

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
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 Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] DFVC program [ ] special extension (enter description)
D If the plan is a collectively-bargained plan, check here [ ]
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: ELECTRO SAVINGS CREDIT UNION CASH BALANCE RETIREMENT PENSION PLAN
1b Three-digit plan number (PN): 022
1c Effective date of plan: 01/01/1978
2a Plan sponsor's name (employer, if for a single-employer plan): ELECTRO SAVINGS CREDIT UNION
2b Employer Identification Number (EIN): 43-0605018
2c Sponsor's telephone number: 913-905-8044
2d Business code (see instructions): 522130
3a Plan administrator's name and address: COMMUNITYAMERICA CREDIT UNION, 9777 RIDGE DRIVE, LEXENA, KS 66221
3b Administrator's EIN: 44-6015072
3c Administrator's telephone number: 913-905-8044
4b EIN:
4d PN:
5a Total number of participants at the beginning of the plan year: 87
5b Total number of participants at the end of the plan year: 85
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item):
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item):
5d(1) Total number of active participants at the beginning of the plan year: 40
5d(2) Total number of active participants at the end of the plan year: 9
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested:

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature, Date, Name. Row 1: Filed with authorized/valid electronic signature, 10/09/2025, JULIE SCHALLER. Row 2: Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Row 3: Filed with authorized/valid electronic signature, 10/08/2025, JULIE SCHALLER. Row 4: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....  Yes  No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) .....  Yes  No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? .....  Yes  No  Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year: 557379. (See instructions.)

<b>Part III Financial Information</b>			
<b>7</b>		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>7</b>	Plan Assets and Liabilities		
<b>a</b>	Total plan assets .....	<b>7a</b> 7749742	8000779
<b>b</b>	Total plan liabilities .....	<b>7b</b>	
<b>c</b>	Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b> 7749742	8000779
<b>8</b>		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b>	Contributions received or receivable from:		
	(1) Employers .....	<b>8a(1)</b>	
	(2) Participants .....	<b>8a(2)</b>	
	(3) Others (including rollovers) .....	<b>8a(3)</b>	
<b>b</b>	Other income (loss) .....	<b>8b</b> 604850	
<b>c</b>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>	604850
<b>d</b>	Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b> 353813	
<b>e</b>	Certain deemed and/or corrective distributions (see instructions) .	<b>8e</b>	
<b>f</b>	Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>	
<b>g</b>	Other expenses .....	<b>8g</b>	
<b>h</b>	Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>	353813
<b>i</b>	Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>	251037
<b>j</b>	Transfers to (from) the plan (see instructions) .....	<b>8j</b>	

<b>Part IV Plan Characteristics</b>	
<b>9a</b>	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: <u>1A 1C</u>
<b>b</b>	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

<b>Part V Compliance Questions</b>				
<b>10</b>		<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>a</b>	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) .....	<b>10a</b>	X	
<b>b</b>	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	<b>10b</b>	X	
<b>c</b>	Was the plan covered by a fidelity bond? .....	<b>10c</b>	X	5000000
<b>d</b>	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>10d</b>	X	
<b>e</b>	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) .....	<b>10e</b>	X	36581
<b>f</b>	Has the plan failed to provide any benefit when due under the plan? .....	<b>10f</b>	X	
<b>g</b>	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....	<b>10g</b>	X	
<b>h</b>	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>10h</b>	X	
<b>i</b>	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....	<b>10i</b>		

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below.  Yes  No

**a** Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

**b PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 \_\_\_\_\_

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.  Yes  No

**a** 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 letter ruling granting the waiver. Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

**b** Enter the minimum required contribution for this plan year **12b**

**c** Enter the amount contributed by the employer to the plan for this plan year **12c**

**d** Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline?  Yes  No  N/A

**Part VII Plan Terminations and Transfers of Assets**

**13a** Has a resolution to terminate the plan been adopted in any plan year?  Yes  No

**a** If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a**

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  Yes  No

**c** 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

**Part VIII IRS Compliance Questions**

**14a** 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

**14b** 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

**15** 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 08 / 31 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705466A.

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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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.

<b>A</b> Name of plan <u>ELECTRO SAVINGS CREDIT UNION CASH BALANCE RETIREMENT PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>022</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ELECTRO SAVINGS CREDIT UNION</u>	<b>D</b> Employer Identification Number (EIN) <u>43-0605018</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>7749742</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>7749742</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>8</u>	<u>1703411</u>
	<b>b</b> For terminated vested participants .....	<u>39</u>	<u>950273</u>
	<b>c</b> For active participants .....	<u>40</u>	<u>1454674</u>
	<b>d</b> Total .....	<u>87</u>	<u>4108358</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</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 .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.29 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>181587</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>0</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>181587</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.

<b>SIGN HERE</b>		
	Signature of actuary	<u>10/08/2025</u>
	<u>WILLIAM NEIL CORNELL, EA, MAA</u>	Date
	Type or print name of actuary	<u>23-06487</u>
	<u>STANDARD RETIREMENT SERVICES</u>	Most recent enrollment number
	Firm name	<u>971-321-8418</u>
	<u>P.O. BOX 711</u>	Telephone number (including area code)
	<u>PORTLAND, OR 97207-0711</u>	
	Address of the firm	

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	378411	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	378411	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>12.08</u> % .....	45712	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.38</u> % .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	424123	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	177.94 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	188.25 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	170.00 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>							
<b>18</b> 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		
			<b>Totals ▶</b>	<b>18(b)</b>	0	<b>18(c)</b>	0

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? .....  Yes  No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....  Yes  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

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

<b>Part VI Miscellaneous Items</b>				
<b>24</b> 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				
<b>25</b> 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				
<b>26</b> Demographic and benefit information				
<b>a</b> 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>b</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
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				<b>27</b>

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

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c) .....				<b>31a</b> 181587
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 181587
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	0		0	
<b>b</b> Waiver amortization installment.....	0		0	
<b>33</b> 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 .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				<b>34</b> 0
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0	
<b>36</b> Additional cash requirement (line 34 minus line 35) .....				<b>36</b> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....				<b>37</b>
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<b>41</b> 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				

**Electro Savings Credit Union Cash Balance Retirement Pension Plan**

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**Appendix C – Other Attachments to Schedule SB of Form 5500**

*For attachment to 2024 Schedule SB, Line 22 – Description of Weighted Average Retirement Age  
 EIN 43-0605018 / PN 022*

**Weighted Average Retirement Age**

<b>Age</b>	<b>Estimated Plan Participants</b>	<b>Percentage Expected to Retire</b>	<b>Number Expected to Retire</b>	<b>Weighted Factor</b>
65	100.00	100%	100.00	6500.00
			100.00	6500.00
<b>Weighted Average Retirement Age:</b>				<b>65.00</b>

# Electro Savings Credit Union Cash Balance Retirement Pension Plan

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## Appendix C – Other Attachments to Schedule SB of Form 5500

For attachment to 2024 Schedule SB, Line 26 – Schedule of Active Participant Data  
EIN 43-0605018 / PN 022

### Active Participant Age/Service Distribution

Age	Years of Credit Service										Total
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	>40	
<25		1									1
25-29		1	1								2
30-34		5	4	1							10
35-39		6		1	1						8
40-44		3	3	2							8
45-49		1			1						2
50-54			1	1		1					3
55-59		1					1				1
60-64			1		1		1				3
65-69			1	1							2
>70											0
Total	0	18	11	6	3	0	2	0	0	0	40

# Electro Savings Credit Union Cash Balance Retirement Pension Plan

## Appendix B – Summary of Actuarial Assumptions and Methods

For attachment to 2024 Schedule SB, Part V – Actuarial Assumptions and Methods  
 EIN 43-0605018 / PN

<b>Actuarial Value of Assets:</b>	Market Value Method.	
<b>Funding Target Discount Rates</b>	ARP Rates	For PBGC premium purpose and Maximum Deductible Contribution Purpose (PPA Rates)
<b>Years 0 to 5:</b>	4.75%	4.37%
<b>Years 6 to 20:</b>	4.96%	4.96%
<b>Years 21 on:</b>	5.59%	4.95%
<b>Salary Scale (Compounded Annually):</b>	4.50%	
<b>Mortality Table:</b>	IRS 2024 Small Plan Combined Static Mortality.	
<b>Retirement:</b>	Normal Retirement Age.	
<b>Turnover:</b>	None.	
<b>Disability Incidence:</b>	None.	
<b>Assumed Form of Payment:</b>	It is assumed that 100% of the participants elect a lump sum distribution.	
<b>Lump Sum Valuation Method:</b>	Annuity substitution.	
<b>Lump Sum Mortality Table:</b>	IRS 2024 Applicable Mortality for 417(e).	
<b>Lump Sum Interest Rates:</b>	Valuation Segment rates.	
<b>Marital Status:</b>	100% are assumed to be married with no difference in age between participant and spouse.	
<b>Expenses:</b>	None.	
<b>Plan Benefits Not Considered:</b>	None.	

# Electro Savings Credit Union Cash Balance Retirement Pension Plan

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## Appendix A – Summary of Principal Plan Provisions

*For attachment to 2024 Schedule SB, Part V – Summary of Plan Provisions  
EIN 43-0605018 / PN 022*

<b>Original Effective Date:</b>	January 1, 1978.
<b>Last Restatement:</b>	July 1, 2022.
<b>Subsequent Amendments:</b>	None.
<b>Eligible Employee:</b>	All employees (excluding Leased Employees and employees hired on or after July 1, 2022)
<b>Eligibility:</b>	20 ½ years of age and 6 months of service.
<b>Participation:</b>	An eligible employee will become a participant in the plan as of the first day of the plan year coinciding with or next following the date on which eligibility requirements are met.
<b>Vesting Service:</b>	The sum of the plan years during which a participant has at least 1,000 hours of service.
<b>Benefit Service:</b>	The sum of the plan years during which the participant has at least 1,000 hours of service.
<b>Normal Retirement Date:</b>	First of the calendar month coincident with or next following attainment of age 65.
<b>Early Retirement Date:</b>	First of the calendar month coincident with or next following attainment of age 55 with at least 5 years of Vesting Service.
<b>Late Retirement Date:</b>	Past normal retirement age.
<b>Compensation:</b>	Wages, tips and other compensation on Form W-2.
<b>Average Monthly Compensation:</b>	60 consecutive months which produce the highest Average Compensation.

# Electro Savings Credit Union Cash Balance Retirement Pension Plan

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## Appendix A – Summary of Principal Plan Provisions (cont.)

**Regular Benefit Amount:** Hired before 1/1/2012:  
1.55% of average salary less than or equal to the covered compensation level, plus 1.925% of average salary in excess of such compensation level with the sum multiplied by the years of service at retirement. Maximum years of service equals 20.

Hired or rehired after 12/31/2011:  
3% Cash Balance pay credit, plus interest credits. The interest credit is the annual rate of interest on 30-year Treasury securities determined as of the second calendar month proceeding the first day of the Plan Year.

**Termination Benefit Amount:** A terminating participant who has completed two year of service is entitled to receive a vested monthly benefit starting on his normal retirement date. The amount of the benefit is equal to a percentage of the Normal Retirement Benefit based on the vesting schedules.

<b>Vesting Schedules:</b>	<u>Years of Service</u>	<u>Vested Interest</u>
	1	0%
	2	0%
	3	100%

A participant is 100% vested at time of death or reaching early retirement age.

**Disability Amount:** N/A

**Pre-Retirement Death Benefit Amount:** If a participant dies prior to the time his benefit payments commence, a qualified preretirement survivor annuity shall be provided to the participant's beneficiary equal to the actuarial equivalent of the participant's vested accrued benefit.

**Post-Retirement Death Benefit Amount:** None except as provided by the annuity form elected.

**Normal Form of Benefit:** The normal form is a monthly income payable as Life Annuity if single; actuarially reduced Joint and 50% Survivor Annuity, if married.

**Optional Forms of Payment:** Benefits which are actuarially equivalent to the normal form may be paid in any of the following alternative forms:

- Life Annuity,
- 5, 10, 15 and 20 Year Certain and Life Annuity,
- 50%, 75% and 100% Joint and Survivor Annuity,
- 66.67% Joint and First Survivor Annuity,
- Lump Sum.

**Changes Since Last Year:** None.

Form 5500-SF

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee  
Benefit Plan

This form is required to be filed 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-SF.

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to  
Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024
A This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
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 Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] DFVC program [ ] special extension (enter description)
D If the plan is a collectively-bargained plan, check here [ ]
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: Electro Savings Credit Union Cash Balance Retirement Pension Plan
1b Three-digit plan number (PN): 022
1c Effective date of plan: 01/01/1978
2a Plan sponsor's name (employer, if for a single-employer plan): Electro Savings Credit Union
2b Employer Identification Number (EIN): 43-0605018
2c Sponsor's telephone number: (913) 905-8044
2d Business code (see instructions): 522130
3a Plan administrator's name and address: CommunityAmerica Credit Union
3b Administrator's EIN: 44-6015072
3c Administrator's telephone number: (913) 905-8044
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year: 87
5b Total number of participants at the end of the plan year: 85
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
5d(1) Total number of active participants at the beginning of the plan year: 40
5d(2) Total number of active participants at the end of the plan year: 9
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature, Date, Name. Row 1: Julie Schaller, 10-9-25, Julie Schaller. Row 2: Julie Schaller, 10-9-25, Julie Schaller.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.).....  Yes  No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).....  Yes  No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? .....  Yes  No  Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 557379. (See instructions.)

<b>Part III Financial Information</b>			(a) Beginning of Year	(b) End of Year
<b>7</b>	Plan Assets and Liabilities			
<b>a</b>	Total plan assets .....	<b>7a</b>	7,749,742	8,000,779
<b>b</b>	Total plan liabilities .....	<b>7b</b>		
<b>c</b>	Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	7,749,742	8,000,779
<b>8</b>	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
<b>a</b>	Contributions received or receivable from:			
	(1) Employers .....	<b>8a(1)</b>		
	(2) Participants.....	<b>8a(2)</b>		
	(3) Others (including rollovers).....	<b>8a(3)</b>		
<b>b</b>	Other income (loss) .....	<b>8b</b>	604,850	
<b>c</b>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		604,850
<b>d</b>	Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	<b>8d</b>	353,813	
<b>e</b>	Certain deemed and/or corrective distributions (see instructions) .	<b>8e</b>		
<b>f</b>	Administrative service providers (salaries, fees, commissions).....	<b>8f</b>		
<b>g</b>	Other expenses .....	<b>8g</b>		
<b>h</b>	Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		353,813
<b>i</b>	Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		251,037
<b>j</b>	Transfers to (from) the plan (see instructions).....	<b>8j</b>		

<b>Part IV Plan Characteristics</b>	
<b>9a</b>	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1C
<b>b</b>	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

<b>Part V Compliance Questions</b>		Yes	No	Amount
<b>10</b>	During the plan year:			
<b>a</b>	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>b</b>	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).....		X	
<b>c</b>	Was the plan covered by a fidelity bond? .....	X		5,000,000
<b>d</b>	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?.....		X	
<b>e</b>	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).....	X		36,581
<b>f</b>	Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>g</b>	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....		X	
<b>h</b>	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....		X	
<b>i</b>	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....			

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below.  Yes  No

**a** Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 ..... **11a** 0

**b PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 \_\_\_\_\_

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .....  Yes  No  
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

**a** 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 letter ruling granting the waiver. .... Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

**b** Enter the minimum required contribution for this plan year ..... **12b**

**c** Enter the amount contributed by the employer to the plan for this plan year ..... **12c**

**d** Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) ..... **12d**

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline?.....  Yes  No  N/A

**Part VII Plan Terminations and Transfers of Assets**

**13a** Has a resolution to terminate the plan been adopted in any plan year? .....  Yes  No

**a** If "Yes," enter the amount of any plan assets that reverted to the employer this year ..... **13a**

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....  Yes  No

**c** 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

**Part VIII IRS Compliance Questions**

**14a** 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

**14b** 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

**15** 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 08/31/2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705466a .

**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.

<b>A</b> Name of plan Electro Savings Credit Union Cash Balance Retirement Pension Plan		<b>B</b> Three-digit plan number (PN) ▶	022
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Electro Savings Credit Union		<b>D</b> Employer Identification Number (EIN) 43-0605018	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2024</u>			
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	7,749,742	
<b>b</b> Actuarial value .....	<b>2b</b>	7,749,742	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment.....	8	1,703,411	1,703,411
<b>b</b> For terminated vested participants.....	39	950,273	950,273
<b>c</b> For active participants .....	40	1,454,674	1,463,034
<b>d</b> Total.....	87	4,108,358	4,116,718
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</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.....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	5.29 %	
<b>6</b> Target normal cost.....			
<b>a</b> Present value of current plan year accruals.....	<b>6a</b>	181,587	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	0	
<b>c</b> Target normal cost .....	<b>6c</b>	181,587	

**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.

<b>SIGN HERE</b>	<i>William N Cornell</i>	October 8, 2025
	Signature of actuary	Date
	WILLIAM NEIL CORNELL, EA, MAA	23-06487
	Type or print name of actuary	Most recent enrollment number
	STANDARD RETIREMENT SERVICES	(971) 321-8418
	Firm name	Telephone number (including area code)
	P.O. BOX 711	
	PORTLAND	OR 97207-0711
	Address of the firm	

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

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

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

<b>Part II</b>	<b>Beginning of Year Carryover and Prefunding Balances</b>	
	(a) Carryover balance	(b) Prefunding balance
<b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	378,411	0
<b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b> Amount remaining (line 7 minus line 8) .....	378,411	0
<b>10</b> Interest on line 9 using prior year's actual return of <u>12.08</u> % .....	45,712	0
<b>11</b> Prior year's excess contributions to be added to prefunding balance:		
<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.38</u> % .....		0
<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b> Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	424,123	0

<b>Part III</b>	<b>Funding Percentages</b>	
<b>14</b> Funding target attainment percentage .....	<b>14</b>	177.94%
<b>15</b> Adjusted funding target attainment percentage .....	<b>15</b>	188.25%
<b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	170.00%
<b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV</b>	<b>Contributions and Liquidity Shortfalls</b>						
<b>18</b> 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	
	<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>	0

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? .....  Yes  No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....  Yes  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

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

<b>Part VI Miscellaneous Items</b>				
<b>24</b> 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				
<b>25</b> 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				
<b>26</b> Demographic and benefit information				
<b>a</b> 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>b</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				
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				<b>27</b>

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

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c) .....				<b>31a</b> 181,587
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 181,587
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	0		0	
<b>b</b> Waiver amortization installment.....	0		0	
<b>33</b> 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 .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				<b>34</b> 0
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0	
<b>36</b> Additional cash requirement (line 34 minus line 35) .....				<b>36</b> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....				<b>37</b>
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<b>41</b> 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				

**Electro Savings Credit Union Cash Balance Retirement Pension Plan**

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**Appendix C – Other Attachments to Schedule SB of Form 5500**

*For attachment to 2024 Schedule SB, Line 22 – Description of Weighted Average Retirement Age  
 EIN 43-0605018 / PN 022*

**Weighted Average Retirement Age**

<b>Age</b>	<b>Estimated Plan Participants</b>	<b>Percentage Expected to Retire</b>	<b>Number Expected to Retire</b>	<b>Weighted Factor</b>
65	100.00	100%	100.00	6500.00
			100.00	6500.00
<b>Weighted Average Retirement Age:</b>				<b>65.00</b>

# Electro Savings Credit Union Cash Balance Retirement Pension Plan

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## Appendix C – Other Attachments to Schedule SB of Form 5500

For attachment to 2024 Schedule SB, Line 26 – Schedule of Active Participant Data  
EIN 43-0605018 / PN 022

### Active Participant Age/Service Distribution

Age	Years of Credit Service										Total
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	>40	
<25		1									1
25-29		1	1								2
30-34		5	4	1							10
35-39		6		1	1						8
40-44		3	3	2							8
45-49		1			1						2
50-54			1	1			1				3
55-59		1									1
60-64			1		1		1				3
65-69			1	1							2
>70											0
Total	0	18	11	6	3	0	2	0	0	0	40

# Electro Savings Credit Union Cash Balance Retirement Pension Plan

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## Appendix B – Summary of Actuarial Assumptions and Methods

*For attachment to 2024 Schedule SB, Part V – Actuarial Assumptions and Methods  
EIN 43-0605018 / PN*

<b>Actuarial Value of Assets:</b>	Market Value Method.	
<b>Funding Target Discount Rates</b>	ARP Rates	For PBGC premium purpose and Maximum Deductible Contribution Purpose (PPA Rates)
<b>Years 0 to 5:</b>	4.75%	4.37%
<b>Years 6 to 20:</b>	4.96%	4.96%
<b>Years 21 on:</b>	5.59%	4.95%
<b>Salary Scale (Compounded Annually):</b>	4.50%	
<b>Mortality Table:</b>	IRS 2024 Small Plan Combined Static Mortality.	
<b>Retirement:</b>	Normal Retirement Age.	
<b>Turnover:</b>	None.	
<b>Disability Incidence:</b>	None.	
<b>Assumed Form of Payment:</b>	It is assumed that 100% of the participants elect a lump sum distribution.	
<b>Lump Sum Valuation Method:</b>	Annuity substitution.	
<b>Lump Sum Mortality Table:</b>	IRS 2024 Applicable Mortality for 417(e).	
<b>Lump Sum Interest Rates:</b>	Valuation Segment rates.	
<b>Marital Status:</b>	100% are assumed to be married with no difference in age between participant and spouse.	
<b>Expenses:</b>	None.	
<b>Plan Benefits Not Considered:</b>	None.	

# Electro Savings Credit Union Cash Balance Retirement Pension Plan

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## Appendix A – Summary of Principal Plan Provisions

*For attachment to 2024 Schedule SB, Part V – Summary of Plan Provisions  
EIN 43-0605018 / PN 022*

<b>Original Effective Date:</b>	January 1, 1978.
<b>Last Restatement:</b>	July 1, 2022.
<b>Subsequent Amendments:</b>	None.
<b>Eligible Employee:</b>	All employees (excluding Leased Employees and employees hired on or after July 1, 2022)
<b>Eligibility:</b>	20 ½ years of age and 6 months of service.
<b>Participation:</b>	An eligible employee will become a participant in the plan as of the first day of the plan year coinciding with or next following the date on which eligibility requirements are met.
<b>Vesting Service:</b>	The sum of the plan years during which a participant has at least 1,000 hours of service.
<b>Benefit Service:</b>	The sum of the plan years during which the participant has at least 1,000 hours of service.
<b>Normal Retirement Date:</b>	First of the calendar month coincident with or next following attainment of age 65.
<b>Early Retirement Date:</b>	First of the calendar month coincident with or next following attainment of age 55 with at least 5 years of Vesting Service.
<b>Late Retirement Date:</b>	Past normal retirement age.
<b>Compensation:</b>	Wages, tips and other compensation on Form W-2.
<b>Average Monthly Compensation:</b>	60 consecutive months which produce the highest Average Compensation.

# Electro Savings Credit Union Cash Balance Retirement Pension Plan

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## Appendix A – Summary of Principal Plan Provisions (cont.)

**Regular Benefit Amount:** Hired before 1/1/2012:  
1.55% of average salary less than or equal to the covered compensation level, plus 1.925% of average salary in excess of such compensation level with the sum multiplied by the years of service at retirement. Maximum years of service equals 20.

Hired or rehired after 12/31/2011:  
3% Cash Balance pay credit, plus interest credits. The interest credit is the annual rate of interest on 30-year Treasury securities determined as of the second calendar month proceeding the first day of the Plan Year.

**Termination Benefit Amount:** A terminating participant who has completed two year of service is entitled to receive a vested monthly benefit starting on his normal retirement date. The amount of the benefit is equal to a percentage of the Normal Retirement Benefit based on the vesting schedules.

<b>Vesting Schedules:</b>	<b><u>Years of Service</u></b>	<b><u>Vested Interest</u></b>
	1	0%
	2	0%
	3	100%

A participant is 100% vested at time of death or reaching early retirement age.

**Disability Amount:** N/A

**Pre-Retirement Death Benefit Amount:** If a participant dies prior to the time his benefit payments commence, a qualified preretirement survivor annuity shall be provided to the participant's beneficiary equal to the actuarial equivalent of the participant's vested accrued benefit.

**Post-Retirement Death Benefit Amount:** None except as provided by the annuity form elected.

**Normal Form of Benefit:** The normal form is a monthly income payable as Life Annuity if single; actuarially reduced Joint and 50% Survivor Annuity, if married.

**Optional Forms of Payment:** Benefits which are actuarially equivalent to the normal form may be paid in any of the following alternative forms:

- Life Annuity,
- 5, 10, 15 and 20 Year Certain and Life Annuity,
- 50%, 75% and 100% Joint and Survivor Annuity,
- 66.67% Joint and First Survivor Annuity,
- Lump Sum.

**Changes Since Last Year:** None.