31, 2007
Grandfathered Participant	A participant who has 50 or more Points and at least five Years of Service as of December 31, 2007
Year of Service	A plan year during which an employee has worked not less than 1,000 hours. No additional benefit service is earned after December 31, 2007.

Schedule SB Attachment (Form 5500) —2024 Plan Year
First National Bank of Omaha Pension Plan
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Plan Compensation

The participant's total compensation during a Plan Year that is subject to income tax and is reflected on the participant's Form W- 2.

Average Monthly Compensation

The monthly average for the five consecutive Plan Years within the last 10 completed years of employment in which produce the highest monthly average.

Schedule SB Attachment (Form 5500) —2024 Plan Year
First National Bank of Omaha Pension Plan
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Plan Provisions

Former Fremont National Bank & Trust Company Plan Participants

Plan Year	The plan year is the calendar year
Eligibility for Participation	An employee shall become a participant in this plan on the November 6 following completion of one year of service and attainment of age 21. No employee hired or rehired on or after January 1, 2009 shall be eligible to participate in this plan.
Normal Retirement	
Eligibility	Age 65
Benefit	A monthly benefit equal to 2% of Average Monthly Compensation plus .55% of Average Monthly Compensation in excess of Covered Compensation times years of service at Normal Retirement Date (maximum of 30) times actual years of service to November 6, 2006 divided by years of service to Normal Retirement Date, plus 1% of Average Monthly Compensation plus .42% of Average Monthly Compensation in excess of Covered Compensation times years of service at Normal Retirement Date (maximum of 30) times actual years of service subsequent to November 6, 2006 and prior to January 1, 2008 divided by years of service to Normal Retirement Date.
Early Retirement	
Eligibility	Age 60 and 15 years of service
Benefit	An amount equal to the actuarial equivalent of the participant's Normal Retirement benefit payable at the participant's early retirement date
Vested Termination	
Eligibility	Earlier of 5 years of vesting service or attainment of age 65
Benefit	The accrued normal retirement benefit at the date of termination
Disability	
Eligibility	Any Plan Participant
Benefit	Benefit upon disability equal to the actuarial equivalent of the participant's Accrued Benefit payable on the Normal Retirement Date.

Schedule SB Attachment (Form 5500) —2024 Plan Year

First National Bank of Omaha Pension Plan

EIN: 47-0259043 PN: 001

Preretirement Surviving Spouse's Benefit

Eligibility	Death after attainment of vesting but prior to the commencement of benefits.
Benefit	<p>If a married vested participant dies prior to satisfying the Early Retirement provisions, the participant's surviving spouse will receive a monthly benefit beginning on the participant's earliest retirement date. The monthly benefit is equal to 50% of the vested accrued benefit reduced for early retirement and to reflect payment in the form of a 50% joint and survivor annuity.</p> <p>If a married participant who is eligible for early retirement dies, the participant's spouse is entitled to an immediate monthly benefit. The benefit is equal to the monthly annuity the spouse would have received if the participant had retired the day before their death and had elected the 50% joint and survivor option.</p> <p>If the participant's allocable share of plan assets as of the preceding anniversary date exceeds the actuarial value of the qualified preretirement survivor annuity the balance will be paid in a lump sum.</p>
Normal Form of Annuity	10-year certain and life annuity for single participants 100% joint and survivor annuity for married participants
Optional Forms	Single life annuity 5- or 10-year certain and life annuity 100%, 75%, or 50% joint and survivor annuity Lump sum
Definitions	
Year of Service	A plan year during which an employee has worked not less than 1,000 hours. No additional benefit service is earned after December 31, 2007.
Recognized Compensation	Determined on the basis of a continuously moving year ending on the date of benefit determination.
Accrued Retirement Benefit	The normal retirement benefit reduced by the ratio of actual years of service, divided by the potential years of service to normal retirement age.
Covered Compensation	The average of Social Security taxable wage bases over the 35 years ending within the year the participant attains the Social Security Retirement Age.
Average Monthly Compensation	The monthly average over the 60 highest consecutive months of plan participation.

Schedule SB Attachment (Form 5500) —2024 Plan Year
First National Bank of Omaha Pension Plan
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Plan Changes Since the Prior Year

The funding, financial accounting, and plan reporting valuations do not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Plan Name	FIRST NATIONAL BANK OF OMAHA PENSION PLAN
Plan Sponsor EIN	47-0259043
ERISA Plan #	001
Plan Year Ending	December 31, 2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant contributions	

Schedule SB Attachment (Form 5500) –2024 Plan Year
First National Bank of Omaha Pension Plan
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Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 35,316,755	January 1, 2023	14	\$ 3,384,897
Shortfall	\$ (19,184,924)	January 1, 2024	15	\$ (1,753,425)

Schedule SB Attachment (Form 5500) —2024 Plan Year
First National Bank of Omaha Pension Plan
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Schedule SB, line 25 — Change in Method

The funding valuation reflects the following method change:

- A change in the valuation software as a result of a change in the enrolled actuary for the plan and the business organization providing the actuarial services to the plan. This change meets the conditions for automatic approval provided in IRS Rev. Proc. 2017-56.

Schedule SB Attachment (Form 5500) —2024 Plan Year
First National Bank of Omaha Pension Plan
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Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A change in the trust expenses included in normal cost from an estimate based on the prior year's actual administrative expenses to an estimate based on an average of the prior two years' administrative expenses (excluding PBGC premium) plus the current year's PBGC premium.

This change was made to better reflect the anticipated plan experience. This assumption change did not reduce the funding shortfall; as such, approval of the Commissioner is not required.