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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE PADUCAH BANK & TRUST COMPANY, INC. 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 08/28/1967

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
THE PADUCAH BANK & TRUST COMPANY, INC.

P. O. BOX 2600
PADUCAH, KY 42002-2600

555 JEFFERSON
PADUCAH, KY 42002-2600

2b Employer Identification Number (EIN)
61-0418959

2c Plan Sponsor's telephone number
270-575-5700

2d Business code (see instructions)
522110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/01/2026	JOSEPH H. FRAMPTOM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] 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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	202
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	**6a(1)**	145
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	137
b	Retired or separated participants receiving benefits	**6b**	11
c	Other retired or separated participants entitled to future benefits	**6c**	37
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	185
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	185
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	189
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	177
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	8
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 Characteristic Codes in the instructions:

2E 2F 2H 2J 2O 2Q

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

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

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

a Pension Schedules

- **(1)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
THE PADUCAH BANK & TRUST COMPANY, INC. 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE PADUCAH BANK & TRUST COMPANY, INC.

D Employer Identification Number (EIN)
61-0418959

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)

CRI TPA SERVICES, LLC

2633 CENTENNIAL BLVD. , SUITE 200
TALLAHASSEE, FL 32308

(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	TPA	49275	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HARDING SHYMANSKI & CO, PSC

35-1346211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	31964	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE BANK ADVISORY GROUP

15100 GEBRON DRIVE
AUSTIN, TX 78734

84-3773822

(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?
34	VALUATION	25740	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CAPITAL GROUP RETIREMENT PLAN SERV

6455 IRVINE CENTER DRIVE
IRVINE, CA 92618

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	11785	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
THE PADUCAH BANK & TRUST COMPANY, INC. 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE PADUCAH BANK & TRUST COMPANY, INC.

D Employer Identification Number (EIN)
61-0418959

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	46992	29541
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	668985	837400
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)	24460950	29716428
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	14245654	15515055
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	39422581	46098424
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	102448	106
1k Total liabilities (add all amounts in lines 1g through1j)	1k	102448	106
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	39320133	46098318

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)	837400	
(B) Participants	2a(1)(B)	953695	
(C) Others (including rollovers)	2a(1)(C)	656193	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2447288
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(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)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	891642	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2061653	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2953295
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1219992	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1219992

		(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)		2646703
c Other income	2c		1115
d Total income. Add all **income** amounts in column (b) and enter total	2d		9268393
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2371046	
(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)		2371046
f Corrective distributions (see instructions)	2f		0
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)	11785	
(4) IQPA audit fees	2i(4)	31964	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	398	
(9) Valuation/appraisal fees	2i(9)	25740	
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	49275	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		119162
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2490208
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		6778185
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) [X] 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)** [X] 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: HARDING SHYMANSKI & CO. PSC **(2)** EIN: 35-1346211

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.)	**4a**	X		512681
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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		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?	**4g**		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?	**4h**		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.)	**4i**	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.)	**4j**		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?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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 _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
THE PADUCAH BANK & TRUST COMPANY, INC. 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE PADUCAH BANK & TRUST COMPANY, INC.

D Employer Identification Number (EIN)
61-0418959

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): 61-0418959

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 |

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☒ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

THE PADUCAH BANK & TRUST COMPANY, INC. 401(k) AND EMPLOYEE STOCK OWNERSHIP PLAN

Financial Report

December 31, 2025

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Plan Administrator and Plan Management
The Paducah Bank & Trust Company, Inc. 401(k) and Employee Stock Ownership Plan

Opinion

We have audited the accompanying financial statements of The Paducah Bank & Trust Company, Inc. 401(k) and Employee Stock Ownership Plan (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, the related statements of changes in net assets available for benefits for the years ended December 31, 2025 and 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years ended December 31, 2025 and 2024, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan 's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

Harding, Shymanski & Company, P.S.C. is proud to be a part of the Aprio Alliance -- a national association created by accounting professionals to help collaborative, growth-minded CPA firms thrive. This affiliation gives us access to leading expertise, resources, and best practices, while preserving what matters most: the personalized service and local insight you expect from an independent firm.

Joining Aprio Alliance reinforces our commitment to exceptional client service and staying ahead of industry trends. While we leverage the strength of a national firm, we remain fully independent -- maintaining our name, client relationships, and service approach.



Responsibilities of Management for the Financial Statements (Continued)

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

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.

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)

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.

Emphasis of Matter – Investments

As discussed in Note 5, the financial statements include investments representing approximately 34 and 37 percent of total assets as of December 31, 2025 and 2024, respectively, whose fair value has been estimated by an independent appraisal, in the absence of readily ascertainable fair values, with the assistance of management and approved by the Trustee. Because of the inherent uncertainty of the valuation, the estimated value may differ significantly from the value that would have been used had a market for the investment existed, and the difference could be material.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of December 31, 2025, and delinquent participant contributions for the year ended December 31, 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 (DOL) 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 has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Supplemental Schedules Required by ERISA (Continued)

In our opinion, the information in the accompanying schedules, is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Harding, Shymanski & Company, P.S.C.

Evansville, Indiana
September 21, 2026

THE PADUCAH BANK & TRUST COMPANY, INC. 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2025 and 2024

	2025	2024
ASSETS		
Cash	**$ 29,541**	$ 46,992
Investments at fair value	**45,231,483**	38,706,605
Receivables:		
Employer - 401(k)	**275,400**	247,485
Employer - ESOP	**562,000**	421,500
Distribution receivable from Paducah Bank Shares, Inc.	**437,845**	234,779
Total receivables	**1,275,245**	903,764
Total assets	**46,536,269**	39,657,361
LIABILITIES		
Administrative fees payable	**25,841**	98,609
Excess contributions payable	**0**	9,299
Total liabilities	**25,841**	107,908
Net assets available for benefits	**$ 46,510,428**	$ 39,549,453

See accompanying notes to financial statements.

THE PADUCAH BANK & TRUST COMPANY, INC. 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2025 and 2024

	2025	2024
Additions		
Investment income:		
Net appreciation in fair value of investments	**$ 3,867,810**	$ 3,549,933
Distributions from Paducah Bank Shares, Inc.	**1,094,707**	899,617
Interest and dividends	**2,061,653**	1,434,028
	7,024,170	5,883,578
Contributions:		
Employer - 401(k)	**275,400**	247,486
Employer - ESOP	**562,000**	421,500
Participants	**953,695**	956,235
Rollovers	**656,193**	591,114
	2,447,288	2,216,335
Total additions	**9,471,458**	8,099,913
Deductions		
Benefits paid to participants	**2,372,935**	9,050,817
Administrative expenses	**137,548**	152,862
Total deductions	**2,510,483**	9,203,679
Net increase (decrease)	**6,960,975**	(1,103,766)
Net assets available for benefits:		
Beginning of year	**39,549,453**	40,653,219
End of year	**$ 46,510,428**	$ 39,549,453

See accompanying notes to financial statements.

Note 1 – Plan Description

The following description of The Paducah Bank & Trust Company, Inc. (Bank) 401(k) and Employee Stock Ownership Plan (Plan) provides only general information. Since the 401(k) and Employee Stock Ownership Plan (ESOP) portions of the Plan have different provisions, the notes to the financial statements individually segregate and summarize the 401(k) and ESOP provisions as necessary. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

401(k)

The Plan is a defined contribution plan covering all eligible employees of the Bank who have completed one hour of service. The Plan is subject to the provisions of ERISA. The Plan administrator is responsible for oversight of the Plan. The KSOP Administrative Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

ESOP

The Plan operates, in relevant part, as an ESOP and is designed to comply with Section 4975(e)(7) and the regulations thereunder of the Internal Revenue Code of 1986 (IRC), as amended, and is subject to the applicable provisions of ERISA. The Plan administrator is responsible for oversight of the Plan and reports to the Bank's KSOP Administrative Committee. The current Trustee of the Plan is the Chairman of the Board of Directors.

Employees of the Bank are generally eligible to become participants of the Plan after one year of service providing they have worked at least 1,000 hours during such Plan year. Once eligible, participants can enter the Plan at quarterly entry dates during the Plan year on January 1, April 1, July 1, and October 1. Participants who have not completed 1,000 hours of service during such Plan year, or are not actively employed on the last day of the Plan year, are generally ineligible for an allocation of Company contributions for such year.

Note 1 – Plan Description (Continued)

Contributions

401(k)

Each year, participants may contribute up to 100 percent of eligible compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. Paducah Bank Shares, Inc. (Company), the holding company of the Bank, makes matching contributions at the discretion of the Board of Directors. The Board of Directors elected to have a match equal to 50 percent of the first six percent of base eligible compensation that a participant contributes to the Plan. The Company may make discretionary contributions as determined annually by the Company's Board of Directors. There were no discretionary contributions for the years ended December 31, 2025 and 2024. Contributions are subject to certain Internal Revenue (IRS) limitations.

ESOP

Contributions of cash or Company common stock can be contributed each year at the Company's discretion. Employee contributions are not permitted. The Company's cash ESOP contributions for the years ended December 31, 2025 and 2024 were $562,000 and $421,500, respectively. Employees are eligible to participate in the ESOP after one year of service (1,000 hours). Additionally, a participant must be employed on the last day of the Plan year to receive ESOP contributions.

All contributions are subject to certain IRS limitations.

Participant Investment Account Options

401(k)

Investment account options available include various funds, including common stock of the Company. Each participant has the option of directing his or her contributions into any of the separate investment accounts and may change the allocation daily.

ESOP

Employer ESOP contributions to the Plan are invested at the discretion of the Trustee.

Note 1 – Plan Description (Continued)

Participant Accounts

401(k)

Each participant's account is credited with the participant's contributions, Bank's matching contributions, and Bank's discretionary contributions, if any. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

ESOP

The Plan is a defined contribution plan under which a separate individual account is established for each participant. Each participant's account is credited as of the last day of each Plan year with an allocation of shares of the Company's common stock or mutual funds purchased with the Company's contributions and forfeitures of terminated participants' non-vested accounts. Only those participants who are eligible employees of the Bank as of the last day of the Plan year will receive an allocation. Allocations and Plan earnings are allocated to each participant's account based on the ratio of the participant's account balance.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Bank's contribution portion of their account is based on years of continuous service as defined in the Plan. A participant is 100 percent vested after six years of credited service. A participant also becomes 100 percent vested upon death, disability, or normal retirement age.

Put Option

Under federal income tax regulations, the employer stock that is held by the Plan and its participants and is not readily tradable on an established market, or is subject to trading limitations, includes a put option. The put option is a right to demand that the Company buy any shares of its stock distributed to participants for which there is no market. The put price is representative of the current appraised value of the stock. The Company can pay for the purchase, with interest, in substantially equal installments over a period not exceeding five years if the participant's entire account is distributed within one taxable year. The purpose of the put option is to ensure that the participant has the ability to ultimately obtain cash.

Note 1 – Plan Description (Continued)

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account or in annual installments based on Plan provisions. ESOP distributions and 401(k) distributions, to the extent invested in Company stock, are generally made in cash; however, any Company stock distributed is subjected to the Plan's automatic put option provisions. Participants who have attained age 59½ may elect to receive either a partial withdrawal or lump-sum amount equal to the value of the participant's vested interest in his or her account. Participants may request a hardship withdrawal of a portion of their account attributable to participant deferrals. Any hardship withdrawal is limited to the amount needed to meet the financial need. Participants may elect to receive one or more in-service distributions in connection with a terminal illness or federally declared disaster, and one in-service distribution in connection with domestic abuse, based on Plan provisions.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Bank. Expenses that are paid by the Bank are excluded from these financial statements. Fees related to the administration of distributions from the Plan are included as a deduction on the statements of changes in net assets available for benefits.

Voting Rights

In accordance with the provisions of the Plan, voting rights are divided between participants and the Trustee. For routine business matters presented at the annual shareholders' meeting, the Trustee exercises voting rights in a matter deemed to be in the best interest of the Plan. In the event of a proposed corporate merger or consolidation, recapitalization, reclassification, liquidation, dissolution, sale of substantially all the assets of the Company or such similar transactions for the Company, each participant is entitled to exercise voting rights attributable to the shares allocated to his or her account and is notified by the Trustee prior to the time that such rights are to be exercised. The Trustee is not permitted to vote any allocated share for which instructions have not been given by a participant. The Trustee is required; however, to vote any unallocated shares on behalf of the collective best interests of Plan participants and beneficiaries.

Note 1 – Plan Description (Continued)

Diversification

Diversification is offered to participants close to retirement so that they may have the opportunity to move part of the value of their investment in Company common stock into investments that are more diversified. Participants who are at least age 55 with at least ten years of participation in the Plan may elect to diversify a portion of their account. Diversification is offered to each eligible participant each year until the year during which the participant incurs a termination of employment. In each of the first five years, a participant may diversify up to 25 percent of the Company common stock allocated to his or her account, less any shares previously diversified. In the sixth year, the percentage changes to 50 percent. The portion of the Company common stock in the participant's account for a participant that elects to diversify is liquidated and reinvested in the 401(k) portion of the Plan. The election to diversify is made subsequent to year-end based upon the shares of Company common stock in the participant's account at year-end.

Forfeited Accounts

401(k)

At December 31, 2025 and 2024, forfeited nonvested accounts totaled $21,062 and $26,503, respectively. These accounts will be used to reduce future employer contributions. In 2025 and 2024, employer contributions were reduced by $18,743 and $1,598, respectively, from forfeited nonvested accounts.

ESOP

Plan forfeitures are allocated to each participant's account based upon the relation of the participant's eligible compensation to total eligible compensation for the future Plan year. Forfeitures allocated to participants for the years ended December 31, 2025 and 2024 totaled $29,371 and $34,575, respectively. At December 31, 2025 and 2024, there were no forfeited nonvested accounts.

Note 2 – Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Note 2 – Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's KSOP Administrative Committee determines the Plan's valuation policies utilizing information provided by American Funds (Custodian). See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income and distributions are accrued on the ex-dividend/distribution date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

Note 3 – Nonparticipant Directed Investments

The nonparticipant directed investments of the Plan invested, at the discretion of the Bank, are presented in the following table:

	2025	2024
Paducah Bank Shares, Inc. common stock		
Number of shares	10,709	10,689
Cost	$ 2,610,940	$ 2,504,073
Estimated fair value	$ 10,794,672	$ 9,919,054
Mutual Funds	$ 3,302,955	$ 2,810,050
Money Market Funds	3,311	1,141
	$ 14,100,938	$ 12,730,245

The fair value per share of Company common stock as of December 31, 2025 and 2024 was $1,008 and $928, respectively.

Note 4 – Net Assets by Participant and Nonparticipant Directed Investments

Information about the net assets and the significant components of the changes in net assets relating to the participant directed and nonparticipant directed investments is as follows:

	Year Ended December 31, 2025		
	Nonparticipant Directed Funds	Participant Directed Funds	Total
Additions			
Investment Income			
Net appreciation in fair value of Paducah Bank Shares, Inc. common stock	$ 849,568	$ 371,512	$ 1,221,080
Net appreciation in fair value of mutual funds	478,698	2,168,032	2,646,730
Distributions received from Paducah Bank Shares, Inc.	836,188	258,519	1,094,707
Dividends	62,397	1,999,256	2,061,653
	2,226,851	4,797,319	7,024,170
Contributions			
Employer - 401(k)	0	275,400	275,400
Employer - ESOP	562,000	0	562,000
Participants	0	953,695	953,695
Rollovers	0	656,193	656,193
	562,000	1,885,288	2,447,288
Total additions	2,788,851	6,682,607	9,471,458
Deductions			
Benefits paid to participants	892,806	1,480,129	2,372,935
Administrative expenses	57,235	80,313	137,548
Total deductions	950,041	1,560,442	2,510,483
Net increase	1,838,810	5,122,165	6,960,975
Net assets available for benefits:			
Beginning of year	13,214,235	26,335,218	39,549,453
End of year	$ 15,053,045	$ 31,457,383	$ 46,510,428

Note 4 – Net Assets by Participant and Nonparticipant Directed Investments (Continued)

	Year Ended December 31, 2024		
	Nonparticipant Directed Funds	Participant Directed Funds	Total
Additions			
Investment Income			
Net appreciation in fair value of Paducah Bank Shares, Inc. common stock	$ 686,991	$ 299,566	$ 986,557
Net appreciation in fair value of mutual funds	436,159	2,127,217	2,563,376
Distributions received from Paducah Bank Shares, Inc.	596,236	303,381	899,617
Dividends	63,615	1,370,413	1,434,028
	1,783,001	4,100,577	5,883,578
Contributions			
Employer - 401(k)	0	247,486	247,486
Employer - ESOP	421,500	0	421,500
Participants	0	956,235	956,235
Rollovers	0	591,114	591,114
	421,500	1,794,835	2,216,335
Total additions	2,204,501	5,895,412	8,099,913
Deductions			
Benefits paid to participants	1,948,375	7,102,442	9,050,817
Administrative expenses	67,362	85,500	152,862
Total deductions	2,015,737	7,187,942	9,203,679
Net increase (decrease)	188,764	(1,292,530)	(1,103,766)
Net assets available for benefits:			
Beginning of year	13,025,471	27,627,748	40,653,219
End of year	$ 13,214,235	$ 26,335,218	$ 39,549,453

Note 5 – Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under the Financial Accounting Standards Board ASC 820 are described as follows:

Level 1 — Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 — Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specific (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 — Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

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

Money market funds: Valued at the daily closing price, representing NAV of shares held by the Bank.

Note 5 – Fair Value Measurements (Continued)

Paducah Bank Shares, Inc. common stock: The Company common stock held by the Plan is reported at fair value based upon an independent appraisal.

Following is a description of the valuation methodologies used for Level 3 assets measured at fair value.

The valuation process involves Plan management's selection of an independent appraiser. Plan management accumulates the data for the appraiser from the audited financial statements of the Company. The appraiser prepares a preliminary report which Plan management, along with the ESOP Trustee, reviews in detail, discusses, and approves.

The Company common stock held by the Plan is reported at fair value based upon an independent appraisal. This appraisal was based upon a combination of the market and income valuation techniques, which is consistent with prior years.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

	Assets at Fair Value as of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 28,090,267	$ 0	$ 0	$ 28,090,267
Money market funds	1,626,161	0	0	1,626,161
Investment in Paducah Bank Shares, Inc. common stock	0	0	15,515,055	15,515,055
Total assets in the fair value hierarchy	$ 29,716,428	$ 0	$ 15,515,055	$ 45,231,483

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 22,984,933	$ 0	$ 0	$ 22,984,933
Money market funds	1,476,018	0	0	1,476,018
Investment in Paducah Bank Shares, Inc. common stock	0	0	14,245,654	14,245,654
Total assets in the fair value hierarchy	$ 24,460,951	$ 0	$ 14,245,654	$ 38,706,605

Note 5 – Fair Value Measurements (Continued)

Changes in Fair Value of Level 3 Assets

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2025 and 2024:

	Investment in Paducah Bank Shares, Inc. Common Stock	
	2025	2024
Balance at beginning of year	$ 14,245,654	$ 13,350,384
Unrealized appreciation in estimated fair value	1,219,991	985,555
Purchase of outside shares, 2025 626 shares; 2024 525 shares	594,342	441,105
Sale of shares, 2025 585 shares; 2024 610 shares	(544,932)	(531,390)
Balance at end of year	$ 15,515,055	$ 14,245,654

Note 6 – Administration of Plan Assets

The Plan's Company common stock is held by the Trustee of the Plan. Bank contributions are held and managed by the Trustee, which invests cash received, interest, and dividend income (if any) and makes distributions to participants.

Certain administrative functions are performed by officers or employees of the Bank. No such officer or employee receives compensation from the Plan. The Bank pays directly any other permissible fees related to the Plan's operations.

Note 7 – Company Distributions

The Company declared and paid distributions to the Plan of $1,094,707 and $899,617 for the years ended December 31, 2025 and 2024, respectively.

Note 8 – Related Party Transactions and Party-in-Interest Transactions

Certain Plan investments are shares of common stock of Paducah Bank Shares, Inc., the holding company of the Bank, and certain mutual funds managed by the Custodian of those funds; therefore, these transactions qualify as party-in-interest transactions. The Plan also paid recordkeeping and other administrative fees to various parties-in-interest. The Plan made direct payments to the related parties and parties-in-interest of $137,548 and $152,862 for the years ended December 31, 2025 and 2024, respectively.

Note 9 – Plan Termination

Although it has not expressed any intent 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. In the event of Plan termination, participants would become 100 percent vested in their Bank's employer matching and ESOP contributions.

Note 10 – Tax Status

The IRS has determined and informed the Bank by a letter dated March 3, 2015, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and; therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

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

Note 11 – Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near-term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits. Additionally, the Plan invests in Company common stock, which represents approximately 34 percent and 37 percent of total investments at December 31, 2025 and 2024, respectively.

Note 12 – Nonexempt Transactions

In 2025, the Plan Sponsor inadvertently failed to deposit $5,701 of participant contributions within the required timeframe as stated by the DOL regulations. The Plan Sponsor intends to correct the delinquent participant contributions and deposit lost earnings to correct the matter. The Plan Sponsor also plans to file Form 5330 and pay applicable excise taxes to the IRS. The correction and excise taxes will be paid from the Plan Sponsor's assets and not from assets of the Plan.

In 2024, the Plan Sponsor inadvertently failed to deposit $506,980 of participant contributions within the required timeframe as stated by the DOL regulations. The Plan Sponsor corrected the delinquent participant contributions and deposited lost earnings to correct this matter during the year ended December 31, 2024. The Plan Sponsor filed Form 5330 and paid applicable excise taxes to the IRS. The correction and excise taxes were paid from the Plan Sponsor's assets and not from assets of the Plan.

Note 13 – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2025 and 2024 to Form 5500:

	2025	2024
Net assets available for benefits per the financial statements	$ 46,510,428	$ 39,549,453
Differences in:		
Distribution receivable from Paducah Bank Shares, Inc.	(437,845)	(234,779)
Administrative fees payable and excess contributions payable	25,735	5,459
Net assets available for benefits per Form 5500	$ 46,098,318	$ 39,320,133

Note 13 – Reconciliation of Financial Statements to Form 5500 (Continued)

The following is a reconciliation of the net increase (decrease) to net assets available for benefits per the financial statements for the years ended December 31, 2025 and 2024 to Form 5500:

	2025	2024
Net increase (decrease) in net assets available for benefits per the financial statements	$ 6,960,975	$ (1,103,766)
Differences in:		
Distributions from Paducah Bank Shares, Inc.	(437,845)	(234,779)
Prior-year distributions from Paducah Bank Shares, Inc.	234,779	227,209
Benefits paid to participants	1,889	(1,889)
Administrative expenses	18,387	7,348
Net increase (decrease) in net assets available for benefits per Form 5500	$ 6,778,185	$ (1,105,877)

Note 14 – Subsequent Events

The Plan has evaluated subsequent events through September 21, 2026, the date the financial statements were available to be issued.

Effective January 1, 2026, the Plan was amended to automatically enroll newly eligible employees into the Plan with an elective deferral rate of six percent of eligible compensation unless the participant affirmatively elects otherwise.

- - - SUPPLEMENTAL SCHEDULES - - -

THE PADUCAH BANK & TRUST COMPANY, INC. 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN

PLAN SPONSOR: THE PADUCAH BANK & TRUST COMPANY, INC.
PLAN SPONSOR EIN: 61-0418959
PLAN NUMBER: 001
ATTACHMENT TO SCHEDULE H, PART IV, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Investments at Fair Value			
*	Paducah Bank Shares, Inc.	10,709 Shares	$ 2,610,940	$ 10,794,672
*	American Funds Money Market Fund R5	Money Market Fund	3,311	3,311
*	American Funds AMCAP Fund R5	Mutual Fund	311,497	583,174
*	American Funds Bond Fund of America R5	Mutual Fund	65,339	55,350
*	American Funds Capital Income Builder R5	Mutual Fund	137,842	216,565
*	American Funds Capital World Growth and Income Fund R5	Mutual Fund	32,621	76,741
*	American Funds EuroPacific Growth Fund R5	Mutual Fund	147,521	167,951
*	American Funds Fundamental Investors R5	Mutual Fund	303,782	590,891
*	American Funds Intermediate Bond Fund of America R5	Mutual Fund	391,344	363,844
*	American Funds New Perspective Fund R5	Mutual Fund	107,773	265,865
*	American Funds Small Cap World Fund R5	Mutual Fund	126,654	237,380
*	American Funds The Investment Company of America R5	Mutual Fund	331,700	600,597
	Washington Mutual Investors Fund R6	Mutual fund	99,070	144,597
*	Paducah Bank Shares, Inc.	4,683 Shares	**	4,720,383
*	American Funds US Government Money Market R6	Money Market Fund	**	1,622,850
*	American Funds 2010 Target Date Fund R6	Mutual Fund	**	130
*	American Funds 2025 Target Date Fund R6	Mutual Fund	**	17,657
*	American Funds 2030 Target Date Fund R6	Mutual Fund	**	3,233,666
*	American Funds 2035 Target Date Fund R6	Mutual Fund	**	1,172,905
*	American Funds 2040 Target Date Fund R6	Mutual Fund	**	1,463,891
*	American Funds 2045 Target Date Fund R6	Mutual Fund	**	1,002,602
*	American Funds 2050 Target Date Fund R6	Mutual Fund	**	1,070,568
*	American Funds 2055 Target Date Fund R6	Mutual Fund	**	535,661
*	American Funds 2060 Target Date Fund R6	Mutual Fund	**	434,810
*	American Funds 2065 Target Date Fund R6	Mutual Fund	**	108,308
*	American Funds 2070 Target Date Fund R6	Mutual Fund	**	6,185
*	American Funds American Balanced R6	Mutual Fund	**	2,575,629
*	American Funds Bond Fund of America R6	Mutual Fund	**	292,410
*	American Funds Capital World G/I R6	Mutual Fund	**	1,139,123
*	American Funds EuroPacific Gr R6	Mutual Fund	**	1,406,157
*	American Funds Fundamental Investors R6	Mutual Fund	**	3,006,315
*	American Funds Growth Funds of Amer R6	Mutual Fund	**	3,974,626
*	American Funds Investment Company of America R6	Mutual Fund	**	772,287
*	American Funds Washington Mutual R6	Mutual Fund	**	2,535,638
	Dimensional U.S. Small Cap Portfolio I	Mutual Fund	**	38,744
				$ 45,231,483

* Party-in-interest
**Cost information (Column (d)) not required for participant-directed investments.

See independent auditor's report.

THE PADUCAH BANK & TRUST COMPANY, INC. 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN

PLAN SPONSOR: THE PADUCAH BANK & TRUST COMPANY, INC.
PLAN SPONSOR EIN: 61-0418959
PLAN NUMBER: 001
ATTACHMENT TO SCHEDULE H, PART IV, LINE 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
Years Ended December 31, 2025

Totals That Constitute Nonexempt Prohibited Transactions

	Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program (VFCP)	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2025	$ 5,701	$ 5,701	$ 0	$ 0	$ 0
2024	$ 506,980	$ 0	$ 506,980	$ 0	$ 0

See independent auditor's report.

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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) _____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶ ☐

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE PADUCAH BANK & TRUST COMPANY, INC. 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 08/28/1967

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

THE PADUCAH BANK & TRUST COMPANY, INC.

P. O. BOX 2600 555 JEFFERSON

PADUCAH KY 42002-2600 PADUCAH KY 42002-2600

2b Employer Identification Number (EIN) 61-0418959

2c Plan Sponsor's telephone number 270-575-5700

2d Business code (see instructions) 522110

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

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

SIGN HERE	Joseph H. Framptom Signature of plan administrator	10/01/26 Date	JOSEPH H. FRAMPTOM Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] 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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	202
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	**6a(1)**	145
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	137
b	Retired or separated participants receiving benefits	**6b**	11
c	Other retired or separated participants entitled to future benefits	**6c**	37
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	185
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	185
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	189
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	177
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	8
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 Characteristic Codes in the instructions:
2E 2F 2H 2J 2O 2Q

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

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

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

a Pension Schedules

- **(1)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan	**B** Three-digit plan number (PN) ▶	
THE PADUCAH BANK & TRUST COMPANY, INC. 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
THE PADUCAH BANK & TRUST COMPANY, INC.	61-0418959	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

CRI TPA SERVICES, LLC
2633 CENTENNIAL BLVD. , SUITE 200

TALLAHASSEE FL 32308

(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	TPA	49,275	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HARDING SHYMANSKI & CO, PSC 35-1346211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	31,964	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE BANK ADVISORY GROUP 84-3773822
15100 GEBRON DRIVE

AUSTIN TX 78734

(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?
34	VALUATION	25,740	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CAPITAL GROUP RETIREMENT PLAN SERV
6455 IRVINE CENTER DRIVE

IRVINE CA 92618

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	Recordkeeper	11,785	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H
(Form 5500)

Department of the Treasury
Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
THE PADUCAH BANK & TRUST COMPANY, INC. 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE PADUCAH BANK & TRUST COMPANY, INC.

D Employer Identification Number (EIN)
61-0418959

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	46,992	29,541
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	668,985	837,400
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)	24,460,950	29,716,428
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	14,245,654	15,515,055
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	39,422,581	46,098,424
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	102,448	106
1k Total liabilities (add all amounts in lines 1g through1j)	1k	102,448	106
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	39,320,133	46,098,318

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)	837,400	
(B) Participants	2a(1)(B)	953,695	
(C) Others (including rollovers)	2a(1)(C)	656,193	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2,447,288
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(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)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	891,642	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2,061,653	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2,953,295
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1,219,992	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1,219,992

		(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)		2,646,703
c Other income	2c		1,115
d Total income. Add all **income** amounts in column (b) and enter total	2d		9,268,393
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2,371,046	
(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)		2,371,046
f Corrective distributions (see instructions)	2f		0
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)	11,785	
(4) IQPA audit fees	2i(4)	31,964	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	398	
(9) Valuation/appraisal fees	2i(9)	25,740	
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	49,275	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		119,162
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2,490,208
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		6,778,185
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) [X] 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)** [X] 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: HARDING SHYMANSKI & CO. PSC **(2)** EIN: 35-1346211

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.)	**4a**	X		512,681
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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		5,000,000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		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?	**4g**		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?	**4h**		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.)	**4i**	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.)	**4j**		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?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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 _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
THE PADUCAH BANK & TRUST COMPANY, INC. 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE PADUCAH BANK & TRUST COMPANY, INC.

D Employer Identification Number (EIN)
61-0418959

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): 61-0418959

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**

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☒ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

THE PADUCAH BANK & TRUST COMPANY, INC. 401(k) AND EMPLOYEE STOCK OWNERSHIP PLAN

Financial Report

December 31, 2025

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Plan Administrator and Plan Management
The Paducah Bank & Trust Company, Inc. 401(k) and Employee Stock Ownership Plan

Opinion

We have audited the accompanying financial statements of The Paducah Bank & Trust Company, Inc. 401(k) and Employee Stock Ownership Plan (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, the related statements of changes in net assets available for benefits for the years ended December 31, 2025 and 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years ended December 31, 2025 and 2024, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan 's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

Harding, Shymanski & Company, P.S.C. is proud to be a part of the Aprio Alliance -- a national association created by accounting professionals to help collaborative, growth-minded CPA firms thrive. This affiliation gives us access to leading expertise, resources, and best practices, while preserving what matters most: the personalized service and local insight you expect from an independent firm.

Joining Aprio Alliance reinforces our commitment to exceptional client service and staying ahead of industry trends. While we leverage the strength of a national firm, we remain fully independent -- maintaining our name, client relationships, and service approach.



Responsibilities of Management for the Financial Statements (Continued)

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

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.

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)

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.

Emphasis of Matter – Investments

As discussed in Note 5, the financial statements include investments representing approximately 34 and 37 percent of total assets as of December 31, 2025 and 2024, respectively, whose fair value has been estimated by an independent appraisal, in the absence of readily ascertainable fair values, with the assistance of management and approved by the Trustee. Because of the inherent uncertainty of the valuation, the estimated value may differ significantly from the value that would have been used had a market for the investment existed, and the difference could be material.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of December 31, 2025, and delinquent participant contributions for the year ended December 31, 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 (DOL) 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 has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Supplemental Schedules Required by ERISA (Continued)

In our opinion, the information in the accompanying schedules, is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Harding, Shymanski & Company, P.S.C.

Evansville, Indiana
September 21, 2026

THE PADUCAH BANK & TRUST COMPANY, INC. 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2025 and 2024

	2025	2024
ASSETS		
Cash	**$ 29,541**	$ 46,992
Investments at fair value	**45,231,483**	38,706,605
Receivables:		
Employer - 401(k)	**275,400**	247,485
Employer - ESOP	**562,000**	421,500
Distribution receivable from Paducah Bank Shares, Inc.	**437,845**	234,779
Total receivables	**1,275,245**	903,764
Total assets	**46,536,269**	39,657,361
LIABILITIES		
Administrative fees payable	**25,841**	98,609
Excess contributions payable	**0**	9,299
Total liabilities	**25,841**	107,908
Net assets available for benefits	**$ 46,510,428**	$ 39,549,453

See accompanying notes to financial statements.

THE PADUCAH BANK & TRUST COMPANY, INC. 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2025 and 2024

	2025	2024
Additions		
Investment income:		
Net appreciation in fair value of investments	**$ 3,867,810**	$ 3,549,933
Distributions from Paducah Bank Shares, Inc.	**1,094,707**	899,617
Interest and dividends	**2,061,653**	1,434,028
	7,024,170	5,883,578
Contributions:		
Employer - 401(k)	**275,400**	247,486
Employer - ESOP	**562,000**	421,500
Participants	**953,695**	956,235
Rollovers	**656,193**	591,114
	2,447,288	2,216,335
Total additions	**9,471,458**	8,099,913
Deductions		
Benefits paid to participants	**2,372,935**	9,050,817
Administrative expenses	**137,548**	152,862
Total deductions	**2,510,483**	9,203,679
Net increase (decrease)	**6,960,975**	(1,103,766)
Net assets available for benefits:		
Beginning of year	**39,549,453**	40,653,219
End of year	**$ 46,510,428**	$ 39,549,453

See accompanying notes to financial statements.

Note 1 – Plan Description

The following description of The Paducah Bank & Trust Company, Inc. (Bank) 401(k) and Employee Stock Ownership Plan (Plan) provides only general information. Since the 401(k) and Employee Stock Ownership Plan (ESOP) portions of the Plan have different provisions, the notes to the financial statements individually segregate and summarize the 401(k) and ESOP provisions as necessary. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

401(k)

The Plan is a defined contribution plan covering all eligible employees of the Bank who have completed one hour of service. The Plan is subject to the provisions of ERISA. The Plan administrator is responsible for oversight of the Plan. The KSOP Administrative Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

ESOP

The Plan operates, in relevant part, as an ESOP and is designed to comply with Section 4975(e)(7) and the regulations thereunder of the Internal Revenue Code of 1986 (IRC), as amended, and is subject to the applicable provisions of ERISA. The Plan administrator is responsible for oversight of the Plan and reports to the Bank's KSOP Administrative Committee. The current Trustee of the Plan is the Chairman of the Board of Directors.

Employees of the Bank are generally eligible to become participants of the Plan after one year of service providing they have worked at least 1,000 hours during such Plan year. Once eligible, participants can enter the Plan at quarterly entry dates during the Plan year on January 1, April 1, July 1, and October 1. Participants who have not completed 1,000 hours of service during such Plan year, or are not actively employed on the last day of the Plan year, are generally ineligible for an allocation of Company contributions for such year.

Note 1 – Plan Description (Continued)

Contributions

401(k)

Each year, participants may contribute up to 100 percent of eligible compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. Paducah Bank Shares, Inc. (Company), the holding company of the Bank, makes matching contributions at the discretion of the Board of Directors. The Board of Directors elected to have a match equal to 50 percent of the first six percent of base eligible compensation that a participant contributes to the Plan. The Company may make discretionary contributions as determined annually by the Company's Board of Directors. There were no discretionary contributions for the years ended December 31, 2025 and 2024. Contributions are subject to certain Internal Revenue (IRS) limitations.

ESOP

Contributions of cash or Company common stock can be contributed each year at the Company's discretion. Employee contributions are not permitted. The Company's cash ESOP contributions for the years ended December 31, 2025 and 2024 were $562,000 and $421,500, respectively. Employees are eligible to participate in the ESOP after one year of service (1,000 hours). Additionally, a participant must be employed on the last day of the Plan year to receive ESOP contributions.

All contributions are subject to certain IRS limitations.

Participant Investment Account Options

401(k)

Investment account options available include various funds, including common stock of the Company. Each participant has the option of directing his or her contributions into any of the separate investment accounts and may change the allocation daily.

ESOP

Employer ESOP contributions to the Plan are invested at the discretion of the Trustee.

Note 1 – Plan Description (Continued)

Participant Accounts

401(k)

Each participant's account is credited with the participant's contributions, Bank's matching contributions, and Bank's discretionary contributions, if any. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

ESOP

The Plan is a defined contribution plan under which a separate individual account is established for each participant. Each participant's account is credited as of the last day of each Plan year with an allocation of shares of the Company's common stock or mutual funds purchased with the Company's contributions and forfeitures of terminated participants' non-vested accounts. Only those participants who are eligible employees of the Bank as of the last day of the Plan year will receive an allocation. Allocations and Plan earnings are allocated to each participant's account based on the ratio of the participant's account balance.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Bank's contribution portion of their account is based on years of continuous service as defined in the Plan. A participant is 100 percent vested after six years of credited service. A participant also becomes 100 percent vested upon death, disability, or normal retirement age.

Put Option

Under federal income tax regulations, the employer stock that is held by the Plan and its participants and is not readily tradable on an established market, or is subject to trading limitations, includes a put option. The put option is a right to demand that the Company buy any shares of its stock distributed to participants for which there is no market. The put price is representative of the current appraised value of the stock. The Company can pay for the purchase, with interest, in substantially equal installments over a period not exceeding five years if the participant's entire account is distributed within one taxable year. The purpose of the put option is to ensure that the participant has the ability to ultimately obtain cash.

Note 1 – Plan Description (Continued)

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account or in annual installments based on Plan provisions. ESOP distributions and 401(k) distributions, to the extent invested in Company stock, are generally made in cash; however, any Company stock distributed is subjected to the Plan's automatic put option provisions. Participants who have attained age 59½ may elect to receive either a partial withdrawal or lump-sum amount equal to the value of the participant's vested interest in his or her account. Participants may request a hardship withdrawal of a portion of their account attributable to participant deferrals. Any hardship withdrawal is limited to the amount needed to meet the financial need. Participants may elect to receive one or more in-service distributions in connection with a terminal illness or federally declared disaster, and one in-service distribution in connection with domestic abuse, based on Plan provisions.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Bank. Expenses that are paid by the Bank are excluded from these financial statements. Fees related to the administration of distributions from the Plan are included as a deduction on the statements of changes in net assets available for benefits.

Voting Rights

In accordance with the provisions of the Plan, voting rights are divided between participants and the Trustee. For routine business matters presented at the annual shareholders' meeting, the Trustee exercises voting rights in a matter deemed to be in the best interest of the Plan. In the event of a proposed corporate merger or consolidation, recapitalization, reclassification, liquidation, dissolution, sale of substantially all the assets of the Company or such similar transactions for the Company, each participant is entitled to exercise voting rights attributable to the shares allocated to his or her account and is notified by the Trustee prior to the time that such rights are to be exercised. The Trustee is not permitted to vote any allocated share for which instructions have not been given by a participant. The Trustee is required; however, to vote any unallocated shares on behalf of the collective best interests of Plan participants and beneficiaries.

Note 1 – Plan Description (Continued)

Diversification

Diversification is offered to participants close to retirement so that they may have the opportunity to move part of the value of their investment in Company common stock into investments that are more diversified. Participants who are at least age 55 with at least ten years of participation in the Plan may elect to diversify a portion of their account. Diversification is offered to each eligible participant each year until the year during which the participant incurs a termination of employment. In each of the first five years, a participant may diversify up to 25 percent of the Company common stock allocated to his or her account, less any shares previously diversified. In the sixth year, the percentage changes to 50 percent. The portion of the Company common stock in the participant's account for a participant that elects to diversify is liquidated and reinvested in the 401(k) portion of the Plan. The election to diversify is made subsequent to year-end based upon the shares of Company common stock in the participant's account at year-end.

Forfeited Accounts

401(k)

At December 31, 2025 and 2024, forfeited nonvested accounts totaled $21,062 and $26,503, respectively. These accounts will be used to reduce future employer contributions. In 2025 and 2024, employer contributions were reduced by $18,743 and $1,598, respectively, from forfeited nonvested accounts.

ESOP

Plan forfeitures are allocated to each participant's account based upon the relation of the participant's eligible compensation to total eligible compensation for the future Plan year. Forfeitures allocated to participants for the years ended December 31, 2025 and 2024 totaled $29,371 and $34,575, respectively. At December 31, 2025 and 2024, there were no forfeited nonvested accounts.

Note 2 – Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Note 2 – Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's KSOP Administrative Committee determines the Plan's valuation policies utilizing information provided by American Funds (Custodian). See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income and distributions are accrued on the ex-dividend/distribution date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

Note 3 – Nonparticipant Directed Investments

The nonparticipant directed investments of the Plan invested, at the discretion of the Bank, are presented in the following table:

	2025	2024
Paducah Bank Shares, Inc. common stock		
Number of shares	10,709	10,689
Cost	$ 2,610,940	$ 2,504,073
Estimated fair value	$ 10,794,672	$ 9,919,054
Mutual Funds	$ 3,302,955	$ 2,810,050
Money Market Funds	3,311	1,141
	$ 14,100,938	$ 12,730,245

The fair value per share of Company common stock as of December 31, 2025 and 2024 was $1,008 and $928, respectively.

Note 4 – Net Assets by Participant and Nonparticipant Directed Investments

Information about the net assets and the significant components of the changes in net assets relating to the participant directed and nonparticipant directed investments is as follows:

	Year Ended December 31, 2025		
	Nonparticipant Directed Funds	Participant Directed Funds	Total
Additions			
Investment Income			
Net appreciation in fair value of Paducah Bank Shares, Inc. common stock	$ 849,568	$ 371,512	$ 1,221,080
Net appreciation in fair value of mutual funds	478,698	2,168,032	2,646,730
Distributions received from Paducah Bank Shares, Inc.	836,188	258,519	1,094,707
Dividends	62,397	1,999,256	2,061,653
	2,226,851	4,797,319	7,024,170
Contributions			
Employer - 401(k)	0	275,400	275,400
Employer - ESOP	562,000	0	562,000
Participants	0	953,695	953,695
Rollovers	0	656,193	656,193
	562,000	1,885,288	2,447,288
Total additions	2,788,851	6,682,607	9,471,458
Deductions			
Benefits paid to participants	892,806	1,480,129	2,372,935
Administrative expenses	57,235	80,313	137,548
Total deductions	950,041	1,560,442	2,510,483
Net increase	1,838,810	5,122,165	6,960,975
Net assets available for benefits:			
Beginning of year	13,214,235	26,335,218	39,549,453
End of year	$ 15,053,045	$ 31,457,383	$ 46,510,428

Note 4 – Net Assets by Participant and Nonparticipant Directed Investments (Continued)

	Year Ended December 31, 2024		
	Nonparticipant Directed Funds	Participant Directed Funds	Total
Additions			
Investment Income			
Net appreciation in fair value of Paducah Bank Shares, Inc. common stock	$ 686,991	$ 299,566	$ 986,557
Net appreciation in fair value of mutual funds	436,159	2,127,217	2,563,376
Distributions received from Paducah Bank Shares, Inc.	596,236	303,381	899,617
Dividends	63,615	1,370,413	1,434,028
	1,783,001	4,100,577	5,883,578
Contributions			
Employer - 401(k)	0	247,486	247,486
Employer - ESOP	421,500	0	421,500
Participants	0	956,235	956,235
Rollovers	0	591,114	591,114
	421,500	1,794,835	2,216,335
Total additions	2,204,501	5,895,412	8,099,913
Deductions			
Benefits paid to participants	1,948,375	7,102,442	9,050,817
Administrative expenses	67,362	85,500	152,862
Total deductions	2,015,737	7,187,942	9,203,679
Net increase (decrease)	188,764	(1,292,530)	(1,103,766)
Net assets available for benefits:			
Beginning of year	13,025,471	27,627,748	40,653,219
End of year	$ 13,214,235	$ 26,335,218	$ 39,549,453

Note 5 – Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under the Financial Accounting Standards Board ASC 820 are described as follows:

Level 1 — Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 — Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specific (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 — Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

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

Money market funds: Valued at the daily closing price, representing NAV of shares held by the Bank.

Note 5 – Fair Value Measurements (Continued)

Paducah Bank Shares, Inc. common stock: The Company common stock held by the Plan is reported at fair value based upon an independent appraisal.

Following is a description of the valuation methodologies used for Level 3 assets measured at fair value.

The valuation process involves Plan management's selection of an independent appraiser. Plan management accumulates the data for the appraiser from the audited financial statements of the Company. The appraiser prepares a preliminary report which Plan management, along with the ESOP Trustee, reviews in detail, discusses, and approves.

The Company common stock held by the Plan is reported at fair value based upon an independent appraisal. This appraisal was based upon a combination of the market and income valuation techniques, which is consistent with prior years.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

	Assets at Fair Value as of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 28,090,267	$ 0	$ 0	$ 28,090,267
Money market funds	1,626,161	0	0	1,626,161
Investment in Paducah Bank Shares, Inc. common stock	0	0	15,515,055	15,515,055
Total assets in the fair value hierarchy	$ 29,716,428	$ 0	$ 15,515,055	$ 45,231,483

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 22,984,933	$ 0	$ 0	$ 22,984,933
Money market funds	1,476,018	0	0	1,476,018
Investment in Paducah Bank Shares, Inc. common stock	0	0	14,245,654	14,245,654
Total assets in the fair value hierarchy	$ 24,460,951	$ 0	$ 14,245,654	$ 38,706,605

Note 5 – Fair Value Measurements (Continued)

Changes in Fair Value of Level 3 Assets

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2025 and 2024:

	Investment in Paducah Bank Shares, Inc. Common Stock	
	2025	2024
Balance at beginning of year	$ 14,245,654	$ 13,350,384
Unrealized appreciation in estimated fair value	1,219,991	985,555
Purchase of outside shares, 2025 626 shares; 2024 525 shares	594,342	441,105
Sale of shares, 2025 585 shares; 2024 610 shares	(544,932)	(531,390)
Balance at end of year	$ 15,515,055	$ 14,245,654

Note 6 – Administration of Plan Assets

The Plan's Company common stock is held by the Trustee of the Plan. Bank contributions are held and managed by the Trustee, which invests cash received, interest, and dividend income (if any) and makes distributions to participants.

Certain administrative functions are performed by officers or employees of the Bank. No such officer or employee receives compensation from the Plan. The Bank pays directly any other permissible fees related to the Plan's operations.

Note 7 – Company Distributions

The Company declared and paid distributions to the Plan of $1,094,707 and $899,617 for the years ended December 31, 2025 and 2024, respectively.

Note 8 – Related Party Transactions and Party-in-Interest Transactions

Certain Plan investments are shares of common stock of Paducah Bank Shares, Inc., the holding company of the Bank, and certain mutual funds managed by the Custodian of those funds; therefore, these transactions qualify as party-in-interest transactions. The Plan also paid recordkeeping and other administrative fees to various parties-in-interest. The Plan made direct payments to the related parties and parties-in-interest of $137,548 and $152,862 for the years ended December 31, 2025 and 2024, respectively.

Note 9 – Plan Termination

Although it has not expressed any intent 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. In the event of Plan termination, participants would become 100 percent vested in their Bank's employer matching and ESOP contributions.

Note 10 – Tax Status

The IRS has determined and informed the Bank by a letter dated March 3, 2015, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and; therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

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

Note 11 – Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near-term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits. Additionally, the Plan invests in Company common stock, which represents approximately 34 percent and 37 percent of total investments at December 31, 2025 and 2024, respectively.

Note 12 – Nonexempt Transactions

In 2025, the Plan Sponsor inadvertently failed to deposit $5,701 of participant contributions within the required timeframe as stated by the DOL regulations. The Plan Sponsor intends to correct the delinquent participant contributions and deposit lost earnings to correct the matter. The Plan Sponsor also plans to file Form 5330 and pay applicable excise taxes to the IRS. The correction and excise taxes will be paid from the Plan Sponsor's assets and not from assets of the Plan.

In 2024, the Plan Sponsor inadvertently failed to deposit $506,980 of participant contributions within the required timeframe as stated by the DOL regulations. The Plan Sponsor corrected the delinquent participant contributions and deposited lost earnings to correct this matter during the year ended December 31, 2024. The Plan Sponsor filed Form 5330 and paid applicable excise taxes to the IRS. The correction and excise taxes were paid from the Plan Sponsor's assets and not from assets of the Plan.

Note 13 – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2025 and 2024 to Form 5500:

	2025	2024
Net assets available for benefits per the financial statements	$ 46,510,428	$ 39,549,453
Differences in:		
Distribution receivable from Paducah Bank Shares, Inc.	(437,845)	(234,779)
Administrative fees payable and excess contributions payable	25,735	5,459
Net assets available for benefits per Form 5500	$ 46,098,318	$ 39,320,133

Note 13 – Reconciliation of Financial Statements to Form 5500 (Continued)

The following is a reconciliation of the net increase (decrease) to net assets available for benefits per the financial statements for the years ended December 31, 2025 and 2024 to Form 5500:

	2025	2024
Net increase (decrease) in net assets available for benefits per the financial statements	$ 6,960,975	$ (1,103,766)
Differences in:		
Distributions from Paducah Bank Shares, Inc.	(437,845)	(234,779)
Prior-year distributions from Paducah Bank Shares, Inc.	234,779	227,209
Benefits paid to participants	1,889	(1,889)
Administrative expenses	18,387	7,348
Net increase (decrease) in net assets available for benefits per Form 5500	$ 6,778,185	$ (1,105,877)

Note 14 – Subsequent Events

The Plan has evaluated subsequent events through September 21, 2026, the date the financial statements were available to be issued.

Effective January 1, 2026, the Plan was amended to automatically enroll newly eligible employees into the Plan with an elective deferral rate of six percent of eligible compensation unless the participant affirmatively elects otherwise.

- - - SUPPLEMENTAL SCHEDULES - - -

THE PADUCAH BANK & TRUST COMPANY, INC. 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN

PLAN SPONSOR: THE PADUCAH BANK & TRUST COMPANY, INC.
PLAN SPONSOR EIN: 61-0418959
PLAN NUMBER: 001
ATTACHMENT TO SCHEDULE H, PART IV, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Investments at Fair Value			
*	Paducah Bank Shares, Inc.	10,709 Shares	$ 2,610,940	$ 10,794,672
*	American Funds Money Market Fund R5	Money Market Fund	3,311	3,311
*	American Funds AMCAP Fund R5	Mutual Fund	311,497	583,174
*	American Funds Bond Fund of America R5	Mutual Fund	65,339	55,350
*	American Funds Capital Income Builder R5	Mutual Fund	137,842	216,565
*	American Funds Capital World Growth and Income Fund R5	Mutual Fund	32,621	76,741
*	American Funds EuroPacific Growth Fund R5	Mutual Fund	147,521	167,951
*	American Funds Fundamental Investors R5	Mutual Fund	303,782	590,891
*	American Funds Intermediate Bond Fund of America R5	Mutual Fund	391,344	363,844
*	American Funds New Perspective Fund R5	Mutual Fund	107,773	265,865
*	American Funds Small Cap World Fund R5	Mutual Fund	126,654	237,380
*	American Funds The Investment Company of America R5	Mutual Fund	331,700	600,597
	Washington Mutual Investors Fund R6	Mutual fund	99,070	144,597
*	Paducah Bank Shares, Inc.	4,683 Shares	**	4,720,383
*	American Funds US Government Money Market R6	Money Market Fund	**	1,622,850
*	American Funds 2010 Target Date Fund R6	Mutual Fund	**	130
*	American Funds 2025 Target Date Fund R6	Mutual Fund	**	17,657
*	American Funds 2030 Target Date Fund R6	Mutual Fund	**	3,233,666
*	American Funds 2035 Target Date Fund R6	Mutual Fund	**	1,172,905
*	American Funds 2040 Target Date Fund R6	Mutual Fund	**	1,463,891
*	American Funds 2045 Target Date Fund R6	Mutual Fund	**	1,002,602
*	American Funds 2050 Target Date Fund R6	Mutual Fund	**	1,070,568
*	American Funds 2055 Target Date Fund R6	Mutual Fund	**	535,661
*	American Funds 2060 Target Date Fund R6	Mutual Fund	**	434,810
*	American Funds 2065 Target Date Fund R6	Mutual Fund	**	108,308
*	American Funds 2070 Target Date Fund R6	Mutual Fund	**	6,185
*	American Funds American Balanced R6	Mutual Fund	**	2,575,629
*	American Funds Bond Fund of America R6	Mutual Fund	**	292,410
*	American Funds Capital World G/I R6	Mutual Fund	**	1,139,123
*	American Funds EuroPacific Gr R6	Mutual Fund	**	1,406,157
*	American Funds Fundamental Investors R6	Mutual Fund	**	3,006,315
*	American Funds Growth Funds of Amer R6	Mutual Fund	**	3,974,626
*	American Funds Investment Company of America R6	Mutual Fund	**	772,287
*	American Funds Washington Mutual R6	Mutual Fund	**	2,535,638
	Dimensional U.S. Small Cap Portfolio I	Mutual Fund	**	38,744
				$ 45,231,483

* Party-in-interest
**Cost information (Column (d)) not required for participant-directed investments.

See independent auditor's report.

THE PADUCAH BANK & TRUST COMPANY, INC. 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN

PLAN SPONSOR: THE PADUCAH BANK & TRUST COMPANY, INC.
PLAN SPONSOR EIN: 61-0418959
PLAN NUMBER: 001
ATTACHMENT TO SCHEDULE H, PART IV, LINE 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
Years Ended December 31, 2025

Totals That Constitute Nonexempt Prohibited Transactions

	Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program (VFCP)	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2025	$ 5,701	$ 5,701	$ 0	$ 0	$ 0
2024	$ 506,980	$ 0	$ 506,980	$ 0	$ 0

See independent auditor's report.

THE PADUCAH BANK & TRUST COMPANY, INC. 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN

PLAN SPONSOR: THE PADUCAH BANK & TRUST COMPANY, INC.
PLAN SPONSOR EIN: 61-0418959
PLAN NUMBER: 001
ATTACHMENT TO SCHEDULE H, PART IV, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Investments at Fair Value			
*	Paducah Bank Shares, Inc.	10,709 Shares	$ 2,610,940	$ 10,794,672
*	American Funds Money Market Fund R5	Money Market Fund	3,311	3,311
*	American Funds AMCAP Fund R5	Mutual Fund	311,497	583,174
*	American Funds Bond Fund of America R5	Mutual Fund	65,339	55,350
*	American Funds Capital Income Builder R5	Mutual Fund	137,842	216,565
*	American Funds Capital World Growth and Income Fund R5	Mutual Fund	32,621	76,741
*	American Funds EuroPacific Growth Fund R5	Mutual Fund	147,521	167,951
*	American Funds Fundamental Investors R5	Mutual Fund	303,782	590,891
*	American Funds Intermediate Bond Fund of America R5	Mutual Fund	391,344	363,844
*	American Funds New Perspective Fund R5	Mutual Fund	107,773	265,865
*	American Funds Small Cap World Fund R5	Mutual Fund	126,654	237,380
*	American Funds The Investment Company of America R5	Mutual Fund	331,700	600,597
	Washington Mutual Investors Fund R6	Mutual fund	99,070	144,597
*	Paducah Bank Shares, Inc.	4,683 Shares	**	4,720,383
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*	American Funds 2025 Target Date Fund R6	Mutual Fund	**	17,657
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*	American Funds Investment Company of America R6	Mutual Fund	**	772,287
*	American Funds Washington Mutual R6	Mutual Fund	**	2,535,638
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**Cost information (Column (d)) not required for participant-directed investments.

See independent auditor's report.

THE PADUCAH BANK & TRUST COMPANY, INC. 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN

PLAN SPONSOR: THE PADUCAH BANK & TRUST COMPANY, INC.
PLAN SPONSOR EIN: 61-0418959
PLAN NUMBER: 001
ATTACHMENT TO SCHEDULE H, PART IV, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
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*	American Funds Investment Company of America R6	Mutual Fund	**	772,287
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