

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: CITY CREDIT UNION DEFINED BENEFIT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1962
2a Plan sponsor's name (employer, if for a single-employer plan): CITY CREDIT UNION
2b Employer Identification Number (EIN): 75-0692281
2c Plan Sponsor's telephone number: 214-515-0100
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 checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	129
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	100
	6a(2)	100
	6b	4
	6c	22
	6d	126
	6e	0
	6f	126
	6g(1)	
6g(2)		
6h		7
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 3D

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

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

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

a Pension Schedules	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>CITY CREDIT UNION DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CITY CREDIT UNION</u>	D Employer Identification Number (EIN) <u>75-0692281</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>9850966</u>
	b Actuarial value	2b	<u>9850966</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>4</u>	<u>819418</u>
	b For terminated vested participants	<u>25</u>	<u>615497</u>
	c For active participants	<u>100</u>	<u>5776756</u>
	d Total	<u>129</u>	<u>7211671</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>5.32 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>803462</u>
	b Expected plan-related expenses	6b	<u>30000</u>
	c Target normal cost	6c	<u>833462</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>DAVID KENT</u> Type or print name of actuary	<u>23-06587</u> Most recent enrollment number
	<u>MILLIMAN, INC.</u> Firm name	<u>214-863-5542</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 V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)			31a	833462
b Excess assets, if applicable, but not greater than line 31a			31b	833462
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34	0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35)			36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37	2457873
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)			38a	2457873
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39	0
40 Unpaid minimum required contributions for all years			40	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

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

A Name of plan CITY CREDIT UNION DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CITY CREDIT UNION	D Employer Identification Number (EIN) 75-0692281	

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)

DAVIDSON CAPITAL MANAGEMENT, INC.

75-2301796

(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	INVESTMENT ADVISORS	29238	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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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.	OMB No. 1210-0110 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 CITY CREDIT UNION DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CITY CREDIT UNION	D Employer Identification Number (EIN) 75-0692281

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	134311	418354
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	2271031	2527996
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	358263	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	4120615	6735533
(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)	2966746	3677682
(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	9850966	13359565
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	9850966	13359565

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)	2500000	
(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)		2500000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	147684	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		147684
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	45231	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	111272	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		156503
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	4166476	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	3889719	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		276757
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	785077	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		785077

		(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)		81972
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3947993

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	410156	
(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)		410156
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	29238	
(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)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		29238
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		439394

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3508599
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: **DOEREN MAYHEW ASSURANCE**

(2) EIN: **38-2492570**

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		7000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 546634.

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.
--	---	---

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

A Name of plan CITY CREDIT UNION DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CITY CREDIT UNION	D Employer Identification Number (EIN) 75-0692281	

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	7
----------	----------

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705218A.



**CITY CREDIT UNION
DEFINED BENEFIT PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023
(With Independent Auditor's Report Thereon)

CITY CREDIT UNION DEFINED BENEFIT PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
City Credit Union Defined Benefit Plan

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

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

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

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

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP).

- The information in the accompanying financial statements related to assets held by and certified by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audits of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing audits in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

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

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

Other Matters – Supplemental Schedules Required by ERISA

The supplemental schedules of assets held at end of year and schedule of reportable transactions as of and for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Doeren Mayhew Assurance

Miami, Florida
August 25, 2025

**CITY CREDIT UNION
DEFINED BENEFIT PLAN**

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

	2024	2023
Assets		
Investments at fair value		
Common stock	\$ 6,735,533	\$ 4,120,615
Unit Investment Trusts	3,677,682	2,289,201
U.S. Government obligations	2,527,996	2,271,031
Mutual funds	-	677,545
Corporate debt obligations	-	358,263
Total investments at fair value	12,941,211	9,716,655
Noninterest bearing cash	418,354	134,311
Total assets	13,359,565	9,850,966
Net assets available for benefits	\$ 13,359,565	\$ 9,850,966

The accompanying notes are an integral
part of these financial statements

**CITY CREDIT UNION
DEFINED BENEFIT PLAN**

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

	<u>2024</u>	<u>2023</u>
Additions to Net Assets Attributed to		
Investment income		
Net appreciation in fair value of investments	\$ 1,143,806	\$ 748,644
Dividends and interest	304,187	268,450
Total investment income	<u>1,447,993</u>	<u>1,017,094</u>
Contributions:		
Employer	<u>2,500,000</u>	-
Total additions	<u>3,947,993</u>	<u>1,017,094</u>
Deductions from Net Assets Attributed to		
Benefits paid to participants	410,156	119,770
Administrative expenses	<u>29,238</u>	<u>22,842</u>
Total deductions	<u>439,394</u>	<u>142,612</u>
Net increase	3,508,599	874,482
Net assets available for benefits - beginning of year	<u>9,850,966</u>	<u>8,976,484</u>
Net assets available for benefits - end of year	<u>\$ 13,359,565</u>	<u>\$ 9,850,966</u>

The accompanying notes are an integral
part of these financial statements

**CITY CREDIT UNION
DEFINED BENEFIT PLAN**

**STATEMENT OF ACCUMULATED PLAN BENEFITS
AS OF DECEMBER 31, 2023**

	<u>2023</u>
Actuarial present value of accumulated plan benefits	
Vested benefits	
Active participants	\$ 5,458,242
Participants in receipt of benefits	723,283
Participants with deferred benefits	<u>537,671</u>
Total vested benefits	6,719,196
Nonvested benefits	
Active participants	<u>32,451</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 6,751,647</u>

The accompanying notes are an integral
part of these financial statements

**CITY CREDIT UNION
DEFINED BENEFIT PLAN**

**STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
YEAR ENDED DECEMBER 31, 2023**

	<u>2023</u>
Actuarial present value of accumulated plan benefits plan benefits at beginning of year	\$ 5,727,792
Increase/(decrease) during the year attributable to	
Benefits accumulated	665,454
Increase for interest due to decrease in discount period	396,966
Benefits paid to participants	(115,668)
Actuarial gain/loss	49,982
Change in actuarial assumptions	<u>27,121</u>
Net increase	<u>1,023,855</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 6,751,647</u>

CITY CREDIT UNION DEFINED BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

Note 1 – Description of the Plan

General

City Credit Union Defined Benefit Plan (the Plan) was established by the City Credit Union (the Credit Union) on January 1, 1962. The Plan is a defined benefit pension plan covering all eligible employees of the Credit Union. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The following brief description of the Plan is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

Administration

The Retirement Plan Committee is responsible for oversight of the Plan and determines the appropriateness of the Plan's investment offerings and monitors investment performance. The individual Trustees are outlined in the adoption agreement. The Plan's Investment Custodian is Charles Schwab Trust Bank. The Investment Custodian holds all of the Plan's assets and executes all of the Plan's transactions. The Plan has retained Milliman to provide actuarial services, participant recordkeeping and administrative services.

Eligibility

An employee is eligible to participate in the Plan on the earlier of the first day of the Plan year or the first day of the seventh month of the Plan year after they have completed one year of service (1,000 hours) and have attained the age of 21. The Plan is subject to the provisions of the Employee Retirement Securities Act of 1974 (ERISA).

Benefits

Normal Retirement Benefits: At the normal retirement age (65), the participant will be entitled to receive a normal retirement benefit. The normal retirement date is the first day of the month coinciding with or next following the Normal Retirement Age and will be equal to 40% of average annual earnings for years of credited service at normal retirement of 25 years of credit (58% of average annual earnings for years of credited service at normal retirement of twenty years prior to January 1, 2008), computed to the nearest 5 dollars (58% of average annual earnings). However, if the projected years of service as of the end of the Plan year in which the participant attains normal retirement age is less than 25 years (20 prior to January 1, 2008), the percentage of the average monthly compensation will be reduced by 1/25th (1/20th prior to January 1, 2008) for each year of service less than 25 (20 prior to January 1, 2008).

Early Retirement Benefits: A participant's Early Retirement Date is the first day of the month coinciding with or next following the date the participant has attained age 50 and completed 5 Years of Service. The Early Retirement Benefit payable at the Early Retirement Date will be equal to the accrued benefit calculated as of the early retirement date reduced by 1/180th for each of the first 60 months and then 1/360th each of the next 60 months by which the benefit commencement date precedes the normal retirement date, and actuarially thereafter. Payment of Early Retirement benefits will begin as soon as practicable following the date the participant elected to receive payment.

Late Retirement Benefits: A participant's Late Retirement Date is the actual retirement date which the commencement of retirement benefits is deferred due to the participant remaining in active employment after their normal retirement date. The Late Retirement Benefit is the greater of the accrued benefit considering compensation and service to date or actual retirement and the actuarial equivalent of the accrued benefit as of the normal retirement date.

CITY CREDIT UNION DEFINED BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

Death Benefits: Upon death of an active participant, the participant will become fully vested and the death benefit is the actuarial equivalent of the vested accrued benefit.

Disability Benefits: If an employee becomes totally and permanently disabled in accordance with the terms of the Plan and in accordance with the Social Security Act, while a participant in the Plan, the employee will receive a disability benefit equal to the early retirement benefit without regard to age and service but subject to reduction as applicable for commencing prior to normal retirement.

Vesting

All active participants become 100% vested in the plan after five years of service.

Note 2 – Summary of Significant Accounting Policies

Basis of Accounting

The Plan's financial statements have been prepared on the accrual basis of accounting. Income from investments is recorded when it is earned. Expenses are recorded in the accounting period in which they are incurred.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated Plan benefits at the date of the financial statements. Actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Retirement Plan Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and the Investment Custodian. See Note 6 for discussion of fair value measurements.

The purchase and sale of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net appreciation/(depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions for the service employees have rendered. Accumulated Plan benefits expected to be paid to: (i) retired or terminated vested participants or their beneficiaries, (ii) beneficiaries of participants eligible to retire who have died, and (iii) present participants or their beneficiaries. Benefits payable under all circumstances (retirement, death, and termination of employment) are included in the computation to the extent they are considered attributable to employee service rendered at the valuation date.

CITY CREDIT UNION DEFINED BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

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

The significant actuarial assumptions used in the valuation as of and for the year ended December 31, 2023 were (i) Investment return of 6.75%, compounded annually, (ii) Discount rate 5.00%, (iii) Mortality; PRI-2012 Total Dataset Mortality Tables projected forward using IRS 2024 adjusted Scale MP-0221 on a generational basis, with sex-distinct employee rates before benefit commencement and annuitant rates after benefit commencement., (iiii) salary increases 2.00%, and (iv) withdrawal rates based on T-SOA3 Pension Plan Turnover Study Table.

Actuarial assumptions are based on the presumption that the Plan will continue indefinitely. If the Plan was terminated, different actuarial assumptions 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. Had the valuation been performed as of December 31, 2023, there would be no material differences.

Payment of Benefits

Benefit payments to participants and beneficiaries are recorded at the time of distribution.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including August 25, 2025, which is the date the financial statements were available to be issued.

Note 3 – Unaudited Information Certified by the Investment Custodian

Plan management has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted under such election, the following information has been certified by Charles Schwab Trust Bank (Schwab), the Plan's Investment Custodian as to its completeness and accuracy and was not subjected to any auditing procedures performed by the Plan's independent auditors:

1. All investment balances reflected in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023
2. All investment activity reflected in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2024 and 2023
3. All investment-related information included in the Supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024, and Schedule H, Line 4j Schedule of Reportable Transactions for the Plan year ended December 31, 2024.

CITY CREDIT UNION DEFINED BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

Note 4 – Funding Policy and Administrative Fees

The Plan is funded by contributions made by the Credit Union. The Credit Union's funding policy is to, at a minimum, make contributions to the Plan as recommended by the Plan's actuary. No minimum contribution was required for the years ended December 31, 2024 or 2023 as recommended by the Plan's actuary. Although the plan was fully funded the Plan Sponsor contributed \$2,500,000 for the Plan year ending December 31, 2024. No contributions were made to the Plan for the year ended December 31, 2023. Employees are not permitted to contribute to the Plan.

The Plan's expenses are paid either by the Plan or the Credit Union, as provided by the Plan document. Expenses that are paid directly by the Credit Union are excluded from these financial statements. Certain expenses, if any, incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying Statements 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 presented in the accompanying Statements of Changes in Net Assets Available for Benefits.

Although it has not expressed any intention to do so, the Credit Union has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Note 5 – Plan Termination

In the event the Plan terminates, the rights of all participants to benefits accrued to the date of such termination or discontinuance, to the extent funded, shall be nonforfeitable. Accordingly, the net assets of the Plan will be allocated in accordance with the Plan document and as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
- b. All other vested benefits (that is, vested benefits not insured by the PBGC).
- c. All non-vested 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 the accumulated benefit obligation and may also depend on the financial condition of the Credit Union and the level of benefit guaranteed by the PBGC.

CITY CREDIT UNION DEFINED BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

Note 6 – Fair Value Measurements

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

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities.

Level 2 – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, quoted prices for identical assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, or 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 valuation methodology are unobservable and significant to the fair value measurement.

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

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

Common Stock: Valued at the last Trade/Close/Bid as reported by stock company.

U.S. Government Obligations and Corporate Debt Instruments: These obligations are priced using evaluated pricing which is an assessment at a specific time of the fair market value as compared to traded prices and/or contributed prices that may be out of date. A range of publicly available market data with robust analytics is combined to determine the evaluated price. The assessment may include an examination of the performance of the instrument, macroeconomic factors, comparable securities, or other information relevant to a determination that the quotation reflects a reasonable value of the security at the stated point in time. These securities are deemed to have a readily determinable value.

Unit Investment Trust: Valued at NAV, calculated as of close of the exchange each day.

The following table sets forth by level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023 and 2023:

CITY CREDIT UNION DEFINED BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

	As of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Common Stock	\$ 6,735,533	\$ -	\$ -	\$ 6,735,533
Unit Investment Trusts	3,677,682	-	-	3,677,682
U.S. Government obligations	-	2,527,996	-	2,527,996
Total assets at fair value	\$ 10,413,215	\$ 2,527,996	\$ -	\$ 12,941,211
	As of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Common Stock	\$ 4,120,615	\$ -	\$ -	\$ 4,120,615
Unit Investment Trusts	2,289,201	-	-	2,289,201
Mutual Funds	677,545	-	-	677,545
U.S. Government obligations	-	2,271,031	-	2,271,031
Corporate debt instruments	-	358,263	-	358,263
Total assets at fair value	\$ 7,087,361	\$ 2,629,294	\$ -	\$ 9,716,655

Note 7 – Tax Status

The Internal Revenue Service (IRS) has determined and informed the Plan by a letter dated February 21, 2019, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan permitted provisions of SECURE Act 2.0 during the year ended December 31, 2024 and 2023. Written amendments to the Plan document to reflect these operational changes will be adopted at a later date in accordance with the deadlines to applicable laws and IRS guidelines.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the DOL or IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 8 – Party-in-Interest Transactions

Plan investments are managed by Charles Schwab Trust Bank who is the custodian as defined by the Plan. Davidson Capital Management, Inc. serves as the investment adviser to the Plan. During the year ended December 31, 2024, the Plan paid direct compensation of approximately \$29,000 to the investment advisor for services rendered. Indirect compensation (that is netted against investment income on the statement of changes in net assets available for benefits) is paid to the Investment Custodian from total annual operating expenses charged on the balance of fund investments, depending on the particular fund. Transactions involving these investments are considered party-in-interest transactions; however, these transactions are not considered prohibited transactions under 29 CFR 408(b) of the ERISA regulations.

**CITY CREDIT UNION
DEFINED BENEFIT PLAN**

**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

Note 9 – Risks and Uncertainties

Plan investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the value of investments will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

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

SUPPLEMENTAL INFORMATION

**CITY CREDIT UNION
DEFINED BENEFIT PLAN**

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024
- Form 5500, Schedule H, Line 4i -
EIN 75-0692281/PLAN 001**

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
U.S. Government	U.S. Treasury Bond Ticker 8833248 - Rate 6.75% - Matures 8/15/2026	\$ 334,042	\$ 319,213	
U.S. Government	U.S. Treasury Note Ticker 8785010 - Rate 4.875% - Matures 10/31/2028	316,162	319,691	
U.S. Government	U.S. Treasury Note Ticker 8781712 - Rate 4.5% - Matures 7/15/2026	319,356	320,147	
U.S. Government	U.S. Treasury Note Ticker 8784976 - Rate 3.875% - Matures 3/31/2025	318,416	319,650	
U.S. Government	U.S. Treasury Note Ticker 8785017 - Rate 4.375% - Matures 11/30/30	311,373	310,976	
U.S. Government	U.S. Treasury Note Ticker 8785041 - Rate 4.625% - Matures 4/30/29	332,318	327,240	
U.S. Government	U.S. Treasury Note Ticker 8785050 - Rate 4.625% - Matures 6/15/27	284,191	278,372	
U.S. Government	U.S. Treasury Note Ticker 8785045 - Rate 4.5% - Matures 5/31/29	339,250	332,707	
	Total U.S. Government Obligations	2,555,108	2,527,996	
United Rentals Inc	United Rentals Ticker URI	108,499	159,203	
Service Now Inc.	Service Now Ticker NOW	101,627	202,483	
Broadcom Limited	Broadcom Limited Ticker AVGO	75,678	222,566	
Eagle Materials Inc.	Eagle Materials Ticker EXP	101,490	133,991	
Amazon	Amazon Com Inc. Ticker AMZN	145,968	179,461	
Applied Materials	Applied Materials Ticker AMAT	166,379	142,952	
Caterpillar Inc.	Caterpillar Inc. Ticker CAT	165,074	173,399	
Intuit	Intuit Ticker INTU	130,657	165,296	
Autodesk	Autodes Ticker ADSK	142,743	197,441	
Fortinet Inc.	Fortinet Ticker FTNT	124,220	203,415	
Chubb Ltd.	Chubb Ticker CB	173,479	166,609	
Microsoft Corp.	Microsoft Ticker MSFT	118,339	169,022	
Eli Lilly & Company	Eli Lilly & Company Ticker LLY	167,585	165,208	
Home Depot Inc.	Home Depot Ticker HD	146,178	178,935	

**CITY CREDIT UNION
DEFINED BENEFIT PLAN**

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024
- Form 5500, Schedule H, Line 4i -
EIN 75-0692281/PLAN 001**

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
Halozyme Therapeutics	Halozyme Therapeutics Ticker HALO	173,319	136,306	
KLA Tencor Corp	KLA Tencor Ticker KLAC	126,251	156,270	
Thermo Fisher Scientific Corp	Thermo Fisher Scientific Ticker TMO	156,308	148,786	
Lululemon Athletica Inc.	Lululemon Athletica Ticker LULU	161,087	197,706	
Parker Hannafin Corp.	Parker Hannafin Ticker PH	98,032	157,735	
Medpace Holdings Inc	Medpace Holdings Ticker MEDP	142,519	157,477	
FISERV Inc	Fiserv Ticker FI	99,624	163,925	
Ensign Group Inc.	Ensign Group Ticker ENSG	117,865	148,803	
VISA Inc.	VISA Inc. CIA Ticker V	141,763	180,775	
Alphabet Inc.	Alphabet Inc. Ticker GOOGL	117,418	183,810	
Tractor Supply Co.	Tractor Supply Ticker TSCO	101,029	123,365	
United Health Group Inc.	United Health Ticker UNH	141,884	145,182	
Netflix Inc.	Netflix Ticker NFLX	172,114	227,287	
Vertex Pharmaceuticals	Vertex Ticker VRTX	118,379	134,905	
Apple Inc.	Apple Inc. Ticker AAPL	122,287	183,307	
Copart Inc.	Copart Inc. Ticker CPRT	133,249	174,351	
Diamondback Energy	Diamondback Energy Ticker FANG	144,382	151,543	
Merk & Co. Inc.	Merk Ticker MRK	183,655	165,535	
Synopsis Inc.	Synopsis Ticker SNPS	165,264	143,181	
Vertiv Holding Company	Vertiv Ticker VRT	138,934	178,140	
Veeva Systems Inc.	Veeva Ticker VEEV	136,339	153,903	
Kinsale Capital Group	Kinsale Capital Ticker KNSL	127,656	172,098	
NVIDIA Corp.	NVIDIA Ticker NVDA	28,609	182,769	
Murphy USA Inc.	Murphy Ticker MUSA	123,415	160,560	
Oneok Inc. New	Oneok Ticker OKE	160,123	162,949	
Salesforce Com	Salesforce Ticker CRM	154,205	184,884	
	Total Common Stock	<u>5,353,626</u>	<u>6,735,533</u>	
Invesco	Invesco S&P 500 Quality ETF Ticker SPHQ	373,613	425,439	
Vanguard	Vanguard Intermediate Term Cor ETF Ticker VCIT	1,954,238	1,956,340	
Vanguard	Vanguard Long Term Core Bond ETF Ticker VCLT	335,809	316,993	
Spider	Spider Large Cap ETF Ticker SPLG	509,773	711,254	
Ishares	iShares Core S&P Small-Cap ETF Ticker IJR	248,306	267,656	
	Total Unit Investment Trusts	<u>3,421,739</u>	<u>3,677,682</u>	
	Total	<u>\$ 11,748,827</u>	<u>\$ 13,359,565</u>	

Note: This information was derived from reports certified by the Plan's custodian.

**CITY CREDIT UNION
DEFINED BENEFIT PLAN**

**SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE PERIOD ENDED DECEMBER 31, 2024
- Form 5500, Schedule H, Line 4j –
EIN 75-0692281/PLAN 001**

Identity of party involved (a)	Description of asset (b)	Purchase Price (c)	Selling Price (d)	Lease rental (e)	Expenses incurred (f)	Cost of assets (g)	Current value on transaction date (h)	Net gain or (loss) (i)
Schwab	Sch Treasury Obligation MMF Investor SH Ticker: SNOXX	\$ 1,358,818	\$ -	\$ -	\$ -	\$ 1,358,818	\$ 1,358,818	\$ -
Schwab	Sch Treasury Obligation MMF Investor SH Ticker: SNOXX	\$ -	\$ 2,036,363	\$ -	\$ -	\$ 2,036,363	\$ 2,036,363	\$ -
Schwab	Van Eck Morningstar Wide MOAT ETF Ticker: MOAT	\$ -	\$ 850,229	\$ -	\$ -	\$ 785,557	\$ 850,229	\$ 64,672
Schwab	Vanguard Intermediate Term Cor ETF Ticker: VCIT	\$ 1,189,910	\$ -	\$ -	\$ -	\$ 1,189,910	\$ 1,189,910	\$ -

Note: This information was derived from reports certified by the Plan's custodian.

Attachment to 2024 Form 5500

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

Plan Name:	City Credit Union Defined Benefit Plan	EIN: 75-0692281
Plan Sponsor:	City Credit Union	PN: 001

All participants are assumed to retire at the Plan's Normal Retirement Age, age 65.

Attachment to 2024 Form 5500

Schedule SB, line 26 – Schedule of Active Participant Data

Plan Name: City Credit Union Defined Benefit Plan

EIN: 75-0692281

Plan Sponsor: City Credit Union

PN: 001

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	-	4	1	-	-	-	-	-	-	-	-	5
25–29	-	12	11	-	-	-	-	-	-	-	-	23
30–34	-	3	11	3	-	-	-	-	-	-	-	17
35–39	-	4	6	2	2	-	-	-	-	-	-	14
40–44	-	3	6	4	1	1	-	-	-	-	-	15
45–49	-	1	3	1	1	1	1	-	-	-	-	8
50–54	-	1	4	-	1	2	-	-	-	-	-	8
55–59	-	-	1	1	-	2	-	-	-	-	-	4
60–64	-	-	1	-	3	2	-	-	-	-	-	6
65–69	-	-	-	-	-	-	-	-	-	-	-	-
70+	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	28	44	11	8	8	1	-	-	-	-	100

Attachment to 2024 Form 5500

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

Plan Name: City Credit Union Defined Benefit Plan

EIN: 75-0692281

Plan Sponsor: City 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. Annual contributions 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. 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 6.75% 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 fifteen-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: City Credit Union Defined Benefit Plan

EIN: 75-0692281

Plan Sponsor: City Credit Union

PN: 001

Summary of Actuarial Assumptions

ECONOMIC ASSUMPTIONS

Interest Rates

The current funding interest rates are as follows. The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor's interest rate election.

	Minimum Funding	Maximum Deductible
Segment 1 (0–5 years)	4.75%	3.62%
Segment 2 (5–20 years)	4.87%	4.46%
Segment 3 (20+ years)	5.59%	4.52%
Effective Interest Rate	5.32%	4.48%

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

Maximum Deductible Contribution: 24-month average segment rates, using a four-month lookback period, but not adjusted to reflect segment rate stabilization.

Asset Returns

6.75% per year, compounded annually.

Compensation Increases

2.00% inflation per annum, and the following merit scale: Rates vary by service based on the following table with sample rates below:

Attained Age	Rate
1	15.00%
5	10.00
10	5.00
15	5.00
16+	3.00

Administrative Expenses

An administrative expense load based on the prior year actual expenses paid from the trust and adjusted for expected future experience is added to the Target Normal Cost.

Attachment to 2024 Form 5500

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

Plan Name: City Credit Union Defined Benefit Plan

EIN: 75-0692281

Plan Sponsor: City Credit Union

PN: 001

DEMOGRAPHIC ASSUMPTIONS

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

Mortality

ERISA minimum funding and Maximum Deductible Contribution: IRS applicable mortality tables for 2024.

Lump Sum Conversions: Statutory static table for determining minimum present value in 2024 (IRC2024-UH).

Disability

None assumed.

Retirement

Participants assumed to retire at age 65.

Termination

Rates vary by age according to the 2003 SOA Pension Plan Turnover Study (T-SOA3) Table.

Attained Age	Rate
25	19.50%
30	15.50
35	12.10
40	9.40
45	7.30
50	5.60

Marital Characteristics

For participants not in pay status:

- Percentage married: 90% of male Participants and 80% of female Participants are assumed to be married.
- Age difference: Males are assumed to be three years older than their spouse.

Assumed Form of Benefit at Retirement

Participants who terminate employment and defer their benefit are assumed to receive a lump sum. 10% of Participants who retire from Active employment are assumed to elect the ten-year certain and life annuity, and 90% of participants who retire from Active employment are assumed to elect to receive a lump sum.

Attachment to 2024 Form 5500

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

Plan Name: City Credit Union Defined Benefit Plan

EIN: 75-0692281

Plan Sponsor: City Credit Union

PN: 001

CHANGES IN ACTUARIAL ASSUMPTIONS SINCE PRIOR VALUATION

Description	Current	Previous
ERISA Funding and associated Lump Sum Conversion Interest Rates	4.75% / 4.87% / 5.59%	4.75% / 5.00% / 5.74%
Maximum Deductible Contribution Interest Rates	3.62% / 4.46% / 4.52%	1.41% / 3.09% / 3.58%
Mortality for Funding Purposes	Statutory Tables for 2024	Statutory Tables for 2023
Mortality for Lump Sum Conversions	IRC2024-UH	IRC2023-UH

Attachment to 2024 Form 5500

Schedule SB, Part V – Summary of Plan Provisions

Plan Name:	City Credit Union Defined Benefit Plan	EIN: 75-0692281
Plan Sponsor:	City Credit Union	PN: 001

Summary of Principal Plan Provisions

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 is 40% of Average Monthly Compensation, multiplied by Years of Benefit Service using the Fractional Accrual Method (where the benefit is reduced pro-rata for each Year of Benefit Service less than 25 years).

Prior to January 1, 2008, the benefit formula was:

58% of Average Monthly Compensation, multiplied by Years of Benefit Service using the Fractional Accrual Method (where the benefit is reduced pro-rata for each Year of Benefit Service less than 20 years). The amount was frozen and was applied as a “wear-away” under fresh start rules.

Actuarial Equivalent

Actuarial Equivalent means 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 interest and mortality assumptions:

- **Interest:** 7.50% per annum, compounded annually.
- **Mortality:** 1984 Unisex Pension Mortality Table, set forward one year

Average Monthly Compensation

The average of considered compensation during the 60 consecutive calendar months which produce the highest average compensation out of the 120 latest consecutive calendar months of employment prior to termination or retirement.

Compensation

Compensation reflects that compensation which is reported on Form W-2, including elective deferrals under Section 401(k), 134, 132(f)(4), 403(b), and 457(b), except that the following types of earnings are not included:

- reimbursements,
- fringe benefits,
- welfare benefits, and
- compensation in excess of amounts pursuant to Section 401(a) (17) of the Internal Revenue Code (\$345,000 for the Plan Year beginning January 1, 2024).

Effective Date

The initial Effective Date of the plan was January 1, 1962. The most recent substantive amendment was effective January 1, 2012.

Attachment to 2024 Form 5500

Schedule SB, Part V – Summary of Plan Provisions

Plan Name:	City Credit Union Defined Benefit Plan	EIN: 75-0692281
Plan Sponsor:	City Credit Union	PN: 001

Eligible Employee Classification

An employee shall become a member of the Plan on the January 1 or July 1 coincident with or next following completion of 12 months of service with 1,000 or more hours and the attainment of age 21.

Entry Date

Entry Date means the date that the eligibility requirements are met.

Fiscal Year

Fiscal Year means the taxable year of the Employer. The Fiscal Year of the Employer is the 12 month period beginning January 1 and ending December 31.

Limitation Year

The Limitation Year is the 12 month period beginning January 1 and ending December 31.

Normal Retirement Age

A Participant's Normal Retirement Age is age 65.

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.

One Year Break-in-Service

One Year Break-in-Service means a Plan Year during which an Employee does not complete at least 500 Hours of Service.

Plan Sponsor

The Plan Sponsor is City Credit Union.

Plan Year

The Plan Year is the 12 month period beginning January 1 and ending December 31.

Trustee

The Trustees are Sharon Moore, John Bailey, and Mitchell Clark.

Vested Accrued Benefit

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

Vesting Schedule

A Participant's Vested Percentage will be 100% upon the completion of 5 Years of Vesting Service, or upon attainment of Normal Retirement Age. Prior to the completion of 5 Years of Vesting Service, a Participant's Vested Percentage is zero.

Attachment to 2024 Form 5500

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: City Credit Union Defined Benefit Plan

EIN: 75-0692281

Plan Sponsor: City Credit Union

PN: 001

Notwithstanding the foregoing, in any Plan Year in which the Plan is determined to be a Top-Heavy Plan, the following Vesting Schedule will apply in lieu of the Vesting Schedule provided for above:

Years of Vesting Service	Vested Percentage
Less than 2 Years	0%
2 Years	20
3 Years	40
4 Years	60
5 Years	80
6 Years or more	100

If in any subsequent Plan Year the Plan ceases to be a Top-Heavy Plan, the above vesting schedule will continue to apply unless the Plan Sponsor elects, in writing, to revert to the original vesting schedule.

Years of Benefit Service

Years of Benefit Service for purposes of computing a Participant's Normal Retirement Benefit are referred to as Years of Credited Service and are determined using the Hours of Service Method.

A Year of Credited Service is credited for each Computation Period during which an Employee is credited with at least 1,000 Hours of Service. The initial Computation Period is the 12 consecutive month period beginning with the Employee's Employment Commencement Date. Thereafter, the Computation Period is the Plan Year beginning with the Plan Year in which the initial Computation Period ends. However, the Plan generally will not take into account more than 5 Years of Credited Service earned prior to becoming a Participant in the Plan.

Years of Vesting Service

Years of Service for purposes of computing a Participant's Vested Percentage are referred to as Years of Vesting Service and are determined using the Hours of Service Method.

A Year of Vesting Service is credited for each Computation Period during which an Employee is credited with at least 1,000 Hours of Service. The initial Computation Period is the 12 consecutive month period beginning with the Employee's Employment Commencement Date. Thereafter, the Computation Period is the Plan Year beginning with the Plan Year in which the initial Computation Period ends.

All of a Participant's Years of Vesting Service are taken into account in determining his Vested Percentage.

Participation

An employee shall become a participant of the Plan on the January 1 or July 1 coincident with or next following completion of 12 months of service with 1,000 or more hours and the attainment of age 21.

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.

Attachment to 2024 Form 5500

Schedule SB, Part V – Summary of Plan Provisions

Plan Name:	City Credit Union Defined Benefit Plan	EIN: 75-0692281
Plan Sponsor:	City Credit Union	PN: 001

Normal Retirement Benefit

A Participant's Normal Retirement Benefit is a monthly pension benefit commencing on his Normal Retirement Date payable in the Normal Benefit Form in an amount as follows:

40% of Average Monthly Compensation, multiplied by Years of Benefit Service using the Fractional Accrual Method (where the benefit is reduced pro-rata for each Year of Benefit Service less than 25 years).

Normal Benefit Form

Lifetime Pension, 10 Years Certain - Monthly pension benefit payable for the lifetime of the Participant with payments guaranteed for a minimum of 10 years. In the event of the Participant's death prior to the expiration of 10 years, the same monthly pension benefit will be continued to the Participant's Beneficiary for the remainder of the 10 year period.

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 50; and
- Completion of 5 Years of Vesting Service.

Early Retirement Benefit

A Participant's Early Retirement Benefit is reduced by 1/180 for each of the first 60 months and 1/360 for each of the next 60 months by which the Early Retirement Date precedes the Participant's Normal Retirement Date, and is actuarially reduced thereafter.

Late Retirement

An active Participant who continues his employment with the Employer beyond his Normal Retirement Date may begin to receive his Late Retirement Benefit or which he is entitled as of his Late Retirement Date.

Late Retirement Date

A Participant's Late Retirement Date is the first day of the month coincident with or next following the date he retires and requests the commencement of his Late Retirement Benefit after he has continued in the employ of the Employer beyond his Normal Retirement Date.

Late Retirement Benefit

A Participant's Late Retirement Benefit is equal to an amount which is the greater of (1) the Actuarial Equivalent of the single sum value of his Normal Retirement Benefit determined as of his Normal Retirement Date and accumulated with Actuarial Equivalent interest from his Normal Retirement Date to his Late Retirement Date and (2) the monthly benefit which is based on the Normal Retirement Benefit formula using the Participant's Years of Credited Service and Compensation through his Late Retirement Date.

Attachment to 2024 Form 5500

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: City Credit Union Defined Benefit Plan

EIN: 75-0692281

Plan Sponsor: City Credit Union

PN: 001

Disability Retirement

Disability Retirement Date

A Participant's Disability Retirement Date is the first day of the month coincident with or next following the date of termination of his employment due to disability provided such Participant has been found to be eligible for a Disability Retirement Benefit. An Active Participant will be eligible for a Disability Retirement Benefit under the Plan upon the occurrence of permanent disability.

Disability Retirement Benefit

An eligible Participant's Disability Retirement Benefit is equal to the monthly retirement benefit commencing on his Disability Retirement Date in an amount equal to his vested Accrued Benefit.

Permanent Disability

Permanent Disability means a physical or mental condition of a Participant resulting from bodily injury, disease, or mental disorder which renders the Participant incapable of continuing the usual and customary employment with the Employer. The disability of a Participant shall be determined by a licensed physician. The determination shall be applied uniformly to all Participants. Notwithstanding the above, if elected in the Adoption Agreement, "Total and Permanent Disability" means a physical or mental condition of a Participant resulting from bodily injury, disease, or mental disorder which renders the Participant incapable of continuing any gainful occupation and which condition constitutes total disability under the federal Social Security Acts.

Optional Benefit Forms

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:

- Lifetime Pension - monthly pension benefit payable for the lifetime of the Participant with payments terminating upon the death of the Participant.
- Lifetime Pension, 5 Years Certain - Monthly pension benefit payable for the lifetime of the Participant with payments guaranteed for a minimum of 5 years. In the event of the Participant's death prior to the expiration of 5 years, the same monthly pension benefit will be continued to the Participant's Beneficiary for the remainder of the 5 year period.
- Lifetime Pension, 15 Years Certain - Monthly pension benefit payable for the lifetime of the Participant with payments guaranteed for a minimum of 15 years. In the event of the Participant's death prior to the expiration of 15 years, the same monthly pension benefit will be continued to the Participant's Beneficiary for the remainder of the 15 year period.
- Joint & 50% Contingent Survivor Pension - monthly pension benefit payable during the joint lifetime of the Participant and the Joint Annuitant; reduces to 50% of the original amount upon the death of the Participant.
- Joint & 75% Contingent Survivor Pension - monthly pension benefit payable during the joint lifetime of the Participant and the Joint Annuitant; reduces to 75% of the original amount upon the death of the Participant.
- Joint & 100% Contingent Survivor Pension - monthly pension benefit payable for as long as either the Participant or the Joint Annuitant is alive.
- Lump Sum Distribution – a single payment of the present value of the vested Accrued Benefit.

Attachment to 2024 Form 5500

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: City Credit Union Defined Benefit Plan

EIN: 75-0692281

Plan Sponsor: City Credit Union

PN: 001

Pre-Retirement Death Benefit

In the event of the death of a Participant prior to the date that he begins to receive a monthly pension benefit under the Plan, the Participant's Surviving Spouse, if any, will be entitled to receive a monthly pension benefit equal to the actuarial equivalent of the vested Accrued Benefit. In addition to the Qualified Pre-Retirement Survivor Annuity, the following non-QPSA death benefit is provided: the excess (if any) of the Present Value of the Participant's vested Accrued Benefit minus the Present Value of the QPSA benefit. The participant's beneficiary shall receive the Actuarial Equivalent of such Participant's vested Accrued Benefit as of the anniversary date coinciding with or next following the date of death.

Termination Benefit

In the event of the termination of a 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 equal to his Vested Accrued Benefit.

CHANGES IN PRINCIPAL PLAN PROVISIONS SINCE PRIOR VALUATION

None.

**CITY CREDIT UNION
DEFINED BENEFIT PLAN**

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024
- Form 5500, Schedule H, Line 4i -
EIN 75-0692281/PLAN 001**

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
U.S. Government	U.S. Treasury Bond Ticker 8833248 - Rate 6.75% - Matures 8/15/2026	\$ 334,042	\$ 319,213	
U.S. Government	U.S. Treasury Note Ticker 8785010 - Rate 4.875% - Matures 10/31/2028	316,162	319,691	
U.S. Government	U.S. Treasury Note Ticker 8781712 - Rate 4.5% - Matures 7/15/2026	319,356	320,147	
U.S. Government	U.S. Treasury Note Ticker 8784976 - Rate 3.875% - Matures 3/31/2025	318,416	319,650	
U.S. Government	U.S. Treasury Note Ticker 8785017 - Rate 4.375% - Matures 11/30/30	311,373	310,976	
U.S. Government	U.S. Treasury Note Ticker 8785041 - Rate 4.625% - Matures 4/30/29	332,318	327,240	
U.S. Government	U.S. Treasury Note Ticker 8785050 - Rate 4.625% - Matures 6/15/27	284,191	278,372	
U.S. Government	U.S. Treasury Note Ticker 8785045 - Rate 4.5% - Matures 5/31/29	339,250	332,707	
	Total U.S. Government Obligations	2,555,108	2,527,996	
United Rentals Inc	United Rentals Ticker URI	108,499	159,203	
Service Now Inc.	Service Now Ticker NOW	101,627	202,483	
Broadcom Limited	Broadcom Limited Ticker AVGO	75,678	222,566	
Eagle Materials Inc.	Eagle Materials Ticker EXP	101,490	133,991	
Amazon	Amazon Com Inc. Ticker AMZN	145,968	179,461	
Applied Materials	Applied Materials Ticker AMAT	166,379	142,952	
Caterpillar Inc.	Caterpillar Inc. Ticker CAT	165,074	173,399	
Intuit	Intuit Ticker INTU	130,657	165,296	
Autodesk	Autodes Ticker ADSK	142,743	197,441	
Fortinet Inc.	Fortinet Ticker FTNT	124,220	203,415	
Chubb Ltd.	Chubb Ticker CB	173,479	166,609	
Microsoft Corp.	Microsoft Ticker MSFT	118,339	169,022	
Eli Lilly & Company	Eli Lilly & Company Ticker LLY	167,585	165,208	
Home Depot Inc.	Home Depot Ticker HD	146,178	178,935	

**CITY CREDIT UNION
DEFINED BENEFIT PLAN**

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024
- Form 5500, Schedule H, Line 4i -
EIN 75-0692281/PLAN 001**

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
Halozyme Therapeutics	Halozyme Therapeutics Ticker HALO	173,319	136,306	
KLA Tencor Corp	KLA Tencor Ticker KLAC	126,251	156,270	
Thermo Fisher Scientific Corp	Thermo Fisher Scientific Ticker TMO	156,308	148,786	
Lululemon Athletica Inc.	Lululemon Athletica Ticker LULU	161,087	197,706	
Parker Hannafin Corp.	Parker Hannafin Ticker PH	98,032	157,735	
Medpace Holdings Inc	Medpace Holdings Ticker MEDP	142,519	157,477	
FISERV Inc	Fiserv Ticker FI	99,624	163,925	
Ensign Group Inc.	Ensign Group Ticker ENSG	117,865	148,803	
VISA Inc.	VISA Inc. CIA Ticker V	141,763	180,775	
Alphabet Inc.	Alphabet Inc. Ticker GOOGL	117,418	183,810	
Tractor Supply Co.	Tractor Supply Ticker TSCO	101,029	123,365	
United Health Group Inc.	United Health Ticker UNH	141,884	145,182	
Netflix Inc.	Netflix Ticker NFLX	172,114	227,287	
Vertex Pharmaceuticals	Vertex Ticker VRTX	118,379	134,905	
Apple Inc.	Apple Inc. Ticker AAPL	122,287	183,307	
Copart Inc.	Copart Inc. Ticker CPRT	133,249	174,351	
Diamondback Energy	Diamondback Energy Ticker FANG	144,382	151,543	
Merk & Co. Inc.	Merk Ticker MRK	183,655	165,535	
Synopsis Inc.	Synopsis Ticker SNPS	165,264	143,181	
Vertiv Holding Company	Vertiv Ticker VRT	138,934	178,140	
Veeva Systems Inc.	Veeva Ticker VEEV	136,339	153,903	
Kinsale Capital Group	Kinsale Capital Ticker KNSL	127,656	172,098	
NVIDIA Corp.	NVIDIA Ticker NVDA	28,609	182,769	
Murphy USA Inc.	Murphy Ticker MUSA	123,415	160,560	
Oneok Inc. New	Oneok Ticker OKE	160,123	162,949	
Salesforce Com	Salesforce Ticker CRM	154,205	184,884	
	Total Common Stock	<u>5,353,626</u>	<u>6,735,533</u>	
Invesco	Invesco S&P 500 Quality ETF Ticker SPHQ	373,613	425,439	
Vanguard	Vanguard Intermediate Term Cor ETF Ticker VCIT	1,954,238	1,956,340	
Vanguard	Vanguard Long Term Core Bond ETF Ticker VCLT	335,809	316,993	
Spider	Spider Large Cap ETF Ticker SPLG	509,773	711,254	
Ishares	iShares Core S&P Small-Cap ETF Ticker IJR	248,306	267,656	
	Total Unit Investment Trusts	<u>3,421,739</u>	<u>3,677,682</u>	
	Total	<u>\$ 11,748,827</u>	<u>\$ 13,359,565</u>	

Note: This information was derived from reports certified by the Plan's custodian.

**CITY CREDIT UNION
DEFINED BENEFIT PLAN**

**SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE PERIOD ENDED DECEMBER 31, 2024
- Form 5500, Schedule H, Line 4j –
EIN 75-0692281/PLAN 001**

Identity of party involved (a)	Description of asset (b)	Purchase Price (c)	Selling Price (d)	Lease rental (e)	Expenses incurred (f)	Cost of assets (g)	Current value on transaction date (h)	Net gain or (loss) (i)
Schwab	Sch Treasury Obligation MMF Investor SH Ticker: SNOXX	\$ 1,358,818	\$ -	\$ -	\$ -	\$ 1,358,818	\$ 1,358,818	\$ -
Schwab	Sch Treasury Obligation MMF Investor SH Ticker: SNOXX	\$ -	\$ 2,036,363	\$ -	\$ -	\$ 2,036,363	\$ 2,036,363	\$ -
Schwab	Van Eck Morningstar Wide MOAT ETF Ticker: MOAT	\$ -	\$ 850,229	\$ -	\$ -	\$ 785,557	\$ 850,229	\$ 64,672
Schwab	Vanguard Intermediate Term Cor ETF Ticker: VCIT	\$ 1,189,910	\$ -	\$ -	\$ -	\$ 1,189,910	\$ 1,189,910	\$ -

Note: This information was derived from reports certified by the Plan's custodian.

**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 City Credit Union Defined Benefit Plan	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF City Credit Union	D Employer Identification Number (EIN) 75-0692281	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500		

Part I Basic Information

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

2 Assets:

a Market value	2a	9,850,966
b Actuarial value	2b	9,850,966

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	4	819,418	819,418
b For terminated vested participants	25	615,497	615,497
c For active participants	100	5,776,756	5,858,208
d Total	129	7,211,671	7,293,123

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

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

5 Effective interest rate

	5	5.32 %
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6 Target normal cost

a Present value of current plan year accruals	6a	803,462
b Expected plan-related expenses	6b	30,000
c Target normal cost	6c	833,462

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	David Kent ^{DK} Signature of actuary	8/27/2025 Date
	David Kent Type or print name of actuary	23-06587 Most recent enrollment number
	Milliman, Inc. Firm name	(214) 863-5542 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.

**Schedule SB (Form 5500) 2024
v. 240311**

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

21 Discount rate:

a Segment rates:

1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
------------------------	------------------------	------------------------	---

b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 65

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** 0

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

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c) **31a** 833,462

b Excess assets, if applicable, but not greater than line 31a **31b** 833,462

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

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

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 2,457,873

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

a Total (excess, if any, of line 37 over line 36) **38a** 2,457,873

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0

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

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

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

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