

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

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

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

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

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

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

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>MIDFLORIDA CREDIT UNION RETIREMENT PENSION PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MIDFLORIDA CREDIT UNION</u> <u>129 S KENTUCKY AVENUE</u> <u>LAKELAND, FL 33801</u>	1c Effective date of plan <u>09/01/1979</u> 2b Employer Identification Number (EIN) <u>59-6194363</u> 2c Plan Sponsor's telephone number <u>863-616-2100</u> 2d Business code (see instructions) <u>522130</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2025	BRIAN PALMER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <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	745
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)	399
	6a(2)	391
	6b	126
	6c	223
	6d	740
	6e	3
	6f	743
	6g(1)	
6g(2)		
6h		0
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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan MIDFLORIDA CREDIT UNION RETIREMENT PENSION PLAN</p>	<p>B Three-digit plan number (PN) ▶ 001</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 MIDFLORIDA CREDIT UNION</p>	<p>D Employer Identification Number (EIN) 59-6194363</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	ZH1492	743	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 94322	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
**AMERIPRISE FINANCIAL SERVICES, INC. 50082 AMERIPRISE FINANCIAL CTR
MINNEAPOLIS, MN 55474**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
94322	0	CONSULTING FEES	7

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
**NOVA 401(K) ASSOCIATES 10777 NORTHWEST FREEWAY
SUITE 440
HOUSTON, TX 77092**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0	TPA PARTNERSHIP PROGRAM	5

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

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

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

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

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

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

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

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

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

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

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

4 Current value of plan's interest under this contract in the general account at year end	4	5079714
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	93316408

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier

c Premiums due but unpaid at the end of the year

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

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

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

6b	
6c	
6d	

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

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

b Balance at the end of the previous year	7b	6090605	
c Additions: (1) Contributions deposited during the year	7c(1)	0	
	7c(2)	0	
	7c(3)	128853	
	7c(4)	0	
	7c(5)	0	
	(6) Total additions	7c(6)	128853
d Total of balance and additions (add lines 7b and 7c(6))	7d	6219458	
e Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	133113
	(2) Administration charge made by carrier	7e(2)	6631
	(3) Transferred to separate account	7e(3)	1000000
	(4) Other (specify below)	7e(4)	0
(5) Total deductions	7e(5)	1139744	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	5079714	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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>MIDFLORIDA CREDIT UNION RETIREMENT PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MIDFLORIDA CREDIT UNION</u>	D Employer Identification Number (EIN) <u>59-6194363</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>124959178</u>
	b Actuarial value	2b	<u>124959178</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>124</u>	<u>25696343</u>
	b For terminated vested participants	<u>222</u>	<u>6360146</u>
	c For active participants	<u>399</u>	<u>34272913</u>
	d Total	<u>745</u>	<u>66329402</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>5.28 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>3880922</u>
	b Expected plan-related expenses	6b	<u>16450</u>
	c Target normal cost	6c	<u>3897372</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>ERNIE F. GALLIANI</u> Type or print name of actuary <u>NOVA 401(K) ASSOCIATES</u> Firm name <u>10777 NORTHWEST FREEWAY</u> <u>SUITE 440</u> <u>HOUSTON, TX 77092</u> Address of the firm	<u>08/10/2025</u> Date <u>23-05338</u> Most recent enrollment number <u>713-524-5192</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	609306	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	609306	0
10	Interest on line 9 using prior year's actual return of <u>13.00</u> %	79210	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.41</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	390602	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	297914	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	187.94 %
15	Adjusted funding target attainment percentage	15	188.39 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	183.88 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 61
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	3897372	
b Excess assets, if applicable, but not greater than line 31a	31b	3897372	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)			36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	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 MIDFLORIDA CREDIT UNION RETIREMENT PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MIDFLORIDA CREDIT UNION	D Employer Identification Number (EIN) 59-6194363	

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

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

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

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

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

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

NOVA 401(K) ASSOCIATES

10777 NORTHWEST FREEWAY
SUITE 440
HOUSTON, TX 77092

20-1181458

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	THIRD PARTY ADMINISTRATOR	6314	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	45757	Yes <input type="checkbox"/> No <input checked="" 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
NOVA 401(K) ASSOCIATES	49	45757

(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.	
VOYA RETIREMENT INSURANCE & ANNUITY 71-0294708	OTHER SERVICES	

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>MIDFLORIDA CREDIT UNION RETIREMENT PENSION PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MIDFLORIDA CREDIT UNION</u>	D Employer Identification Number (EIN) <u>59-6194363</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MAP CONTRACT - SEPARATE ACCOUNT D</u>		
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUITY CO.</u>		
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>48472818</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MAP CONTRACT - SEPARATE ACCOUNT D</u>		
b Name of sponsor of entity listed in (a): <u>VOYA LIFE INSURANCE AND ANNUITY CO</u>		
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>373925</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MYCOMPASS IND AGGRESSIVE 2035 FD R6</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u>		
c EIN-PN <u>38-4097328-474</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1017</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MYCOMPASS IND AGGRESSIVE 2045 FD R6</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u>		
c EIN-PN <u>38-4097329-475</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6080</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MYCOMPASS IND AGGRESSIVE 2055 FD R6</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u>		
c EIN-PN <u>38-4097330-476</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9669</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MYCOMPASS IND AGGRESSIVE 2065 FD R6</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u>		
c EIN-PN <u>38-7271384-765</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>72809</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MYCOMPASS IND AGGRESSIVE RET FD R6</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u>		
c EIN-PN <u>38-4097326-472</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3168</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND CONSERV 2035 FD R6

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY

c EIN-PN 38-4097338-484	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 365
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a Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND CONSERV 2055 FD R6

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY

c EIN-PN 38-4097340-486	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 703
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a Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND MODERATE 2035 FD

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY

c EIN-PN 38-4097333-479	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9641957
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a Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND MODERATE 2045 FD R6

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY

c EIN-PN 38-4097334-480	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10019039
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	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 MIDFLORIDA CREDIT UNION RETIREMENT PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MIDFLORIDA CREDIT UNION	D Employer Identification Number (EIN) 59-6194363

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	-125	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	254248	819808
(2) U.S. Government securities	1c(2)	10242430	8205004
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	971800
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	108372021	122582051
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	6090604	5079714
(15) Other.....	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	124959178	137658377
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
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	124959178	137658377

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)	0	
(B) Participants.....	2a(1)(B)	0	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	5652	
(B) U.S. Government securities.....	2b(1)(B)	162484	
(C) Corporate debt instruments.....	2b(1)(C)	-28200	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	0	
(F) Other.....	2b(1)(F)	128853	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		268789
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	943991	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		943991
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	11662541	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	10313522	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	0	
(B) Other.....	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		10445559
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1934665
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		14942023

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2192615	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2192615
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	43909	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	6300	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		50209
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2242824

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		12699199
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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 569740.

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.	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 <u>MIDFLORIDA CREDIT UNION RETIREMENT PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MIDFLORIDA CREDIT UNION</u>	D Employer Identification Number (EIN) <u>59-6194363</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 71-0294708

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0
--	---	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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



**MIDFLORIDA CREDIT
UNION RETIREMENT
PENSION PLAN**

FINANCIAL STATEMENTS

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

MIDFLORIDA CREDIT UNION RETIREMENT PENSION PLAN

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* Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations For Reporting and Disclosure under ERISA have been omitted because they are not applicable.

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
MIDFLORIDA Credit Union Retirement Pension Plan

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

We have performed the audits of the financial statements of the MIDFLORIDA Credit Union Retirement Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the 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 then 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 Audits 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).

Emphasis of Matter

A portion of the investments in the Plan are not certified and Non-ERISA Section 103(a)(3)(C) procedures have been performed on such investments. See table at Note 3 for breakout of certified and non-certified investments.

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 Audits of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matters – Supplemental Schedule Required by ERISA

The supplemental schedule of assets held as of December 31, 2024, is 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 schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule 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
October 3, 2025

**MIDFLORIDA CREDIT UNION
RETIREMENT PENSION PLAN**

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

	<u>2024</u>	<u>2023</u>
Assets		
Investments at fair value	<u>\$ 137,658,377</u>	<u>\$ 124,959,178</u>
Net assets available for benefits	<u>\$ 137,658,377</u>	<u>\$ 124,959,178</u>

The accompanying notes are an integral
part of these financial statements

**MIDFLORIDA CREDIT UNION
RETIREMENT PENSION PLAN**

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

	2024	2023
Additions to Net Assets Attributed to		
Investment income		
Net appreciation in fair value of investments	\$ 13,729,243	\$ 12,967,602
Interest and dividends	1,212,780	1,568,483
Total investment income	14,942,023	14,536,085
Total additions	14,942,023	14,536,085
Deductions from Net Assets Attributed to		
Benefits paid to participants	2,192,615	2,060,262
Administrative expenses	50,209	44,554
Total deductions	2,242,824	2,104,816
Net increase	12,699,199	12,431,269
Net assets available for benefits - beginning of year	124,959,178	112,527,909
Net assets available for benefits - end of year	\$ 137,658,377	\$ 124,959,178

The accompanying notes are an integral
part of these financial statements

**MIDFLORIDA CREDIT UNION
RETIREMENT PENSION 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	\$ 31,176,407
Participants in receipt of benefits	24,525,639
Other participants	<u>5,777,720</u>
Total vested benefits	61,479,766
Nonvested benefits	
Active participants	<u>-</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 61,479,766</u></u>

The accompanying notes are an integral
part of these financial statements

**MIDFLORIDA CREDIT UNION
RETIREMENT PENSION 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	\$ 58,775,096
Increase/(decrease) during the year attributable to:	
Benefits accumulated and actuarial gain/loss	1,300,234
Increase for interest due to decrease in discount period	3,464,698
Benefits paid to participants	<u>(2,060,262)</u>
Net increase	<u>2,704,670</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 61,479,766</u>

The accompanying notes are an integral
part of these financial statements

MIDFLORIDA CREDIT UNION RETIREMENT PENSION PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

Note 1 – Description of the Plan

General

MIDFLORIDA Credit Union Retirement Pension Plan (the Plan) was established by the MIDFLORIDA Credit Union (the Credit Union) on September 1, 1979. 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 Plan's Investment Custodians are Voya Retirement Insurance and Annuity Company (Voya), Ameriprise Financial, and Raymond James Financial Services, Inc. The Investment Custodians hold all of the Plan's assets and execute all of the Plan's transactions. The Plan has retained NOVA 401k to provide actuarial services, participant recordkeeping and administrative services.

Eligibility

Employees are eligible to participate in the Plan after they have completed the earlier of six consecutive months of employment or completion of one year of eligible service (1,000 hours) and have attained the age of 20. Excluded employees are any employees hired on or after January 1, 2017.

Benefits

Normal Retirement Benefits: At the normal retirement age (65), a 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 2% of average annual earnings (for employees hired prior to January 1, 2009), and 0.50% of average annual earnings (for employees hired on or after January 1, 2009), multiplied by the years of service at retirement. The maximum years of service is equal to 25. Payment of benefits will begin as soon as practicable following the Normal Retirement Date. A participant is fully vested after completing 5 years of vested service. The Normal Form of this benefit is a Straight Life Annuity for single participants or its actuarial equivalent 50% Joint and Survivor Benefit for married participants. Participants can also elect a Straight Life Annuity, a 100%, 75%, 50% Joint and Survivor benefit, or a 10 year Period Certain and Life Benefit.

Early Retirement Benefits: The Early Retirement Date is the first day of the month coinciding with or next following the date the participant has attained age 55 and completed 5 Years of Service with the employer. If hired prior to January 1, 2009, the Early Retirement Benefit payable at the Early Retirement Date will be equal to the Accrued Benefit reduced by 0.5556% for each of the first 60 complete calendar months preceding Normal Retirement Date but following the Early Retirement Date. If the participant was hired after January 1, 2009, the Early Retirement Benefit is reduced by (a) 0.5556% for each calendar month preceding the participant's Normal Retirement Date and (b) 0.2778% for each of the next 60 calendar months preceding the participant's Normal Retirement Date but following the Early Retirement Date. Payment of Early Retirement benefits will begin as soon as practicable following the date the participant has elected to receive payment.

MIDFLORIDA CREDIT UNION RETIREMENT PENSION PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

However, for retirement on or after age 55 and 30 years of service, the accrued benefit is not reduced for payment of benefits prior to the normal retirement date.

Late Retirement Benefits: The benefit a participant will receive at late retirement date generally takes into account requirement that the participant continue to earn or "accrue" benefits past their normal retirement age. Late retirement benefits are the greater of the accrued benefit at normal retirement date actuarially increased to late retirement date or accrued benefit on late retirement date.

Death Benefits: An active Participant's spouse shall be entitled to a monthly Preretirement Survivor Annuity equal to the qualified joint and 50% survivor annuity. The Preretirement Survivor Annuity shall commence on the first day of the calendar month following the later of the date of the Participant's death or the date on which the Participant would have attained the Normal Retirement Age. The normal form of benefit is a straight life annuity. However, if there is no surviving spouse, such benefit will be paid to a designated beneficiary.

Disability Benefits: If an employee becomes disabled in accordance with the terms of the Plan while a participant in the Plan and the condition continues for a period of six months, the employee will become 100% vested in their accrued benefit will receive a disability benefit equal to the Early Retirement benefit.

Vesting

Each participant is 100% vested in their accrued benefits upon completion of five years of continuous employment.

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 4 for discussion of fair value measurements.

MIDFLORIDA CREDIT UNION RETIREMENT PENSION PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

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.

The actuarial present value of accumulated Plan benefits is determined by an actuary from Voya 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 January 1, 2024 were:

- (i) An investment return of 6.00% per annum,
- (ii) Discount rate 6.00%,
- (iii) Mortality rates for ASC 960 based on RP-2014 with MP-2021 mortality improvement published by the Society of Actuaries and,
- (iv) Salary increases of 5.00% per annum.

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 October 3, 2025, which is the date the financial statements were available to be issued.

MIDFLORIDA CREDIT UNION RETIREMENT PENSION PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

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 Voya Retirement Insurance and Annuity Company (Voya), 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 certified by Voya reflected in the tables below as of December 31, 2024 and 2023,
2. All investment activity certified by Voya for the years ended December 31, 2024 and 2023,
3. All investment-related information certified by Voya, included in the table below, and included in the Supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024.

The Credit Union purchased mutual funds, U.S. Government securities, and market-linked certificates of deposit, and had interest-bearing cash, directly with Raymond James and Ameriprise for the Plan years ending December 31, 2023, as assets were moved in 2023 to Ameriprise. Raymond James held these investments for a portion of the Plan year ending December 31, 2023, Ameriprise held the assets for the remainder of 2023 and for the entire plan year of 2024, and these investments and the activity within these investments were not certified as complete and accurate. These investments constitute a small portion of the portfolio; however, non-section 103(a)(3)(C) audit procedures were performed on these investments for the Plan years ending December 31, 2024, and 2023. The balance of \$39,262,254 and \$35,937,476 investment portfolio that was not certified and subject to non-section 103(a)(3)(C) procedures, was in an interest-bearing cash account with Ameriprise Financial.

The following disclosure illustrates the investments which were subject to Section 103(a)(3)(C) and non-Section 103(a)(3)(C) procedures for the Plan years ending December 31, 2024 and 2023:

	December 31,	
	2024	2023
Total plan assets certified by Voya subject to Section 103(a)(3)(C) audit procedures	\$ 98,396,122	\$ 89,021,702
Total plan assets subject to Non-Section 103(a)(3)(C) audit procedures	39,262,255	35,937,476
Total assets per Form 5500	\$ 137,658,377	\$ 124,959,178

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. No contributions were made to the Plan for the years ended December 31, 2024 and 2023. Employees are not permitted to contribute to the Plan.

MIDFLORIDA CREDIT UNION RETIREMENT PENSION PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

In order for NOVA 401k to provide administrative services to the Plan, it charges an amount necessary to cover certain expenses. The majority of the expenses are paid by the Plan. Certain administrative functions are performed by officers and employees of the Credit Union. Administrative expenses, including salaries and overhead, are paid directly by the Credit Union. Credit Union administrative expenses are excluded from these financial statements.

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

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.

MIDFLORIDA CREDIT UNION RETIREMENT PENSION PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

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.

U.S. Government Securities: Securities are valued using pricing models maximizing the use of observable inputs for similar securities which includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Fixed Account: The Voya Fixed Account is an investment contract. The contract is a fixed investment available to qualified retirement plans. It provides guaranteed protection of principal with a set rate of return. The account is guaranteed by the general assets of the Voya Retirement Insurance and Annuity Company. The credited interest rate, account balance and formulas upon which payments may be based are observable through the Contract and related communications.

Interest-bearing cash: Valued at cost, which approximates fair value.

Corporate note: Corporate notes are valued using pricing models maximizing the use of observable inputs for similar securities which includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

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:

	As of December 31, 2024			
	Total	Level 1	Level 2	Level 3
Mutual funds	\$ 122,582,051	\$ 122,582,051	\$ -	\$ -
U.S. government-backed securities	8,205,004	8,205,004	-	-
Fixed account	5,079,714	-	5,079,714	-
Corporate note	971,800	971,800	-	-
Interest-bearing cash	819,808	819,808	-	-
Total assets at fair value	\$ 137,658,377	\$ 132,578,663	\$ 5,079,714	\$ -

**MIDFLORIDA CREDIT UNION
RETIREMENT PENSION PLAN**

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

	As of December 31, 2023			
	Total	Level 1	Level 2	Level 3
Mutual funds	\$ 108,372,019	\$ 108,372,019	\$ -	\$ -
U.S. government-backed securities	10,242,430	10,242,430	-	-
Fixed account	6,090,605	-	6,090,605	-
Interest-bearing cash	254,124	254,124	-	-
Total assets at fair value	<u>\$ 124,959,178</u>	<u>\$ 118,868,573</u>	<u>\$ 6,090,605</u>	<u>\$ -</u>

Note 7 – Investment Contract

The Plan holds an investment contract with Voya. The assets are invested in funds, reported as the Voya Fixed Account in the Plan’s accounting records. The accounts are credited with earnings in the underlying investments and charged for participant withdrawals and administrative expenses. The contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

The contracts are included in the financial statements at fair value which approximates contract value. Contract value, as reported to the Plan by Voya, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. The crediting rate of the Voya Fixed Account is available to participants of the Plan.

Note 8 – Tax Status

The Internal Revenue Service (IRS) has determined and informed the Plan by a letter dated March 30, 2018, 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.

MIDFLORIDA CREDIT UNION RETIREMENT PENSION PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

Note 9 – Party-in-Interest Transactions

Plan investments are managed by Voya and Ameriprise who are the Custodians as defined by the Plan. 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. TPA and actuarial services are provided by NOVA 401k. Direct compensation was paid to NOVA for approximately \$6,300 for the plan year ended December 31, 2024. 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.

Note 10 – 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

**MIDFLORIDA CREDIT UNION
RETIREMENT PENSION PLAN**

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024
- FORM 5500, SCHEDULE H, LINE 4i -
EIN 59-6194363/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
	Vanguard	Growth Index Fund Adm	\$ 7,350,935	\$ 10,699,462
	FIDELITY	FIMM Gov't Port Money Market	1,034,285	10,341,285
	Invesco	Eq Wght S&P500 Fund R6	9,254,434	10,181,129
	Invesco	Floating Rate ESG Fund R6	7,377,126	7,666,285
	Vanguard	500 Index Fund Adm	5,986,206	7,294,562
	Vanguard	Small-Cap Index	6,476,158	7,170,930
	Vanguard	Mid-Cap Index	5,645,365	6,342,900
*	Voya	Voya Fixed Account	5,090,604	5,079,714
	Vanguard	Value Index Fund Adm	4,201,002	4,751,245
	American Funds	Amer Mutual R6	4,185,285	4,705,652
	Vanguard	Total Bond Market Ind Fund	4,444,577	4,387,559
	PIMCO	Short-Term Fund	4,277,875	4,369,212
	Cohen & Steers	Pr Secs Inc Fund	3,834,075	4,126,919
	Vanguard	Total Int Stock In Fund Adm	3,586,473	3,678,166
	Nuveen	Pref Sec and Inc Fund R6	3,274,645	3,504,304
	Transamerica	Transamerica Multi-Managed Balanced Fund	3,133,609	3,266,069
	US Govt	US Treasury Note CPN 1.375% Due 8/31/2026	3,000,809	3,149,058
	US Govt	US Treasury Note CPN 1.125% Due 8/31/2028	2,999,558	3,134,677
	MFS	Intk Diversification Fund R6	2,780,508	2,888,156
	American Funds	EuroPacific R6	2,714,034	2,779,949
	Neuberg Berm	Strat Inc Fund R6	2,587,481	2,677,066
	Pioneer	Stratigic Income Fund K	2,422,782	2,475,736
	PGIM	Short-Term Corp Bond Fund	2,346,858	2,405,577
	American Funds	Balance Fund Class Fund	1,949,474	2,361,449
	Vanguard	Vanguard Balanced Index Fund Admiral Shares N/L	1,830,993	2,180,918
	JPMorgan	Hedged Equity CL 1	1,815,048	2,029,015
	US Govt	US Treasury Security Strip Int Due 11/15/29	2,016,505	1,921,269
	Vanguard	Mid-Cap Growth ETF	997,950	1,335,233
	Vanguard	Small-Cap Growth ETF	926,611	1,305,640
	PIMCO	Cmdty R1 Rturn Strat Fund	1,805,616	1,275,200
	FIDELITY	Floating Rate High Income Fund	1,197,327	1,217,868
	MAINSTAY	WMC Value Fund	1,161,261	1,203,736
	Vanguard	Utilities ETF	999,242	989,835
	JPMorgan	Chase Final Co Cap Digital Note LKD	1,015,552	971,800
	Cushing	Cushing MLP Premier CL 1	740,654	916,046
	Tortoise	Tortoise MLP & Pipeline Instl	588,897	843,348
*	Ameriprise	Ameriprise Bank Insured Cash	819,808	819,808
	Vanguard	Real Estate Index Adm	716,142	732,680
	PIMCO	PIMCO CmdtyRIRtn Strat Fnd	169,134	478,920
			<u>\$ 116,754,898</u>	<u>\$ 137,658,377</u>

* Denotes a party-in-interest as defined by ERISA.

Note: Information provided related to investments is based on reports certified by the Plan's Custodian.

Schedule SB, line 26 – Schedule of Active Participant Data

Plan Name: MidFlorida Credit Union Retirement Pension Plan

EIN: 59-6194363 PN: 001

Attained Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	10	0	0	0	0	0	0	0	10
30 to 34	0	0	26	21	0	0	0	0	0	0	47
35 to 39	0	0	25	23	13	6	0	0	0	0	67
40 to 44	0	0	18	22	17	16	0	0	0	0	73
45 to 49	0	0	18	16	6	12	7	0	0	0	59
50 to 54	0	0	11	13	7	8	7	3	0	0	49
55 to 59	0	0	5	14	5	6	8	2	0	0	40
60 to 64	1	0	10	12	3	2	4	1	0	0	33
65 to 69	1	0	1	6	0	0	1	0	0	0	9
70 & Up	11	0	0	1	0	0	0	0	0	0	12
Total	13	0	124	128	51	50	27	6	0	0	399

Average Age 47

Average Service 14

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

Plan Name: MidFlorida Credit Union Retirement Pension Plan

EIN: 59-6194363 PN: 001

Assumptions

Economic Assumptions

Liability Discount Rate (minimum) Segment Rates: 4.75% / 4.87% / 5.59%

Effective Interest Rate (minimum) 5.28%

Liability Discount Rate (maximum) Segment Rates: 3.62% / 4.46% / 4.52%
(4 month lookback)

Effective Interest Rate (maximum) 4.48%

Salary Scale 5.00%

Increase for Pay and Benefit Limitations 0.00%

Plan Expenses (based on 2023 Schedule H) \$16,450

Demographic Assumptions

Assumed Normal Form of Payment Single Life Annuity

Healthy Life Mortality 2024 male and female static mortality tables for non-annuitants and annuitants as published in IRS regulations

Rate of Termination Sample rates:

Age	Rate
25	17.06%
30	12.26%
35	8.22%
40	7.86%
45	9.44%
50	8.10%
65 or older	100.00%

Rate of Disablement None

Rate of Retirement (with 30 years of service) Sample rates:

Age	Rate
55	8.00%
60	12.00%
62	24.00%
64	42.00%
65 or older	100.00%

Marriage Assumption 80% of participants are assumed to be married. Males are assumed to be 3 years older than their spouses

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

Plan Name: MidFlorida Credit Union Retirement Pension Plan

EIN: 59-6194363 PN: 001

Methods

Asset Valuation Method	Market Value of Assets
Actuarial Cost Method	Unit Credit in accordance with Pension Protection Act Requirements
Plan Expenses	Administrative related expenses paid during the previous year are added to the Target Normal Cost. The administrative expense is determined by reference to the previous year Schedule H (Form 5500). In particular, the expense is the sum of the Professional Fees and Contract Administrator Fees. Investment and Management Fees are not included in the Plan Expense.

The actuary chose all of the assumptions except the interest discount rates and post-retirement mortality which are prescribed by the IRC. The asset valuation method was chosen by the plan sponsor. The use of the unit credit funding method is mandated by law.

**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

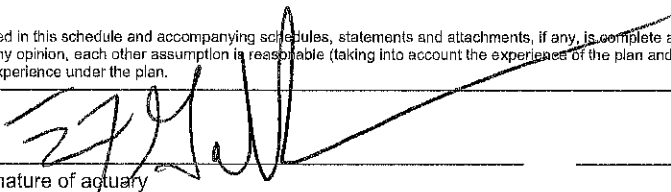
▶ **Round off amounts to nearest dollar.**

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

A Name of plan MIDFLORIDA CREDIT UNION RETIREMENT PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MIDFLORIDA CREDIT UNION	D Employer Identification Number (EIN) 59-6194363
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	124959178	
b Actuarial value	2b	124959178	
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.....	124	25696343	25696343
b For terminated vested participants.....	222	6360146	6360146
c For active participants	399	34272913	34272913
d Total.....	745	66329402	66329402
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.28	%
6 Target normal cost			
a Present value of current plan year accruals	6a	3880922	
b Expected plan-related expenses	6b	16450	
c Target normal cost.....	6c	3897372	

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 Ernie F. Galliani Type or print name of actuary Nova 401(k) Associates Firm name 10777 Northwest Freeway Suite 440 Houston, TX 77092 Address of the firm	8/16/2025 Date 23-05338 Most recent enrollment number (713) 524-5192 Telephone number (including area code)
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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 II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	609306	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	609306	0
10	Interest on line 9 using prior year's actual return of <u>13.00</u> %	79210	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.41</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	390602	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	297914	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	187.94 %
15	Adjusted funding target attainment percentage	15	188.39 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	183.88 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	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 61

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	3897372
b Excess assets, if applicable, but not greater than line 31a	31b	3897372

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

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	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

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

Plan Name: MidFlorida Credit Union Retirement Pension Plan

EIN: 59-6194363 PN: 001

Retirement Rates

Calculation of expected retirement age:

Age	Probability of retirement	lx	Retirement	Rate of Retirement	Retirement
55	8.00%	1,000,000	80,000	8.00%	4.4000
56	8.00%	920,000	73,600	7.36%	4.1216
57	8.00%	846,400	67,712	6.77%	3.8596
58	8.40%	778,688	65,410	6.54%	3.7938
59	10.20%	713,278	72,754	7.28%	4.2925
60	12.00%	640,524	76,863	7.69%	4.6118
61	18.00%	563,661	101,459	10.15%	6.1890
62	24.00%	462,202	110,928	11.09%	6.8776
63	30.00%	351,274	105,382	10.54%	6.6391
64	42.00%	245,891	103,274	10.33%	6.6096
65	100.00%	142,617	142,617	14.26%	9.2701

The expected Retirement Age is 60.6645.

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: MidFlorida Credit Union Retirement Pension Plan

EIN: 59-6194363 PN: 001

Plan effective date	September 1, 1979
Last amendment effective date	January 1, 2017
Plan Year	January 1 to December 31
Eligibility	<p>All employees not excluded by class are eligible to enter on the first day of the Plan Year coincident with or next following the attainment of age 20 and the completion of at least six (6) months of service.</p> <p><i>No additional employees shall enter the plan if hired after December 31, 2016.</i></p>
Excluded Employees	Employees of Affiliated Employers, any Employee who was hired after December 31, 2016
Normal Retirement	All participants are eligible to retire upon the later of attainment of age 65
Normal Retirement Benefit	<p>For employees hired prior to January 1, 2009: 2.0% of Average Annual Earnings multiplied by the number of Years of Credited Service up to a maximum of twenty-five (25) years.</p> <p>For employees hired on or after January 1, 2009: 0.5% of Average Annual Earnings multiplied by the number of Years of Credited Service up to a maximum of twenty-five (25) years.</p> <p>Average Annual Earnings is based on compensation in 60 consecutive calendar months of employment.</p> <p>Compensation is W-2 compensation including Section 401(k), 125 and 457 deferrals and excludes reimbursements, fringe benefits, bonuses and commissions in excess of \$200,000. Credited Service reflects each Plan Year in which an employee completes at least 1,000 hours of service</p> <p>In no event is the benefit greater than the Section 415 limit</p>
Accrued Benefit	The Accrued Benefit for each Participant is the benefit projected to normal retirement, based upon service continuing until normal retirement and the average at normal retirement being the current average compensation, multiplied by a fraction, the numerator of which is years of service to date, the denominator of which is the total anticipated years of service at normal retirement
Early Retirement	Participants are eligible to retire with a reduced benefit prior to Normal Retirement Age if they have attained age 55 and completed five Years of Vested Service. Participants are eligible to retire with an unreduced benefit prior to Normal Retirement Age if they have attained age 55 and completed 30 Years of Vested Service.
Reduced Early Retirement Benefit	If the Participant was hired prior to January 1, 2009, the Early Retirement Benefit is reduced by 0.5556% for each calendar month of the first sixty (60) months preceding the Participant's Normal Retirement Date but following the Early Retirement Date.

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: MidFlorida Credit Union Retirement Pension Plan

EIN: 59-6194363 PN: 001

If the Participant was hired on or after January 1, 2009, the Early Retirement Benefit is reduced by (I) 0.5556% for the first sixty (60) months preceding the Participant's Normal Retirement Date and (II) 0.2778% for each of the next sixty (60) calendar months preceding the Participant's Normal Retirement Date but following the Early Retirement Date.

Pre-retirement Death Benefit An active Participant's spouse shall be entitled to a monthly Preretirement Survivor Annuity equal to the qualified joint and fifty percent (50%) survivor annuity. The Preretirement Survivor Annuity shall commence on the first day of the calendar month following the later of the date of the Participant's death or the date on which the Participant would have attained the Normal Retirement Age.

Total and Permanent Disability Benefit A participant is eligible for a disability benefit if they terminate services as a result of a disability and have applied for and are receiving disability insurance benefits under the provisions of the Social Security Act. Disability benefits are equal to the Early Retirement Benefit without regard to the age and service requirement and subject to reduction as applicable including in some cases an additional actuarial reduction for a benefit beginning before age 55.

Forms of Benefit Payment The normal form of benefit is a straight life annuity. Optional forms include:

- 100% Joint and Survivor Benefit
- 75% Joint and Survivor Benefit
- 50% Joint and Survivor Benefit
- 10-Year Period Certain and Life Benefit

Vested Termination Benefits vest completely after five Years of Vested Service.

Vested Service One year of service is credited for each Plan Year in which an employee completes at least 1,000 hours of service.

Changes Since Prior Valuation None.

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: MidFlorida Credit Union Retirement Pension Plan

EIN: 59-6194363 PN: 001

Reduced Early Retirement Benefit	<p>If the Participant was hired prior to January 1, 2009, the Early Retirement Benefit is reduced by 0.5556% for each calendar month of the first sixty (60) months preceding the Participant's Normal Retirement Date but following the Early Retirement Date.</p> <p>If the Participant was hired on or after January 1, 2009, the Early Retirement Benefit is reduced by (I) 0.5556% for the first sixty (60) months preceding the Participant's Normal Retirement Date and (II) 0.2778% for each of the next sixty (60) calendar months preceding the Participant's Normal Retirement Date but following the Early Retirement Date.</p>
Pre-retirement Death Benefit	<p>An active Participant's spouse shall be entitled to a monthly Preretirement Survivor Annuity equal to the qualified joint and fifty percent (50%) survivor annuity. The Preretirement Survivor Annuity shall commence on the first day of the calendar month following the later of the date of the Participant's death or the date on which the Participant would have attained the Normal Retirement Age.</p>
Total and Permanent Disability Benefit	<p>A participant is eligible for a disability benefit if they terminate services as a result of a disability and have applied for and are receiving disability insurance benefits under the provisions of the Social Security Act.</p> <p>Disability benefits are equal to the Early Retirement Benefit without regard to the age and service requirement and subject to reduction as applicable including in some cases an additional actuarial reduction for a benefit beginning before age 55.</p>
Forms of Benefit Payment	<p>The normal form of benefit is a straight life annuity</p> <p>Optional forms include:</p> <ul style="list-style-type: none">▪ 100% Joint and Survivor Benefit▪ 75% Joint and Survivor Benefit▪ 50% Joint & Survivor Benefit▪ 10-Year Period Certain and Life Benefit
Vested Termination	<p>Benefits vest completely after five Years of Vested Service.</p>
Vested Service	<p>One year of service is credited for each Plan Year in which an employee completes at least 1,000 hours of service.</p>
Changes Since Prior Valuation	<p>None.</p>

**MIDFLORIDA CREDIT UNION
RETIREMENT PENSION PLAN**

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024
- FORM 5500, SCHEDULE H, LINE 4i -
EIN 59-6194363/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	
	Vanguard	Growth Index Fund Adm	\$ 7,350,935	\$ 10,699,462
	FIDELITY	FIMM Gov't Port Money Market	1,034,285	10,341,285
	Invesco	Eq Wght S&P500 Fund R6	9,254,434	10,181,129
	Invesco	Floating Rate ESG Fund R6	7,377,126	7,666,285
	Vanguard	500 Index Fund Adm	5,986,206	7,294,562
	Vanguard	Small-Cap Index	6,476,158	7,170,930
	Vanguard	Mid-Cap Index	5,645,365	6,342,900
*	Voya	Voya Fixed Account	5,090,604	5,079,714
	Vanguard	Value Index Fund Adm	4,201,002	4,751,245
	American Funds	Amer Mutual R6	4,185,285	4,705,652
	Vanguard	Total Bond Market Ind Fund	4,444,577	4,387,559
	PIMCO	Short-Term Fund	4,277,875	4,369,212
	Cohen & Steers	Pr Secs Inc Fund	3,834,075	4,126,919
	Vanguard	Total Int Stock In Fund Adm	3,586,473	3,678,166
	Nuveen	Pref Sec and Inc Fund R6	3,274,645	3,504,304
	Transamerica	Transamerica Multi-Managed Balanced Fund	3,133,609	3,266,069
	US Govt	US Treasury Note CPN 1.375% Due 8/31/2026	3,000,809	3,149,058
	US Govt	US Treasury Note CPN 1.125% Due 8/31/2028	2,999,558	3,134,677
	MFS	Intk Diversification Fund R6	2,780,508	2,888,156
	American Funds	EuroPacific R6	2,714,034	2,779,949
	Neuberg Berm	Strat Inc Fund R6	2,587,481	2,677,066
	Pioneer	Stratigic Income Fund K	2,422,782	2,475,736
	PGIM	Short-Term Corp Bond Fund	2,346,858	2,405,577
	American Funds	Balance Fund Class Fund	1,949,474	2,361,449
	Vanguard	Vanguard Balanced Index Fund Admiral Shares N/L	1,830,993	2,180,918
	JPMorgan	Hedged Equity CL 1	1,815,048	2,029,015
	US Govt	US Treasury Security Strip Int Due 11/15/29	2,016,505	1,921,269
	Vanguard	Mid-Cap Growth ETF	997,950	1,335,233
	Vanguard	Small-Cap Growth ETF	926,611	1,305,640
	PIMCO	Cmdty R1 Rturn Strat Fund	1,805,616	1,275,200
	FIDELITY	Floating Rate High Income Fund	1,197,327	1,217,868
	MAINSTAY	WMC Value Fund	1,161,261	1,203,736
	Vanguard	Utilities ETF	999,242	989,835
	JPMorgan	Chase Final Co Cap Digital Note LKD	1,015,552	971,800
	Cushing	Cushing MLP Premier CL 1	740,654	916,046
	Tortoise	Tortoise MLP & Pipeline Instl	588,897	843,348
*	Ameriprise	Ameriprise Bank Insured Cash	819,808	819,808
	Vanguard	Real Estate Index Adm	716,142	732,680
	PIMCO	PIMCO CmdtyRIRtn Strat Fnd	169,134	478,920
			<u>\$ 116,754,898</u>	<u>\$ 137,658,377</u>

* Denotes a party-in-interest as defined by ERISA.

Note: Information provided related to investments is based on reports certified by the Plan's Custodian.