

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: CAMPBELL & FETTER BANK EMPLOYEES' PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 12/01/1960
2a Plan sponsor's name (employer, if for a single-employer plan): CAMPBELL & FETTER BANK
2b Employer Identification Number (EIN): 35-0843168
2c Plan Sponsor's telephone number: 260-347-1500
2d Business code (see instructions): 522110

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

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

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

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

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	138
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)	52
	6a(2)	52
	6b	59
	6c	23
	6d	134
	6e	5
	6f	139
	6g(1)	
6g(2)		
6h		2
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 3D

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

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

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

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

- b General Schedules**
- (1) **H** (Financial Information)
 - (2) **I** (Financial Information – Small Plan)
 - (3) **A** (Insurance Information) – Number Attached 0
 - (4) **C** (Service Provider Information)
 - (5) **D** (DFE/Participating Plan Information)
 - (6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE 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 07/01/2024 and ending 06/30/2025

▶ **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>CAMPBELL & FETTER BANK EMPLOYEES' 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>CAMPBELL & FETTER BANK</u>	D Employer Identification Number (EIN) <u>35-0843168</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 checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>25594701</u>
	b Actuarial value	2b	<u>25081389</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>64</u>	<u>7240934</u>
	b For terminated vested participants	<u>22</u>	<u>768309</u>
	c For active participants	<u>52</u>	<u>4259046</u>
	d Total	<u>138</u>	<u>12268289</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>5.39 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>435359</u>
	b Expected plan-related expenses	6b	<u>110000</u>
	c Target normal cost	6c	<u>545359</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>02/10/2026</u>
	<u>MATTHEW L BRANDING, FSA, EA, CERA</u>	Date
	Type or print name of actuary	<u>23-08525</u>
	<u>NYHART</u>	Most recent enrollment number
	Firm name	<u>317-845-3607</u>
	<u>5750 CASTLE CREEK PARKWAY</u> <u>SUITE 245</u> <u>INDIANAPOLIS, IN 46250</u>	Telephone number (including area code)
	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	11955741
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	11955741
10	Interest on line 9 using prior year's actual return of <u>7.33</u> %	0	876356
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>5.29</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	1318056
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	11514041

Part III Funding Percentages			
14	Funding target attainment percentage	14	110.00 %
15	Adjusted funding target attainment percentage	15	203.35 %
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	105.40 %
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input 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		

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 5.29 %	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 65
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input 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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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 545359
b Excess assets, if applicable, but not greater than line 31a				31b 545359
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
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 0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
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
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 checked="" 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 **07/01/2024** and ending **06/30/2025**

A Name of plan CAMPBELL & FETTER BANK EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CAMPBELL & FETTER BANK	D Employer Identification Number (EIN) 35-0843168	

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)

MONARCH CAPITAL MANAGEMENT, INC.

127 WEST BERRY STREET
SUITE 402
FORT WAYNE, IN 46802

(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?
28 50	NONE	166282	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)

STURGIS BANK AND TRUST COMPANY

113 EAST CHICAGO ROAD
STURGIS, MI 49091

(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?
21 50	NONE	57418	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)

ASCENSUS

82-3719843

(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?
11 50	NONE	49130	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CROWE LLP

35-0921680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	26513	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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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 07/01/2024 and ending 06/30/2025	
A Name of plan CAMPBELL & FETTER BANK EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CAMPBELL & FETTER BANK	D Employer Identification Number (EIN) 35-0843168

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	577	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	109312	108228
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	940549	645650
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	5826840	6230577
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	17881943	19766409
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(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)	835480	797840
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	25594701	27548704
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	25594701	27548704

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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	24937	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)	233108	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		258045
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	392352	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	24868	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		417220
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	2641814	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1731374	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	1311461	
(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)		65775
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2962941

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	695859	
(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)		695859
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)	26513	
(5) Investment advisory and investment management fees	2i(5)	166282	
(6) Bank or trust company trustee/custodial fees	2i(6)	57418	
(7) Actuarial fees	2i(7)	49130	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	13736	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		313079
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1008938

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1954003
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: CROWE LLP

(2) EIN: 35-0921680

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		1000000
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 564597.

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 07/01/2024 and ending 06/30/2025

A Name of plan <u>CAMPBELL & FETTER BANK EMPLOYEES' 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>CAMPBELL & FETTER BANK</u>	D Employer Identification Number (EIN) <u>35-0843168</u>	

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

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 38-1080012

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

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

3		0
---	--	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705198A.

**CAMPBELL & FETTER BANK
EMPLOYEES' PENSION PLAN**

FINANCIAL STATEMENTS

June 30, 2025 and 2024

CAMPBELL & FETTER BANK
EMPLOYEES' PENSION PLAN

FINANCIAL STATEMENTS
June 30, 2025 and 2024

CONTENTS

INDEPENDENT AUDITOR'S REPORT 1

FINANCIAL STATEMENTS

 STATEMENTS OF ACCUMULATED PLAN BENEFITS AND NET ASSETS
 AVAILABLE FOR BENEFITS, JUNE 30, 2025 AND 2024 4

 STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS AND
 NET ASSETS AVAILABLE FOR BENEFITS, YEAR ENDED JUNE 30, 2025 5

 NOTES TO THE FINANCIAL STATEMENTS 6

SUPPLEMENTAL SCHEDULES

 SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) 12

 SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS 23

INDEPENDENT AUDITOR'S REPORT

Campbell & Fetter Bank
Employees' Pension Plan
Kendallville, Indiana

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

We have performed audits of the financial statements of Campbell & Fetter Bank Employees' 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 accumulated plan benefits and net assets available for benefits as of June 30, 2025, and 2024, and the related statement of changes in accumulated plan benefits and net assets available for benefits for the year ended June 30, 2025, 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 June 30, 2025, and 2024, and for the year ended June 30, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with 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).

(Continued)

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 from the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit 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.

(Continued)

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 schedules of Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) and Schedule H, Line 4(j) – Schedule of Reportable Transactions as of and for the year ended June 30, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Crowe LLP

Crowe LLP

South Bend, Indiana
March 4, 2026

CAMPBELL & FETTER BANK
EMPLOYEES' PENSION PLAN
STATEMENTS OF ACCUMULATED PLAN BENEFITS AND
NET ASSETS AVAILABLE FOR BENEFITS
June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Accumulated plan benefits		
Actuarial present value of vested benefits		
Participants currently receiving payments	\$ 7,205,130	\$ 6,953,957
Other participants	<u>5,380,873</u>	<u>4,734,565</u>
Total vested benefits	12,586,003	11,688,522
Actuarial present value of non-vested benefits	<u>97,200</u>	<u>61,817</u>
Actuarial present value of accumulated plan benefits	12,683,203	11,750,339
Net assets available for benefits		
Investments, at fair value (Note 3)		
Common stocks	19,147,954	17,246,164
State and municipal bonds	5,450,501	4,960,051
Foreign equity securities	618,455	635,779
Money market investment fund & certificates of deposit	645,650	940,549
Exchange traded funds & mutual funds	797,840	835,480
Corporate bonds	382,486	332,955
Mortgage-backed securities	369,601	351,860
Foreign bonds	27,989	-
United States Treasury Bills	<u>-</u>	<u>181,974</u>
Total investments	27,440,476	25,484,812
Receivables		
Accrued income	108,228	109,312
Cash	<u>-</u>	<u>577</u>
Net assets available for benefits	<u>27,548,704</u>	<u>25,594,701</u>
Excess of net assets available for benefits over actuarial present value of accumulated plan benefits	<u>\$ 14,865,501</u>	<u>\$ 13,844,362</u>

See accompanying notes to the financial statements.

CAMPBELL & FETTER BANK
EMPLOYEES' PENSION PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS AND
NET ASSETS AVAILABLE FOR BENEFITS
Year ended June 30, 2025

Net increase in actuarial present value of accumulated plan benefits	
Increase (decrease) during the year attributable to:	
Interest	\$ 684,449
Benefits paid	(695,859)
Change due to plan amendments	445,011
Benefits accumulated and other plan experience	<u>499,263</u>
Net increase in actuarial present value of accumulated plan benefits	932,864
Net increase in assets available for benefits:	
Employer contributions	-
Investment income (Note 3)	
Interest and dividends	697,715
Net appreciation in fair value of investments	<u>2,265,225</u>
Total investment income	<u>2,962,940</u>
Total additions	2,962,940
Retirement benefit payments	695,859
Administrative expenses	<u>313,078</u>
Total deductions	<u>1,008,937</u>
Net increase in assets available for benefits	<u>1,954,003</u>
Increase in excess of net assets available for benefits over actuarial present value of accumulated plan benefits	1,021,139
Excess of net assets available for benefits over actuarial present value of accumulated plan benefits:	
Beginning of year	<u>13,844,362</u>
End of year	<u>\$ 14,865,501</u>

See accompanying notes to the financial statements.

CAMPBELL & FETTER BANK
EMPLOYEES' PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
June 30, 2025 and 2024

NOTE 1 - DESCRIPTION OF PLAN

The following is a description of the Campbell & Fetter Bank Employees' Pension Plan (the "Plan"). Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The Plan was established December 1, 1960. The Plan was restated effective July 1, 2019. The Plan is a defined benefit plan to which Campbell & Fetter Bank (the "Bank") makes contributions in the amount determined by an actuary to be necessary to fund the plan benefits accrued by plan participants. The plan sponsor is required annually to contribute an amount to the Plan which is actuarially determined. The contributions for the year ended June 30, 2025, met the minimum funding requirements of ERISA. Participant contributions to the Plan are not allowed.

Any eligible employee who has completed one year of service and has attained age 21 is eligible to participate in the Plan as of the date such employee has satisfied such requirements. The effective date of entry is the earlier of the first day of the Plan Year or the first day of the seventh month of such Plan Year.

A participant who terminated employment is entitled to a normal retirement benefit at age 65 based on a joint and survivor annuity in an amount equal to the sum of (a) and (b):

- (a) 1.25% of average monthly compensation, which is the average of the 5 highest years of compensation, multiplied by the number of years of service up to a maximum of 35 years.
- (b) 0.65% of average monthly compensation in excess of one-twelfth of Covered Compensation, defined as the taxable wage bases in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which the Participant attains Social Security Retirement Age, multiplied by the total number of years of service up to a maximum of 35 years.

A plan member who retires before age 65 or otherwise separates from service early will receive a reduced benefit.

A participant withdrawing from employment prior to satisfying requirements for normal retirement benefits is eligible for a deferred vested retirement benefit, provided that the participant has five years of vesting service and is not eligible for any other retirement benefit under the Plan.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The policies and principles which significantly affect the determination of net assets, accumulated plan benefits and changes therein are summarized below.

Basis of Accounting: The accounting practices and principles followed by the Plan and the methods of applying those principles conform to accounting principles generally accepted in the United States of America. The financial statements are prepared on the accrual basis of accounting.

Investments Valuation and Income Recognition: The Plan's investments are reported at fair value. 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.

(Continued)

CAMPBELL & FETTER BANK
EMPLOYEES' PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
June 30, 2025 and 2024

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (level 1 measurements) and gives the lowest priority to unobservable inputs (level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The fair values of common stock, money market investment funds, foreign equity securities, exchange traded funds, mutual funds, and U.S. treasury bills are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs). The fair values of fixed income securities, including state and municipal bonds, corporate bonds, foreign bonds, mortgage backed securities, and U.S. Government sponsored agency bonds, are determined through pricing models utilizing significant observable inputs such as matrix pricing, which is a mathematical technique widely used in the industry to value debt securities without relying exclusively on quoted prices for the specific securities but rather by relying on the securities' relationship to other benchmark quoted securities (Level 2 inputs). Investments measured at fair value on a recurring basis are summarized below:

	<u>Total</u>	<u>Fair Value Measurements</u> <u>at June 30, 2025 Using</u>		
		<u>Quoted Prices in</u> <u>Active Markets</u> <u>for Identical</u> <u>Assets</u>	<u>Significant</u> <u>Other</u> <u>Observable</u> <u>Inputs</u>	<u>Significant</u> <u>Unobservable</u> <u>Inputs</u>
Investments				
Common stocks	\$ 19,147,954	\$ 19,147,954	\$ -	\$ -
State and municipal bonds	5,450,501	-	5,450,501	-
Foreign equity securities	618,455	618,455	-	-
Money market investment funds & certificates of deposit	645,650	645,650	-	-
Exchange traded & mutual funds	797,840	797,840	-	-
Corporate bonds	382,486	-	382,486	-
Mortgage-backed securities	369,601	-	369,601	-
Foreign bonds	27,989	-	27,989	-
	<u>\$ 27,440,476</u>	<u>\$ 21,209,899</u>	<u>\$ 6,230,577</u>	<u>\$ -</u>

(Continued)

CAMPBELL & FETTER BANK
EMPLOYEES' PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
June 30, 2025 and 2024

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

	<u>Total</u>	Fair Value Measurements at June 30, 2024 Using		
		Quoted Prices in Active Markets for Identical <u>Assets</u>	Significant Other Observable <u>Inputs</u>	Significant Unobservable <u>Inputs</u>
Investments				
Common stocks	\$ 17,246,164	\$ 17,246,164	\$ -	\$ -
State and municipal bonds	4,960,051	-	4,960,051	-
Foreign equity securities	635,779	635,779	-	-
Money market investment funds & certificates of deposit	940,549	940,549	-	-
Exchange traded & mutual funds	835,480	835,480	-	-
Corporate bonds	332,955	-	332,955	-
Mortgage-backed securities	351,860	-	351,860	-
United States Treasury Bills	<u>181,974</u>	<u>181,974</u>	<u>-</u>	<u>-</u>
	<u>\$ 25,484,812</u>	<u>\$ 19,839,946</u>	<u>\$ 5,644,866</u>	<u>\$ -</u>

Net Appreciation (Depreciation) in Fair Value of Investments: In accordance with the policy of stating investments at fair value, net unrealized appreciation (depreciation) for the year along with gains and losses on sales of investments are reflected in the statement of changes in net assets available for benefits as net appreciation (depreciation) in fair value of investments.

Estimates: The preparation of these financial statements requires the plan administrator to make estimates and assumptions that affect certain amounts and disclosures, and actual results may differ from those estimates. It is at least reasonably possible that a significant change may occur in the near term for the estimates of the actuarial present value of accumulated plan benefits.

Actuarial Present Value of Accumulated Plan Benefits: Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits 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 actuary and—is that 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 (through decreases for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

(Continued)

CAMPBELL & FETTER BANK
EMPLOYEES' PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
June 30, 2025 and 2024

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

The significant actuarial assumptions used in the valuations for June 30, 2025 and 2024 are:

- | | | |
|----|--------------------------------|---|
| 1. | Mortality Table | Pri-2012 with generational improvements based on the SOA Improvement Scale MP-2021 |
| 2. | Normal Retirement Age | Age 65 |
| 3. | Expected Return on Plan Assets | 6.00% |
| 4. | Benefit Payments | All active participants are assumed to elect an annuity form of payment upon retirement or termination. |

The mortality table assumption remained unchanged with the Pri-2012 with generation improvements based on the SOA Improvement Scale MP-2021 from June 30, 2024, to June 30, 2025. The expected return on plan assets remained unchanged at 6% from June 30, 2024, to June 30, 2025.

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

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

Administrative and Investment Management Expenses: All expenses related to the administration and investment management of the Plan are charged to the Plan as a reduction of total assets reported by the Plan.

Risks and Uncertainties: The Plan invests in various investments. The investments are exposed to various risks, such as interest rate, market, liquidity, credit risks and coronavirus pandemic. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

NOTE 3 – INVESTMENTS

The Trust Department of Sturgis Bank & Trust Company, the Plan trustee, holds investment assets and executes transactions therein as of June 30, 2025, and 2024. Substantially all information pertaining to investments and investment income included in the financial statements has been certified by them.

(Continued)

CAMPBELL & FETTER BANK
EMPLOYEES' PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
June 30, 2025 and 2024

NOTE 4 – PLAN TERMINATION

Although it has not expressed any intention to do so, the Bank has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA and its related regulations. In the event the Plan terminates, the accrued benefits of each participant would become fully vested.

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 pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

The general priority upon termination of the Plan is that the distribution provisions of the Plan shall remain operative, and the Trust shall continue until the Trustee, after written direction from the Plan Administrator, has distributed all of the benefits under the Plan. After satisfying the distribution requirements of this Plan, and to the extent permitted by law, the balance of any assets remaining in the Trust may be returned to the plan sponsor, subject to tax impacts.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

NOTE 5 – TAX STATUS

The Internal Revenue Service has determined and informed the Plan by a letter dated May 18, 2012, that the Plan and related trust, as then designed, were in accordance with applicable sections of the Internal Revenue Code (IRC) and was, therefore, exempt from taxation. The Plan has not been amended since receiving the determination letter; therefore, the Plan is designed and is being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of June 30, 2025, and 2024, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing authorities; however, there are currently no audits for any tax years in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

NOTE 6 - SUBSEQUENT EVENTS

Plan management has evaluated subsequent events for recognition and disclosure through March 4, 2026, which is the date the financial statements were available to be issued.

(Continued)

CAMPBELL & FETTER BANK
EMPLOYEES' PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
June 30, 2025 and 2024

NOTE 7 - PARTIES-IN-INTEREST

Parties-in-interest are defined under Department of Labor (DOL) regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Amounts paid by the Plan to parties in interest included fees paid for investment management and actuarial services. Certain professional fees for the administration and audit of the Plan were paid by the Plan. Various administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

SUPPLEMENTAL SCHEDULES

CAMPBELL & FETTER BANK
EMPLOYEES' PENSION PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
June 30, 2025

Name of Plan Sponsor: Campbell & Fetter Bank
Employer Identification Number: 35-0843168
Three-digit Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Money Market Investment Funds				
	Federated Gov't Obligations Tax MDG FD PRIN	73,168 Shares	\$ 73,168	\$ 73,168
	Total Money Market Investment Funds		\$ 73,168	\$ 73,168
Certificates of Deposit				
	HSBC Bank USA 2.760% 10/23/28	55,000 Shares	\$ 57,444	\$ 55,399
	JP Morgan Chase Bank CD 3.500% 1/31/30	40,000 Shares	37,116	37,313
	JP Morgan Chase Bank CD 0.900% 7/21/28	110,000 Shares	107,084	101,649
	JP Morgan Chase Bank CD 1.000% 5/10/29	35,000 Shares	34,301	31,216
	JP Morgan Chase Bank CD 1.000% 1/10/29	150,000 Shares	149,488	136,968
	JP Morgan Chase Bank CD 1.000% 4/06/29	146,000 Shares	139,814	130,568
	JP Morgan Chase Bank CD 1.250% 12/27/30	92,000 Shares	90,575	79,369
	Total Certificates of Deposit		\$ 615,822	\$ 572,482
Foreign bonds				
	Toronto Dominion BK SR Medium Tranche #TR 00140	28,000 Shares	\$ 27,932	\$ 27,989
	Total United States Treasury Bills		\$ 27,932	\$ 27,989
Common Stocks				
	3M COMPANY COMMON	1,900 Shares	\$ 192,822	\$ 289,256
	AES CORPORATION	14,600 Shares	197,525	153,592
	AFLAC INC	6,550 Shares	201,490	690,763
	ABBOTT LABS	3,200 Shares	94,789	435,232

(Continued)

CAMPBELL & FETTER BANK
EMPLOYEES' PENSION PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
June 30, 2025

Name of Plan Sponsor: Campbell & Fetter Bank
Employer Identification Number: 35-0843168
Three-digit Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value		(d) Cost	(e) Current Value
	ABBVIE INC	2,900	Shares	96,175	538,298
	AIR PRODS & CHEMS INC	450	Shares	118,305	126,927
	ALPHABET INC CLASS C	3,300	Shares	199,906	585,387
	APPLE INC	3,425	Shares	95,606	702,707
	AUTOMATIC DATA PROCESSING	975	Shares	30,326	300,690
	CARRIER GLOBAL CORP	2,700	Shares	48,194	197,613
	CHEVRONTEXACO CORP.	2,400	Shares	223,987	343,656
	CINCINNATI FINANCIAL CORP.	700	Shares	24,487	104,244
	CISCO SYS INC	8,800	Shares	195,727	610,544
	COCA COLA CO	3,800	Shares	101,109	268,850
	CORECARD CORPORATION	8,200	Shares	248,545	237,554
	DISNEY WALT CO COM DISNEY	1,400	Shares	76,769	173,614
	DOLLAR GENERAL CORP.	1,200	Shares	95,281	137,256
	EMERSON ELECTRIC CO	3,000	Shares	123,853	399,990
	EXXON MOBIL CORP	3,600	Shares	276,083	388,080
	F5 NETWORKS, INC	1,420	Shares	173,402	417,934
	FISERV INC	2,000	Shares	198,979	344,820
	FLOWSERVE CORP	4,600	Shares	180,398	240,810
	FRANKLIN ELECTRIC CO INC	3,500	Shares	61,940	314,090
	GE VERNOVA INC CORP COMMON	275	Shares	-	145,516
	GENERAL ELEC CO	1,125	Shares	1	289,564
	GENUINE PARTS CO	1,750	Shares	148,823	212,293
	GILEAD SCIENCES INC	5,200	Shares	405,567	576,524

(Continued)

CAMPBELL & FETTER BANK
EMPLOYEES' PENSION PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
June 30, 2025

Name of Plan Sponsor: Campbell & Fetter Bank
Employer Identification Number: 35-0843168
Three-digit Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	HOME DEPOT INC	1,750 Shares	54,228	641,620
	INTEL CORP	4,700 Shares	101,468	105,280
	JACOBS SOLUTIONS INC	1,150 Shares	46,572	151,168
	JOHNSON & JOHNSON	2,700 Shares	139,313	412,425
	KROGER CO	9,300 Shares	228,359	667,089
	LOCKHEED MARTIN	440 Shares	178,920	203,782
	MCDONALDS CORP	940 Shares	23,910	274,640
	MEDTRONIC PLC	3,200 Shares	133,281	278,944
	MERCK & CO INC NEW	6,000 Shares	260,505	474,960
	MICROSOFT CORP	2,100 Shares	62,091	1,044,561
	NEXTERA ENERGY INC	4,500 Shares	57,583	312,390
	OTIS WORLDWIDE CORP	600 Shares	21,888	59,412
	PPL	6,000 Shares	174,147	203,340
	PEPSICO INC	1,000 Shares	90,463	132,040
	PFIZER INC	7,300 Shares	148,108	176,952
	PLEXUS CORP	1,200 Shares	33,693	162,372
	PROCTER & GAMBLE CO	2,300 Shares	109,893	366,436
	QUANTA SERVICES, INC.	1,450 Shares	46,246	548,216
	RAYTHEON TECHNOLOGIES CORP	1,600 Shares	83,847	233,632
	REGENERON PHARMACEUTICALS, INC.	400 Shares	262,084	210,000
	ROGERS COMMUNICATIONS CL B	5,000 Shares	182,486	148,300
	SCOTTS MIRACLE GRO	2,000 Shares	133,367	131,920
	STEEL DYNAMICS INC	2,500 Shares	37,355	320,025

(Continued)

CAMPBELL & FETTER BANK
EMPLOYEES' PENSION PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
June 30, 2025

Name of Plan Sponsor: Campbell & Fetter Bank
Employer Identification Number: 35-0843168
Three-digit Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value		(d) Cost	(e) Current Value
	STRYKER CORP.	1,240	Shares	59,520	490,581
	SYSCO CORP.	3,500	Shares	119,468	265,090
	TARGET CORPORATION	1,750	Shares	130,155	172,637
	US BANCORP DEL COM NEW	9,500	Shares	285,720	429,875
	UNITED PARCEL SERVICE	1,800	Shares	176,779	181,692
	VERIZON COMMUNICATIONS INC. USD	4,404	Shares	162,801	190,561
	WALGREENS BOOTS ALLIANCE INC NPV	6,500	Shares	312,795	74,620
	WALMART INC	3,950	Shares	71,277	386,231
	ZIMVIE INC	7,240	Shares	54,658	67,694
	ZIMMER BIOMET HOLDINGS INC	2,400	Shares	148,571	218,904
	AMENTUM HOLDINGS INC.	79	Shares	-	1,865
	ARCHER DANIELS MIDLAND CO.	1,300	Shares	56,740	68,614
	ONEOK INC	1,400	Shares	86,534	114,282
	Total Common Stock			\$ 8,084,914	\$ 19,147,954
Exchange Traded Funds					
	Vanguard Emerging Markets ETF	8,000	Shares	\$ 305,406	\$ 395,680
	Total Exchange Traded Funds			\$ 305,406	\$ 395,680
Mutual Funds					
	Vanguard Malvern Funds	8,000	Shares	\$ 413,660	\$ 402,160
	Total Mutual Funds			\$ 413,660	\$ 402,160

(Continued)

CAMPBELL & FETTER BANK
EMPLOYEES' PENSION PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
June 30, 2025

Name of Plan Sponsor: Campbell & Fetter Bank
Employer Identification Number: 35-0843168
Three-digit Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value		(d) Cost	(e) Current Value
Foreign Equity Securities					
	Accenture PLC Ireland SHS Class A	1,300	Shares	\$ 64,843	\$ 388,557
	Linde PLC COM	490	Shares	44,367	229,898
	Total Foreign Equity Securities			<u>\$ 109,210</u>	<u>\$ 618,455</u>
State and Municipal Bonds					
	AKRON OHIO CTRS PARTN 2.70% 12/1/26	20,000	Shares	\$ 20,602	\$ 19,653
	AKRON OHIO ECONOMIC DEV REV OH 3.625% 12/1/26	25,000	Shares	23,626	24,882
	ALABAMA INCENTIVES FING AUTH SPL OBLIG 6.042% 9/1/29	120,000	Shares	123,452	123,311
	ALBUQUERQUE N MEX GROSS RCPT 3.10% 7/1/28	50,000	Shares	54,362	48,296
	ALLEN TEX COMNTY DEV CORP 2.803% 9/1/28	30,000	Shares	31,615	28,755
	ANDERSON IND SCH BLDG CORP RFDG TSBL PEN 7/5/26	50,000	Shares	51,218	49,864
	ARIZONA PUB SVC CO 5.625% 5/15/33	40,000	Shares	40,362	40,362
	ARGOS IND CMNTY SCHS BLDG CORP 3% 1/15/2026	40,000	Shares	39,704	39,795
	ATHENS TEX INDPT SCH DIST 4.55% 8/15/25	25,000	Shares	26,043	24,999
	BEECH GROVE IND SCH BLDG CORP 3.05% 7/5/26	40,000	Shares	40,000	39,690
	BEECH GROVE IND SCH BLDG CORP 3.95% 7/5/34	50,000	Shares	54,863	45,572
	BOSSIER CITY LA UTIL REV 2.00% 10/01/2029	70,000	Shares	61,678	63,624
	BRISTOL TOWNSHIP PA 4.329% 9/15/30	45,000	Shares	50,435	45,011
	BROWNSBURG IND REDEV 3% 8/1/27	25,000	Shares	24,382	24,285
	BULLHEAD CITY ARIZ FIRE DIST 2.482% 7/1/32	20,000	Shares	16,937	17,173
	BUNCOMBE COUNTY LTD. OBLIG 4.5% 06/01/28	50,000	Shares	54,971	50,014
	BUNCOMBE CNTY NC LTD 4.800% 06/01/31	90,000	Shares	88,752	90,040

(Continued)

CAMPBELL & FETTER BANK
EMPLOYEES' PENSION PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
June 30, 2025

Name of Plan Sponsor: Campbell & Fetter Bank
Employer Identification Number: 35-0843168
Three-digit Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	CEDAR RAPIDS IOWA CMNTY SCH DIST 2.50% 7/1/28	25,000 Shares	27,382	25,019
	CENTRAL ARIZ FIRE & MED AUTH 2.394% 7/1/31	35,000 Shares	29,799	29,800
	CHEROKEE CNTY GA SCH SYS 5.87% 8/1/28	25,000 Shares	29,243	25,404
	CLARK CNTY KY SCH DIST 5.20% 6/1/26	30,000 Shares	31,116	30,028
	CLARK CNTY WASH SCH DIST 5.52% 6/1/27	20,000 Shares	24,377	20,332
	CLARKSVILLE IND ECONOMIC DEV 2.30% 8/1/2029	75,000 Shares	75,000	68,813
	CLEVELAND OHIO ECONOMIC 2.39% 12/1/31	30,000 Shares	25,148	25,738
	COLLEGE PARK GA BUS DEV AUTH 4.20% 9/1/30	25,000 Shares	27,484	24,984
	COLUMBUS-FRANKLIN CNTY OH FIN AUT 3.30% 8/15/27	35,000 Shares	34,618	34,426
	COLWITZ CONTY WASH PUT UTIL 6.884% DUE 3/1/32	140,000 Shares	151,126	152,132
	CORBIN KY INDPT SCH DIST 4.35% 9/1/29	30,000 Shares	31,355	29,238
	CREEK CNTY OKLA PUB GACS AUTH 2.013% DUE 4/1/28	80,000 Shares	69,475	74,786
	DENVER COLO CITY & CNTY HSG AUTH MULTIFAM 5.25% 7/1/27	75,000 Shares	75,268	75,058
	DENVER COLO PUB SCHS CTFS PARTN CO 6.220% 12/15/26	9,979 Shares	10,088	10,097
	DISTRICT COLUMBIA WTR AND SWR 5.422 10/1/28	45,000 Shares	46,113	45,491
	DUBLIN OHIO SPL OBLIG NON TX REV 3.30% 12/1/26	30,000 Shares	29,959	29,725
	EDGEWOOD OH SCH DIST 3.051% 12/1/28	105,000 Shares	80,413	89,729
	ELKHART CNTY IN REDEV CORR PROJ 4.50% 7/15/25	5,000 Shares	5,073	4,996
	ELKHART IND CMNTY SCHS 3.20% 7/20/25	35,000 Shares	35,008	34,977
	EVANSVILLE IND 5.9% 7/15/26	60,000 Shares	66,875	60,095
	EVANSVILLE IN. E/D SCH PROJ 3.78% DUE 2/15/26	125,000 Shares	127,127	124,851
	FINDLEY OHIO CITY SCH DIST 6.00% 12/1/29	20,000 Shares	20,811	20,034
	FISHERS IND ECONOMIC DEV REVENUE TAX SPF15 SERIES B	30,000 Shares	27,814	28,753

(Continued)

CAMPBELL & FETTER BANK
EMPLOYEES' PENSION PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
June 30, 2025

Name of Plan Sponsor: Campbell & Fetter Bank
Employer Identification Number: 35-0843168
Three-digit Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	FLORENCE CNTY SC PUC FACS 2.33% 10/01/30	40,000 Shares	36,311	36,388
	GLENDAL AZ MUN PPTY CORP EX 6.077% 7/1/25	25,000 Shares	28,313	25,000
	GREATER WEANTCHEE REGL CTR PUB 2.258% 9/1/29	10,000 Shares	8,970	9,202
	HOPEWELL-LOUDON OHIO LOC SCH DIST 5.463% 8/15/27	20,000 Shares	23,530	20,375
	HOUSTON TEX INDPT SCH DIST 6.068% 5/15/29	40,000 Shares	40,176	40,066
	HUNTINGTON IND 3.250% 8/1/29	15,000 Shares	16,235	14,509
	HUNTINGTON IND REDEV AUTH 3.500% 8/1/30	25,000 Shares	23,423	23,826
	INDEPENDENCE HILL CONSERV DIST IND 7% 1/15/26	10,000 Shares	10,115	10,023
	INDIANA BD. BANK REV. 4.339% DUE 1/15/26	50,000 Shares	54,859	50,005
	INDIANA BOND BANK REVENUE TAXABLE SCHOOL PROG	130,000 Shares	130,857	130,963
	INDIANA ST FIN AUTH EDL FACS REV 4.450% 7/1/25	50,000 Shares	48,686	50,000
	INDIANA ST FIN AUTH REV EDL 3.30% 2/1/26	50,000 Shares	50,000	49,808
	INDIANA ST FIN AUTH REV RFDG 3.42% 9/15/32	85,000 Shares	78,571	76,095
	INTERNATIONAL FALLS MINNESOTA ECONOMIC DEVELOPMENT AUTHORITY LEASE REVENUE REFUNDING VOYAGERS N.P FACILITY	15,000 Shares	13,729	14,783
	JOBSONIO BEVERAGE SYS OHIO 3.985% 1/1/29	35,000 Shares	39,126	34,986
	LICKING HEIGHTS OH LOC SCH 5.55% 9/1/27	35,000 Shares	37,275	35,049
	LOCAL ORE CAP ASSETS PROGRAM 4.50% 6/1/27	5,000 Shares	5,250	5,001
	MARICOPA CNTY AZ SCH DIST 6.243% 7/1/26	15,000 Shares	17,000	15,171
	MARICOPA CNTY AZ SCH DIST 6.40% 7/1/30	20,000 Shares	23,759	21,457
	MARYLAND ST HEALTH & HIGH ED AUTH 2.590% 10/1/26	30,000 Shares	31,000	29,499
	MASSACHUSETTS ST COLLEGE BLD 2.499% 5/1/29	50,000 Shares	52,079	47,132

(Continued)

CAMPBELL & FETTER BANK
EMPLOYEES' PENSION PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
June 30, 2025

Name of Plan Sponsor: Campbell & Fetter Bank
Employer Identification Number: 35-0843168
Three-digit Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	MEMPHIS TENN 5.442% 7/1/26	50,000 Shares	60,745	50,714
	MEMPHIS TENN 6.145% 5/1/30	15,000 Shares	19,815	15,899
	METROPOLITAN GOVT NASHVILLE 6.393% 7/1/30	50,000 Shares	52,747	53,032
	MISSISSIPPI DEV BK SPL OBLIG 3.75% 7/1/29	20,000 Shares	21,582	19,245
	MISSOURI ST HWYS & TRANSN COMMN RD REV 5.445% 5/1/33	95,000 Shares	96,706	97,149
	MONROE CNTY NY WATER AUTHORITY 6.259% 8/1/30	55,000 Shares	67,872	57,341
	MONTGOMERY CNTY IND ECONOMIC DEV 2.2% 7/15/30	50,000 Shares	49,613	44,538
	MORGAN CNTY KY PUB PPTYS CORP 1.70% 6/1/30	65,000 Shares	59,081	56,176
	NEENAH WIS 1.600% DUE 9/1/23 REF TAXABLE SER B	85,000 Shares	79,139	84,593
	NEW YORK NY 5.206% 10/1/31	100,000 Shares	100,424	101,026
	NEW YORK NY GO TAXABLE BABS 5.646% 6/1/27	65,000 Shares	66,186	65,752
	NORTH DAKOTA ST BLDG AUTH REV 5.750% 12/1/25	15,000 Shares	15,492	15,092
	NORTH MANCHESTER IND REDV DI 4.25% 7/1/2030	80,000 Shares	81,361	80,010
	OAKLAND UNIVERSITY MICH 3.770% 5/15/26	40,000 Shares	42,321	39,931
	OGDEN CITY UTAH MUN BLDG AUTH 5.506% 1/15/33	20,000 Shares	20,555	19,775
	OHIO STATE SPL OBLIG 1.535% 10/1/29	30,000 Shares	28,875	26,272
	OKLAHOMA DEV FIN AUTH LEASE RE 2.748% 6/1/30	15,000 Shares	13,446	13,713
	OKMULGEE CNTY OKLA GVMT 2.050% 12/1/28	50,000 Shares	45,307	45,658
	OREGON COMNTY COLLEGE DST 5.6% 6/30/28	15,000 Shares	15,741	15,489
	OWENSBORO KY 3.25% 5/1/28	25,000 Shares	23,762	24,248
	PAPIO-MISSOURI RIV NAT RES DIST NEB 2.602% 12/15/28	25,000 Shares	25,441	23,582
	PENNSYLVANIA ECONOMIC DEV FING 2.152% 6/15/29	40,000 Shares	34,984	36,882
	PENNSYLVANIA ST PA 5.45% 2/15/30	40,000 Shares	40,868	40,626

(Continued)

CAMPBELL & FETTER BANK
EMPLOYEES' PENSION PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
June 30, 2025

Name of Plan Sponsor: Campbell & Fetter Bank
Employer Identification Number: 35-0843168
Three-digit Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	PIKE CNTY KY PUB PPTYS CORP 2.0% DUE 8/1/28	50,000 Shares	42,029	46,265
	PINAL & MARICOPA CNTYZ ARIZ	70,000 Shares	56,705	63,419
	PINAL & MARICOPA CNTYS AZ SUPERSTITION FIRE & MED DIST CERT	20,000 Shares	18,360	20,000
	PLAINFIELD IND REDEV AUTH 3.50% 8/1/26	40,000 Shares	40,349	39,848
	PLAINFIELD IND REDEV AUTHORITY 8/1/28	60,000 Shares	58,405	54,416
	RIVER CITY INC KY PKG AUTH 3.0% 6/1/30	25,000 Shares	22,452	22,993
	SALT LAKE CTNY MUN BLDG AUTH 3.078% 12/1/29	35,000 Shares	43,187	35,862
	SAN ANTONIO TEX 08/01/23 5.635% 02/01/26	135,000 Shares	135,938	135,027
	SARANAC MICH COMNTY SCH DIST	35,000 Shares	28,793	31,989
	SEDGWICK CNTY KANS UNI SCH DIST 6.22% 10/1/28	130,000 Shares	158,842	132,877
	SHELDON TEX INDPT SCH DIST 5.632% 2/15/27	35,000 Shares	35,479	35,026
	SO CAROLINA ST PUB SVCS 3.606% 12/1/27	90,000 Shares	95,625	87,751
	SOUTH BEND IND ECONOMIC DEV 3.0% DUE 2/1/26	15,000 Shares	14,214	14,917
	SOUTH BEND IND ECONOMIC DEV TAX 2.00% 2/1/29	20,000 Shares	20,214	18,037
	SOUTH CAROLINA ST PUB SVC AUTH REV 5.74% 1/1/30	75,000 Shares	89,017	77,184
	SOUTHWEST DUBOIS CNTY IND 5.43% 7/10/27	60,000 Shares	64,900	60,755
	STATE PUB SCHOOL BLDG AUTH PA REV TAX 5.138% 9/15/29	30,000 Shares	36,000	30,656
	STATE PUBLIC SCHOOL BLDG AUTHORITY 5% 9/15/27	235,000 Shares	237,584	237,230
	SUMMIT CNTY OHIO DEV FIN AUTH 4.26% 11/15/28	20,000 Shares	21,927	19,866
	TACOMA WASH TAXABLE-LTD TAX-SER D 5.398% 12/1/30	40,000 Shares	40,512	40,910
	TIPPECANOE VY SCH BLDG CORP IND 5.35% 1/15/26	30,000 Shares	34,639	30,218
	TOOLE CITY UTAH SALES TAX REV 2.86% 12/1/28	15,000 Shares	15,822	14,359

(Continued)

CAMPBELL & FETTER BANK
EMPLOYEES' PENSION PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
June 30, 2025

Name of Plan Sponsor: Campbell & Fetter Bank
Employer Identification Number: 35-0843168
Three-digit Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	TRI-CNTY MET TRANSN DIST ORE REV 5.73% 9/1/33	45,000 Shares	46,728	47,776
	TUCSON AZ 6.049% 1/1/2027	10,000 Shares	10,860	10,017
	TUSCON AZ CTFS PARTN 1.702% 7/1/29	65,000 Shares	56,310	58,879
	TUCSON AZ CTFS PARTN 6.75% 7/1/30	55,000 Shares	72,100	59,149
	TWIN LAKES REG SEWER DIST TAXABLE SEWAGE WORKS REFUNDING REV BOND SER B	50,000 Shares	44,607	48,689
	UCF STAD CORP FL REV 4.7% DUE 3/1/30	20,000 Shares	19,793	19,775
	UNIVERSITY NORTHN IOWA UNIV REVS 2.0% 7/1/32	125,000 Shares	101,905	101,424
	UNIVERSITY WASHINGTON UNV 1.524% 4/1/30	26,964 Shares	23,189	23,833
	UTAH ST BRD HIGHER ED 4/1/29	30,000 Shares	37,658	31,070
	WARSAW IND REDV RX INC REV 4.50% 2/1/30	25,000 Shares	23,933	24,212
	WESTERN VA REGL JAIL AUTH 2.84% DUE 12/1/30	100,000 Shares	89,283	91,222
	WICHITA FALLS TX 4 B SALES TAX CORP SALES TAX REV	15,000 Shares	13,229	14,532
	WISCONSIN ST GEN FD ANN APP 5.70% 5/1/26	20,000 Shares	22,628	20,248
	WOODBURY CNTY IOWA 2.535% 6/1/33	10,000 Shares	8,343	8,071
	WORCESTER MASS PENSION FDG LN 6.25% 1/1/28	35,000 Shares	35,869	36,086
	Total State and Municipal Bonds		\$ 5,632,429	\$ 5,450,501
	Mortgage-Backed Securities			
	Federal Home Loan Bank 0.500% 1/29/2027	100,000 Shares	\$ 98,010	\$ 95,529
	Federal Home Loan Bank 0.500% 2/12/2027	100,000 Shares	97,808	96,503
	Federal Home Loan Bank 1.000% 2/19/2036	100,000 Shares	100,000	81,964
	Federal Home Loan Bank 1.000% 3/29/2029	100,000 Shares	99,906	95,605
	Total Mortgage-Backed Securities		\$ 395,724	\$ 369,601

(Continued)

CAMPBELL & FETTER BANK
EMPLOYEES' PENSION PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
June 30, 2025

Name of Plan Sponsor: Campbell & Fetter Bank
Employer Identification Number: 35-0843168
Three-digit Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Corporate Bonds				
	American Mun Pwr Ohio Inc Rev 7.734% 2/15/33	15,000	Shares	\$ 17,286
	American Mun Power Ohio Inc Rev Taxable Prairie St Series B	45,000	Shares	\$ 45,668
	American Mun Power Ohio Inc Rev 7.20% 2/15/29	30,000	Shares	32,738
	American Mun Power Ohio Inc Rev 7.334% 2/15/28	115,000	Shares	141,332
	FRANKLIN CNTY OHIO CONVENTION FAC AUTH OH 1.922%	15,000	Shares	14,572
	PHARMACIA CORP 6.6% 12/1/28	40,000	Shares	47,913
	The Home Depot, Inc. 12/24/25 Flt USD Corporate	110,000	Shares	110,296
	Total Corporate Bonds			<u>\$ 412,111</u>
				<u>\$ 382,486</u>
				<u>\$ 16,070,376</u>
				<u>\$ 27,440,476</u>

See Independent Auditor's Report.

CAMPBELL & FETTER BANK
EMPLOYEES' PENSION PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended June 30, 2025

Name of Plan Sponsor: Campbell & Fetter Bank
Employer Identification Number: 35-0843168
Three-digit Plan Number: 001

(a) Identity of Party Involved	(b) Description of Asset (including Interest Rate and Maturity in Case of Loan	(c) Purchase Price	(d) Selling Price	(g) Cost of Assets	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
<i>Series of transactions in excess of 5% of Plan Assets:</i>						
Federated Gov't Obligations	Tax Managed Federal Principal 1,788,253 purchased	\$ 1	\$ -	\$ 1,788,253	\$ 1,788,253	\$ -
	2,107,546 sold	-	1	2,107,546	2,107,546	-

See Independent Auditor's Report.

Active Participant Schedule

Active participant information grouped based on age and credited service.

Age Group	Years of Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Up
Under 25		4								
25 to 29		4	1							
30 to 34		1	1	4						
35 to 39		1	1		1					
40 to 44		1				4				
45 to 49		1		2	1	1				
50 to 54			1		1	2	1			
55 to 59		4	1				2	1		
60 to 64		2	2	1	2		1		1	1
65 to 69										
70 & up			1							

Except where otherwise indicated, the following assumptions were selected by the plan sponsor with the concurrence of the actuary. Prescribed assumptions are based on the requirements of the relevant law, the Internal Revenue Code, and applicable regulation. The actuary was not able to evaluate the prescribed assumptions for reasonableness for the purpose of the measurement.

Valuation Date

July 1, 2024

Participant and Asset Information Collected as of

July 1, 2024

Retirement Rates (FE)

<u>Age</u>	<u>Years of Service</u>	<u>Rate</u>
65	5	100%

Due to the size of the plan and lack of subsidies, in our professional judgement use of an assumption more sophisticated than a single point estimate is not merited.

Mortality Rates (FE)

Healthy and Disabled - Prescribed

IRS 2024 Optional Combined Table for Small Plans - Pri-2012 base mortality table combined for annuitants and non-annuitants as provided under IRC Section 430(h)(3). Mortality projections are based on SOA improvement scale MP-2021 and the projection methodology described in IRS regulations 1.430(h)(3)-1(c).

The mortality table is prescribed by IRS regulation.

ASC 960

Pri-2012 with generational improvements based on SOA improvement scale MP-2021.

As the plan is not large enough to have credible experience, mortality assumptions are set to reflect general population trends

Disability Rates (FE)

None

Due to the size of the plan and lack of subsidies, in our professional judgement explicitly valuing a disability decrement does not improve the accuracy of the valuation sufficiently to justify the added complexity.

Withdrawal Rates (FE)

Male: Table T-5 less GA51 Male
 Female: Table T-5 less GA51 Male

Age	Rate
20	7.9%
30	7.2%
40	5.2%
50	2.6%

As the plan is not large enough to have credible experience, withdrawal assumptions reflect the Sarason-Crocker withdrawal assumption that, in our professional judgement, best reflects the anticipated experience of the plan.

Annual Pay Increases (CO)

4.50%

The annual pay increase reflects the employers average target increase for a career employee.

Interest Rates

	1st Segment (0-5 years)	2nd Segment (5-20 years)	3rd Segment (20+ years)
Minimum Funding and Benefit Restrictions - Prescribed (CO)	4.99%	5.29%	5.59%
PBGC and Maximum Funding - Prescribed (CO)	4.99%	5.29%	5.29%
ASC 960 (CO)	6.00%	6.00%	6.00%

All segment rates are based on the sponsor's election to use a 0 month lookback. The PBGC interest rates are based on the sponsor's election to use the Alternative calculation method. The Alternative calculation method was elected in 2011.

Interest rates for minimum and maximum funding are prescribed by IRS regulation. This assumption has been set by the plan sponsor in conjunction with their asset advisors. We believe this assumption to be reasonable based on the combination of historical asset returns and an independent forward-looking analysis, which considers the plan's asset allocation and the capital market assumptions by asset class as projected in the Horizon CMA Survey.

Payment Form Election (FE)

Life Annuity	100%
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Expense and/or Contingency Loading (FE)

The Target Normal Cost is increased by \$110,000 to cover anticipated administrative expenses paid from the trust.

Marital Status and Ages (FE)

80% of Participants assumed to be married with wives assumed to be 3 years younger than husbands.

Market Value of Assets

Equal to the fair value of assets as of the valuation date, plus the discounted value of contributions made following the valuation date and before the date of this report for the purpose of satisfying the prior year's funding requirements.

Plan Asset Valuation Method

PPA Smoothed Value of Assets. Gains or losses on the Market Value of Assets are recognized over three years, subject to a 10% corridor around the Market Value of Assets.

Expected Rate of Return on Assets (CO)

For determination of the Plan Asset value, the expected return on assets is the lesser of the Effective Interest Rate or the third segment rate.

Cost Method

PPA requires the use of the Unit Credit cost method for determining the minimum required contribution and PBGC premiums. The maximum tax deductible contribution calculation includes limited Projected Unit Credit calculations as required under IRC 404(o).

ASC 960 requires the use of the Unit Credit cost method.

FE indicates an assumption representing an estimate of future experience

MD indicates an assumption representing observations of estimates inherent in market data

CO indicates an assumption representing a combination of an estimate of future experience and observations of market data

CAMPBELL & FETTER BANK
EMPLOYEES' PENSION PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended June 30, 2025

Name of Plan Sponsor: Campbell & Fetter Bank
Employer Identification Number: 35-0843168
Three-digit Plan Number: 001

(a) Identity of Party Involved	(b) Description of Asset (including Interest Rate and Maturity in Case of Loan	(c) Purchase Price	(d) Selling Price	(g) Cost of Assets	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
<i>Series of transactions in excess of 5% of Plan Assets:</i>						
Federated Gov't Obligations	Tax Managed Federal Principal 1,788,253 purchased	\$ 1	\$ -	\$ 1,788,253	\$ 1,788,253	\$ -
	2,107,546 sold	-	1	2,107,546	2,107,546	-

See Independent Auditor's Report.

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 07/01/2024 and ending 06/30/2025

▶ **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 Campbell & Fetter Bank Employees' 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 Campbell & Fetter Bank	D Employer Identification Number (EIN) 35-0843168	
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 checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month 07 Day 01 Year 2024

2 Assets:		
a Market value	2a	25,594,701
b Actuarial value	2b	25,081,389

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	64	7,240,934	7,240,934
b For terminated vested participants	22	768,309	768,309
c For active participants	52	4,259,046	4,324,709
d Total	138	12,268,289	12,333,952

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

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

5 Effective interest rate **5** 5.39%

6 Target normal cost		
a Present value of current plan year accruals	6a	435,359
b Expected plan-related expenses	6b	110,000
c Target normal cost	6c	545,359

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	Matthew Branding <i>MB</i> Signature of actuary	02/10/2026 Date
	Matthew L Branding, FSA, EA, CERA Type or print name of actuary	2308525 Most recent enrollment number
	Nyhart Firm name	317-845-3607 Telephone number (including area code)
	5750 Castle Creek Parkway Suite 245 Indianapolis IN 46250 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 V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 5.29 %	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 65
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input 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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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 545,359
b Excess assets, if applicable, but not greater than line 31a				31b 545,359
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
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 0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
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
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 checked="" type="checkbox"/> 2021				

Age	Expected Actives at Age	Retirement Rate	Expected Retirements	Weighted Age
65.00	34.7681	100.00%	34.7681	2,259.9271
66.00	0.0000	100.00%	0.0000	0.0000
67.00	0.0000	100.00%	0.0000	0.0000
68.00	0.0000	100.00%	0.0000	0.0000
69.00	0.0000	100.00%	0.0000	0.0000
70.00	1.0000	100.00%	1.0000	70.0000
Total			35.7681	2,329.9271

Weighted Average Retirement Age = Weighted Age/Expected Retirements : **65.14**

* Please note that the retirement rates are a weighted average of the rates shown in Part V for active participants eligible to retire at the age and zero for all other active participants.

Plan Effective Date

The plan was effective December 1, 1960. The plan was last amended and restated effective July 1, 2019.

Plan Status

The plan provides ongoing benefit accruals and participation is open to new entrants.

Eligibility for Participation

An employee shall become a participant on the July 1st or January 1st coincident with or next following the date he:

- 1) Completed one year of service (1,000 or more hours in first 12 months of employment or in a subsequent plan year); and
- 2) Attains age 21

Accrual of Benefits

A participant shall accumulate a benefit payable at normal retirement date based on Final Average Compensation and Credited Service as of the date of determination.

Benefits

Normal Retirement

- | | |
|-------------|---|
| Eligibility | Age 65 or the fifth anniversary of plan participation if later. |
| Benefit | 1.25% of Final Average Compensation plus 0.65% of Final Average Compensation in excess of Covered Compensation multiplied by Credited Service to a maximum of 35 years at normal retirement date. |

Early Retirement

- | | |
|-------------|---|
| Eligibility | Age 55 and 15 years of vesting service. |
| Benefit | Accrued retirement benefit reduced 1/180 per month for 1st 60 months and by 1/360 per month for next 60 months by which commencement of a participant's early retirement benefit precedes his/her normal retirement date. |

Late Retirement

Eligibility	Participation continues after normal retirement date
Benefit	Greater of accrued retirement benefit commencing as of the first day of the month following his late retirement date based on benefit service at such date or accrued benefit as of normal retirement date actuarially increased for delayed commencement.

Death before Retirement

Eligibility	(1) Active participant, not eligible for benefit under (2). (2) Active participant with vested benefit. In addition, the participant must have been married one year.
Benefit	(1) Beneficiary receives actuarial present value of the accrued benefit. (2) Spouse receives the Qualified Pre retirement Survivor Annuity or if greater, the benefit under (1) payable as a life annuity.

Termination Benefit

Eligibility	5 years of vesting service
Benefit	100% of accrued retirement benefit

Credited Service

For Vesting

A year of vesting service is credited for each plan year in which a participant is credited with 1,000 hours of service.

For Benefit Accrual

A year of benefit service is credited for each plan year in which a participant is credited with 1,000 hours of service.

Final Average Compensation

The average of W-2 compensation (including amounts contributed by means of a salary reduction agreement to either a cash or deferred arrangement or a cafeteria plan) for the five consecutive plan years in the last ten plan years that produce the highest average.

Employee Contributions

Participants shall not be required or permitted to make contributions under the Plan

Payment Forms

Normal Form

The single life annuity for single participants. The normal retirement benefit shall be payable to married participants in the form of an actuarially equivalent qualified joint and 50% survivor annuity

Optional Forms

5, 10, 15 or 20 Year Certain and Life Annuity, Lump Sum (small benefit cash outs only), 50% and 75% Joint and Survivor Annuity.

Actuarial Equivalence

For non-decreasing annuities: Actuarial Equivalence will be computed using 6% interest and the 1994 GAR mortality table

For accelerated forms of payment: Actuarial Equivalence will be computed using the "PPA applicable mortality table" and the interest rate determined under Code Section 417(e)(3) for the month of April preceeding the Plan Year that contains the annuity starting date

Plan Provision Not Included

We are not aware of any plan provisions not included in the valuation

Adjustments Made for Subsequent Events

We are not aware of any event following the measurement date and prior to the date of this report that would materially impact the results of this report

CAMPBELL & FETTER BANK
EMPLOYEES' PENSION PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
June 30, 2025

Name of Plan Sponsor: Campbell & Fetter Bank
Employer Identification Number: 35-0843168
Three-digit Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Money Market Investment Funds				
	Federated Gov't Obligations Tax MDG FD PRIN	73,168	Shares	\$ 73,168
	Total Money Market Investment Funds			\$ 73,168
Certificates of Deposit				
	HSBC Bank USA 2.760% 10/23/28	55,000	Shares	\$ 57,444
	JP Morgan Chase Bank CD 3.500% 1/31/30	40,000	Shares	\$ 37,116
	JP Morgan Chase Bank CD 0.900% 7/21/28	110,000	Shares	\$ 107,084
	JP Morgan Chase Bank CD 1.000% 5/10/29	35,000	Shares	\$ 34,301
	JP Morgan Chase Bank CD 1.000% 1/10/29	150,000	Shares	\$ 149,488
	JP Morgan Chase Bank CD 1.000% 4/06/29	146,000	Shares	\$ 139,814
	JP Morgan Chase Bank CD 1.250% 12/27/30	92,000	Shares	\$ 90,575
	Total Certificates of Deposit			\$ 615,822
Foreign bonds				
	Toronto Dominion BK SR Medium Tranche #TR 00140	28,000	Shares	\$ 27,932
	Total United States Treasury Bills			\$ 27,932
Common Stocks				
	3M COMPANY COMMON	1,900	Shares	\$ 192,822
	AES CORPORATION	14,600	Shares	\$ 197,525
	AFLAC INC	6,550	Shares	\$ 201,490
	ABBOTT LABS	3,200	Shares	\$ 94,789

(Continued)

CAMPBELL & FETTER BANK
EMPLOYEES' PENSION PLAN
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	ABBVIE INC	2,900	Shares	96,175	538,298
	AIR PRODS & CHEMS INC	450	Shares	118,305	126,927
	ALPHABET INC CLASS C	3,300	Shares	199,906	585,387
	APPLE INC	3,425	Shares	95,606	702,707
	AUTOMATIC DATA PROCESSING	975	Shares	30,326	300,690
	CARRIER GLOBAL CORP	2,700	Shares	48,194	197,613
	CHEVRONTEXACO CORP.	2,400	Shares	223,987	343,656
	CINCINNATI FINANCIAL CORP.	700	Shares	24,487	104,244
	CISCO SYS INC	8,800	Shares	195,727	610,544
	COCA COLA CO	3,800	Shares	101,109	268,850
	CORECARD CORPORATION	8,200	Shares	248,545	237,554
	DISNEY WALT CO COM DISNEY	1,400	Shares	76,769	173,614
	DOLLAR GENERAL CORP.	1,200	Shares	95,281	137,256
	EMERSON ELECTRIC CO	3,000	Shares	123,853	399,990
	EXXON MOBIL CORP	3,600	Shares	276,083	388,080
	F5 NETWORKS, INC	1,420	Shares	173,402	417,934
	FISERV INC	2,000	Shares	198,979	344,820
	FLOWSERVE CORP	4,600	Shares	180,398	240,810
	FRANKLIN ELECTRIC CO INC	3,500	Shares	61,940	314,090
	GE VERNOVA INC CORP COMMON	275	Shares	-	145,516
	GENERAL ELEC CO	1,125	Shares	1	289,564
	GENUINE PARTS CO	1,750	Shares	148,823	212,293
	GILEAD SCIENCES INC	5,200	Shares	405,567	576,524

(Continued)

CAMPBELL & FETTER BANK
EMPLOYEES' PENSION PLAN
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(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value		(d) Cost	(e) Current Value
	HOME DEPOT INC	1,750	Shares	54,228	641,620
	INTEL CORP	4,700	Shares	101,468	105,280
	JACOBS SOLUTIONS INC	1,150	Shares	46,572	151,168
	JOHNSON & JOHNSON	2,700	Shares	139,313	412,425
	KROGER CO	9,300	Shares	228,359	667,089
	LOCKHEED MARTIN	440	Shares	178,920	203,782
	MCDONALDS CORP	940	Shares	23,910	274,640
	MEDTRONIC PLC	3,200	Shares	133,281	278,944
	MERCK & CO INC NEW	6,000	Shares	260,505	474,960
	MICROSOFT CORP	2,100	Shares	62,091	1,044,561
	NEXTERA ENERGY INC	4,500	Shares	57,583	312,390
	OTIS WORLDWIDE CORP	600	Shares	21,888	59,412
	PPL	6,000	Shares	174,147	203,340
	PEPSICO INC	1,000	Shares	90,463	132,040
	PFIZER INC	7,300	Shares	148,108	176,952
	PLEXUS CORP	1,200	Shares	33,693	162,372
	PROCTER & GAMBLE CO	2,300	Shares	109,893	366,436
	QUANTA SERVICES, INC.	1,450	Shares	46,246	548,216
	RAYTHEON TECHNOLOGIES CORP	1,600	Shares	83,847	233,632
	REGENERON PHARMACEUTICALS, INC.	400	Shares	262,084	210,000
	ROGERS COMMUNICATIONS CL B	5,000	Shares	182,486	148,300
	SCOTTS MIRACLE GRO	2,000	Shares	133,367	131,920
	STEEL DYNAMICS INC	2,500	Shares	37,355	320,025

(Continued)

CAMPBELL & FETTER BANK
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	STRYKER CORP.	1,240	Shares	59,520	490,581
	SYSCO CORP.	3,500	Shares	119,468	265,090
	TARGET CORPORATION	1,750	Shares	130,155	172,637
	US BANCORP DEL COM NEW	9,500	Shares	285,720	429,875
	UNITED PARCEL SERVICE	1,800	Shares	176,779	181,692
	VERIZON COMMUNICATIONS INC. USD	4,404	Shares	162,801	190,561
	WALGREENS BOOTS ALLIANCE INC NPV	6,500	Shares	312,795	74,620
	WALMART INC	3,950	Shares	71,277	386,231
	ZIMVIE INC	7,240	Shares	54,658	67,694
	ZIMMER BIOMET HOLDINGS INC	2,400	Shares	148,571	218,904
	AMENTUM HOLDINGS INC.	79	Shares	-	1,865
	ARCHER DANIELS MIDLAND CO.	1,300	Shares	56,740	68,614
	ONEOK INC	1,400	Shares	86,534	114,282
	Total Common Stock			<u>\$ 8,084,914</u>	<u>\$ 19,147,954</u>
Exchange Traded Funds					
	Vanguard Emerging Markets ETF	8,000	Shares	<u>\$ 305,406</u>	<u>\$ 395,680</u>
	Total Exchange Traded Funds			<u>\$ 305,406</u>	<u>\$ 395,680</u>
Mutual Funds					
	Vanguard Malvern Funds	8,000	Shares	<u>\$ 413,660</u>	<u>\$ 402,160</u>
	Total Mutual Funds			<u>\$ 413,660</u>	<u>\$ 402,160</u>

(Continued)

CAMPBELL & FETTER BANK
EMPLOYEES' PENSION PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
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(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value		(d) Cost	(e) Current Value
Foreign Equity Securities					
	Accenture PLC Ireland SHS Class A	1,300	Shares	\$ 64,843	\$ 388,557
	Linde PLC COM	490	Shares	44,367	229,898
	Total Foreign Equity Securities			<u>\$ 109,210</u>	<u>\$ 618,455</u>
State and Municipal Bonds					
	AKRON OHIO CTRS PARTN 2.70% 12/1/26	20,000	Shares	\$ 20,602	\$ 19,653
	AKRON OHIO ECONOMIC DEV REV OH 3.625% 12/1/26	25,000	Shares	23,626	24,882
	ALABAMA INCENTIVES FING AUTH SPL OBLIG 6.042% 9/1/29	120,000	Shares	123,452	123,311
	ALBUQUERQUE N MEX GROSS RCPT 3.10% 7/1/28	50,000	Shares	54,362	48,296
	ALLEN TEX COMNTY DEV CORP 2.803% 9/1/28	30,000	Shares	31,615	28,755
	ANDERSON IND SCH BLDG CORP RFDG TSBL PEN 7/5/26	50,000	Shares	51,218	49,864
	ARIZONA PUB SVC CO 5.625% 5/15/33	40,000	Shares	40,362	40,362
	ARGOS IND CMNTY SCHS BLDG CORP 3% 1/15/2026	40,000	Shares	39,704	39,795
	ATHENS TEX INDPT SCH DIST 4.55% 8/15/25	25,000	Shares	26,043	24,999
	BEECH GROVE IND SCH BLDG CORP 3.05% 7/5/26	40,000	Shares	40,000	39,690
	BEECH GROVE IND SCH BLDG CORP 3.95% 7/5/34	50,000	Shares	54,863	45,572
	BOSSIER CITY LA UTIL REV 2.00% 10/01/2029	70,000	Shares	61,678	63,624
	BRISTOL TOWNSHIP PA 4.329% 9/15/30	45,000	Shares	50,435	45,011
	BROWNSBURG IND REDEV 3% 8/1/27	25,000	Shares	24,382	24,285
	BULLHEAD CITY ARIZ FIRE DIST 2.482% 7/1/32	20,000	Shares	16,937	17,173
	BUNCOMBE COUNTY LTD. OBLIG 4.5% 06/01/28	50,000	Shares	54,971	50,014
	BUNCOMBE CNTY NC LTD 4.800% 06/01/31	90,000	Shares	88,752	90,040

(Continued)

CAMPBELL & FETTER BANK
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	CEDAR RAPIDS IOWA CMNTY SCH DIST 2.50% 7/1/28	25,000 Shares	27,382	25,019
	CENTRAL ARIZ FIRE & MED AUTH 2.394% 7/1/31	35,000 Shares	29,799	29,800
	CHEROKEE CNTY GA SCH SYS 5.87% 8/1/28	25,000 Shares	29,243	25,404
	CLARK CNTY KY SCH DIST 5.20% 6/1/26	30,000 Shares	31,116	30,028
	CLARK CNTY WASH SCH DIST 5.52% 6/1/27	20,000 Shares	24,377	20,332
	CLARKSVILLE IND ECONOMIC DEV 2.30% 8/1/2029	75,000 Shares	75,000	68,813
	CLEVELAND OHIO ECONOMIC 2.39% 12/1/31	30,000 Shares	25,148	25,738
	COLLEGE PARK GA BUS DEV AUTH 4.20% 9/1/30	25,000 Shares	27,484	24,984
	COLUMBUS-FRANKLIN CNTY OH FIN AUT 3.30% 8/15/27	35,000 Shares	34,618	34,426
	COLWITZ CONTY WASH PUT UTIL 6.884% DUE 3/1/32	140,000 Shares	151,126	152,132
	CORBIN KY INDPT SCH DIST 4.35% 9/1/29	30,000 Shares	31,355	29,238
	CREEK CNTY OKLA PUB GACS AUTH 2.013% DUE 4/1/28	80,000 Shares	69,475	74,786
	DENVER COLO CITY & CNTY HSG AUTH MULTIFAM 5.25% 7/1/27	75,000 Shares	75,268	75,058
	DENVER COLO PUB SCHS CTFS PARTN CO 6.220% 12/15/26	9,979 Shares	10,088	10,097
	DISTRICT COLUMBIA WTR AND SWR 5.422 10/1/28	45,000 Shares	46,113	45,491
	DUBLIN OHIO SPL OBLIG NON TX REV 3.30% 12/1/26	30,000 Shares	29,959	29,725
	EDGEWOOD OH SCH DIST 3.051% 12/1/28	105,000 Shares	80,413	89,729
	ELKHART CNTY IN REDEV CORR PROJ 4.50% 7/15/25	5,000 Shares	5,073	4,996
	ELKHART IND CMNTY SCHS 3.20% 7/20/25	35,000 Shares	35,008	34,977
	EVANSVILLE IND 5.9% 7/15/26	60,000 Shares	66,875	60,095
	EVANSVILLE IN. E/D SCH PROJ 3.78% DUE 2/15/26	125,000 Shares	127,127	124,851
	FINDLEY OHIO CITY SCH DIST 6.00% 12/1/29	20,000 Shares	20,811	20,034
	FISHERS IND ECONOMIC DEV REVENUE TAX SPF15 SERIES B	30,000 Shares	27,814	28,753

(Continued)

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Name of Plan Sponsor: Campbell & Fetter Bank
Employer Identification Number: 35-0843168
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	FLORENCE CNTY SC PUC FACS 2.33% 10/01/30	40,000 Shares	36,311	36,388
	GLENDAL AZ MUN PPTY CORP EX 6.077% 7/1/25	25,000 Shares	28,313	25,000
	GREATER WEANTCHEE REGL CTR PUB 2.258% 9/1/29	10,000 Shares	8,970	9,202
	HOPEWELL-LOUDON OHIO LOC SCH DIST 5.463% 8/15/27	20,000 Shares	23,530	20,375
	HOUSTON TEX INDPT SCH DIST 6.068% 5/15/29	40,000 Shares	40,176	40,066
	HUNTINGTON IND 3.250% 8/1/29	15,000 Shares	16,235	14,509
	HUNTINGTON IND REDEV AUTH 3.500% 8/1/30	25,000 Shares	23,423	23,826
	INDEPENDENCE HILL CONSERV DIST IND 7% 1/15/26	10,000 Shares	10,115	10,023
	INDIANA BD. BANK REV. 4.339% DUE 1/15/26	50,000 Shares	54,859	50,005
	INDIANA BOND BANK REVENUE TAXABLE SCHOOL PROG	130,000 Shares	130,857	130,963
	INDIANA ST FIN AUTH EDL FACS REV 4.450% 7/1/25	50,000 Shares	48,686	50,000
	INDIANA ST FIN AUTH REV EDL 3.30% 2/1/26	50,000 Shares	50,000	49,808
	INDIANA ST FIN AUTH REV RFDG 3.42% 9/15/32	85,000 Shares	78,571	76,095
	INTERNATIONAL FALLS MINNESOTA ECONOMIC DEVELOPMENT AUTHORITY LEASE REVENUE REFUNDING VOYAGERS N.P FACILITY	15,000 Shares	13,729	14,783
	JOBSONIO BEVERAGE SYS OHIO 3.985% 1/1/29	35,000 Shares	39,126	34,986
	LICKING HEIGHTS OH LOC SCH 5.55% 9/1/27	35,000 Shares	37,275	35,049
	LOCAL ORE CAP ASSETS PROGRAM 4.50% 6/1/27	5,000 Shares	5,250	5,001
	MARICOPA CNTY AZ SCH DIST 6.243% 7/1/26	15,000 Shares	17,000	15,171
	MARICOPA CNTY AZ SCH DIST 6.40% 7/1/30	20,000 Shares	23,759	21,457
	MARYLAND ST HEALTH & HIGH ED AUTH 2.590% 10/1/26	30,000 Shares	31,000	29,499
	MASSACHUSETTS ST COLLEGE BLD 2.499% 5/1/29	50,000 Shares	52,079	47,132

(Continued)

CAMPBELL & FETTER BANK
EMPLOYEES' PENSION PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
June 30, 2025

Name of Plan Sponsor: Campbell & Fetter Bank
Employer Identification Number: 35-0843168
Three-digit Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	MEMPHIS TENN 5.442% 7/1/26	50,000 Shares	60,745	50,714
	MEMPHIS TENN 6.145% 5/1/30	15,000 Shares	19,815	15,899
	METROPOLITAN GOVT NASHVILLE 6.393% 7/1/30	50,000 Shares	52,747	53,032
	MISSISSIPPI DEV BK SPL OBLIG 3.75% 7/1/29	20,000 Shares	21,582	19,245
	MISSOURI ST HWYS & TRANSN COMMN RD REV 5.445% 5/1/33	95,000 Shares	96,706	97,149
	MONROE CNTY NY WATER AUTHORITY 6.259% 8/1/30	55,000 Shares	67,872	57,341
	MONTGOMERY CNTY IND ECONOMIC DEV 2.2% 7/15/30	50,000 Shares	49,613	44,538
	MORGAN CNTY KY PUB PPTYS CORP 1.70% 6/1/30	65,000 Shares	59,081	56,176
	NEENAH WIS 1.600% DUE 9/1/23 REF TAXABLE SER B	85,000 Shares	79,139	84,593
	NEW YORK NY 5.206% 10/1/31	100,000 Shares	100,424	101,026
	NEW YORK NY GO TAXABLE BABS 5.646% 6/1/27	65,000 Shares	66,186	65,752
	NORTH DAKOTA ST BLDG AUTH REV 5.750% 12/1/25	15,000 Shares	15,492	15,092
	NORTH MANCHESTER IND REDV DI 4.25% 7/1/2030	80,000 Shares	81,361	80,010
	OAKLAND UNIVERSITY MICH 3.770% 5/15/26	40,000 Shares	42,321	39,931
	OGDEN CITY UTAH MUN BLDG AUTH 5.506% 1/15/33	20,000 Shares	20,555	19,775
	OHIO STATE SPL OBLIG 1.535% 10/1/29	30,000 Shares	28,875	26,272
	OKLAHOMA DEV FIN AUTH LEASE RE 2.748% 6/1/30	15,000 Shares	13,446	13,713
	OKMULGEE CNTY OKLA GVMT 2.050% 12/1/28	50,000 Shares	45,307	45,658
	OREGON COMNTY COLLEGE DST 5.6% 6/30/28	15,000 Shares	15,741	15,489
	OWENSBORO KY 3.25% 5/1/28	25,000 Shares	23,762	24,248
	PAPIO-MISSOURI RIV NAT RES DIST NEB 2.602% 12/15/28	25,000 Shares	25,441	23,582
	PENNSYLVANIA ECONOMIC DEV FING 2.152% 6/15/29	40,000 Shares	34,984	36,882
	PENNSYLVANIA ST PA 5.45% 2/15/30	40,000 Shares	40,868	40,626

(Continued)

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	PIKE CNTY KY PUB PPTYS CORP 2.0% DUE 8/1/28	50,000 Shares	42,029	46,265
	PINAL & MARICOPA CNTYZ ARIZ	70,000 Shares	56,705	63,419
	PINAL & MARICOPA CNTYS AZ SUPERSTITION FIRE & MED DIST CERT	20,000 Shares	18,360	20,000
	PLAINFIELD IND REDEV AUTH 3.50% 8/1/26	40,000 Shares	40,349	39,848
	PLAINFIELD IND REDEV AUTHORITY 8/1/28	60,000 Shares	58,405	54,416
	RIVER CITY INC KY PKG AUTH 3.0% 6/1/30	25,000 Shares	22,452	22,993
	SALT LAKE CTNY MUN BLDG AUTH 3.078% 12/1/29	35,000 Shares	43,187	35,862
	SAN ANTONIO TEX 08/01/23 5.635% 02/01/26	135,000 Shares	135,938	135,027
	SARANAC MICH COMNTY SCH DIST	35,000 Shares	28,793	31,989
	SEDGWICK CNTY KANS UNI SCH DIST 6.22% 10/1/28	130,000 Shares	158,842	132,877
	SHELDON TEX INDPT SCH DIST 5.632% 2/15/27	35,000 Shares	35,479	35,026
	SO CAROLINA ST PUB SVCS 3.606% 12/1/27	90,000 Shares	95,625	87,751
	SOUTH BEND IND ECONOMIC DEV 3.0% DUE 2/1/26	15,000 Shares	14,214	14,917
	SOUTH BEND IND ECONOMIC DEV TAX 2.00% 2/1/29	20,000 Shares	20,214	18,037
	SOUTH CAROLINA ST PUB SVC AUTH REV 5.74% 1/1/30	75,000 Shares	89,017	77,184
	SOUTHWEST DUBOIS CNTY IND 5.43% 7/10/27	60,000 Shares	64,900	60,755
	STATE PUB SCHOOL BLDG AUTH PA REV TAX 5.138% 9/15/29	30,000 Shares	36,000	30,656
	STATE PUBLIC SCHOOL BLDG AUTHORITY 5% 9/15/27	235,000 Shares	237,584	237,230
	SUMMIT CNTY OHIO DEV FIN AUTH 4.26% 11/15/28	20,000 Shares	21,927	19,866
	TACOMA WASH TAXABLE-LTD TAX-SER D 5.398% 12/1/30	40,000 Shares	40,512	40,910
	TIPPECANOE VY SCH BLDG CORP IND 5.35% 1/15/26	30,000 Shares	34,639	30,218
	TOOLE CITY UTAH SALES TAX REV 2.86% 12/1/28	15,000 Shares	15,822	14,359

(Continued)

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	TRI-CNTY MET TRANSN DIST ORE REV 5.73% 9/1/33	45,000 Shares	46,728	47,776
	TUCSON AZ 6.049% 1/1/2027	10,000 Shares	10,860	10,017
	TUSCON AZ CTFS PARTN 1.702% 7/1/29	65,000 Shares	56,310	58,879
	TUCSON AZ CTFS PARTN 6.75% 7/1/30	55,000 Shares	72,100	59,149
	TWIN LAKES REG SEWER DIST TAXABLE SEWAGE WORKS REFUNDING REV BOND SER B	50,000 Shares	44,607	48,689
	UCF STAD CORP FL REV 4.7% DUE 3/1/30	20,000 Shares	19,793	19,775
	UNIVERSITY NORTHN IOWA UNIV REVS 2.0% 7/1/32	125,000 Shares	101,905	101,424
	UNIVERSITY WASHINGTON UNV 1.524% 4/1/30	26,964 Shares	23,189	23,833
	UTAH ST BRD HIGHER ED 4/1/29	30,000 Shares	37,658	31,070
	WARSAW IND REDV RX INC REV 4.50% 2/1/30	25,000 Shares	23,933	24,212
	WESTERN VA REGL JAIL AUTH 2.84% DUE 12/1/30	100,000 Shares	89,283	91,222
	WICHITA FALLS TX 4 B SALES TAX CORP SALES TAX REV	15,000 Shares	13,229	14,532
	WISCONSIN ST GEN FD ANN APP 5.70% 5/1/26	20,000 Shares	22,628	20,248
	WOODBURY CNTY IOWA 2.535% 6/1/33	10,000 Shares	8,343	8,071
	WORCESTER MASS PENSION FDG LN 6.25% 1/1/28	35,000 Shares	35,869	36,086
	Total State and Municipal Bonds		\$ 5,632,429	\$ 5,450,501
	Mortgage-Backed Securities			
	Federal Home Loan Bank 0.500% 1/29/2027	100,000 Shares	\$ 98,010	\$ 95,529
	Federal Home Loan Bank 0.500% 2/12/2027	100,000 Shares	97,808	96,503
	Federal Home Loan Bank 1.000% 2/19/2036	100,000 Shares	100,000	81,964
	Federal Home Loan Bank 1.000% 3/29/2029	100,000 Shares	99,906	95,605
	Total Mortgage-Backed Securities		\$ 395,724	\$ 369,601

(Continued)

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Corporate Bonds				
	American Mun Pwr Ohio Inc Rev 7.734% 2/15/33	15,000	Shares	\$ 17,286
	American Mun Power Ohio Inc Rev Taxable Prairie St Series B	45,000	Shares	\$ 45,668
	American Mun Power Ohio Inc Rev 7.20% 2/15/29	30,000	Shares	32,738
	American Mun Power Ohio Inc Rev 7.334% 2/15/28	115,000	Shares	141,332
	FRANKLIN CNTY OHIO CONVENTION FAC AUTH OH 1.922%	15,000	Shares	13,415
	PHARMACIA CORP 6.6% 12/1/28	40,000	Shares	42,952
	The Home Depot, Inc. 12/24/25 Flt USD Corporate	110,000	Shares	110,150
	Total Corporate Bonds			<u>\$ 412,111</u>
				<u>\$ 382,486</u>
				<u>\$ 16,070,376</u>
				<u>\$ 27,440,476</u>

See Independent Auditor's Report.

Changes since Prior Valuation and Key Notes

There have been no changes to the plan provisions since the last valuation.

The interest rates and mortality assumptions have been updated as required under the Pension Protection Act, all subsequent legislation, and associated IRS Regulations, including the changes presented by the American Rescue Plan Act of 2021. These changes resulted in a decrease in the Funding Target and the Target Normal cost.

To better reflect anticipated plan experience, the assumed administrative expenses to be paid for the year has been changed from \$81,000 to \$110,000. This change resulted in an increase in the Target Normal Cost.

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