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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

1a Name of plan
CITY CREDIT UNION DEFINED BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1962

2a Plan sponsor's name (employer, if for a single-employer plan)
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)
CITY CREDIT UNION

8344 EAST R.L. THORNTON FWY.,
SUITE 400
DALLAS, TX 75228

2b Employer Identification Number (EIN) 75-0692281

2c Plan Sponsor's telephone number 214-515-0100

2d Business code (see instructions) 522130

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	MITCHELL CLARK
	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 [X] 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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	126
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	**6a(1)**	100
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	93
b	Retired or separated participants receiving benefits	**6b**	4
c	Other retired or separated participants entitled to future benefits	**6c**	25
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	122
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	122
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	2
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 Characteristic Codes in the instructions:

1A 3D

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	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

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
CITY CREDIT UNION DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CITY CREDIT UNION

D Employer Identification Number (EIN)
75-0692281

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	13359565
b Actuarial value	**2b**	13359565

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	4	772165	772165
b For terminated vested participants	22	458117	458117
c For active participants	100	6695587	6777439
d Total	126	7925869	8007721

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

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

5 Effective interest rate	**5**	5.42 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	715796
b Expected plan-related expenses	**6b**	30000
c Target normal cost	**6c**	745796

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

10/07/2026
Date

DAVID KENT
Type or print name of actuary

26-06587
Most recent enrollment number

MILLIMAN, INC.
Firm name

214-863-5542
Telephone number (including area code)

12790 MERIT DRIVE
SUITE 800
DALLAS, TX 75251
Address of the firm

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

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)	5626	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)	5626	0
10	Interest on line 9 using prior year's actual return of 12.83 %	722	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		2457873
	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 5.32 %		130759
	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		2588632
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	6348	0

Part III Funding Percentages

14	Funding target attainment percentage	14	166.75 %
15	Adjusted funding target attainment percentage	15	166.83 %
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	135.07 %
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? ☐ 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

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	5.07 %	5.31 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	745796
b Excess assets, if applicable, but not greater than line 31a	**31b**	745796

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**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
CITY CREDIT UNION DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CITY CREDIT UNION

D Employer Identification Number (EIN)
75-0692281

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

DAVIDSON CAPITAL MANAGEMENT, INC.

75-2301796

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISORS	33907	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MILLIMAN INC.

91-0675641

(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?
11	ACTUARY	22536	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
CITY CREDIT UNION DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CITY CREDIT UNION

D Employer Identification Number (EIN)
75-0692281

Part I Asset and Liability Statement

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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	418354	392255
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	2527996	1674515
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	6735533	7509900
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3677682	3451801
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	13359565	13028471
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	13359565	13028471

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)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	110595	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		110595
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	61284	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	142404	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		203688
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	4845357	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4315992	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		529365
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	338571	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		338571

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		247808
d Total income. Add all **income** amounts in column (b) and enter total	2d		1430027
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1704678	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1704678
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	33907	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	22536	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		56443
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1761121
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-331094
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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) [X] 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, PC **(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.)	4a		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.)	4b		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.)	4c		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.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		7000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j	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?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 576669.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
CITY CREDIT UNION DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CITY CREDIT UNION

D Employer Identification Number (EIN)
75-0692281

Part I Distributions

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

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

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

EIN(s): _____ _____

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | **3** | 7

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6	**a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	**6a**	
	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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ 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. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

CITY CREDIT UNION
DEFINED BENEFIT PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2025 AND 2024
(With Independent Auditor's Report Thereon)

DoerenMayhew
ASSURANCE

CITY CREDIT UNION
DEFINED BENEFIT 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.

DoerenMayhew
ASSURANCE

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Participants
City Credit Union Defined Benefit Plan

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

We have performed the audits of the financial statements of the City Credit Union Defined Benefit Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2025 and 2024, 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, 2024, 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, 2025 and 2024, and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

"Doeren Mayhew" is the brand name under which Doeren Mayhew Assurance, PC and Doeren Mayhew Advisors, LLC and its subsidiary entities provide professional services. Doeren Mayhew Assurance, PC and Doeren Mayhew Advisors, LLC (and its subsidiary entities) practice as an alternative practice structure in accordance with the AICPA Code of Professional Conduct and applicable law, regulations and professional standards. Doeren Mayhew Assurance, PC is a licensed independent CPA firm that provides attest services to its clients, and Doeren Mayhew Advisors, LLC and its subsidiary entities provide tax and business consulting services to their clients. Doeren Mayhew Advisors, LLC and its subsidiary entities are not licensed CPA firms.

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audits of the Financial Statements

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

In performing audits in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audits in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matters – Supplemental Schedules Required by ERISA

The supplemental schedules of assets held at end of year and schedule of reportable transactions as of and for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

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

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

In our opinion:

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

- The information in the supplemental schedules related to assets held by and certified by a qualified institution agrees to, or was 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, PC

Miami, Florida
September 29, 2026

CITY CREDIT UNION
DEFINED BENEFIT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2025 AND 2024

	2025	2024
Assets		
Investments at fair value (Notes 3 and 6)		
Common stock	$ 7,509,900	$ 6,735,533
Unit investment trusts	3,451,801	3,677,682
U.S. government obligations	1,674,515	2,527,996
Total investments at fair value	12,636,216	12,941,211
Noninterest-bearing cash (Note 3)	392,255	418,354
Total assets	13,028,471	13,359,565
Net assets available for benefits	$ 13,028,471	$ 13,359,565

The accompanying notes are an integral part of these financial statements

CITY CREDIT UNION
DEFINED BENEFIT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
Additions to Net Assets Attributed to		
Investment income		
Net appreciation in fair value of investments	$ 1,115,744	$ 1,143,806
Dividends and interest	314,283	304,187
Total investment income	1,430,027	1,447,993
Contributions:		
Employer	-	2,500,000
Total additions	1,430,027	3,947,993
Deductions from Net Assets Attributed to		
Benefits paid to participants	1,704,678	410,156
Administrative expenses	56,443	29,238
Total deductions	1,761,121	439,394
Net (decrease)/increase	(331,094)	3,508,599
Net assets available for benefits - beginning of year	13,359,565	9,850,966
Net assets available for benefits - end of year	$ 13,028,471	$ 13,359,565

The accompanying notes are an integral part of these financial statements

CITY CREDIT UNION
DEFINED BENEFIT PLAN

STATEMENT OF ACCUMULATED PLAN BENEFITS
AS OF DECEMBER 31, 2024

	2024
Actuarial present value of accumulated plan benefits	
Vested benefits	
Active participants	$ 6,519,245
Participants in receipt of benefits	712,064
Participants with deferred benefits	417,743
Total vested benefits	7,649,052
Non-vested benefits	
Active participants	43,636
Total actuarial present value of accumulated plan benefits	$ 7,692,688

The accompanying notes are an integral part of these financial statements

CITY CREDIT UNION
DEFINED BENEFIT PLAN

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
YEAR ENDED DECEMBER 31, 2024

	2024
Actuarial present value of accumulated plan benefits plan benefits at beginning of year	$ 6,751,647
Increase/(decrease) during the year attributable to	
Benefits accumulated	778,280
Increase for interest due to decrease in discount period	442,119
Benefits paid to participants	(410,156)
Actuarial loss	27,231
Change in actuarial assumptions	103,567
Net increase	941,041
Actuarial present value of accumulated plan benefits at end of year	$ 7,692,688

The accompanying notes are an integral part of these financial statements.

Note 1 – Description of the Plan

General

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

Administration

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

Eligibility

An employee is eligible to participate in the Plan on the earlier of January 1 or July 1 coinciding with or next following completion of one Year of Service (1,000 hours) and attainment of age 21.

Benefits

Normal Retirement Benefits: A participant's Normal Retirement Age is age 65. The Normal Retirement Date is the first day of the month coinciding with or next following the date the participant attains Normal Retirement Age. The normal retirement benefit is 40% of Average Compensation, reduced pro rata for Credited Service of less than 25 years at Normal Retirement Date. Prior to January 1, 2008, the benefit formula was 58% of Average Compensation, reduced pro rata for Credited Service of less than 20 years; that amount was frozen and is applied under the Plan's fresh-start wear-away provisions.

Early Retirement Benefits: A participant's Early Retirement Date is the first day of the month coinciding with or next following the date the participant has attained age 50 and completed at least 5 Years of Service for benefit accrual purposes. The Early Retirement Benefit is the participant's Vested Accrued Benefit reduced by 5/9 of 1% for each of the first 60 complete calendar months, and 5/18 of 1% for each complete calendar month in excess of 60 months, that the Early Retirement Date precedes the Normal Retirement Date. Payment of Early Retirement benefits will begin as soon as practicable following the date the participant elected to receive payment.

Late Retirement Benefits: A participant's Late Retirement Date is the actual retirement date on which commencement of retirement benefits begins after the participant remains in active employment beyond Normal Retirement Date. The Late Retirement Benefit is the greater of the participant's continued accrual or the actuarial adjustment for deferred retirement.

Death Benefits: Upon death, a participant becomes fully vested, and the death benefit is the actuarial equivalent of the participant's Vested Accrued Benefit. If payable to a surviving spouse, the spouse is entitled to the entire death benefit.

Continued

Disability Benefits: If a participant becomes Totally and Permanently Disabled, as determined under the Social Security Act, the participant becomes fully vested and is eligible for a disability benefit equal to the Early Retirement Benefit without regard to age and service requirements, subject to any applicable early commencement reduction.

Vesting

Participants become 100% vested in their Accrued Benefit after five Years of Vesting Service, upon attainment of Normal Retirement Age while employed, or upon death, total and permanent disability, or Early Retirement Date.

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 using information provided by the investment adviser and Investment Custodian. See Note 6 for discussion of fair value measurements.

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

Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions for the services the 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 Milliman and it is that amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Continued

The significant actuarial assumptions used in the January 1, 2025 valuation included (i) FASB ASC Topic 960 interest rate of 6.50% per year, compounded annually; (ii) asset return of 6.50% per year, compounded annually; (iii) compensation increases consisting of 2.00% inflation per annum plus merit increases based on service; (iv) PRI-2012 Total Dataset Mortality Tables projected forward using the IRS 2024 adjusted Scale MP-2021 on a generational basis, with sex-distinct employee rates before benefit commencement and annuitant rates after benefit commencement; (v) retirement at age 65; and (vi) termination rates based on the 2003 SOA Pension Plan Turnover Study Table.

Actuarial assumptions are based on the presumption that the Plan will continue indefinitely. If the Plan was terminated, different actuarial assumptions might be applicable in determining the actuarial present value of accumulated Plan benefits. The computations of the actuarial present value of accumulated Plan benefits were made as of January 1, 2025. Had the valuation been performed as of December 31, 2024, 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 September 29, 2026, which is the date the financial statements were available to be issued.

Note 3 – Unaudited Information Certified by the Investment Custodian

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

1. All investment and cash balances reflected in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024.

2. All investment and cash activity reflected in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2025 and 2024.

3. All investment-related information included in the Supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025, and Schedule H, Line 4j - Schedule of Reportable Transactions for the Plan year ended December 31, 2025.

Continued

Note 4 – Funding Policy and Administrative Fees

The Plan is funded by contributions made by the Credit Union. The Plan Sponsor's funding policy is to contribute amounts determined with actuarial guidance and in accordance with applicable funding requirements. The statutory minimum required contribution for 2025 and 2024 was zero. No contribution was made for 2025, and $2,500,000 was contributed for 2024.

The Plan's expenses are paid either by the Plan or the Credit Union, as provided by the Plan document. Expenses that are paid directly by the Credit Union are excluded from these financial statements. Certain expenses, if any, incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying Statements of Changes in Net Assets Available for Benefits. In addition, certain investment related expenses are included in net appreciation/(depreciation) of fair value of investments presented in the accompanying Statements of Changes in Net Assets Available for Benefits.

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

Note 5 – Plan Termination

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

a. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.

b. All other vested benefits (that is, vested benefits not insured by the PBGC).

c. All non-vested benefits.

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

Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for the accumulated benefit obligation and may also depend on the financial condition of the Credit Union and the level of benefit guaranteed by the PBGC. Under the Plan's current termination election, any residual assets remaining after satisfaction of all liabilities are allocated among participants in accordance with the Plan document and applicable law.

Continued

Note 6 – Fair Value Measurements

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

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

Level 2 – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, quoted prices for identical assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, or inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified contractual term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the 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, 2025 and 2024.

Common Stock: Valued at the closing price reported on the active market on which the individual security is traded.

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

Unit Investment Trusts: Valued at the closing quoted market price in the active market on which each security trades.

Continued

The following table sets forth by level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

	As of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Common stock	$ 7,509,900	$ -	$ -	$ 7,509,900
Unit investment trusts	3,451,801	-	-	3,451,801
U.S. government obligations	-	1,674,515	-	1,674,515
Total assets at fair value	$ 10,961,701	$ 1,674,515	$ -	$ 12,636,216

	As of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Common stock	$ 6,735,533	$ -	$ -	$ 6,735,533
Unit investment trusts	3,677,682	-	-	3,677,682
U.S. government obligations	-	2,527,996	-	2,527,996
Total assets at fair value	$ 10,413,215	$ 2,527,996	$ -	$ 12,941,211

Note 7 – Tax Status

The Internal Revenue Service (IRS) opinion letter dated February 28, 2023 relates to the form of the pre-approved defined benefit plan used by the Plan and states that the plan form is acceptable under IRC §401. The letter is not, by itself, a plan-specific determination of continued qualification. Management believes the Plan remains qualified based on proper adoption, amendments and operation in accordance with the Plan's terms.

The Plan permitted provisions of SECURE Act 2.0 during the years ended December 31, 2025 and 2024. Written amendments to the Plan document to reflect these operational changes will be adopted at a later date in accordance with the deadlines under applicable laws and IRS guidelines.

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

Note 8 – Party-in-Interest Transactions

Plan assets are held by Charles Schwab Trust Bank, the Plan's directed trustee/custodian. Davidson Capital Management, Inc. serves as the investment advisor to the Plan and Milliman performs the administration and actuarial services to the Plan. During the year ended December 31, 2025, the Plan paid direct compensation of approximately $34,000 to the investment advisor and approximately $23,000 to Milliman for services rendered. Indirect compensation (that is netted against investment income on the statement of changes in net assets available for benefits) is paid to the Investment Custodian from total annual operating expenses charged on the balance of fund investments, depending on the particular fund. Transactions involving these investments are considered party-in-interest transactions; however, these transactions are not considered prohibited transactions under 29 CFR 408(b) of the ERISA regulations.

Continued

Note 9 – Risks and Uncertainties

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

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

SUPPLEMENTAL INFORMATION

CITY CREDIT UNION
DEFINED BENEFIT PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025
- Form 5500, Schedule H, Line 4i -
EIN 75-0692281/PLAN 001

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party (b)	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value (c)	Cost (d)	Current Value (e)
	U.S. Government	U.S. Treasury Note Ticker 8785010 - Rate 4.875% - Matures 10/31/2028	$ 326,439	$ 335,505
	U.S. Government	U.S. Treasury Note Ticker 8781712 - Rate 4.5% - Matures 7/15/2026	341,446	342,745
	U.S. Government	U.S. Treasury Note Ticker 8785017 - Rate 4.375% - Matures 11/30/30	311,373	321,116
	U.S. Government	U.S. Treasury Note Ticker 8785041 - Rate 4.625% - Matures 4/30/29	332,318	334,555
	U.S. Government	U.S. Treasury Note Ticker 8785045 - Rate 4.5% - Matures 5/31/29	339,250	340,594
		Total U.S. Government Obligations	1,650,826	1,674,515
	Alphabet Inc.	Alphabet Inc. Ticker GOOGL	84,880	213,779
	GE Vernova Inc.	GE Vernova LLC Ticker GEV	104,987	204,567
	Comfort Systems USA, Inc.	Comfort Sys USA Inc Ticker FIX	88,336	196,924
	Monolithic Power Systems, Inc.	Monolithic Power Sys Inc Ticker MPWR	123,732	192,148
	Vertex Pharmaceuticals	Vertex Ticker VRTX	153,737	186,331
	NVIDIA Corp.	NVIDIA Ticker NVDA	34,951	185,008
	Vertiv Holding Company	Vertiv Ticker VRT	91,781	181,127
	Broadcom Limited	Broadcom Limited Ticker AVGO	49,916	177,895
	Microsoft Corp.	Microsoft Ticker MSFT	108,760	176,521
	Enova International, Inc.	Enova International Inc Ticker ENVA	126,238	176,064
	JPMorgan Chase & Co.	JP Morgan Chase & Co Ticker JPM	156,910	173,677
	Amazon	Amazon Com Inc. Ticker AMZN	133,026	172,884
	Eli Lilly & Company	Eli Lilly & Company Ticker LLY	119,882	171,949
	Emcor Group	Emcor Group Ticker EME	131,825	171,913
	United Rentals Inc	United Rentals Ticker URI	100,337	169,148
	The Goldman Sachs Group, Inc.	Goldman Sachs Group Inc Ticker GS	108,339	165,252
	Applied Materials	Applied Materials Ticker AMAT	117,395	163,446
	VISA Inc.	VISA Inc. Cl A Ticker V	114,996	162,729
	Fortinet Inc.	Fortinet Ticker FTNT	125,513	159,535
	Jefferies Financial Group Inc.	Jefferies Financial Ticker JEF	174,775	157,962
	Synopsis Inc.	Synopsis Ticker SNPS	181,736	157,826
	KLA Tencor Corp	KLA Tencor Ticker KLAC	65,671	156,745
	Palo Alto Networks, Inc.	Palo Alto Networks Ticker PANW	150,561	154,912
	Veeva Systems Inc.	Veeva Ticker VEEV	129,075	154,698
	Intuit	Intuit Ticker INTU	115,256	153,681

Continued

CITY CREDIT UNION
DEFINED BENEFIT PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025
- Form 5500, Schedule H, Line 4i -
EIN 75-0692281/PLAN 001

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party (b)	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value (c)	Cost (d)	Current Value (e)
	Parker Hannafin Corp.	Parker Hannafin Ticker PH	68,385	152,060
	Caterpillar Inc.	Caterpiller Inc. Ticker CAT	90,135	149,519
	Chart Industries	Chart Industries Inc Ticker GTLS	123,327	149,104
	Autodesk	Autodesk Ticker ADSK	105,989	146,821
	Apple Inc.	Apple Inc. Ticker AAPL	91,784	145,717
	Salesforce Com	Salesforce Ticker CRM	151,477	145,701
	Halozyme Therapeutics	Halozyme Therapeutics Ticker HALO	126,723	145,032
	Diamondback Energy	Diamondback Energy Ticker FANG	149,205	143,866
	Stryker Corporation	Stryker Corp Ticker SYK	146,481	143,400
	Eagle Materials Inc.	Eagle Materials Ticker EXP	129,608	138,889
	Ensign Group Inc.	Ensign Group Ticker ENSG	82,927	137,270
	Medpace Holdings Inc	Medpace Holdings Ticker MEDP	72,462	135,358
	TransDigm Group Incorporated	Transdigm Group Inc Ticker TDG	152,306	131,655
	Texas Roadhouse, Inc.	Texas Roadhouse Inc Ticker TXRH	144,442	131,638
	Home Depot Inc.	Home Depot Ticker HD	119,485	129,382
	Dynatrace, Inc.	Dynatrace Holdings L Ticker DT	156,047	128,763
	Oneok Inc. New	Oneok Ticker OKE	168,218	128,699
	Service Now Inc.	Service Now Ticker NOW	101,959	124,850
	Kinsale Capital Group	Kinsale Capital Ticker KNSL	110,060	124,767
	Copart Inc.	Copart Inc. Ticker CPRT	138,271	121,600
	Netflix Inc.	Netflix Ticker NFLX	82,345	114,387
	American Express Company	American Express CO Ticker AXP	71,897	70,660
	Hubbell Incorporated	Hubbell Inc Ticker HUBB	71,501	70,613
	Arista Networks, Inc.	Arista Networks Inc Ticker ANET	72,077	70,101
	Interactive Brokers Group, Inc.	Interactive Brokers CL A Ticker IBKR	71,947	63,731
	Amphenol Corporation	Amphenol Corp CL A Ticker APH	30,095	29,596
		Total Common Stock	5,721,768	7,509,900
	Vanguard	Vanguard Intermediate Term Cor ETF Ticker VCIT	1,836,940	1,912,264
	Vanguard	Vanguard Long Term Core Bond ETF Ticker VCLT	897,121	881,605
	Invesco	Invesco S&P Midcap Momentum ETF Ticker XMMO	340,777	395,303
	Invesco	Invesco S&P 500 Equal Weight ETF Ticker RSP	239,473	262,629
		Total Unit Investment Trusts	3,314,311	3,451,801
		Total	$ 10,686,905	$ 12,636,216

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

CITY CREDIT UNION
DEFINED BENEFIT PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2025
- Form 5500, Schedule H, Line 4j –
EIN 75-0692281/PLAN 001

Identity of party involved (a)	Description of asset (b)	Purchase Price (c)	Selling Price (d)	Lease rental (e)	Expenses incurred (f)	Cost of assets (g)	Current value on transaction date (h)	Net gain or (loss) (i)
Schwab	SCH Treasury Obligation MMF Investor Shares — SNOXX	$ 811,879	$ -	$ -	$ -	$ 811,879	$ 811,879	$ -
Schwab	SCH Treasury Obligation MMF Investor Shares — SNOXX	$ -	$ 811,879	$ -	$ -	$ 811,879	$ 811,879	$ -
Schwab	State Street SPDR Port S&P 500 — SPYM	$ -	$ 709,206	$ -	$ 21	$ 509,773	$ 709,206	$ 199,433

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

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

Summary of Principal Plan Provisions

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

Definitions

Accrued Benefit

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

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

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

Actuarial Equivalent

Actuarial Equivalent means a form of benefit differing in time, period and/or manner of payment from another form of benefit but having the same value when computed based upon the following interest and mortality assumptions:

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

Average Monthly Compensation

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

Compensation

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

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

Effective Date

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

Eligible Employee Classification

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

Entry Date

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

Fiscal Year

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

Limitation Year

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

Normal Retirement Age

A Participant's Normal Retirement Age is age 65.

Normal Retirement Date

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

One Year Break-in-Service

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

Plan Sponsor

The Plan Sponsor is City Credit Union.

Plan Year

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

Trustee

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

Vested Accrued Benefit

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

Vesting Schedule

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

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

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

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

Years of Benefit Service

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

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

Years of Vesting Service

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

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

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

Participation

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

Normal Retirement

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

Normal Retirement Benefit

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

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

Normal Benefit Form

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

Early Retirement

Early Retirement Date

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

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

Early Retirement Benefit

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

Late Retirement

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

Late Retirement Date

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

Late Retirement Benefit

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

Disability Retirement

Disability Retirement Date

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

Disability Retirement Benefit

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

Permanent Disability

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

Optional Benefit Forms

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

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

Pre-Retirement Death Benefit

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

Termination Benefit

In the event of the termination of a Participant's employment for any reason other than death, disability or retirement, the Participant will become entitled to receive a monthly pension benefit commencing on his Normal Retirement Date equal to his Vested Accrued Benefit.

CHANGES IN PRINCIPAL PLAN PROVISIONS SINCE PRIOR VALUATION

None.

Attachment to 2025 Form 5500

Schedule SB, line 26 – Schedule of Active Participant Data

Plan Name: City Credit Union Defined Benefit Plan **EIN:** 75-0692281

Plan Sponsor: City Credit Union **PN:** 001

The number of active participants, summarized by attained age and years of credited service as of January 1, 2025, is shown below.

	Years of Credited Service										
Age	**0**	**1–4**	**5–9**	**10–14**	**15–19**	**20–24**	**25–29**	**30–34**	**35–39**	**40+**	**Total**
0–24	-	4	1	-	-	-	-	-	-	-	5
25–29	-	11	6	-	-	-	-	-	-	-	17
30–34	-	7	10	4	-	-	-	-	-	-	21
35–39	-	4	5	4	2	-	-	-	-	-	15
40–44	-	3	8	2	1	2	-	-	-	-	16
45–49	-	-	3	2	1	-	1	-	-	-	7
50–54	-	1	2	1	1	3	-	-	-	-	8
55–59	-	-	1	1	-	2	-	-	-	-	4
60–64	-	-	-	2	2	1	1	-	-	-	6
65–69	-	-	-	-	-	1	-	-	-	-	1
70+	-	-	-	-	-	-	-	-	-	-	-
Total	-	30	36	16	7	9	2	-	-	-	100

Attachment to 2025 Form 5500

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

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

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

Attachment to 2025 Form 5500

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

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

Summary of Actuarial Methods

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

Actuarial Cost Method

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

Asset Valuation Method

The Actuarial Value of Assets used for determining the Plan's ERISA funding requirements is equal to the Market Value of Assets. The Market Value of Assets is equal to the Fair Value of Assets as of the valuation date plus the discounted value of employer contributions made after the valuation date. These contributions are discounted to the valuation date using the Effective Interest Rate for the prior plan year. The expected investment return for a plan year is based on the lesser of the expected rate of return on plan assets (currently 6.75% per year) or the applicable statutory interest rate for the year.

Amortization Method

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

Changes in Actuarial Methods Since Prior Valuation

None.

Summary of Actuarial Assumptions

ECONOMIC ASSUMPTIONS

Interest Rates

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

	Minimum Funding	Maximum Deductible
Segment 1 (0–5 years)	5.07%	5.07%
Segment 2 (5–20 years)	5.31%	5.33%
Segment 3 (20+ years)	5.50%	5.36%
Effective Interest Rate	5.42%	5.34%

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

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

Asset Returns

6.50% per year, compounded annually.

Compensation Increases

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

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

.

Administrative Expenses

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

DEMOGRAPHIC ASSUMPTIONS

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

Mortality

ERISA minimum funding and Maximum Deductible Contribution: IRS applicable mortality tables for 2025.

Lump Sum Conversions: Statutory static table for determining minimum present value in 2025 (IRC2025-UH).

Disability

None assumed.

Retirement

Participants assumed to retire at age 65.

Termination

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

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

Marital Characteristics

For participants not in pay status:

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

Assumed Form of Benefit at Retirement

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

CHANGES IN ACTUARIAL ASSUMPTIONS SINCE PRIOR VALUATION

Description	Current	Previous
ERISA Funding and associated Lump Sum Conversion Interest Rates	5.07% / 5.31% / 5.50%	4.75% / 4.87% / 5.59%
Maximum Deductible Contribution Interest Rates	5.07% / 5.33% / 5.36%	3.62% / 4.46% / 4.52%
Mortality for Lump Sum Conversions	IRC2025-UH	IRC2024-UH

CITY CREDIT UNION
DEFINED BENEFIT PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025
- Form 5500, Schedule H, Line 4i -
EIN 75-0692281/PLAN 001

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party (b)	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value (c)	Cost (d)	Current Value (e)
	U.S. Government	U.S. Treasury Note Ticker 8785010 - Rate 4.875% - Matures 10/31/2028	$ 326,439	$ 335,505
	U.S. Government	U.S. Treasury Note Ticker 8781712 - Rate 4.5% - Matures 7/15/2026	341,446	342,745
	U.S. Government	U.S. Treasury Note Ticker 8785017 - Rate 4.375% - Matures 11/30/30	311,373	321,116
	U.S. Government	U.S. Treasury Note Ticker 8785041 - Rate 4.625% - Matures 4/30/29	332,318	334,555
	U.S. Government	U.S. Treasury Note Ticker 8785045 - Rate 4.5% - Matures 5/31/29	339,250	340,594
		Total U.S. Government Obligations	1,650,826	1,674,515
	Alphabet Inc.	Alphabet Inc. Ticker GOOGL	84,880	213,779
	GE Vernova Inc.	GE Vernova LLC Ticker GEV	104,987	204,567
	Comfort Systems USA, Inc.	Comfort Sys USA Inc Ticker FIX	88,336	196,924
	Monolithic Power Systems, Inc.	Monolithic Power Sys Inc Ticker MPWR	123,732	192,148
	Vertex Pharmaceuticals	Vertex Ticker VRTX	153,737	186,331
	NVIDIA Corp.	NVIDIA Ticker NVDA	34,951	185,008
	Vertiv Holding Company	Vertiv Ticker VRT	91,781	181,127
	Broadcom Limited	Broadcom Limited Ticker AVGO	49,916	177,895
	Microsoft Corp.	Microsoft Ticker MSFT	108,760	176,521
	Enova International, Inc.	Enova International Inc Ticker ENVA	126,238	176,064
	JPMorgan Chase & Co.	JP Morgan Chase & Co Ticker JPM	156,910	173,677
	Amazon	Amazon Com Inc. Ticker AMZN	133,026	172,884
	Eli Lilly & Company	Eli Lilly & Company Ticker LLY	119,882	171,949
	Emcor Group	Emcor Group Ticker EME	131,825	171,913
	United Rentals Inc	United Rentals Ticker URI	100,337	169,148
	The Goldman Sachs Group, Inc.	Goldman Sachs Group Inc Ticker GS	108,339	165,252
	Applied Materials	Applied Materials Ticker AMAT	117,395	163,446
	VISA Inc.	VISA Inc. Cl A Ticker V	114,996	162,729
	Fortinet Inc.	Fortinet Ticker FTNT	125,513	159,535
	Jefferies Financial Group Inc.	Jefferies Financial Ticker JEF	174,775	157,962
	Synopsis Inc.	Synopsis Ticker SNPS	181,736	157,826
	KLA Tencor Corp	KLA Tencor Ticker KLAC	65,671	156,745
	Palo Alto Networks, Inc.	Palo Alto Networks Ticker PANW	150,561	154,912
	Veeva Systems Inc.	Veeva Ticker VEEV	129,075	154,698
	Intuit	Intuit Ticker INTU	115,256	153,681

Continued

CITY CREDIT UNION
DEFINED BENEFIT PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025
- Form 5500, Schedule H, Line 4i -
EIN 75-0692281/PLAN 001

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party (b)	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value (c)	Cost (d)	Current Value (e)
	Parker Hannafin Corp.	Parker Hannafin Ticker PH	68,385	152,060
	Caterpillar Inc.	Caterpiller Inc. Ticker CAT	90,135	149,519
	Chart Industries	Chart Industries Inc Ticker GTLS	123,327	149,104
	Autodesk	Autodesk Ticker ADSK	105,989	146,821
	Apple Inc.	Apple Inc. Ticker AAPL	91,784	145,717
	Salesforce Com	Salesforce Ticker CRM	151,477	145,701
	Halozyme Therapeutics	Halozyme Therapeutics Ticker HALO	126,723	145,032
	Diamondback Energy	Diamondback Energy Ticker FANG	149,205	143,866
	Stryker Corporation	Stryker Corp Ticker SYK	146,481	143,400
	Eagle Materials Inc.	Eagle Materials Ticker EXP	129,608	138,889
	Ensign Group Inc.	Ensign Group Ticker ENSG	82,927	137,270
	Medpace Holdings Inc	Medpace Holdings Ticker MEDP	72,462	135,358
	TransDigm Group Incorporated	Transdigm Group Inc Ticker TDG	152,306	131,655
	Texas Roadhouse, Inc.	Texas Roadhouse Inc Ticker TXRH	144,442	131,638
	Home Depot Inc.	Home Depot Ticker HD	119,485	129,382
	Dynatrace, Inc.	Dynatrace Holdings L Ticker DT	156,047	128,763
	Oneok Inc. New	Oneok Ticker OKE	168,218	128,699
	Service Now Inc.	Service Now Ticker NOW	101,959	124,850
	Kinsale Capital Group	Kinsale Capital Ticker KNSL	110,060	124,767
	Copart Inc.	Copart Inc. Ticker CPRT	138,271	121,600
	Netflix Inc.	Netflix Ticker NFLX	82,345	114,387
	American Express Company	American Express CO Ticker AXP	71,897	70,660
	Hubbell Incorporated	Hubbell Inc Ticker HUBB	71,501	70,613
	Arista Networks, Inc.	Arista Networks Inc Ticker ANET	72,077	70,101
	Interactive Brokers Group, Inc.	Interactive Brokers CL A Ticker IBKR	71,947	63,731
	Amphenol Corporation	Amphenol Corp CL A Ticker APH	30,095	29,596
		Total Common Stock	5,721,768	7,509,900
	Vanguard	Vanguard Intermediate Term Cor ETF Ticker VCIT	1,836,940	1,912,264
	Vanguard	Vanguard Long Term Core Bond ETF Ticker VCLT	897,121	881,605
	Invesco	Invesco S&P Midcap Momentum ETF Ticker XMMO	340,777	395,303
	Invesco	Invesco S&P 500 Equal Weight ETF Ticker RSP	239,473	262,629
		Total Unit Investment Trusts	3,314,311	3,451,801
		Total	$ 10,686,905	$ 12,636,216

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

CITY CREDIT UNION
DEFINED BENEFIT PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2025
- Form 5500, Schedule H, Line 4j –
EIN 75-0692281/PLAN 001

Identity of party involved (a)	Description of asset (b)	Purchase Price (c)	Selling Price (d)	Lease rental (e)	Expenses incurred (f)	Cost of assets (g)	Current value on transaction date (h)	Net gain or (loss) (i)
Schwab	SCH Treasury Obligation MMF Investor Shares — SNOXX	$ 811,879	$ -	$ -	$ -	$ 811,879	$ 811,879	$ -
Schwab	SCH Treasury Obligation MMF Investor Shares — SNOXX	$ -	$ 811,879	$ -	$ -	$ 811,879	$ 811,879	$ -
Schwab	State Street SPDR Port S&P 500 — SPYM	$ -	$ 709,206	$ -	$ 21	$ 509,773	$ 709,206	$ 199,433

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
City Credit Union Defined Benefit Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
City Credit Union

D Employer Identification Number (EIN)
75-0692281

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2025

2 Assets:

a Market value	**2a**	13,359,565
b Actuarial value	**2b**	13,359,565

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	4	772,165	772,165
b For terminated vested participants	22	458,117	458,117
c For active participants	100	6,695,587	6,777,439
d Total	126	7,925,869	8,007,721

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

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

5 Effective interest rate	**5**	5.42 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	715,796
b Expected plan-related expenses	**6b**	30,000
c Target normal cost	**6c**	745,796

Statement by Enrolled Actuary

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

SIGN HERE

David Kent
Signature of actuary

10/7/2026
Date

David Kent
Type or print name of actuary

26-06587
Most recent enrollment number

Milliman, Inc.
Firm name

(214)863-5542
Telephone number (including area code)

12790 Merit Drive
Suite 800
Dallas TX 75251
Address of the firm

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

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)	5,626	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)	5,626	0
10	Interest on line 9 using prior year's actual return of 12.83%	722	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		2,457,873
	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 5.32%		130,759
	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		2,588,632
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	6,348	0

Part III Funding Percentages

14	Funding target attainment percentage	14	166.75%
15	Adjusted funding target attainment percentage	15	166.83%
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	135.07%
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? [ ] Yes [X] 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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	745,796
b Excess assets, if applicable, but not greater than line 31a	**31b**	745,796

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**	
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