

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>COMMUNITYAMERICA CREDIT UNION 401(K) SAVINGS PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>002</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>COMMUNITYAMERICA CREDIT UNION</u></p> <p><u>9777 RIDGE DRIVE</u> <u>LENEXA, KS 62219</u></p>	<p>1c Effective date of plan <u>12/01/1954</u></p> <p>2b Employer Identification Number (EIN) <u>44-6015072</u></p> <p>2c Plan Sponsor's telephone number <u>913-905-8047</u></p> <p>2d Business code (see instructions) <u>522130</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/07/2025	MICHELLE SILBERBERG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/14/2025	TIM SARACINI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor DIRECTED ACCOUNT PLAN 9777 RIDGE DRIVE LENEXA, KS 62219		3b Administrator's EIN 75-6646952
		3c Administrator's telephone number 314-739-7373
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name COMMUNITYAMERICA CREDIT UNION c Plan Name DIRECTED ACCOUNT PLAN		4b EIN 44-6015072
		4d PN 002
5 Total number of participants at the beginning of the plan year	5	2784
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).		
6a(1) Total number of active participants at the beginning of the plan year	6a(1)	1116
6a(2) Total number of active participants at the end of the plan year	6a(2)	1067
b Retired or separated participants receiving benefits.....	6b	457
c Other retired or separated participants entitled to future benefits	6c	958
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	2482
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	341
f Total. Add lines 6d and 6e	6f	2823
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)	2784
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)	2401
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	325
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2R 2S 2T 3H

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan COMMUNITYAMERICA CREDIT UNION 401(K) SAVINGS PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITYAMERICA CREDIT UNION		D Employer Identification Number (EIN) 44-6015072

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	358086-01		01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	539409

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	0	
c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)		
	7c(4)		
	7c(5)		
(2) Dividends and credits.....			
(3) Interest credited during the year.....			
(4) Transferred from separate account			
(5) Other (specify below)..... ▶			
(6) Total additions	7c(6)	0	
d Total of balance and additions (add lines 7b and 7c(6))	7d	0	
e Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year		7e(1)
	(2) Administration charge made by carrier.....		7e(2)
	(3) Transferred to separate account		7e(3)
	(4) Other (specify below)..... ▶		7e(4)
(5) Total deductions	7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0	

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

A Name of plan COMMUNITYAMERICA CREDIT UNION 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITYAMERICA CREDIT UNION	D Employer Identification Number (EIN) 44-6015072	

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

EMPOWER TRUST COMPANY, LLC

84-1455663

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

INVESCO ADVISORS, INC.

58-1707262

(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)

EXECUTIVE DIRECTOR

52-1529689

(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?
50 30	EMPLOYEE	206162	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FIDUCIARY ADVISORS LLC

36-4001764

(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?
16 50	CONSULTANT	96658	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPOWER ANNUITY INSURANCE COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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 15 50	RECORD KEEPER	93951	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

IMA FINANCIAL GROUP

48-0805634

(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?
23 50	FIDUCIARY LIABIL INSURER	51985	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MGMT	39069	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CBIZ CPAS P.C.

43-1947695

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	ACCOUNTING	36750	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

VINCENT LOMBARDI

52-1529689

(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?
50 27	ADVISOR	21475	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THOMPSON COBURN LLP

43-0666662

(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?
29 50	LAW FIRM	12487	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PARAGON OFFICE PROPERTY GROUP LLC

83-0526215

(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?
49 50	LANDLORD	7505	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MARCO

47-5342615

(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?
99 50	COPY MACHINE LEASE	6666	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

A Name of plan <u>COMMUNITYAMERICA CREDIT UNION 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>COMMUNITYAMERICA CREDIT UNION</u>	D Employer Identification Number (EIN) <u>44-6015072</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO GROUP TRUST FOR RETIREMENT</u>		
b Name of sponsor of entity listed in (a): <u>INVESCO TRUST COMPANY</u>		
c EIN-PN <u>61-1246990-244</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6537952</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO GROUP TRUST FOR RETIREMENT</u>		
b Name of sponsor of entity listed in (a): <u>INVESCO TRUST COMPANY</u>		
c EIN-PN <u>61-1246990-225</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6539710</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO GROUP TRUST FOR RETIREMENT</u>		
b Name of sponsor of entity listed in (a): <u>INVESCO TRUST COMPANY</u>		
c EIN-PN <u>61-1246990-212</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13277206</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO GROUP TRUST FOR RETIREMENT</u>		
b Name of sponsor of entity listed in (a): <u>INVESCO TRUST COMPANY</u>		
c EIN-PN <u>61-1246990-215</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>59984357</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO GROUP TRUST FOR RETIREMENT</u>		
b Name of sponsor of entity listed in (a): <u>INVESCO TRUST COMPANY</u>		
c EIN-PN <u>61-1246990-218</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13285933</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO GROUP TRUST FOR RETIREMENT</u>		
b Name of sponsor of entity listed in (a): <u>INVESCO TRUST COMPANY</u>		
c EIN-PN <u>61-1246990-224</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6553816</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO GROUP TRUST FOR RETIREMENT</u>		
b Name of sponsor of entity listed in (a): <u>INVESCO TRUST COMPANY</u>		
c EIN-PN <u>61-1246990-217</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6571681</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO GROUP TRUST FOR RETIREMENT		
b Name of sponsor of entity listed in (a): INVESCO TRUST COMPANY		
c EIN-PN 61-1246990-219	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6548588
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO GROUP TRUST FOR RETIREMENT		
b Name of sponsor of entity listed in (a): INVESCO TRUST COMPANY		
c EIN-PN 61-1246990-207	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6566382
a Name of MTIA, CCT, PSA, or 103-12 IE: BLOOMBERG ROLL SELECT COMMODITY IND		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO.		
c EIN-PN 90-0337987-389	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2580994
a Name of MTIA, CCT, PSA, or 103-12 IE: S&P GLOBAL LARGEMIDCAP NATURAL RESO		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO.		
c EIN-PN 90-0337987-416	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1919173
a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL REAL EST SEC INDX NL SER FND		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO.		
c EIN-PN 90-0337987-238	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4352922
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL ALL CAP (R) INDEX NL SF CL		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO.		
c EIN-PN 90-0337987-233	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37938571
a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. BOND INDX NL SF CL C (CMCZ2)		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO.		
c EIN-PN 90-0337987-178	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6369268
a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL ALL CAP EQUITY EX-U.S. INDX		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO.		
c EIN-PN 90-0337987-456	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16793334
a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. INFLATION PRO BOND INDX NL SF		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO.		
c EIN-PN 90-0337987-168	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5827335
a Name of MTIA, CCT, PSA, or 103-12 IE: S&P 500 (R) INDEX NL SF CL N (CMDVM)		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO.		
c EIN-PN 90-0337987-306	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25873540

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL SMALL/MID CAP (R) INDX NL S		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO.		
c EIN-PN 90-0337987-167	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7217189
a Name of MTIA, CCT, PSA, or 103-12 IE: ABERDEEN EMERGING MARKETS FUND		
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY		
c EIN-PN 30-6526680-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8768194
a Name of MTIA, CCT, PSA, or 103-12 IE: ARTISAN INTERNATIONAL GROWTH TRUST		
b Name of sponsor of entity listed in (a): ARTISAN INTERNATIONAL GROWTH TRUST		
c EIN-PN 26-3653822-021	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12440849
a Name of MTIA, CCT, PSA, or 103-12 IE: BOSTON PARTNERS LARGE CAP VALUE EQU		
b Name of sponsor of entity listed in (a): BOSTON PARTNERS TRUST COMPANY		
c EIN-PN 61-1603964-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3314490
a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA TRUST CONTRARIAN CORE FUND		
b Name of sponsor of entity listed in (a): AMERIPRISE TRUST COMPANY		
c EIN-PN 87-1809893-163	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15545053
a Name of MTIA, CCT, PSA, or 103-12 IE: MACQUARIE LARGE CAP VALUE TRUST		
b Name of sponsor of entity listed in (a): MACQUARIE COLLECTIVE INVESTMENT TRUST		
c EIN-PN 45-1285328-047	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28896307
a Name of MTIA, CCT, PSA, or 103-12 IE: PRU CORE PLUS BOND FD		
b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST CO.		
c EIN-PN 23-6994310-165	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15303152
a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF II MID CAP OPPORTUNITIES (S)		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA		
c EIN-PN 04-6913417-024	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8877698
a Name of MTIA, CCT, PSA, or 103-12 IE: TS&W SMID CAP VALUE COLLECTIVE TRUS		
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY		
c EIN-PN 23-6773274-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5477661
a Name of MTIA, CCT, PSA, or 103-12 IE: TS&W INTERNATIONAL SMALL CAP EQUITY		
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY		
c EIN-PN 26-6773274-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8422705

a Name of MTIA, CCT, PSA, or 103-12 IE: CAUSEWAY CAUSEWAY INTERNATIONAL VAL

b Name of sponsor of entity listed in (a): CAUSEWAY CAPITAL MANAGEMENT LLC

c EIN-PN 83-2723947-128	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11862182
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a Name of MTIA, CCT, PSA, or 103-12 IE: CEREDEX MID CAP VALUE EQUITY TRUST

b Name of sponsor of entity listed in (a): VIRTUS COLLECTIVE INVESTMENT TRUST II

c EIN-PN 45-1286900-046	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 952754
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a Name of MTIA, CCT, PSA, or 103-12 IE: METROPOLITAN WEST TOTAL RETURN BOND

b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE CO.

c EIN-PN 06-1050034-826	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 539409
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan COMMUNITYAMERICA CREDIT UNION 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITYAMERICA CREDIT UNION	D Employer Identification Number (EIN) 44-6015072

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	64565	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	467017	1629240
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	84496	50164
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)	2325720	2286757
(9) Value of interest in common/collective trusts	1c(9)	371007030	354598996
(10) Value of interest in pooled separate accounts	1c(10)	525721	539409
(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)	204823068	204227182
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	12627045	14438986

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	591924662	577770734
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	51353	752005
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	51353	752005
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	591873309	577018729

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)	6932592	
(B) Participants.....	2a(1)(B)	7107345	
(C) Others (including rollovers).....	2a(1)(C)	1672383	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		15712320
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)	190122	
(F) Other.....	2b(1)(F)	4700882	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4891004
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	44335	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	9180970	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		9225305
(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)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-352925	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		16670250
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		30040
(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)		29204801
c Other income	2c		1578702
d Total income. Add all income amounts in column (b) and enter total.....	2d		76959497

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	91258739	
(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)		91258739
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		-41885
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	206162	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	93951	
(4) IQPA audit fees	2i(4)	36750	
(5) Investment advisory and investment management fees	2i(5)	157202	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	12487	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	90671	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		597223
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		91814077

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-14854580
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CBIZ CPAS P.C.

(2) EIN: 43-1947695

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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

A Name of plan <u>COMMUNITYAMERICA CREDIT UNION 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN)	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COMMUNITYAMERICA CREDIT UNION</u>	D Employer Identification Number (EIN) <u>44-6015072</u>	

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

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 84-1455663

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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



**COMMUNITYAMERICA CREDIT UNION 401(K)
SAVINGS PLAN
(FORMERLY DIRECTED ACCOUNT PLAN)**

FINANCIAL STATEMENTS

Years Ended December 31, 2024 and 2023

INDEPENDENT AUDITORS' REPORT

Plan Sponsor Committee
CommunityAmerica Credit Union 401(k) Savings Plan (formerly Directed Account Plan)

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

We have performed the audits of the financial statements of CommunityAmerica Credit Union 401(k) Savings Plan (formerly Directed Account Plan) ("the Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023 and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors’ Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors’ 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 these financial statements.

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter - Supplemental Schedule Required by ERISA

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

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

In our opinion:

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

CBIZ CPAs P.C.

Kansas City, Missouri
July 7, 2025

COMMUNITYAMERICA CREDIT UNION 401(K) SAVINGS PLAN**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<u>ASSETS</u>		
Investments at fair value (See Note 4)	\$ 447,938,948	\$ 446,256,194
Investments at contract value (See Note 5)	134,903,674	152,562,060
Non interest bearing cash	-	64,565
Receivables:		
Employer contributions	1,629,240	467,017
Notes receivable from participants	2,528,388	2,609,236
Accrued interest and dividends	50,164	72,435
Other	-	12,061
 TOTAL RECEIVABLES	 4,207,792	 3,160,749
 TOTAL ASSETS	 587,050,414	 602,043,568
 <u>LIABILITIES</u>		
Other	349,222	51,353
Prepaid employer contributions	168,900	-
Prepaid participant contributions	233,883	-
 TOTAL LIABILITIES	 752,005	 51,353
 NET ASSETS AVAILABLE FOR BENEFITS	 \$ 586,298,409	 \$ 601,992,215

See Notes to Financial Statements

COMMUNITYAMERICA CREDIT UNION 401(K) SAVINGS PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2024 and 2023

	2024	2023
ADDITIONS:		
Investment income:		
Net appreciation in fair value of investments	\$ 51,282,801	\$ 65,163,473
Interest and dividends	8,976,913	8,071,827
	60,259,714	73,235,300
Interest income on notes receivable from participants	190,122	136,823
Contributions:		
Employer	6,932,592	5,064,190
Participants	7,107,345	6,576,156
Rollover	1,672,383	2,009,255
	15,712,320	13,649,601
TOTAL ADDITIONS	76,162,156	87,021,724
DEDUCTIONS:		
Benefits paid to participants	91,258,739	59,402,728
Administrative expenses	597,223	711,032
TOTAL DEDUCTIONS	91,855,962	60,113,760
NET INCREASE (DECREASE)	(15,693,806)	26,907,964
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	601,992,215	575,084,251
End of year	\$ 586,298,409	\$ 601,992,215

See Notes to Financial Statements

COMMUNITYAMERICA CREDIT UNION 401(K) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(1) Description of plan

The following description of the CommunityAmerica Credit Union 401(k) Savings Plan (formerly Directed Account Plan) (the "Plan") provides only general information. Participants should refer to the Plan document or Summary Plan Description for a more complete description of the Plan's provisions, which are available from the plan administrator.

General - The Plan is a defined contribution plan sponsored by CommunityAmerica Credit Union (the "Company") for the benefit of its employees who are age 18 or older. Seasonal employees are eligible upon completion of one year of service and age 18. The Plan covers former pilots of Trans World Airlines (TWA), the employees of CommunityAmerica Credit Union, the employees of CommunityAmerica CUSO One LLC, Copper Financial, CommunityAmerica Insurance Agency, and TruHome Solutions, LLC. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan was administered by the Directed Account Plan Board of Directors (the "Board"), which was a committee of the members of the Company. The Board had overall responsibility for the operation and administration of the Plan. The Board determined the appropriateness of the Plan's investment offerings and monitored investment performance. Effective December 27, 2024, the Board of Directors was replaced with the Plan Sponsor Committee (the "Committee").

Plan amendments and restatement - Effective January 1, 2023, the Plan was amended to increase auto escalation from 9% to 15%.

Effective September 1, 2024, the Plan was amended to increase the dollar limit applicable to automatic mandatory distributions from \$1,000 to \$7,000.

Effective December 27, 2024, the Plan was restated to change the name of the Plan to the CommunityAmerica Credit Union 401(k) Savings Plan, permit the plan sponsor to appoint a plan administrator, and to replace the Board of Directors with the Plan Sponsor Committee.

Contributions - Each year, participants may contribute up to 75% of annual compensation as pre-tax or Roth contributions, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Additionally, participants age 50 or older, who are making contributions to the Plan, are allowed to make catch-up contributions as defined in the Plan. Former pilots of TWA may not make contributions to the Plan. Participants direct the investment of all contributions into various investment options offered by the Plan. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatic enrollment contributions of 6% (pre-tax) begin on the first payroll period up to 45 days after an employee has met the eligibility requirements. Deferrals will increase by 1% each year, up to 15% of compensation, unless the participant elects a specific deferral. The Company contributes 100% of the first 6% of compensation that a participant contributes to the Plan. Additional discretionary profit-sharing amounts may be contributed at the option of the Company. Full-time, part-time, and seasonal employees are eligible for profit-sharing contributions if they are age 18, have worked 1,000 hours, and are employed on the last day of the plan year.

COMMUNITYAMERICA CREDIT UNION 401(K) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(1) Description of plan (continued)

Contributions (continued) - During the years ended December 31, 2024 and 2023, the Company made a profit sharing contribution (net of forfeitures) to the Plan of \$1,629,240 and \$467,017, respectively. Contributions are subject to certain Internal Revenue Code ("IRC") limitations.

Participant investment account options - Participants elect investment accounts in which their contributions, as well as Company contributions, are invested. The Committee selects the default investment fund in absence of an election by the participant. The investment account options comprise various degrees of risk and return, including mutual funds, common collective trusts, a pooled separate account, a guaranteed interest fund, and a self-directed brokerage account which is limited to the investment of interest-bearing cash, money market funds, mutual funds, U.S. government securities, certificates of deposit, and exchange traded funds.

The Plan offers four tiers in which the participants may direct their investments. The asset allocation for each of these is provided by the Plan at its website.

Tier One: Asset Allocation Funds - Target Date Funds, Target Risk Funds including the Model Portfolios (Income, Conservative, Moderate, and Aggressive)

Tier Two: Index Funds - Fixed Income Index, Inflation-Protected Securities Index, All Cap Index, International Stock Index

Tier Three: Actively Managed Funds - Stable Value, Fixed Income, Diversified Inflation/Real Return, Large Cap Core Stock, Small/Mid Cap Core Stock, International Stock

Tier Four: Specialty Funds - 15 Specialty Funds, Self-Directed Brokerage

Participant accounts - Each participant's account is credited with the participant's contribution and allocations of (a) the Company matching contributions, as well as profit sharing contribution and (b) plan earnings (losses), and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - TWA participant accounts are fully vested. Participants' contributions plus actual earnings are 100% vested immediately. Employer contributions are subject to the following vesting schedule:

<u>Years of Service</u>	<u>Vested %</u>
Less than 1	0%
1	25%
2	50%
3	75%
4 or more	100%

COMMUNITYAMERICA CREDIT UNION 401(K) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(1) Description of plan (continued)

Notes receivable from participants - Participants (other than TWA participants) may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at 1% above the prime rate. Principal and interest are paid ratably through payroll deductions.

Payment of benefits - TWA participants may request a distribution at any time. The default form of payment for individual participant accounts in the Plan prior to July 1, 2001, excluding beneficiaries and rollover balances, consists of the purchase of a joint and survivor annuity for married participants and a single life annuity for unmarried participants. Participants may waive the default form of payment and choose from one lump-sum payment, partial lump-sum, installments, or an optional joint and survivor annuity. Payments of death benefits vary for pilots and non-pilots and are described in the plan document.

On termination of service due to death, disability or retirement, participants other than TWA participants may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, or annual installments over a period not exceeding the life expectancy of such participant and beneficiary. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution, partial lump-sum, installments, or annuities. Participants with a vested account balance of less than \$1,000 are forced out of the Plan and required to take a lump sum distribution. Effective September 1, 2024, the Plan was amended to increase the dollar limit applicable to automatic mandatory distributions from \$1,000 to \$7,000.

The Plan Sponsor may authorize certain withdrawals from a participant's account in the event of proven financial hardship. Hardship withdrawals are subject to specific statutory and regulatory requirements.

Forfeited accounts - At December 31, 2024 and 2023, forfeited nonvested accounts totaled \$216,066 and \$1,994, respectively. These accounts will be used to reduce future employer contributions or pay Plan expenses. Also, for the years ended December 31, 2024 and 2023, employer contributions were reduced by \$651,243 and \$463,201, respectively, from forfeited nonvested accounts. No forfeitures were used to pay Plan expenses for the years ended December 31, 2024 and 2023.

(2) Summary of significant accounting policies

Basis of accounting - The financial statements of the Plan are prepared on the accrual method of accounting.

Use of estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

COMMUNITYAMERICA CREDIT UNION 401(K) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(2) Summary of significant accounting policies (continued)

Investment valuation and income recognition - Investments are reported at fair value (except for the fully benefit-responsive investment contract which is reported at contract 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 Committee determines the Plan's valuation policies utilizing information provided by the investment trustee. See Note 4 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. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Contributions - Contributions from Plan participants and the matching contributions from the Company are recorded in the year in which the employee contributions are withheld from compensation.

Notes receivable from participants - Notes receivable from participants are measured at their unpaid principal balance plus accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred.

Payment of benefits - Benefits are recorded when paid.

Administrative expenses - Certain expenses of the Plan are paid by the Company and are not included in the statements of changes in net assets available for benefits. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

(3) Information prepared and certified by the trustees

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Empower Trust Company, LLC and Empower Annuity Insurance Company of America, the trustees of the Plan, have certified that the following data included in the accompanying financial statements and supplemental schedule are complete and accurate with respect to investments:

- Investments at fair value
- Fully benefit-responsive investment contracts at contract value
- Notes receivable from participants
- Net appreciation in fair value of investments
- Interest and dividends
- Interest income on notes receivable from participants
- Schedule of assets (held at end of year)

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

COMMUNITYAMERICA CREDIT UNION 401(K) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(4) 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 Financial Accounting Standards Board Accounting Standards Codification 820 are described below:

- | | |
|---------|---|
| 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 and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (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 measurement. |

The asset 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Mutual funds and money market 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.

Pooled separate account: Valued daily by the trustee according to the methods described in the contract. The initial pricing input is the quoted price obtained for the underlying mutual fund which is then adjusted to apply the expense factor disclosed in the contract. The formula-calculated unit value is then compared to an accounting-driven unit value.

Common collective trusts: Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

COMMUNITYAMERICA CREDIT UNION 401(K) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(4) Fair value measurements (continued)

The underlying investments in the self-directed brokerage accounts are measured at fair value as follows:

U.S. government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Exchange traded funds: Valued at the closing price reported on the active market on which the individual securities are traded.

Certificates of deposit: Valued by discounting the future cash flows using the prevailing market interest rates for similar deposits with comparable remaining maturities.

Cash equivalents: Valued at cost plus interest, which approximates fair value.

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

	Investments at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 204,227,182	\$ -	\$ -	\$ 204,227,182
Self-directed brokerage account	13,918,176	520,810	-	14,438,986
Pooled separate account	-	539,409	-	539,409
Total assets in the fair value hierarchy	<u>\$ 218,145,358</u>	<u>\$ 1,060,219</u>	<u>\$ -</u>	\$ 219,205,577
Investments measured at NAV practical expedient ^(a)				<u>228,733,371</u>
Total investments, at fair value				<u>\$ 447,938,948</u>

	Investments at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 204,823,067	\$ -	\$ -	\$ 204,823,067
Self-directed brokerage account	12,606,929	20,116	-	12,627,045
Pooled separate account	-	525,721	-	525,721
Total assets in the fair value hierarchy	<u>\$ 217,429,996</u>	<u>\$ 545,837</u>	<u>\$ -</u>	\$ 217,975,833
Investments measured at NAV practical expedient ^(a)				<u>228,280,361</u>
Total investments, at fair value				<u>\$ 446,256,194</u>

COMMUNITYAMERICA CREDIT UNION 401(K) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(4) Fair value measurements (continued)

(a) In accordance with Subtopic 820-10, certain investments that were measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following tables summarize investments for which fair value is based on NAV per share practical expedient as of December 31, 2024 and 2023, respectively.

Investments	Fair Value 12/31/2024	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Aberdeen Emerging Markets Equity Collective Fund	\$ 8,768,194	\$ -	(b)	(b)
Artisan International Growth Fund	12,440,849	-	(c)	(c)
Causeway International Value Equity Collective Investment Trust	11,862,182	-	(d)	(d)
Prudential Core Plus Bond Fund	15,303,152	-	(e)	(e)
Macquarie Large Cap Value Trust	28,896,307	-	(d)	(d)
TS&W International Small Cap Equity Trust	8,422,705	-	Daily	10 days
TS&W SMID Cap Value Collective Trust	5,477,661	-	Daily	10 days
Other common collective trusts	137,562,321	-	Daily	None
Total	\$ 228,733,371	\$ -		

Investments	Fair Value 12/31/2023	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Aberdeen Emerging Markets Equity Collective Fund	\$ 9,747,533	\$ -	(b)	(b)
Artisan International Growth Fund	13,800,814	-	(c)	(c)
Causeway International Value Equity Collective Investment Trust	13,788,564	-	(d)	(d)
Prudential Core Plus Bond Fund	15,898,373	-	(e)	(e)
Macquarie Large Cap Value Trust	30,074,349	-	(d)	(d)
TS&W International Small Cap Equity Trust	9,651,408	-	Daily	10 days
TS&W SMID Cap Value Collective Trust	5,448,379	-	Daily	10 days
Other common collective trusts	129,870,941	-	Daily	None
Total	\$ 228,280,361	\$ -		

COMMUNITYAMERICA CREDIT UNION 401(K) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(4) Fair value measurements (continued)

- (b) Unitholders may request redemptions from the fund with requisite notice to the trustee in accordance with the provision of the declaration of trust and the fund declaration. Routine redemptions will typically be processed within one business day if the trustee receives the redemption instructions on or before the communicated deadline. Late instructions will be processed in no more than two business days. The trustee may, however, take up to seven additional calendar days after the receipt of good order instructions to distribute a redemption, if such delay is necessary to maintain adequate liquidity for the fund. The trustee also reserves the right to delay the distribution of any redemption for an additional thirty calendar days in the event that the trustee determines in its discretion that an earlier redemption may have an adverse impact on the fund. The trustee requires no less than seven business days' prior written notice to be provided if a unit holder intends to fully redeem from the fund.
- (c) Any participating plan or plan participant or beneficiary that desires to withdraw partially or totally from participation in a fund shall deliver a request of withdrawal to the trustee specifying the dollar amount to be withdrawn or the number of fund units to be redeemed and the date with respect to which the withdrawal shall be made. The request must be made electronically or in writing, in such manner as the trustee prescribes. The trustee in its discretion may require the withdrawing participating plan to notify the trustee directly, in writing, five business days (or such longer period as the trustee requires) prior to the date with respect to which the withdrawal will be made.
- (d) Any participating plan or plan participant or beneficiary, that desires to withdraw partially or totally from participation in a fund shall deliver a request of withdrawal to the trustee specifying the withdrawal date and the dollar amount to be withdrawn or the number of fund units. The request must be made electronically or in writing, in such manner as the trustee prescribes. The trustee shall be fully protected in following the instructions of the withdrawing unit holder as to the amounts and proportions of the assets of any withdrawals to be obtained from any fund. For withdrawals initiated by a participating plan in excess of 20% of such participating plan's investment in a fund, the participating plan must notify the trustee directly, in writing, at least five business days (or such other period as may be specified in the applicable disclosure memorandum) prior to the applicable withdrawal date.
- (e) Any participating trust which desires to withdraw totally or partially from participation in the trust shall deliver a written request of withdrawal to the trustee specifying the dollar amount or the number of units to be withdrawn and the valuation date with respect to which the withdrawal shall be made. If a participating trust has assets invested in more than one fund and the participating trust wishes to withdraw less than all its assets from the trust, then the participating trust must specify in writing which fund(s) the participating trust's assets shall be withdrawn from, and the amount of assets to be withdrawn from each such fund. The trustee in its sole discretion may require a participating trust desiring to make withdrawals to notify the trustee in writing five business days prior to the valuation date with respect to which the withdrawal will be made.

COMMUNITYAMERICA CREDIT UNION 401(K) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(5) Fully benefit-responsive investment contracts

The Plan holds a portfolio of synthetic investment contracts. These contracts meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses.

The key difference between a synthetic investment contract and a traditional investment contract is that the Plan owns the underlying assets of the synthetic investment contract. A synthetic investment contract includes a wrapper contract, which is an agreement for the wrap issuer, such as a bank or insurance company, to make payments to the Plan in certain circumstances. The wrapper contract typically includes certain conditions and limitations on the underlying assets owned by the Plan. With traditional investment contracts, the Plan owns only the contract itself. Synthetic and traditional investment contracts are designed to accrue interest based on crediting rates established by the contract issuers. The Plan did not hold any traditional investment contracts at December 31, 2024 and 2023. The Plan held synthetic investment contracts totaling \$134,903,674 and \$152,562,060 at December 31, 2024 and 2023, respectively.

The synthetic investment contracts held by the Plan include wrapper contracts that provide a guarantee that the credit rate will not fall below 0%. Cash flow volatility (for example, timing of benefit payments) as well as asset underperformance can be passed through to the Plan through adjustments to future contract crediting rates. Formulas are provided in each contract that adjusts renewal crediting rates to recognize the difference between the fair value and the book value of the underlying assets. Crediting rates are reviewed monthly for resetting.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. These events may be different under each contract. Examples of such events include the following: (1) the Plan's failure to qualify under Section 401(a) of the Internal Revenue Code or the failure of the trust to be tax-exempt under Section 501(a) of the Internal Revenue Code, (2) premature termination of the contracts, (3) plan termination or merger, (4) changes to the Plan's prohibition on competing investment options, or (5) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

COMMUNITYAMERICA CREDIT UNION 401(K) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(6) Related party transactions and party-in-interest transactions

The Plan paid certain expenses to Empower Annuity Insurance Company of America, a trustee of the Plan, and Empower Advisory Group, LLC (affiliate of Empower Annuity Insurance Company of America) related to plan operations and investment activity.

Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of the investments, as they are paid through revenue sharing, rather than a direct payment. As described in Note 2, the Plan made direct payments to the recordkeeper of \$133,020 and \$206,252 for the years ended December 31, 2024 and 2023, respectively, which was not covered by revenue sharing. The Plan paid certain expenses related to the Plan's operations and investment activity to various service providers. These transactions are party-in-interest transactions. The Plan Sponsor pays directly any other fees related to the Plan's operations.

(7) Plan termination

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

(8) Reconciliation of financial statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2024 and 2023 to Form 5500:

	<u>December 31,</u>	
	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 586,298,409	\$ 601,992,215
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	(9,038,049)	(9,835,390)
Current year deemed loans for active participants	<u>(241,631)</u>	<u>(283,516)</u>
Net assets available for benefits per Schedule H of the Form 5500	<u>\$ 577,018,729</u>	<u>\$ 591,873,309</u>

COMMUNITYAMERICA CREDIT UNION 401(K) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(8) Reconciliation of financial statements to Schedule H of Form 5500 (continued)

The following is a reconciliation of net increase (decrease) per the financial statements for the years ended December 31, 2024 and 2023 to Form 5500:

	Years Ended December 31,	
	2024	2023
Net increase (decrease) per the financial statements	\$ (15,693,806)	\$ 26,907,964
Current year adjustment from contract value to fair value for benefit-responsive investment contracts	(9,038,049)	(9,835,390)
Prior year adjustment from contract value to fair value for benefit-responsive investment contracts	9,835,390	13,236,900
Current year deemed loans for active participants	(241,631)	(283,516)
Prior year deemed loans for active participants	283,516	-
Net income (loss) per Schedule H of the Form 5500	\$ (14,854,580)	\$ 30,025,958

(9) Tax status

The Internal Revenue Service (“IRS”) has determined and informed the Company by letter dated September 21, 2022, that the Plan and the related trust are designed in accordance with the applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the plan administrator believes 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 (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

(10) Risks and uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risk. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. 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.

COMMUNITYAMERICA CREDIT UNION 401(K) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(11) Subsequent events

The Plan has evaluated subsequent events through July 7, 2025, which is the date the financial statements were available to be issued and noted the following item for disclosure:

Effective January 1, 2025, the Plan was amended to recognize service at Electro Service Credit Union and Edison Credit Union for purposes of eligibility and vesting.

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, 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, 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: COMMUNITYAMERICA CREDIT UNION 401(K) SAVINGS PLAN; 1b Three-digit plan number (PN): 002; 1c Effective date of plan: 12/01/1954; 2a Plan sponsor's name: COMMUNITYAMERICA CREDIT UNION; 2b Employer Identification Number (EIN): 44-6015072; 2c Plan Sponsor's telephone number: 913-905-8047; 2d Business code: 522130

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows for Michelle Silberberg (7/7/25), Tim Saracini (7-14-25), and Signature of DFE.

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

SUPPLEMENTAL SCHEDULE

COMMUNITYAMERICA CREDIT UNION 401(K) SAVINGS PLAN

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

December 31, 2024

EIN: 44-6015072
Plan Number: 002

(a)	(b)	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost (1)	(e) Current value
Common Collective Trusts:				
	Aberdeen	Aberdeen Emerging Markets Equity Collective Fund	\$	8,768,194
	Artisan Partners	Artisan International Growth Fund		12,440,849
	Boston Partners	Boston Partners Large Cap Value Equity Fund		3,314,490
	Causeway	Causeway International Value Equity Collective Investment Trust		11,862,182
	Virtus	Ceredex Mid-Cap Value Equity Trust		952,754
	Columbia Management	Columbia Trust Contrarian Core Fund		15,545,053
	Jennison	Prudential Core Plus Bond Fund		15,303,152
	Macquarie	Macquarie Large Cap Value Trust		28,896,307
	State Street	State Street Global All Cap Equity Ex-U.S. Index Non-Lending Series Fund		16,793,334
	State Street	State Street U.S. Inflation Protected Bond Index Non-Lending Series Fund		5,827,335
	State Street	State Street Global LargeMidCap Natural Resources Index Non-Lending Series Fund		1,919,173
	State Street	State Street Bloomberg Roll Select Commodity Index Non-Lending Series Fund		2,580,994
	State Street	State Street S&P 500 Index Securities Non-Lending Series Fund		25,873,540
	State Street	State Street Developed Real Estate Securities Index Non-Lending Series Fund		4,352,922
	State Street	State Street Russell All Cap Index Non Lending Series Fund		37,938,571
	State Street	State Street Russell Small/Mid Cap Index Non-Lending Series Fund		7,217,189
	State Street	State Street U.S. Bond Index Non-Lending Series Fund		6,369,268
	Global Trust Company	TS&W International Small Cap Equity Trust		8,422,705
	Global Trust Company	TS&W SMID Cap Value Collective Trust		5,477,661
	Wellington	Wellington CIF II Mid Cap Opportunities (Series 1) Portfolio		8,877,698
		Total Common Collective Trusts		<u>\$ 228,733,371</u>

COMMUNITYAMERICA CREDIT UNION 401(K) SAVINGS PLAN

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

December 31, 2024

EIN: 44-6015072
Plan Number: 002

(a)	(b)	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost (1)	(e) Current value
		Mutual Funds:		
	Alliance Bernstein	AB Global Bond Fund	\$	32,874
	American Funds	American Funds New Perspective Fund		1,579,874
	Columbia Threadneedle	Columbia High Yield Bond Fund		539,983
	Dimensional Fund Advisors	DFA Inflation-Protected Securities Portfolio		287,350
	Dodge & Cox	Dodge & Cox Income Fund		24,034,859
	Eaton Vance	Eaton Vance Atlanta Capital SMID Cap Fund		5,314,286
	Fidelity	Fidelity Growth Company Fund		23,516,766
	Fidelity	Fidelity Small Cap Growth Fund		3,315,848
	Frontier	Frontier MFG Core Infrastructure Fund		3,591,410
	Goldman Sachs	Goldman Sachs Small Cap Value Fund		1,141,992
	Invesco	Invesco Government & Agency Portfolio Short-Term Investments Trust		10,199,855
	Janus Henderson	Janus Henderson Enterprise Fund		3,357,512
	Lazard	Lazard International Strategic Equity Portfolio		290,619
	Segall Bryant & Hamill	Segall Bryant & Hamill Small Cap Value Fund		3,552,092
	T. Rowe Price	T. Rowe Price Growth Stock Fund		32,022,874
	Vanguard	Vanguard Federal Money Market Fund		4,251,696
	Vanguard	Vanguard Short Term Inflation Protected Securities Index Fund		2,601,042
	Vanguard	Vanguard Target Retirement 2020 Fund		2,632,008
	Vanguard	Vanguard Target Retirement 2025 Fund		6,538,556
	Vanguard	Vanguard Target Retirement 2030 Fund		11,809,989
	Vanguard	Vanguard Target Retirement 2035 Fund		8,703,959
	Vanguard	Vanguard Target Retirement 2040 Fund		6,141,604
	Vanguard	Vanguard Target Retirement 2045 Fund		8,587,474
	Vanguard	Vanguard Target Retirement 2050 Fund		10,346,486
	Vanguard	Vanguard Target Retirement 2055 Fund		6,823,092
	Vanguard	Vanguard Target Retirement 2060 Fund		4,416,217
	Vanguard	Vanguard Target Retirement 2065 Fund		1,716,290
	Vanguard	Vanguard Target Retirement 2070 Fund		620,851
	Vanguard	Vanguard Target Retirement Income Fund		10,759,161
	William Blair	William Blair Small-Mid Cap Growth Fund		5,500,563
		Total Mutual Funds	\$	<u>204,227,182</u>
		Pooled Separate Account:		
	Metropolitan West	MetWest Core Plus Bond Fund (IS Platform)	\$	<u>539,409</u>

COMMUNITYAMERICA CREDIT UNION 401(K) SAVINGS PLAN

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

December 31, 2024

EIN: 44-6015072
Plan Number: 002

(a)	(b)	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost (1)	(e) Current value
Stable Value Fund:				
	American General Life Insurance	IGT Dodge & Cox Core Fixed Income Fund	\$	1,944,627
	American General Life Insurance	IGT Invesco Core Fixed Income Fund		1,194,002
	American General Life Insurance	IGT Invesco Intermediate Fund		2,267,639
	American General Life Insurance	IGT Invesco Short Term Bond Fund		11,368,175
	American General Life Insurance	IGT Jennison Intermediate Fund		2,269,130
	American General Life Insurance	IGT Loomis Sayles Core Fixed Income Fund		1,949,346
	American General Life Insurance	IGT Loomis Sayles Intermediate Fund		1,134,264
	American General Life Insurance	IGT PIMCO Core Fixed Income Fund		1,947,791
	American General Life Insurance	IGT PIMCO Intermediate Fund		1,133,349
	Met Tower Life	IGT Dodge & Cox Core Fixed Income Fund		1,849,728
	Met Tower Life	IGT Invesco Core Fixed Income Fund		1,853,039
	Met Tower Life	IGT Invesco Intermediate Fund		2,211,186
	Met Tower Life	IGT Invesco Short Term Bond Fund		11,376,546
	Met Tower Life	IGT Jennison Intermediate Fund		2,212,640
	Met Tower Life	IGT Loomis Sayles Core Fixed Income Fund		1,854,216
	Met Tower Life	IGT Loomis Sayles Intermediate Fund		1,036,504
	Met Tower Life	IGT PIMCO Core Fixed Income Fund		1,852,737
	Met Tower Life	IGT PIMCO Intermediate Fund		1,035,669
	Nationwide Life Insurance	IGT Dodge & Cox Core Fixed Income Fund		1,257,935
	Nationwide Life Insurance	IGT Invesco Core Fixed Income Fund		1,260,187
	Nationwide Life Insurance	IGT Invesco Intermediate Fund		2,526,301
	Nationwide Life Insurance	IGT Invesco Short Term Bond Fund		12,664,903
	Nationwide Life Insurance	IGT Jennison Intermediate Fund		2,527,961
	Nationwide Life Insurance	IGT Loomis Sayles Core Fixed Income Fund		1,260,987
	Nationwide Life Insurance	IGT Loomis Sayles Intermediate Fund		1,263,645
	Nationwide Life Insurance	IGT PIMCO Core Fixed Income Fund		1,259,981
	Nationwide Life Insurance	IGT PIMCO Intermediate Fund		1,262,626
	Pacific Life Insurance	IGT Dodge & Cox Core Fixed Income Fund		1,485,662
	Pacific Life Insurance	IGT Invesco Core Fixed Income Fund		2,232,482
	Pacific Life Insurance	IGT Invesco Intermediate Fund		1,740,458
	Pacific Life Insurance	IGT Invesco Short Term Bond Fund		12,963,299
	Pacific Life Insurance	IGT Jennison Intermediate Fund		1,741,602
	Pacific Life Insurance	IGT Loomis Sayles Core Fixed Income Fund		1,489,267
	Pacific Life Insurance	IGT Loomis Sayles Intermediate Fund		870,570
	Pacific Life Insurance	IGT PIMCO Core Fixed Income Fund		1,488,079
	Pacific Life Insurance	IGT PIMCO Intermediate Fund		869,868
	Voya Retirement & Annuity	IGT Invesco Intermediate Fund		4,531,622
	Voya Retirement & Annuity	IGT Invesco Short Term Bond Fund		11,611,434
	Voya Retirement & Annuity	IGT Jennison Intermediate Fund		4,534,600
	Voya Retirement & Annuity	IGT Loomis Sayles Intermediate Fund		2,266,698
	Voya Retirement & Annuity	IGT PIMCO Intermediate Fund		2,264,870
		Fair value to contract value adjustment		9,038,049
		Total Synthetic GICs	\$	134,903,674

COMMUNITYAMERICA CREDIT UNION 401(K) SAVINGS PLAN

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

December 31, 2024

EIN: 44-6015072
Plan Number: 002

(a)	(b)	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost (1)	(e) Current value
	Charles Schwab	Self Directed Brokerage Accounts	14,438,986	\$ 14,438,986
* Participant Loans (interest rate range 3.25% - 9.50%)			2,528,388	\$ 2,528,388
			585,371,010	\$ 585,371,010

* Party-in-interest as defined by ERISA

(1) Cost information may be omitted for plan assets which are participant-directed.