

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: RETIREMENT PLAN AND TRUST FOR EMPLOYEES OF CREDIT HUMAN FEDERAL CREDIT UNION
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1958
2a Plan sponsor's name (employer, if for a single-employer plan): CREDIT HUMAN FEDERAL CREDIT UNION
2b Employer Identification Number (EIN): 74-0956027
2c Plan Sponsor's telephone number: 210-258-1309
2d Business code (see instructions): 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 of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor RETIREMENT COMMITTEE CREDIT HUMAN FEDERAL CREDIT UNION 1703 BROADWAY ST. SAN ANTONIO, TX 78215		3b Administrator's EIN 74-0956027
		3c Administrator's telephone number 210-258-1309
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5	1413
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)	705
6a(2) Total number of active participants at the end of the plan year	6a(2)	746
b Retired or separated participants receiving benefits.....	6b	297
c Other retired or separated participants entitled to future benefits	6c	186
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	1229
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	34
f Total. Add lines 6d and 6e	6f	1263
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)	
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)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	16
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1C

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>RETIREMENT PLAN AND TRUST FOR EMPLOYEES OF CREDIT HUMAN FEDERAL CREDIT UNION</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CREDIT HUMAN FEDERAL CREDIT UNION</u>	D Employer Identification Number (EIN) <u>74-0956027</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500		

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>183112767</u>
	b Actuarial value	2b	<u>191529329</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>315</u>	<u>53761234</u>
	b For terminated vested participants	<u>400</u>	<u>28722175</u>
	c For active participants	<u>705</u>	<u>61095499</u>
	d Total	<u>1420</u>	<u>143578908</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.29 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>6116352</u>
	b Expected plan-related expenses	6b	<u>389000</u>
	c Target normal cost	6c	<u>6505352</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE			
	Signature of actuary	<u>08/27/2025</u>	Date
	<u>CHRISTIAN GOODMAN</u>	<u>23-07277</u>	Most recent enrollment number
	<u>MILLIMAN</u>	<u>214-863-5500</u>	Telephone number (including area code)
	<u>12790 MERIT DRIVE SUITE 800 DALLAS, TX 75251</u>		
	Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>13.77</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		4635284
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.38</u> %		249378
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c	Total available at beginning of current plan year to add to prefunding balance		4884662
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	132.40 %
15	Adjusted funding target attainment percentage	15	132.40 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	133.12 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
06/24/2025	5400000						
			Totals ▶	18(b)	5400000	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0	
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	5004197	
20	Quarterly contributions and liquidity shortfalls:			
a	Did the plan have a "funding shortfall" for the prior year?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
c	If line 20a is "Yes," see instructions and complete the following table as applicable:			
Liquidity shortfall as of end of quarter of this plan year				
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th	

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code) **21b** 0

22 Weighted average retirement age **22** 64

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28**

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)..... **30** 0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	31a	6505352
b Excess assets, if applicable, but not greater than line 31a	31b	6505352

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment		
b Waiver amortization installment.....		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		0

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 5004197

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	5004197
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years **40** 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

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

A Name of plan RETIREMENT PLAN AND TRUST FOR EMPLOYEES OF CREDIT HUMAN FEDERAL CREDIT UNION	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CREDIT HUMAN FEDERAL CREDIT UNION	D Employer Identification Number (EIN) 74-0956027	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

DELAWARE INVESTMENTS

23-3061021

(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?
27 50 51	NONE	187859	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)

MORGAN STANLEY

74-2804261

(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?
27 50 51	NONE	63654	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"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan RETIREMENT PLAN AND TRUST FOR EMPLOYEES OF CREDIT HUMAN FEDERAL CREDIT UNION	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 CREDIT HUMAN FEDERAL CREDIT UNION	D Employer Identification Number (EIN) 74-0956027

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5000000	5400000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	581010	658562
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	23243383	20271043
(2) U.S. Government securities	1c(2)	8655859	10809745
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	48678918	46255170
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	88598394	89644358
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8471871	8191341
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	183229435	181230219
Liabilities			
g Benefit claims payable.....	1g	25514	
h Operating payables.....	1h		130595
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	25514	130595
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	183203921	181099624

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)	5400000	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5400000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	639808	
(B) U.S. Government securities.....	2b(1)(B)	48267	
(C) Corporate debt instruments.....	2b(1)(C)	2387540	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3075615
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	1530299	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	456826	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1987125
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	-43939246	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	-49294212	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		5354966
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	2175248	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		2175248

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-207049
c Other income	2c		7219
d Total income. Add all income amounts in column (b) and enter total	2d		17793124

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	19351105	
(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)		19351105
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	152595	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	251513	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	142208	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		546316
j Total expenses. Add all expense amounts in column (b) and enter total	2j		19897421

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-2104297
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: **ADKF, P.C.**

(2) EIN: **74-2606559**

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		10000000
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 549058.

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>RETIREMENT PLAN AND TRUST FOR EMPLOYEES OF CREDIT HUMAN FEDERAL CREDIT UNION</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CREDIT HUMAN FEDERAL CREDIT UNION</u>	D Employer Identification Number (EIN) <u>74-0956027</u>	

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

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

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

1	
---	--

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

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	237
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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.)
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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: 53.00 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 33.00 %
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: 14.00 % 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 _____.



ADKF

with you
all the way

Member of the
AICPA & TXCPA.

INDEPENDENT AUDITOR'S REPORT

To the Retirement Committee
Retirement Plan (and Trust) for Employees of Credit Human Federal Credit Union
San Antonio, Texas

Opinion

We have audited the financial statements of the Retirement Plan (and Trust) for Employees of Credit Human Federal Credit Union, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Retirement Plan (and Trust) for Employees of Credit Human Federal Credit Union as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

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

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

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Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The Schedule of Assets Held at End of Year is presented for purposes of additional analysis and is not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, 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 information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

ADKF, PC

ADKF, P.C.
San Antonio, Texas
August 19, 2025

Attachment to 2024 Form 5500
Schedule SB, line 26(a) – Schedule of Active Participant Data

Plan Name: Retirement Plan for Employees of Credit Human Federal Credit Union EIN: 74-0956027
Plan Sponsor: Credit Human Federal Credit Union PN: 001

Active Participants by Age and Service

The number of active participants, summarized by attained age and years of credited service as of January 1, 2024, is shown below.

Age	Years of Credited Service										Total	
	0	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40+		
0–24	-	18	-	-	-	-	-	-	-	-	-	18
25–29	-	60	23	1	-	-	-	-	-	-	-	84
30–34	-	49	31	3	-	-	-	-	-	-	-	83
35–39	-	23	36	12	10	-	-	-	-	-	-	81
40–44	-	21	20	16	10	12	-	-	-	-	-	79
45–49	-	23	23	12	11	14	12	-	-	-	-	95
50–54	-	22	12	15	14	9	13	8	-	-	-	93
55–59	-	18	15	7	10	9	4	8	7	-	-	78
60–64	-	11	17	12	10	6	3	9	3	2	-	73
65–69	-	3	1	1	2	2	1	3	-	3	-	16
70+	-	-	2	1	-	-	-	1	-	1	-	5
Total	-	248	180	80	67	52	33	29	10	6	-	705

Attachment to 2024 Form 5500
Schedule SB, line 22 – Weighted Average Retirement Age

Plan Name: Retirement Plan for Employees of Credit Human Federal Credit Union EIN: 74-0956027
Plan Sponsor: Credit Human Federal Credit Union PN: 001

The weighted average retirement age is 64, as shown below.

Age	Retirement Rate	Age Weight
55	2%	1.10
56	8%	4.39
57	2%	1.03
58	12%	6.15
59	5%	2.29
60	3%	1.33
61	3%	1.31
62	12%	5.17
63	0%	0.00
64	11%	4.31
65	42%	14.86
66	0%	0.00
67	9%	1.90
68	18%	3.52
69	38%	6.18
70	100%	10.22

Average Weighted Retirement Age	63.8
---------------------------------	------

RETIREMENT PLAN (AND TRUST) FOR EMPLOYEES OF CREDIT HUMAN FEDERAL CREDIT UNION
Schedule of Assets Held at End of Year
Form 5500, Schedule H, Part IV, 4i
EIN 74-0956027 Plan Number 001
December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value	Cost	Current Value
	Credit Human Federal Credit Union:			
	Certificates of deposit:			
*	24-month certification of deposit	2.37% matures on 01/28/2025	\$ 300,000	\$ 316,430
*	24-month certification of deposit	2.37% matures on 02/28/2025	500,000	527,384
*	24-month certification of deposit	2.37% matures on 03/28/2025	500,000	527,384
*	24-month certification of deposit	2.37% matures on 04/28/2025	500,000	527,384
*	24-month certification of deposit	2.37% matures on 05/28/2025	500,000	527,384
*	24-month certification of deposit	2.37% matures on 06/28/2025	500,000	527,384
*	24-month certification of deposit	2.37% matures on 07/28/2025	500,000	527,384
*	36-month certification of deposit	2.57% matures on 08/28/2025	500,000	529,760
*	36-month certification of deposit	2.57% matures on 09/28/2025	500,000	529,760
*	36-month certification of deposit	2.57% matures on 10/15/2025	500,000	529,760
*	36-month certification of deposit	2.57% matures on 10/28/2025	500,000	529,760
*	36-month certification of deposit	2.57% matures on 11/28/2025	400,000	423,808
*	12-month certification of deposit	4.13% matures on 12/28/2025	1,000,000	1,070,618
*	36-month certification of deposit	2.57% matures on 12/28/2025	300,000	317,856
*	24-month certification of deposit	4.41% matures on 01/28/2026	500,000	532,296
*	24-month certification of deposit	4.41% matures on 02/28/2026	500,000	532,296
*	24-month certification of deposit	4.41% matures on 03/28/2026	500,000	532,296
*	24-month certification of deposit	4.41% matures on 04/28/2026	500,000	532,296
*	24-month certification of deposit	4.41% matures on 05/28/2026	500,000	532,296
*	24-month certification of deposit	4.41% matures on 06/28/2026	500,000	532,296
*	36-month certification of deposit	4.27% matures on 07/28/2026	500,000	531,241
*	36-month certification of deposit	4.27% matures on 08/28/2026	500,000	531,241
*	36-month certification of deposit	4.27% matures on 09/28/2026	500,000	531,241
*	36-month certification of deposit	4.27% matures on 10/28/2026	500,000	531,241
*	36-month certification of deposit	4.27% matures on 11/28/2026	500,000	531,241
*	36-month certification of deposit	4.27% matures on 12/28/2026	500,000	531,241
*	36-month certification of deposit	4.27% matures on 01/28/2027	500,000	531,241
*	24-month certification of deposit	4.65% matures on 02/28/2027	1,000,000	1,023,541
*	24-month certification of deposit	4.65% matures on 03/28/2027	500,000	511,771
*	24-month certification of deposit	4.65% matures on 04/28/2027	500,000	511,771
*	24-month certification of deposit	4.65% matures on 05/28/2027	500,000	511,771
*	24-month certification of deposit	4.65% matures on 06/28/2027	500,000	511,771
*	36-month certification of deposit	4.55% matures on 07/28/2027	500,000	511,515
*	36-month certification of deposit	4.55% matures on 08/28/2027	500,000	511,515
*	36-month certification of deposit	4.55% matures on 09/28/2027	500,000	511,515
*	36-month certification of deposit	4.55% matures on 10/28/2027	500,000	511,515
	Total certificates of deposit		<u>18,500,000</u>	<u>19,441,204</u>
	Interest-bearing cash	0% - 0.01%	<u>829,839</u>	<u>829,839</u>
	Corporate common stocks:			
	SPDR S&P 500 ETF	71,813 shares	15,610,605	42,088,163
	Ishares S&P Midcap 400 Index	369,398 shares	12,771,896	23,017,189
	Ishares Core S&P Small Cap E	146,700 shares	9,640,577	16,902,774
	Ishares MSCI EAFE ETF	100,995 shares	7,186,006	7,636,232
	Total corporate common stocks		<u>45,209,084</u>	<u>89,644,358</u>

See independent auditor's report.

RETIREMENT PLAN (AND TRUST) FOR EMPLOYEES OF CREDIT HUMAN FEDERAL CREDIT UNION
Schedule of Assets Held at End of Year
Form 5500, Schedule H, Part IV, 4i
EIN 74-0956027 Plan Number 001
December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value	Cost	Current Value
	Corporate Bonds:			
	Lehman Brothers Holdings	6.50%, 2017	\$ 137,031	N/A
	JPMorgan Chase & Co.	2.55%, 2032	60,000	50,622
	Vistra Operations Co., LLC	6.95%, 2033	120,533	118,348
	JPMorgan Chase & Co.	4.59%, 2033	80,000	76,773
	Bank of America Corp.	2.97%, 2033	70,982	73,175
	Time Warner Cable LLC	7.30%, 2038	570,506	438,002
	AT&T Inc.	6.30%, 2038	16,325	16,057
	Apache Corp.	5.10%, 2040	302,087	295,916
	Lowe's Cos., Inc.	2.80%, 2041	258,212	178,578
	Molson Coors Beverage Co.	5.00%, 2042	451,022	436,449
	Jefferies Financial Group Inc.	6.50%, 2043	268,401	282,776
	Freeport-McMoRan Inc.	5.45%, 2043	205,525	200,779
	UBS Group AG	3.18%, 2043	200,000	144,514
	Gilead Sciences Inc.	4.80%, 2044	675,217	636,046
	AbbVie Inc.	5.35%, 2044	585,522	564,787
	UBS Group AG	5.38%, 2045	250,000	238,430
	Wisconsin Electric Power Co.	4.30%, 2045	134,765	105,690
	Goldman Sachs Group Inc.	5.56%, 2045	75,000	72,612
	Shell Finance US Inc.	4.00%, 2046	582,396	545,968
	Consumers Energy Co.	3.25%, 2046	691,776	509,570
	DTE Electric Co.	3.70%, 2046	369,913	290,369
	Occidental Petroleum Corp.	6.60%, 2046	304,272	284,896
	Piedmont Natural Gas Co., Inc.	3.64%, 2046	349,573	251,025
	Southwest Gas Corp.	3.80%, 2046	312,842	236,526
	Duke Energy Ohio Inc.	3.70%, 2046	102,808	81,645
	Progressive Corp.	4.13%, 2047	643,128	436,231
	Virginia Electric and Power Co.	3.80%, 2047	431,374	362,756
	Baltimore Gas and Electric Co.	3.75%, 2047	512,217	335,565
	Oklahoma Gas and Electric Co.	4.15%, 2047	369,220	286,538
	Oglethorpe Power Corp.	4.50%, 2047	158,148	131,230
	DTE Electric Co.	3.75%, 2047	143,801	105,720
	Southern California Gas Co.	4.13%, 2048	816,986	582,964
	Equitable Holdings Inc.	5.00%, 2048	732,562	575,366
	JPMorgan Chase & Co.	4.26%, 2048	748,541	522,043
	Southwestern Public Service Co.	4.40%, 2048	587,278	381,372
	Nucor Corp.	4.40%, 2048	445,745	375,183
	General Motors Co.	5.40%, 2048	300,060	288,401
	Southern California Edison Co.	4.13%, 2048	347,455	249,090
	Valley Children's Hospital	4.40%, 2048	219,619	206,412
	Home Depot Inc.	3.13%, 2049	1,031,970	657,222
	Waste Management Inc.	4.15%, 2049	838,910	589,066
	Bank of America Corp.	3.95%, 2049	691,193	579,465
	American Water Capital Corp.	4.15%, 2049	871,042	576,871
	Exxon Mobil Corp.	3.10%, 2049	890,758	573,014
	Prudential Financial Inc.	3.94%, 2049	683,175	556,663
	Evergy Kansas Central Inc.	3.25%, 2049	583,387	375,341
	Berkshire Hathaway Finance Corp.	4.25%, 2049	386,385	326,529
	Public Service Co. of New Hampshire	3.60%, 2049	473,092	319,375
	Parker-Hannifin Corp.	4.00%, 2049	316,315	317,554
	Arizona Public Service Co.	4.25%, 2049	453,800	309,218
	Alabama Power Co.	3.45%, 2049	478,436	293,154
	Entergy Arkansas LLC	4.20%, 2049	298,221	238,424
	Energy Transfer LP	6.25%, 2049	208,315	205,578
	Adventist Health System/West	3.63%, 2049	187,108	175,648
	Southwest Gas Corp.	4.15%, 2049	212,486	160,421
	Entergy Mississippi LLC	3.85%, 2049	172,550	107,931
	Louisville Gas and Electric Co.	4.25%, 2049	47,419	35,878
	Pacific Gas and Electric Co.	3.50%, 2050	701,312	720,783
	T-Mobile USA Inc.	4.50%, 2050	905,117	656,864

See independent auditor's report.

RETIREMENT PLAN (AND TRUST) FOR EMPLOYEES OF CREDIT HUMAN FEDERAL CREDIT UNION
Schedule of Assets Held at End of Year
Form 5500, Schedule H, Part IV, 4i
EIN 74-0956027 Plan Number 001
December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value	Cost	Current Value
	Waste Connections Inc.	3.05%, 2050	\$ 983,420	\$ 608,462
	Alphabet Inc.	2.05%, 2050	1,058,734	596,582
	American Tower Corp.	3.10%, 2050	591,890	571,798
	Oglethorpe Power Corp.	3.75%, 2050	668,882	463,223
	Lam Research Corp.	2.88%, 2050	442,140	423,983
	Lowe's Cos., Inc.	3.00%, 2050	680,659	417,192
	Takeda Pharmaceutical Co., Ltd.	3.18%, 2050	589,133	366,747
	DTE Electric Co.	2.95%, 2050	511,924	325,148
	Oracle Corp.	3.60%, 2050	288,336	284,626
	Berkshire Hathaway Finance Corp.	2.85%, 2050	434,652	273,347
	Prudential Financial Inc.	4.35%, 2050	360,279	238,498
	Amazon.com Inc.	2.50%, 2050	252,928	152,396
	Southern California Edison Co.	3.65%, 2050	102,345	70,237
	HCA Inc.	3.50%, 2051	716,591	700,232
	PepsiCo Inc.	2.75%, 2051	892,332	555,992
	BP Capital Markets America Inc.	2.94%, 2051	743,307	538,713
	Northern Natural Gas Co.	3.40%, 2051	685,041	519,152
	LyondellBasell International Finance III LLC	3.63%, 2051	356,678	340,304
	Royalty Pharma plc	3.35%, 2051	344,295	333,785
	Merck & Co., Inc.	2.75%, 2051	386,532	324,478
	Arthur J. Gallagher & Co.	3.50%, 2051	511,008	323,745
	Nestlé Holdings Inc.	2.63%, 2051	341,607	303,995
	Florida Power & Light Co.	2.88%, 2051	444,818	279,433
	CenterPoint Energy Houston Electric LLC	3.35%, 2051	424,285	274,612
	Hartford Financial Services Group Inc.	2.90%, 2051	307,671	265,636
	Spire Missouri Inc.	3.30%, 2051	373,931	250,438
	Aptiv Swiss Holdings Ltd.	3.10%, 2051	253,540	242,729
	Bank of America Corp.	2.83%, 2051	382,665	233,966
	JPMorgan Chase & Co.	3.11%, 2051	201,281	195,709
	Public Service Co. of Oklahoma	3.15%, 2051	219,067	139,654
	Shell International Finance B.V.	3.00%, 2051	189,552	120,179
	Southwestern Electric Power Co.	3.25%, 2051	158,894	114,278
	KLA Corp.	4.95%, 2052	589,731	568,900
	Enterprise Products Operating LLC	3.20%, 2052	720,232	514,096
	Elevance Health Inc.	4.55%, 2052	452,494	415,430
	Oncor Electric Delivery Co. LLC	4.95%, 2052	403,113	362,358
	MetLife Inc.	5.00%, 2052	296,172	248,889
	ConocoPhillips Co.	3.80%, 2052	284,233	248,615
	Atmos Energy Corp.	2.85%, 2052	363,034	222,880
	NextEra Energy Capital Holdings Inc.	3.00%, 2052	285,331	216,025
	Berkshire Hathaway Finance Corp.	3.85%, 2052	234,170	178,162
	Baltimore Gas and Electric Co.	4.55%, 2052	204,635	171,023
	Nucor Corp.	3.85%, 2052	203,083	152,507
	Verizon Communications Inc.	3.88%, 2052	163,266	122,106
	Duke Energy Corp.	5.00%, 2052	103,334	96,077
	PacifiCorp	2.90%, 2052	86,389	53,075
	Duke Energy Carolinas LLC	5.35%, 2053	520,219	490,409
	Dominion Energy South Carolina Inc.	6.25%, 2053	309,399	335,435
	Sutter Health	5.55%, 2053	300,000	299,817
	Travelers Cos., Inc.	5.45%, 2053	290,797	278,592
	AT&T Inc.	3.50%, 2053	283,842	202,116
	Northern States Power Co.	5.10%, 2053	193,545	180,683
	ONEOK Inc.	6.63%, 2053	135,086	142,219
	Enterprise Products Operating LLC	3.30%, 2053	150,048	98,624
	ConocoPhillips Co.	5.30%, 2053	49,689	46,275
	Oglethorpe Power Corp.	6.20%, 2053	14,779	15,472
	Marsh & McLennan Cos., Inc.	5.70%, 2053	3,928	4,011
	Kinder Morgan Inc.	5.95%, 2054	656,977	645,222

See independent auditor's report.

RETIREMENT PLAN (AND TRUST) FOR EMPLOYEES OF CREDIT HUMAN FEDERAL CREDIT UNION
Schedule of Assets Held at End of Year
Form 5500, Schedule H, Part IV, 4i
EIN 74-0956027 Plan Number 001
December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value	Cost	Current Value
	Uber Technologies Inc.	5.35%, 2054	\$ 628,515	\$ 582,794
	Netflix Inc.	5.40%, 2054	603,104	576,914
	Meta Platforms Inc.	5.40%, 2054	606,489	576,573
	Dow Chemical Co.	5.60%, 2054	594,461	573,591
	Northrop Grumman Corp.	5.20%, 2054	600,733	562,801
	Amphenol Corp.	5.38%, 2054	526,595	510,409
	Diamondback Energy Inc.	5.75%, 2054	492,668	474,831
	Oracle Corp.	5.38%, 2054	460,143	433,801
	Constellation Energy Generation LLC	5.75%, 2054	437,996	428,336
	Ingersoll Rand Inc.	5.70%, 2054	431,293	418,695
	Royalty Pharma plc	5.90%, 2054	390,908	377,416
	Alimentation Couche-Tard Inc.	5.62%, 2054	350,000	331,030
	Beacon Funding Trust	6.27%, 2054	311,779	306,323
	Occidental Petroleum Corp.	6.05%, 2054	301,064	286,067
	BAE Systems plc	5.50%, 2054	256,420	248,765
	Waste Management Inc.	5.35%, 2054	209,914	202,234
	ConocoPhillips Co.	5.55%, 2054	184,591	187,672
	NextEra Energy Capital Holdings Inc.	5.55%, 2054	149,828	144,038
	Virginia Electric and Power Co.	5.55%, 2054	79,652	77,780
	Boeing Co.	6.86%, 2054	61,196	58,543
	CSX Corp.	4.90%, 2055	664,120	627,312
	ConocoPhillips Co.	5.50%, 2055	182,012	175,957
	Elevance Health Inc.	5.70%, 2055	120,217	115,918
	Arthur J. Gallagher & Co.	5.55%, 2055	44,967	43,303
	Thomas Jefferson University	3.85%, 2057	160,353	147,955
	Verizon Communications Inc.	3.00%, 2060	639,350	373,784
	Amazon.com Inc.	2.70%, 2060	306,351	181,065
	Alphabet Inc.	2.25%, 2060	263,514	179,193
	Charter Communications Operating LLC	4.40%, 2061	775,992	503,661
	Apple Inc.	2.80%, 2061	480,650	290,653
	Rockwell Automation Inc.	2.80%, 2061	209,498	118,485
	Charter Communications Operating LLC	3.85%, 2061	11,804	12,072
	Dignity Health	5.27%, 2064	213,950	201,317
	Enbridge Inc.	5.75%, 2080	23,531	24,172
	Total corporate bonds		<u>58,031,434</u>	<u>46,255,170</u>
	Government Bonds:			
	United States Treasury Bond Fed. Strip Interest Payment	0.00%, 2039	1,585,968	1,511,946
	United States Treasury Bond Fed. Strip Interest Payment	0.00%, 2048	625,837	569,369
	United States Treasury Bond Fed. Strip Principal Payment	0.00%, 2052	1,761,339	1,542,883
	United States Treasury Bond Fed. Strip Principal Payment	0.00%, 2053	3,819,017	3,618,473
	United States Treasury Bond Fed. Strip Principal Payment	0.00%, 2054	1,712,987	1,648,862
	United States Treasury Bond	4.50%, 2054	910,116	888,368
	Federal National Mtg Assn Pool	6.00%, 2054	286,891	285,407
	Tennessee Valley Authority	0.00%, 2056	1,415,821	744,437
	Total government bonds		<u>12,117,976</u>	<u>10,809,745</u>
	Mutual Funds:			
	GQG Partners Emerging Markets Equity Fund Institutional	Mutual Fund	4,263,228	5,020,538
	Federated Hermes Government Obligations Fund	Mutual Fund	3,170,802	3,170,802
	Total mutual funds		<u>7,434,030</u>	<u>8,191,340</u>
	Total Investments per Statement of Net Assets Available for Benefit		<u>\$ 142,122,363</u>	<u>\$ 175,171,656</u>

See independent auditor's report.

**RETIREMENT PLAN (AND TRUST) FOR EMPLOYEES
OF CREDIT HUMAN FEDERAL CREDIT UNION**
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments, at fair value:		
Certificates of deposit	\$19,441,204	\$ 19,622,601
Interest-bearing cash	829,839	3,620,782
Corporate common stocks	89,644,358	88,598,394
Corporate bonds	46,255,170	48,678,918
Government bonds	10,809,745	8,655,859
Mutual funds	8,191,340	8,471,871
Total investments	<u>175,171,656</u>	<u>177,648,425</u>
Receivables:		
Employer contribution	5,400,000	5,000,000
Accrued interest	658,563	581,010
Total receivables	<u>6,058,563</u>	<u>5,581,010</u>
Total Assets	181,230,219	183,229,435
Liabilities		
Accrued liabilities	<u>130,595</u>	<u>25,514</u>
Net Assets Available for Benefits	<u><u>\$ 181,099,624</u></u>	<u><u>\$ 183,203,921</u></u>

See notes to audited financial statements.

**RETIREMENT PLAN (AND TRUST) FOR EMPLOYEES
OF CREDIT HUMAN FEDERAL CREDIT UNION**
Statements of Changes in Net Assets Available for Benefits
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions:		
Investment earnings:		
Net appreciation (depreciation) in fair value of investments:		
Realized	\$ 5,354,966	\$ (5,231,751)
Unrealized	1,968,199	22,363,610
Dividends	1,987,125	1,558,042
Interest	3,075,615	2,633,244
Other earnings	7,219	588
Total investment earnings	<u>12,393,124</u>	<u>21,323,733</u>
Investment expenses	<u>(251,513)</u>	<u>(240,450)</u>
Net investment earnings	12,141,611	21,083,283
Employer contributions	<u>5,400,000</u>	<u>5,000,000</u>
Total additions	17,541,611	26,083,283
Deductions:		
Benefits paid to participants	(19,351,105)	(4,675,913)
Administrative expenses	(294,803)	(148,256)
Total deductions	<u>(19,645,908)</u>	<u>(4,824,169)</u>
Change in Net Assets for the Year	(2,104,297)	21,259,114
Net assets available for benefits at beginning of year	<u>183,203,921</u>	<u>161,944,807</u>
Net Assets Available for Benefits at End of Year	<u><u>\$ 181,099,624</u></u>	<u><u>\$ 183,203,921</u></u>

See notes to audited financial statements.

**RETIREMENT PLAN (AND TRUST) FOR EMPLOYEES
OF CREDIT HUMAN FEDERAL CREDIT UNION**
Notes to Audited Financial Statements
December 31, 2024 and 2023

NOTE A – PLAN DESCRIPTION

The following description of the Retirement Plan (and Trust) for Employees of Credit Human Federal Credit Union (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined benefit non-contributory retirement plan which covers substantially all employees of Credit Human Federal Credit Union (the Plan Sponsor). Under the provisions of the Plan, participation commences upon attaining the age of 21 and the completion of one year of service with a minimum of 1,000 hours of credited service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan is administered by the Credit Union's Retirement Committee, a committee consisting of five members. The Retirement Committee has overall responsibility for the operation and administration of the Plan. The Retirement Committee determines the appropriateness of the Plan's investments, monitors investment performance and reports to the Credit Union's Board of Directors.

During 2024, the Plan was amended to reflect administrative and benefit-related updates. Key changes included updates to Retirement Committee provisions, increased thresholds for small benefit lump sum payments, and the introduction of a one-time lump sum election window for certain former participants and beneficiaries (see Note I). Effective January 1, 2025, the Plan also requires that lump sum death-related benefit payments be made within one year of the participant's death (see Note J).

Secure 2.0 Act: The Securing a Strong Retirement Act (SECURE 2.0 Act) was signed into law on December 29, 2022, and includes mandatory and option provisions with varying effective dates in 2024 and later. The Retirement Committee is evaluating the provisions and has not amended the Plan as of the date of these financial statements.

Participant Accounts: Under the Plan provisions, amounts are credited by the Plan Sponsor to the participants' hypothetical accounts. The accounts are allocated compensation credits and investment credits at the end of each Plan year. The compensation credits are allocated based on a percentage of the participants' certified compensation as defined in the Plan document for that Plan year.

Participants' hypothetical accounts also receive investment credits at the end of the Plan year. The amount of the investment credit is based on a variable interest rate, as defined in the Plan Document, on the first day of the Plan year. As of December 31, 2024 and 2023, the interest rate was 5.79% and 5.72%, respectively.

Vesting: Participants with 3 or more years of credited service are 100% vested in the Plan. If the Participant has less than 3 years of credited service, the participant is 0% vested in the Plan.

Contributions: All contributions to the Plan are made by the Plan Sponsor and are determined pursuant to an actuarial cost method. The Sponsor intends to make annual contributions at least equal to the amounts, if any, required to meet the minimum funding requirements of ERISA as calculated by an independent actuary. The Plan Sponsor elected to make contributions of \$5,400,000 in 2024 and \$5,000,000 in 2023 which exceeded the minimum funding requirements of ERISA for each year.

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants' interest become 100% vested and nonforfeitable.

**RETIREMENT PLAN (AND TRUST) FOR EMPLOYEES
OF CREDIT HUMAN FEDERAL CREDIT UNION**
Notes to Audited Financial Statements
December 31, 2024 and 2023

NOTE A – PLAN DESCRIPTION - continued

Pension Benefits: Benefits are determined based on the participant's hypothetical account balance. Plan participants are eligible for their plan benefit after terminating employment with vested rights. Vested participants are entitled to pension benefits at the attainment of the normal retirement age of 65. The Plan provides for early retirement at the age of 55 at reduced benefits, as defined by the Plan. A participant who terminates employment prior to his or her normal retirement age, for any reason other than death, after completing at least three years of service, is entitled to a deferred monthly retirement benefit payable in the form of a ten-year certain and life annuity (or, if married, as a qualified joint and survivor annuity) commencing on his or her normal retirement date, provided that he or she is then alive.

The amount payable to participants is equal to the amount of the participant's accrued benefit, as defined in the Plan document. If a participant's pension benefit is \$1,000 or less, the value of the vested benefit will be distributed in the form of a lump-sum distribution. In the absence of an election by the participant within the time period specified by the Plan Sponsor, any balance that exceeds \$1,000 but does not exceed \$7,000, is paid as a direct rollover to an individual retirement account designated by the Plan Sponsor.

Benefits over \$7,000 may be paid in the form of a single life annuity, four joint survivor annuity options, certain and life annuities ranging from 5 – 20 years, or through a lump sum distribution (if less than \$60,000), as defined in the Plan document.

Participants who terminate employment without becoming vested are not entitled to a benefit under the Plan.

Death Benefits: If a vested participant dies while still employed by the Plan Sponsor, a death benefit equal to the value of the participant's accrued pension benefit, as defined in the Plan document, is paid to the participant's beneficiary. In the event the participant dies and is no longer employed by the Plan Sponsor, the amount of the death benefits available to the participant's surviving spouse is reduced to approximately 50% of the participant's accrued benefit.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The accompanying financial statements are prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America.

Cash: Cash in bank checking accounts, money market accounts, and certificates of deposit with original maturity dates of 3 months or less are considered to be cash equivalents.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires estimates and assumptions that affect the reported amounts of net assets available for benefits and disclosure of contingent assets and liabilities at the date of financial statements and the reported amounts of changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated Plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements.

**RETIREMENT PLAN (AND TRUST) FOR EMPLOYEES
OF CREDIT HUMAN FEDERAL CREDIT UNION**
Notes to Audited Financial Statements
December 31, 2024 and 2023

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - continued

Investment Valuation and Recognition of Income: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction. The basis of investments held by the Plan is adjusted annually to closing market value and unrealized gains and losses are recorded as part of this adjustment. Unrealized gains and losses on investments are computed using this adjusted basis.

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.

Employer Contributions: Employer contributions to the Plan totaled \$5,400,000 during 2024 and \$5,000,000 during 2023.

Payment of Benefits: Benefits are recorded when paid.

Administrative Expenses: Administrative expenses incurred in connection with the general administration of the Plan are paid by the Plan or the Plan Sponsor, as determined by the Retirement Committee. Expenses paid by the Plan are recorded in the accompanying statement of changes in net assets available for benefits. Expenses that are paid by the Plan Sponsor are excluded from these financial statements. Fees paid by the Plan for administrative expenses totaled \$294,803 in 2024 and \$148,256 in 2023.

Concentration of Credit Risks: The Plan invests in various investment securities, which are subject to a range of risks including interest rate, market, and credit risks. Market risks may include global or domestic events such as inflationary pressures, interest rate volatility, geopolitical tensions, or supply chain disruptions that could impact the value of investment securities. Given the level of uncertainty in financial markets, it is at least reasonably possible that changes in the values of these securities will occur in the near term and could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Additionally, financial instruments that potentially subject the Plan to concentrations of credit risk alongside of investments consist of cash. The Plan maintains cash deposits within its banking sector, which, from time-to-time, may exceed federal insured limits. At December 31, 2024 and 2023, the Plan's uninsured cash and certificates of deposit balances total approximately \$19,900,000 and \$22,700,000.

Subsequent Events: Subsequent events have been evaluated by management through the date of the independent auditor's report. Disclosures of subsequent events, if any, are presented in a separate footnote to these financial statements.

**RETIREMENT PLAN (AND TRUST) FOR EMPLOYEES
OF CREDIT HUMAN FEDERAL CREDIT UNION**
Notes to Audited Financial Statements
December 31, 2024 and 2023

NOTE C – FAIR VALUE MEASUREMENTS

In accordance with accounting principles generally accepted in the United States of America, the Plan utilizes a fair value hierarchy that prioritizes the inputs for the 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 are as follows:

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

Level 2: Inputs to the valuation methodology include:

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

If the asset or liability has a 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 the fair value 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.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments measured at fair value:

	Fair Value Measurements Using			
	Level 1	Level 2	Level 3	Total
<i>December 31, 2024:</i>				
Investments at fair value:				
Certificates of deposit	\$ 19,441,204	\$ -	\$ -	\$ 19,441,204
Interest-bearing cash	829,839	-	-	829,839
Corporate common stocks	89,644,358	-	-	89,644,358
Corporate bonds	-	46,255,170	-	46,255,170
Government bonds	-	10,809,745	-	10,809,745
Mutual funds	8,191,340	-	-	8,191,340
 Total investments, at fair value	 <u>\$ 118,106,741</u>	 <u>\$ 57,064,915</u>	 <u>\$ -</u>	 <u>\$ 175,171,656</u>

**RETIREMENT PLAN (AND TRUST) FOR EMPLOYEES
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Notes to Audited Financial Statements
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NOTE C – FAIR VALUE MEASUREMENTS – continued

	Fair Value Measurements Using			Total
	Level 1	Level 2	Level 3	
<u>December 31, 2023:</u>				
Investments at fair value:				
Certificates of deposit	\$ 19,622,601	\$ -	\$ -	\$ 19,622,601
Interest-bearing cash	3,620,782	-	-	3,620,782
Corporate common stocks	88,598,394	-	-	88,598,394
Corporate bonds	-	48,678,918	-	48,678,918
Government bonds	-	8,655,859	-	8,655,859
Mutual funds	8,471,871	-	-	8,471,871
	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Total investments, at fair value	<u>\$ 120,313,648</u>	<u>\$ 57,334,777</u>	<u>\$ -</u>	<u>\$ 177,648,425</u>

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

Certificates of Deposit and Interest-bearing Cash: Valued at cost plus accrued interest.

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

Corporate Bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Government Bonds: Valued using pricing models maximizing the use of observable inputs for similar securities.

Mutual Funds: Valued at the net asset value (NAV), at the daily closing price reported by the fund.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Sponsor believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE D – INCOME TAX STATUS

The Plan received a determination letter on February 25, 2021 that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter; however, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Management is not aware of any tax positions that would have a significant impact on its financial position. Its federal returns for the last four years remain subject to examination.

**RETIREMENT PLAN (AND TRUST) FOR EMPLOYEES
OF CREDIT HUMAN FEDERAL CREDIT UNION**
Notes to Audited Financial Statements
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NOTE E – TRANSACTIONS WITH PARTIES-IN-INTEREST

The Plan's administrative expenses are paid either by the Plan or the Plan Sponsor as allowed by the Plan document. Expenses paid directly by the Plan Sponsor are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment-related expenses are included in net appreciation (depreciation) of fair value of investments.

The Plan includes certain investments managed by Morgan Stanley, the Plan's Custodian. Therefore, these transactions qualify as party-in-interest transactions. Any fees paid for legal, accounting and other services rendered by parties-in-interest were based on customary and reasonable rates for such services.

The Plan Sponsor issued certain certificates of deposit to the Plan for the years ended December 31, 2024 and 2023. The Plan Sponsor is considered a related party to the Plan.

NOTE F – ACTUARIAL PRESENT VALUE OF ACCUMULATED BENEFITS

Accumulated benefits are those future periodic payments under the Plan's provisions, including lump-sum distributions, which are attributable to the service the participants have rendered. Accumulated benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits under the Plan are accumulated based on the participants' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances – retirement, death, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated benefits is determined by the independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for retirement, death, disability, or termination) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuations as of January 1, 2024 and January 1, 2023 were (a) life expectancy of participants using the Pre-2012 Total Dataset Mortality Table, projected forward using Scale MP-2021, (b) retirement age assumptions (the assumed average retirement age was 63 for deferred vested participants), and (c) investment return assumptions. The interest rate used to discount the obligation for 2024 and 2023 was 5.05% and 5.28%, respectively.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024 and 2023. Had the valuations been performed as of December 31, there would be no material differences.

**RETIREMENT PLAN (AND TRUST) FOR EMPLOYEES
OF CREDIT HUMAN FEDERAL CREDIT UNION**
Notes to Audited Financial Statements
December 31, 2024 and 2023

NOTE G – ACCUMULATED PLAN BENEFITS AND CHANGES IN ACCUMULATED PLAN BENEFITS

Accumulated Plan benefits, measured as of the beginning of the year, are as follows:

	January 1	
	<u>2024</u>	<u>2023</u>
Actuarial Present Value of Accumulated Plan Benefits		
Vested Benefits:		
Active participants	\$ 55,277,071	\$ 52,956,678
Beneficiaries, terminated & retired participants with vested benefits	<u>76,629,421</u>	<u>69,552,974</u>
	131,906,492	122,509,652
Non-vested benefits	<u>964,243</u>	<u>774,575</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 132,870,735</u>	<u>\$ 123,284,227</u>

Changes in accumulated Plan benefits are as follows:

	January 1	
	<u>2024</u>	<u>2023</u>
Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	\$ 123,284,227	\$ 114,836,220
Changes During the Year Attributable to:		
Benefits accumulated	7,003,599	6,038,750
Benefits paid	(4,675,911)	(4,352,251)
Change in discount period	<u>7,258,820</u>	<u>6,761,508</u>
Net change	<u>9,586,508</u>	<u>8,448,007</u>
Total Actuarial Present Value of Accumulated Benefits at End of Year	<u>\$ 132,870,735</u>	<u>\$ 123,284,227</u>

The Pension Protection Act of 2006 (PPA), as amended by the Worker, Retiree and Employer Recovery Act of 2008 (WRERA), imposes certain benefit restrictions on qualified defined benefit plans that do not meet specified funding thresholds. These restrictions are based on the plan's Adjusted Funding Target Attainment Percentage (AFTAP). At December 31, 2024 and 2023, the Plan's AFTAP was 132.40% and 133.12%, respectively. Because the Plan's AFTAP exceeds 80% for both years, it is not subject to any benefit restrictions.

Additionally, a plan is considered to be in "at-risk" status if it fails to meet specific funding thresholds under more conservative assumptions. The Plan's AFTAPs also exceeded the required thresholds to avoid at-risk classification for both 2024 and 2025. Therefore, the Plan was not in "at-risk" status in either year.

**RETIREMENT PLAN (AND TRUST) FOR EMPLOYEES
OF CREDIT HUMAN FEDERAL CREDIT UNION**
Notes to Audited Financial Statements
December 31, 2024 and 2023

NOTE H – PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), (a U.S. government agency), up to the applicable limitations.
- c. All other vested benefits (that is, vested benefits not insured by the PBGC).
- d. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

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

NOTE I – PLAN AMENDMENT— LUMP SUM ELECTION

During 2024, the Plan was amended to offer a one-time lump sum payout election to a defined group of eligible participants during a limited window from September 3, 2024 to October 13, 2024. Eligibility was limited to vested former employees or their beneficiaries who had terminated employment prior to June 1, 2024, had not commenced benefit payments, and were living as of December 1, 2024. The election was entirely voluntary and part of a de-risking strategy recommended by the Retirement Committee and approved by the Plan Sponsor. This activity does not constitute a partial termination of the Plan under IRS guidelines, and no additional vesting adjustments are required.

NOTE J – SUBSEQUENT EVENT

Subsequent Event: Effective January 1, 2025, the Plan requires that lump sum death-related benefit payments to beneficiaries, surviving spouses, and actuarial residuals be made within one year of the participant's death.

Attachment to 2024 Form 5500
Schedule SB, line 26(b) – Schedule of Projection of Expected Benefit Payments

Plan Name: Retirement Plan for Employees of Credit Human Federal Credit Union EIN: 74-0956027
Plan Sponsor: Credit Human Federal Credit Union PN: 001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	300,524	570,211	4,782,782	5,653,518
2025	633,856	738,942	4,702,846	6,075,645
2026	1,089,351	903,355	4,625,175	6,617,881
2027	1,434,439	1,000,485	4,541,250	6,976,174
2028	1,816,926	1,073,235	4,445,600	7,335,761
2029	2,159,821	1,180,989	4,346,231	7,687,040
2030	2,507,150	1,279,099	4,236,119	8,022,367
2031	2,903,338	1,417,841	4,110,787	8,431,966
2032	3,274,980	1,483,302	3,982,272	8,740,553
2033	3,634,616	1,550,496	3,851,099	9,036,211
2034	3,956,639	1,622,778	3,706,891	9,286,308
2035	4,229,179	1,719,359	3,552,921	9,501,460
2036	4,470,453	1,777,292	3,396,062	9,643,807
2037	4,694,533	1,878,844	3,235,780	9,809,156
2038	4,924,224	1,990,989	3,069,028	9,984,240
2039	5,137,502	2,131,339	2,897,093	10,165,934
2040	5,353,453	2,222,265	2,719,915	10,295,633
2041	5,478,435	2,310,200	2,538,501	10,327,136
2042	5,580,084	2,408,352	2,342,980	10,331,415
2043	5,661,470	2,446,785	2,155,921	10,264,175
2044	5,730,150	2,549,820	1,972,981	10,252,951
2045	5,782,967	2,551,896	1,792,365	10,127,228
2046	5,797,823	2,565,928	1,615,787	9,979,537
2047	5,780,656	2,581,814	1,444,945	9,807,414
2048	5,751,516	2,525,469	1,281,409	9,558,395
2049	5,678,287	2,486,445	1,126,595	9,291,327
2050	5,581,868	2,441,653	981,665	9,005,186
2051	5,495,705	2,389,916	847,508	8,733,129
2052	5,371,799	2,339,128	724,771	8,435,698
2053	5,220,543	2,283,997	613,780	8,118,321
2054	5,058,397	2,195,878	514,613	7,768,889
2055	4,892,505	2,123,515	427,101	7,443,121
2056	4,706,300	2,040,282	350,825	7,097,407
2057	4,514,706	1,949,990	285,200	6,749,896
2058	4,329,598	1,860,862	229,459	6,419,919
2059	4,134,236	1,775,339	182,724	6,092,299
2060	3,926,039	1,685,668	144,046	5,755,753
2061	3,722,074	1,589,094	112,435	5,423,603
2062	3,513,873	1,491,410	86,924	5,092,208
2063	3,291,271	1,395,130	66,594	4,752,995
2064	3,076,436	1,302,315	50,597	4,429,348
2065	2,865,034	1,210,155	38,163	4,113,351

Attachment to 2024 Form 5500
Schedule SB, line 26(b) – Schedule of Projection of Expected Benefit Payments

Plan Name: Retirement Plan for Employees of Credit Human Federal Credit Union EIN: 74-0956027

Plan Sponsor: Credit Human Federal Credit Union

PN: 001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2066	2,658,232	1,120,370	28,614	3,807,216
2067	2,457,100	1,032,949	21,361	3,511,410
2068	2,263,530	948,112	15,906	3,227,548
2069	2,078,610	865,260	11,837	2,955,707
2070	1,902,822	785,680	8,819	2,697,322
2071	1,735,947	710,054	6,586	2,452,587
2072	1,579,514	638,217	4,931	2,222,662
2073	1,434,204	570,403	3,700	2,008,307

Attachment to 2024 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Retirement Plan for Employees of Credit Human Federal Credit Union EIN: 74-0956027
Plan Sponsor: Credit Human Federal Credit Union PN: 001

Summary of Actuarial Methods

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the plan's existence until the last payment has been made to the last participant. A plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help ensure that a plan will be adequately and systematically funded and accounted for. Annual contributions and accounting expense are also affected by a plan's "asset valuation method" (as well as plan provisions, actuarial assumptions, and actual plan demographic and investment experience each year).

Actuarial Cost Method

The actuarial cost method used for determining the Plan's ERISA funding requirements and the FASB ASC Topic 960 values is the Unit Credit method. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The Plan's Normal Cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The Plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's benefits. This method is prescribed for ERISA funding requirements by the Pension Protection Act of 2006.

Asset Valuation Method

The Actuarial Value of Assets used for determining the Plan's ERISA funding requirements is equal to the Market Value of Assets minus a decreasing fraction of the investment gain or loss for each of the two immediately preceding plan years, but it must be within 90% to 110% of the Market Value of Assets. The Market Value of Assets is equal to the Fair Value of Assets as of the valuation date plus the discounted value of employer contributions made after the valuation date. These contributions are discounted to the valuation date using the Effective Interest Rate for the prior plan year. The expected investment return for a plan year is based on the lesser of the expected rate of return on plan assets (currently 6.00% per year) or the applicable statutory interest rate for the year.

Amortization Method

For the Plan's ERISA funding requirements, incremental Funding Shortfall amounts are amortized over a seven- year period, and the related shortfall amortization payment is determined on the first valuation date following the plan year in which it arises based on the segment rates used for ERISA minimum funding purposes on that date, as prescribed under IRC Section 430.

Changes in Actuarial Methods Since Prior Valuation

None.

Attachment to 2024 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Retirement Plan for Employees of Credit Human Federal Credit Union EIN: 74-0956027
Plan Sponsor: Credit Human Federal Credit Union PN: 001

Appendix B – Summary of Actuarial Assumptions

ECONOMIC ASSUMPTIONS

Interest Rates

The current funding and PBGC interest rates are as follows. The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor's interest rate election. The PBGC interest rates are based on the Plan Sponsor's elected method for determining the premium funding target.

	Minimum Funding	Maximum Deductible	PBGC Premium
Segment 1 (0–5 years)	4.75%	4.37%	5.01%
Segment 2 (5–20 years)	4.96%	4.96%	5.13%
Segment 3 (20+ years)	5.59%	4.95%	5.15%
Effective Interest Rate	5.29%	4.94%	5.14%

ERISA minimum funding: 24-month average segment rates, using a four-month lookback period, adjusted to reflect the applicable segment rate stabilization corridor (ARPA).

Maximum Deductible Contribution: 24-month average segment rates, using no lookback period, but not adjusted to reflect segment rate stabilization.

FASB ASC Topic 960: 6.00% per year. This is the assumed rate of return for the Plan's entire portfolio of assets, net of investment expenses and including assumed inflation. It is based on the Plan's investment policy, including target asset allocation, and Milliman's capital market expectations.

Cash Balance Interest Crediting Rate: 2.50% per year.

Cash Balance Annuity Conversion Rate

Equivalent to the Funding Target Segment Rates for Maximum Deductible Contribution purposes described above.

Compensation Increases

See Table 1.

Inflation (CPI)

2.30% per year. It is based on Milliman's capital market expectations.

Postretirement Benefit Increases

None. (The Plan does not provide for automatic postretirement benefit increases.)

Maximum Benefit and Annual Compensation Limitation Increases

ERISA minimum funding and Maximum Deductible Contribution: 0% per year as required by statute.
FASB ASC 960: 0% per year.

Attachment to 2024 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Retirement Plan for Employees of Credit Human Federal Credit Union EIN: 74-0956027
Plan Sponsor: Credit Human Federal Credit Union PN: 001

Social Security Taxable Wage Base Increases

3.50% per year.

Administrative Expenses

An allowance of \$389,000 for administrative expenses has been included in the Target Normal Cost, reflecting the actual administrative expenses paid from the Plan's trust during the previous year.

DEMOGRAPHIC ASSUMPTIONS

Except where noted, demographic assumptions are based on the actuary's judgment and continued review of experience.

Mortality

ERISA minimum funding, Maximum Deductible Contribution, and PBGC premium: Statutory static tables for 2024 based on Pri-2012 Total Dataset Mortality Table projected with Adjusted Mortality Improvement Scale MP-2021, with separate rates for non-annuitants and annuitants.

FASB ASC Topic 960: Pri-2012 Total Dataset Mortality Table projected with Mortality Improvement Scale MP-2021, with employee rates before benefit commencement and healthy annuitant rates after benefit commencement (adopted December 31, 2021). As a generational table, it reflects mortality improvements both before and after the measurement date.

Retirement

Active participants: See Table 2.

Deferred vested participants: All are assumed to retire at age 63.

Termination

See Table 3.

Disability

None assumed.

Decrement Timing

Decrements are assumed to occur at the middle of the year, except that 100% retirement (see above) is assumed to occur at the beginning of the year.

Optional Forms of Payment

100% of those eligible for a lump sum will elect a lump sum. All others will elect the 10 Year Certain and Life.

Lump Sum Interest Rate: Equivalent to the PBGC Premium Segment Rates above.

Lump Sum Mortality: 2024 417(e) table for lump sums.

Attachment to 2024 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Retirement Plan for Employees of Credit Human Federal Credit Union EIN: 74-0956027
Plan Sponsor: Credit Human Federal Credit Union PN: 001

Marital Characteristics

For participants not in pay status: 80% of participants are assumed to be married to a spouse of the opposite sex. Males are assumed to be three years older than females.

For participants in pay status: Actual birth dates of beneficiaries are included in the census data, where relevant.

For beneficiaries: Actual birth dates are included in the census data, where relevant.

Benefits Not Valued

All plan benefits are valued.

CHANGES IN ACTUARIAL ASSUMPTIONS SINCE PRIOR VALUATION

Interest rates for ERISA minimum funding: Effective January 1, 2024, the interest rates used to determine the minimum funding requirements were updated based on the applicable 24-month average segment rates with no lookback from the valuation date, adjusted to reflect the applicable segment rate stabilization corridor (ARPA). The interest rates were updated to comply with IRS requirements.

Interest rates for Maximum Deductible Contribution: Effective January 1, 2024, the interest rates used for maximum deductible purposes were updated as noted above, but not adjusted to reflect segment rate stabilization. The interest rates were updated to comply with IRS requirements.

Mortality for ERISA minimum funding, Maximum Deductible Contribution, and PBGC premium: Effective January 1, 2024, the mortality assumption was updated as prescribed by IRC Section 430(h)(3)(A). The mortality assumption was updated to comply with IRS and PBGC requirements.

Attachment to 2024 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Retirement Plan for Employees of Credit Human Federal Credit Union EIN: 74-0956027
Plan Sponsor: Credit Human Federal Credit Union PN: 001

Table 1 – Compensation Increases

Age	Rate	Age	Rate
20	8.00%	43	4.40%
21	8.00	44	4.10
22	7.90	45	3.80
23	7.80	46	3.50
24	7.70	47	3.50
25	7.60	48	3.50
26	7.50	49	3.50
27	7.20	50	3.50
28	6.90	51	3.50
29	6.60	52	3.50
30	6.30	53	3.40
31	6.00	54	3.30
32	5.80	55	3.20
33	5.60	56	3.10
34	5.40	57	3.00
35	5.20	58	2.90
36	5.00	59	2.80
37	5.00	60	2.70
38	5.00	61	2.60
39	5.00	62	2.50
40	5.00	63	2.00
41	5.00	64	1.50
42	4.70	65+	1.00

Table 2 – Retirement Rates

Age	Rate	Age	Rate
55	2%	63	0%
56	8	64	11
56	8	64	11
57	2	65	42
58	12	66	0
59	5	67	9
60	3	68	18
61	3	69	38
62	12	70+	100

Attachment to 2024 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Retirement Plan for Employees of Credit Human Federal Credit Union EIN: 74-0956027
Plan Sponsor: Credit Human Federal Credit Union PN: 001

Table 3 – Termination Rates

Attained Age	0-1	2	3	4	5+
20	24.0%	22.0%	20.0%	15.0%	10.0%
21	24.0	22.0	20.0	15.0	10.0
22	24.0	22.0	20.0	15.0	10.0
23	24.0	22.0	20.0	15.0	10.0
24	24.0	22.0	20.0	15.0	10.0
25	24.0	22.0	20.0	15.0	10.0
26	24.0	22.0	20.0	15.0	10.0
27	24.0	22.0	20.0	15.0	10.0
28	22.2	20.4	18.5	13.9	9.3
29	19.8	18.2	16.5	12.4	8.3
30	17.4	16.0	14.5	10.9	7.3
31	15.0	13.8	12.5	9.4	6.3
32	12.0	11.0	10.0	7.5	5.0
33	11.4	10.5	9.5	7.1	4.8
34	10.2	9.4	8.5	6.4	4.3
35	9.0	8.3	7.5	5.6	3.8
36	8.4	7.7	7.0	5.3	3.5
37	7.2	6.6	6.0	4.5	3.0
38	7.0	6.4	5.8	4.4	2.9
39	6.7	6.2	5.6	4.2	2.8
40	6.5	5.9	5.4	4.1	2.7
41	6.2	5.7	5.2	3.9	2.6
42	6.0	5.5	5.0	3.8	2.5
43	5.8	5.3	4.8	3.6	2.4
44	5.5	5.1	4.6	3.5	2.3
45	5.3	4.8	4.4	3.3	2.2
46	5.0	4.6	4.2	3.2	2.1
47	4.8	4.4	4.0	3.0	2.0
48	4.3	4.0	3.6	2.7	1.8
49	3.8	3.5	3.2	2.4	1.6
50	3.4	3.1	2.8	2.1	1.4
51	2.9	2.6	2.4	1.8	1.2
52	2.4	2.2	2.0	1.5	1.0
53	1.6	1.4	1.3	1.0	0.7
54	0.7	0.7	0.6	0.5	0.3
55+	0.0	0.0	0.0	0.0	0.0

Attachment to 2024 Form 5500
Schedule SB, line 19 – Discounted Employer Contributions

Plan Name: Retirement Plan for Employees of Credit Human Federal Credit Union EIN: 74-0956027
Plan Sponsor: Credit Human Federal Credit Union PN: 001

The employer contributions for the prior plan year ending December 31, 2024 were paid or are payable on the dates and in the amounts shown below. The prior plan year's Effective Interest Rate of 5.29% per year is used to discount contributions back to January 1, 2024. Contributions (or portions of contributions) made after the due date for a quarterly required contribution are penalized an additional 5% per year during the late period. Contributions made solely to avoid the application of benefit restrictions cannot be considered in determining excess contributions.

Date	Contribution Amount	Discounted Value as of 1/1/2024 without Penalty	Penalty Amount	Discounted Value as of 1/1/2024 with Penalty
June 24, 2025	\$5,400,000	\$5,004,197	\$0	\$5,004,197
Total	5,400,000	5,004,197	0	5,004,197

Attachment to 2024 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Retirement Plan for Employees of Credit Human Federal Credit Union EIN: 74-0956027
Plan Sponsor: Credit Human Federal Credit Union PN: 001

This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

Definitions

Accrued Benefit

The Accrued Benefit for each Participant is a monthly accrued benefit payable at the Normal Retirement Date expressed as a 120 months certain and life annuity and equal to the greatest of (1) and (2) and (3) below:

Monthly benefit payable actuarially equivalent to the Cash Balance Value. Year-end Cash Balance Value equals (a) plus (b) plus (c):

- a. Beginning balance
- b. Current variable interest rate times the beginning balance
- c. 4% of annual compensation, plus 4% of annual compensation in excess of the Breakpoint

When determining the Accrued Benefit, interest shall be projected on the Participant's Cash Balance Account from the Participant's Annuity Starting Date to the Participant's Normal Retirement Date using the Current Variable Interest Rate in effect on the Participant's Annuity Starting Date.

The Minimum Formula equal to (a) plus (b) plus (c):

- a. After January 1, 1989: For each Plan Year with 1,000 hours of service, 2.25% of Compensation
- b. Before January 1, 1989 and after January 1, 1986: For each plan year with 1,000 hours:
 - i. 2% of Compensation; plus
 - ii. 1% of Compensation in excess of the Breakpoint
- c. Before January 1, 1986: Accrued Benefit under the Prior Plan

The Grandfathered Minimum Formula for non-highly compensated participants with 5 years of service and age plus service equal to 60 or greater as of May 30, 1986

- a. 3.25% times Final Average Compensation; minus
- b. 0.75% times Final Average Compensation up to Covered Compensation; times
- c. Years of Service up to 20

Actuarially Equivalent

A form of benefit differing in time, period, and/or manner of payment from another form of benefit but having the same value when computed based upon the following assumptions:

- Interest: For forms of payment other than Lump Sums, an interest rate of seven percent. For Lump Sums, the rate of interest, as determined in accordance with Code Section 417(e)(3), for the month of November immediately preceding the Plan Year.

Attachment to 2024 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Retirement Plan for Employees of Credit Human Federal Credit Union EIN: 74-0956027
Plan Sponsor: Credit Human Federal Credit Union PN: 001

- Mortality: For forms of payment other than Lump Sums, the UP 1984 Annuity Mortality Table. For Lump Sums, the mortality table prescribed for use in the Plan Year for purposes of Code Section 417(e)(3).

Breakpoint

Means \$68,750 in the Plan Year starting on January 1, 2008, increasing 5% per year, rounded down to the nearest multiple of \$250. In no event will the Breakpoint exceed the Social Security Wage Base for that Plan Year.

Compensation

- W-2 earnings before reduction for Section 125 contributions or elective contributions to the 401(k) and/or 457(b) plans.
- Notwithstanding the foregoing, for all purposes under this Plan, Compensation in excess of the Statutory Compensation Limit will be disregarded.

Covered Compensation

The covered compensation amount for a person determined in accordance with applicable regulations and by using the Social Security Covered Compensation Table (nonrounded) in effect on the Participant's Termination Date.

Current Variable Interest Rate

The yield on one year Treasury Constant Maturities plus 100 basis points on January 1 of the applicable Plan Year.

Final Average Compensation

The average annual amount of a Participant's Compensation paid during the highest five consecutive complete calendar years out of the last ten consecutive completed calendar years immediately preceding the Participant's Termination Date.

Normal Retirement Age

The time that the Participant attains age 65 with 3 Years of Vesting Service.

Normal Retirement Date

A Participant's Normal Retirement Date is the first day of the month which coincides with or next follows the date on which the Participant attains Normal Retirement Age.

Plan Effective Date

January 1, 1958; the plan was last amended effective January 1, 2020.

Plan Year

The 12-month period beginning January 1 and ending December 31.

Vesting Schedule

Attachment to 2024 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Retirement Plan for Employees of Credit Human Federal Credit Union EIN: 74-0956027
Plan Sponsor: Credit Human Federal Credit Union PN: 001

Participant's vested Accrued Benefit as of a given date will be equal to the product of his Accrued Benefit multiplied by his Vested Percentage as of that same date.

A Participant's Vested Percentage will be 100% upon the completion of 3 Years of Vesting Service. Prior to the completion of 3 Years of Vesting Service, a Participant's Vested Percentage is zero.

Notwithstanding the preceding, an Active Participant will be 100% vested upon reaching the earlier of (a) his Normal Retirement Age or (b) the later of the date upon which the Participant attains age 65 or reaches the 3rd anniversary of the date he commenced participation in the Plan.

Years of Benefit Service

An Employee will be credited with one Year of Benefit Service for each Measurement Period in which he is credited with 1,000 or more Hours of Service.

Years of Eligibility Service

An Employee will be credited with one Year of Eligibility Service for each Eligibility Computation Period in which he is credited with 1,000 or more Hours of Service. An Eligible Employee's initial Measurement Period shall begin on the Eligible Employee's date of employment and shall end on the day before the 12-month anniversary of the Employee's Date of Hire.

Years of Vesting Service

An Employee will be credited with one Year of Vesting Service for each Plan Year in which he is credited with 1,000 or more Hours of Service.

Participation

Date of Participation is the first day of the month coincident with or next following the attainment of age 21 and completion of a Year of Eligibility Service.

Normal Retirement

Each Participant who becomes eligible for a Normal Retirement Benefit under the plan will be entitled to receive a monthly retirement pension benefit beginning at the Participant's Normal Retirement Date and payable in the Normal Benefit Form.

Normal Retirement Benefit

Equal to the Participant's Accrued Benefit.

Normal Benefit Form

- Single Participant: The Normal Benefit Form for a Participant who is not married on the date benefits commence is a monthly pension payable as a 120 months certain and life annuity.
- Married Participant: The Normal Benefit Form for a Participant who is married on the date benefits commence is an Actuarial Equivalent Joint & 50% Survivor Pension with a monthly pension benefit payable for the lifetime of the Participant reducing to 50% of the original amount upon the death of the Participant.

Attachment to 2024 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Retirement Plan for Employees of Credit Human Federal Credit Union EIN: 74-0956027
Plan Sponsor: Credit Human Federal Credit Union PN: 001

Early Retirement

Early Retirement Date

A Participant's Early Retirement Date is the first day of the month so elected by the Participant which coincides with or next follows the date upon which the Participant satisfies the following requirements:

- Attainment of age 55; and
- Completion of 3 Years of Vesting Service.

Early Retirement Benefit

Payment of an Early Retirement Benefit shall be based on a Participant's Accrued Benefit, reduced for each full and fractional year by which his Annuity Starting Date precedes his Normal Retirement Date in accordance with the following schedule:

Age	Factor
65	1.0000
64	0.9407
63	0.8860
62	0.8355
61	0.7888
60	0.7453
59	0.7049
58	0.6671
57	0.6317
56	0.5986
55	0.5674

Optional Forms of Payment

Optional Benefit Forms are available and equal to the Actuarial Equivalent of the Normal Benefit Form and may be in an amount more than or less than that provided by the Normal Benefit Form depending on the option selected. Such distribution may be in one or more of the following forms:

- Lump Sum if less than \$20,000
- Life Annuity
- Joint & 50%, 66-2/3%, 75%, 100% Joint and Survivor Pension
- 60, 120, 180 or 240 months certain and life

Vested Termination

In the event of the termination of a fully vested Participant's employment for any reason other than death, disability or retirement, the Participant will become entitled to receive a monthly pension benefit commencing on his Normal Retirement Date determined as for Normal Retirement and reduced for early commencement as described under Early Retirement.

Attachment to 2024 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Retirement Plan for Employees of Credit Human Federal Credit Union EIN: 74-0956027
Plan Sponsor: Credit Human Federal Credit Union PN: 001

Preretirement Death

A Participant's beneficiary will be entitled to receive a death benefit in the event of the death of a Vested Participant prior to the commencement of a monthly pension benefit.

- **Active Participant:** Monthly benefit that is Actuarial Equivalent to vested benefit.
- **Vested Terminated:** Qualified preretirement survivor annuity if surviving spouse.

Changes in Plan Provisions since Prior Valuation

None.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

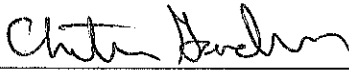
▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Retirement Plan and Trust for Employees of Credit Human Federal Credit Union		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Credit Human Federal Credit Union		D Employer Identification Number (EIN) 74-0956027	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	183,112,767	
b Actuarial value	2b	191,529,329	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	315	53,761,234	53,761,234
b For terminated vested participants	400	28,722,175	28,722,175
c For active participants	705	61,095,499	62,175,448
d Total	1,420	143,578,908	144,658,857
4 If the plan is in at-risk status, check the box and complete lines (a) and (b). <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		5.29%
6 Target normal cost			
a Present value of current plan year accruals	6a		6,116,352
b Expected plan-related expenses	6b		389,000
c Target normal cost	6c		6,505,352

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		<u>8-27-25</u>
	Signature of actuary	Date
Christian Goodman	Type or print name of actuary	23-07277
		Most recent enrollment number
Milliman	Firm name	(214) 863-5500
		Telephone number (including area code)
12790 Merit Drive Suite 800 Dallas TX 75251	Address of the firm	

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

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>13.77%</u>	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		4,635,284
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.38%</u>		249,378
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		4,884,662
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	132.40%
15	Adjusted funding target attainment percentage	15	132.40%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	133.12%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/24/2025	5,400,000				
Totals ▶			18(b)	5,400,000	18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	5,004,197
20 Quarterly contributions and liquidity shortfalls:			
a Did the plan have a "funding shortfall" for the prior year?			
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?			
			<input type="checkbox"/> Yes <input type="checkbox"/> No
c If line 20a is "Yes," see instructions and complete the following table as applicable:			
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	6,505,352	
b Excess assets, if applicable, but not greater than line 31a	31b	6,505,352	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment			
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0	
		Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement			
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	5,004,197	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	5,004,197	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021
