Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500-SF.**

OMB Nos. 1210-0110
1210-0089

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: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)

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

C Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] DFVC program
[ ] special extension (enter description)

D If the plan is a collectively-bargained plan, check here ▶ [ ]

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
COLLINS COMMUNITY CREDIT UNION DEFINED BENEFIT PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 022

1c Effective date of plan 01/01/1961

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)
COLLINS COMMUNITY CREDIT UNION

1150 42ND STREET NE
CEDAR RAPIDS, IA 52402-5733

2b Employer Identification Number (EIN) 42-0190489

2c Sponsor's telephone number 319-393-9000

2d Business code (see instructions) 522130

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.
a Sponsor's name
c Plan Name

4b EIN

4d PN

5a Total number of participants at the beginning of the plan year	**5a**	54
b Total number of participants at the end of the plan year	**5b**	49
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**5c(1)**	
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**5c(2)**	
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	23
d(2) Total number of active participants at the end of the plan year	**5d(2)**	18
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	0

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	BEN WICKUM
	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

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) [X] Yes [ ] No

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 591514. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	5781149	5466374
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	5781149	5466374
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)		
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	302447	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		302447
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	597222	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f	20000	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		617222
i Net income (loss) (subtract line 8h from line 8c)	8i		-314775
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristic Codes

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1I 3D

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

Part V Compliance Questions

10 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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		9000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

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

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

b **PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than $0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

- [ ] Yes.
- [ ] No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
- [ ] No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
- [ ] No. Other. Provide explanation _____

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

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

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

b Enter the minimum required contribution for this plan year	**12b**	
c Enter the amount contributed by the employer to the plan for this plan year	**12c**	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	**12d**	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		[ ] Yes [ ] No [ ] N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?		[ ] Yes [X] No
a If "Yes," enter the amount of any plan assets that reverted to the employer this year	**13a**	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		[ ] Yes [X] No

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

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

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? [ ] Yes [X] No

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

- [ ] Design-based safe harbor method
- [ ] "Prior year" ADP test
- [ ] "Current year" ADP test
- [X] N/A

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 30 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number J501660A.

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
COLLINS COMMUNITY CREDIT UNION DEFINED BENEFIT PLAN AND TRUST

B Three-digit plan number (PN) ▶ 022

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

D Employer Identification Number (EIN)
42-0190489

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

F Prior year plan size: [X] 100 or fewer [ ] 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**	5781149
b Actuarial value	**2b**	6055780

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	11	1418846	1418846
b For terminated vested participants	20	1021293	1021293
c For active participants	23	3162515	3162515
d Total	54	5602654	5602654

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**	5.25 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	20000
c Target normal cost	**6c**	20000

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 — Date: 10/12/2026

JAMES D. PINKERTON, FSA, EA
Type or print name of actuary

26-06373
Most recent enrollment number

OCTOBER THREE CONSULTING LLC
Firm name

312-878-2352
Telephone number (including area code)

233 S. WACKER DRIVE
SUITE 8350
CHICAGO, IL 60606
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of -1.13 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		12547
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 4.98 %		625
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		13172
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)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	108.08 %
15	Adjusted funding target attainment percentage	15	108.08 %
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	118.79 %
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:

a Segment rates:	1st segment: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	57

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**	20000
b Excess assets, if applicable, but not greater than line 31a	**31b**	20000

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 SB, Line 26a - Schedule of Active Participant Data

Collins Community Credit Union Defined Benefit Plan and Trust
EIN: 42-0190489
PN: 022
Plan Year: January 1, 2025 to December 31, 2025

	Completed years of credited service as of January 1, 2025										
Attained age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & over	Total
Under 25	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-	-
35 to 39	-	-	2	1	-	-	-	-	-	-	3
40 to 44	-	-	4	5	1	-	-	-	-	-	10
45 to 49	-	-	1	-	1	1	-	-	-	-	3
50 to 54	-	1	-	-	1	2	-	-	-	-	4
55 to 59	-	-	-	-	-	1	2	-	-	-	3
60 to 64	-	-	-	-	-	-	-	-	-	-	-
65 to 69	-	-	-	-	-	-	-	-	-	-	-
70 & over	-	-	-	-	-	-	-	-	-	-	-
Total	-	1	7	6	3	4	2	-	-	-	23

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

Collins Community Credit Union Defined Benefit Plan and Trust
EIN: 42-0190489
PN: 022
Plan Year: January 1, 2025 to December 31, 2025

Actuarial Assumptions and Methods

Plan Sponsor Elections

Yield curve election: The plan sponsor did not elect to use the full yield curve under IRC section 430(h)(2)(D)(ii).

Applicable month: The plan sponsor elected to base the segment rates on the rates published in the month containing the valuation date.

Economic Assumptions

	Funding Target		PBGC
	with stabilization	without stabilization	Funding Target
First segment rate (years 0 to 4):	5.00%	5.00%	4.65%
Second segment rate (years 5 to 19):	5.27%	5.27%	5.28%
Third segment rate (years 20 and after):	5.50%	5.40%	5.63%
Effective interest rate (current year):	5.25%	5.24%	N/A

Long-term rate of return on assets (2023): 7.00%

Long-term rate of return on assets (2024): 7.00%

ASC 960 discount rate (current year): 7.00%

The interest rates listed above are compounded annually.

Demographic Assumptions

RETIREMENT
The retirement decrement assumptions are based on participant Normal Retirement Date.

WITHDRAWAL
The withdrawal decrement assumptions are based off Sarason T-7.

DISABILITY
None.

RATIONALE FOR RETIREMENT AGE, WITHDRAWAL AND DISABILITY ASSUMPTIONS
The retirement assumptions reflect the expectation of receiving unreduced benefits at the plan's Normal Retirement Date. The withdrawal assumptions are our best estimate for a plan that does not have sufficient experience to develop plan-specific assumptions.

MORTALITY AND MORTALITY IMPROVEMENT
The mortality follows the 2024 Optional Combined Table for Small Plans per IRS Notice 2024-42. The mortality inlcudes projection of 8 years for males and 9 years for females with further projection based on age. For ASC 960, the Pri-2012 Total Dataset with separate tables for employees, retirees, survivors and disabled participants. To reflect mortality improvements since the table date and future improvements, mortality was projected from the date of the table to the valuation date on a generational basis using Scale MP-2021.

MARITAL STATUS
100% of employees are assumed to be married; husbands are assumed to be the same age as their wives.

DECREMENT TIMING
Decrements are assumed to occur as of the beginning of the year.

Other Assumptions

MAXIMUM EARNINGS
The maximum compensation limit under IRC section 401(a)(17) is $350,000 for 2025.

MAXIMUM BENEFIT
The maximum benefit payable under IRC section 415 is $280,000 for 2025.

EXPENSES

Assumed expenses are $20,000 for 2025. The assumed expenses are based on actual expenses paid in the prior plan year, rounded to the nearest thousand. In accordance with our understanding of the available guidance, the expense assumption reflects administrative expenses and does not include investment-related expenses or any other non-administrative expense.

Changes from Prior Year and Rationale for Changes

None.

Actuarial Methods

VALUATION DATE

The valuation date is January 1, 2025.

ACTUARIAL VALUE OF ASSETS

The actuarial value of assets is determined by recognizing asset gains and losses over a period of three years. Asset gains and losses are defined as the difference between the expected return on the market value of assets, using a return assumption not to exceed the third segment rate, and the actual return on the market value of assets. This gain or loss is recognized over a period of three years at 33% per year, beginning in the current year. The actuarial value of assets must be within 10% of the market value of assets.

MINIMUM FUNDING METHOD

The funding target and target normal cost for minimum funding calculations are determined using the traditional unit credit cost method as prescribed by Treasury regulation section 1.430(d)-1. The liability under the unit credit cost method is the value of the accrued pension benefit using service and pay earned prior to the valuation year. The sum of the present value of the accrued benefits for all participants is the ERISA funding target. The normal cost is the present value of the benefits earned during the year. The target normal cost is the sum of the normal costs for all participants and the assumec administrative expenses.

Changes in Method from Prior Year and Rationale for Changes

None.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

OMB No. 1210-0110

2025

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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
COLLINS COMMUNITY CREDIT UNION DEFINED BENEFIT PLAN AND TRUST

B Three-digit plan number (PN) ▶ 022

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

D Employer Identification Number (EIN)
42-0190489

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

F Prior year plan size: [X] 100 or fewer [ ] 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**	5,781,149
b Actuarial value	**2b**	6,055,780

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	11	1,418,846	1,418,846
b For terminated vested participants	20	1,021,293	1,021,293
c For active participants	23	3,162,515	3,162,515
d Total	54	5,602,654	5,602,654

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**	5.25 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	20,000
c Target normal cost	**6c**	20,000

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

James D. Pinkerton JDP
Signature of actuary

10/12/2026
Date

JAMES D. PINKERTON, FSA, EA
Type or print name of actuary

2606373
Most recent enrollment number

OCTOBER THREE CONSULTING LLC
Firm name

312-878-2352
Telephone number (including area code)

233 S. WACKER DRIVE
SUITE 8350
CHICAGO IL 60606
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of -1.13 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		12,547
	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 4.98 %		625
	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		13,172
	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)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	108.08 %
15	Adjusted funding target attainment percentage	15	108.08 %
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	118.79 %
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:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.00 %	5.27 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	57

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**	20,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	20,000

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 B, line 22 - Description of Weighted Average Retirement Age

Collins Community Credit Union Defined Benefit Plan and Trust
EIN: 42-0190489
PN: 022
Plan Year: January 1, 2025 to December 31, 2025

Participant NRD = Age 55

(a) Retirement Age	(b) Survival Rate	(c) Retirement Rate	(a) x (b) x (c)
55	1.00	0.8	44
56	0.20	0.05	1
57	0.19	0.05	1
58	0.18	0.05	1
59	0.17	0.05	1
60	0.16	1.00	10
61	0.00	1.00	-
62	0.00	1.00	-
63	0.00	1.00	-
64	0.00	1.00	-
65	0.00	1.00	-
AVERAGE RETIREMENT AGE			56

Participant NRD = Age 56

(a) Retirement Age	(b) Survival Rate	(c) Retirement Rate	(a) x (b) x (c)
55	1.00	0.02	1
56	0.98	0.8	44
57	0.20	0.05	1
58	0.19	0.05	1
59	0.18	0.05	1
60	0.17	1.00	10
61	0.00	1.00	-
62	0.00	1.00	-
63	0.00	1.00	-
64	0.00	1.00	-
65	0.00	1.00	-
AVERAGE RETIREMENT AGE			57

Schedule B, line 22 - Description of Weighted Average Retirement Age

Collins Community Credit Union Defined Benefit Plan and Trust
EIN: 42-0190489
PN: 022
Plan Year: January 1, 2025 to December 31, 2025

Participant NRD = Age 57

(a) Retirement Age	(b) Survival Rate	(c) Retirement Rate	(a) x (b) x (c)
55	1.00	0.02	1
56	0.98	0.02	1
57	0.96	0.8	44
58	0.19	0.05	1
59	0.18	0.05	1
60	0.17	1.00	10
61	0.00	1.00	-
62	0.00	1.00	-
63	0.00	1.00	-
64	0.00	1.00	-
65	0.00	1.00	-

AVERAGE RETIREMENT AGE 57

Participant NRD = Age 58

(a) Retirement Age	(b) Survival Rate	(c) Retirement Rate	(a) x (b) x (c)
55	1.00	0.02	1
56	0.98	0.02	1
57	0.96	0.02	1
58	0.94	0.8	44
59	0.19	0.05	1
60	0.18	1.00	11
61	0.00	1.00	-
62	0.00	1.00	-
63	0.00	1.00	-
64	0.00	1.00	-
65	0.00	1.00	-

AVERAGE RETIREMENT AGE 58

Schedule B, line 22 - Description of Weighted Average Retirement Age

Collins Community Credit Union Defined Benefit Plan and Trust
EIN: 42-0190489
PN: 022
Plan Year: January 1, 2025 to December 31, 2025

Participant NRD = Age 59

(a) Retirement Age	(b) Survival Rate	(c) Retirement Rate	(a) x (b) x (c)
55	1.00	0.02	1
56	0.98	0.02	1
57	0.96	0.02	1
58	0.94	0.02	1
59	0.92	0.8	44
60	0.18	1.00	11
61	0.00	1.00	-
62	0.00	1.00	-
63	0.00	1.00	-
64	0.00	1.00	-
65	0.00	1.00	-

AVERAGE RETIREMENT AGE 59

Participant NRD = Age 60

(a) Retirement Age	(b) Survival Rate	(c) Retirement Rate	(a) x (b) x (c)
55	1.00	0.02	1
56	0.98	0.02	1
57	0.96	0.02	1
58	0.94	0.02	1
59	0.92	0.02	1
60	0.90	1.00	54
61	0.00	1.00	-
62	0.00	1.00	-
63	0.00	1.00	-
64	0.00	1.00	-
65	0.00	1.00	-

AVERAGE RETIREMENT AGE 60

Schedule B, line 22 - Description of Weighted Average Retirement Age

Collins Community Credit Union Defined Benefit Plan and Trust
EIN: 42-0190489
PN: 022
Plan Year: January 1, 2025 to December 31, 2025

Participant NRD = Age 61

(a) Retirement Age	(b) Survival Rate	(c) Retirement Rate	(a) x (b) x (c)
55	1.00	0.02	1
56	0.98	0.02	1
57	0.96	0.02	1
58	0.94	0.02	1
59	0.92	0.02	1
60	0.90	0.02	1
61	0.89	1.00	54
62	0.00	1.00	-
63	0.00	1.00	-
64	0.00	1.00	-
65	0.00	1.00	-
AVERAGE RETIREMENT AGE			61

Participant NRD = Age 62

(a) Retirement Age	(b) Survival Rate	(c) Retirement Rate	(a) x (b) x (c)
55	1.00	0.02	1
56	0.98	0.02	1
57	0.96	0.02	1
58	0.94	0.02	1
59	0.92	0.02	1
60	0.90	0.02	1
61	0.89	0.02	1
62	0.87	1.00	54
63	0.00	1.00	-
64	0.00	1.00	-
65	0.00	1.00	-
AVERAGE RETIREMENT AGE			61

Schedule B, line 22 - Description of Weighted Average Retirement Age

Collins Community Credit Union Defined Benefit Plan and Trust
EIN: 42-0190489
PN: 022
Plan Year: January 1, 2025 to December 31, 2025

Participant NRD = Age 63

(a) Retirement Age	(b) Survival Rate	(c) Retirement Rate	(a) x (b) x (c)
55	1.00	0.02	1
56	0.98	0.02	1
57	0.96	0.02	1
58	0.94	0.02	1
59	0.92	0.02	1
60	0.90	0.02	1
61	0.89	0.02	1
62	0.87	0.20	11
63	0.69	1.00	44
64	0.00	1.00	-
65	0.00	1.00	-
AVERAGE RETIREMENT AGE			62

Participant NRD = Age 64

(a) Retirement Age	(b) Survival Rate	(c) Retirement Rate	(a) x (b) x (c)
55	1.00	0.02	1
56	0.98	0.02	1
57	0.96	0.02	1
58	0.94	0.02	1
59	0.92	0.02	1
60	0.90	0.02	1
61	0.89	0.02	1
62	0.87	0.20	11
63	0.69	0.05	2
64	0.66	1.00	42
65	0.00	1.00	-
AVERAGE RETIREMENT AGE			63

Schedule B, line 22 - Description of Weighted Average Retirement Age

Collins Community Credit Union Defined Benefit Plan and Trust
EIN: 42-0190489
PN: 022
Plan Year: January 1, 2025 to December 31, 2025

Participant NRD = Age 65

(a) Retirement Age	(b) Survival Rate	(c) Retirement Rate	(a) x (b) x (c)
55	1.00	0.02	1
56	0.98	0.02	1
57	0.96	0.02	1
58	0.94	0.02	1
59	0.92	0.02	1
60	0.90	0.02	1
61	0.89	0.02	1
62	0.87	0.20	11
63	0.69	0.05	2
64	0.66	0.05	2
65	0.63	1.00	41
		AVERAGE RETIREMENT AGE	63

Overall Average Retirement Age

(a) NRD Age	(b) Average Ret Age	(c) Participant Count	(a) x (b) x (c)
55	56	17	41
56	57	1	2
57	57	1	2
58	58	0	-
59	59	3	8
60	60	0	-
61	61	1	3
62	61	0	-
63	62	0	-
64	63	0	-
65	63	0	-
		AVERAGE RETIREMENT AGE	57

Schedule SB, Part V - Summary of Plan Provisions

Collins Community Credit Union Defined Benefit Plan and Trust
EIN: 42-0190489
PN: 022
Plan Year: January 1, 2025 to December 31, 2025

Plan Provisions

PLAN EFFECTIVE DATE	January 1, 1961. Last restatement effective January 1, 2021
FREEZE DATE	Closed to new entrants on March 31, 2009. Benefit accruals frozen as of May 31, 2017.
PARTICIPATION	First day of Plan Year coincident with or following: Completion of six months of service Attainment of age 20
Normal Retirement:	Age 65, or, if earlier: Age 55, and Projected 30th anniversary from hire
Early Retirement:	Age 55 and 10 Years of Service
Late Retirement:	Subject to continued employment
Termination Benefit:	Payable as soon as administratively feasible following separation from service
Death Benefit:	Payable to Participants with a Vested Accrued Benefit
AMOUNT OF BENEFITS	
Normal Retirement:	50% of Average Monthly Compensation with a pro rata reduction for less than 30 years Average Monthly Compensation: Average compensation over final 60 months of Year of Service: 1,000 hours
Early Retirement:	Accrued Normal Retirement Benefit determined as of Early Retirement Date, reduced 5/9 of 1% for each of the first 60 months and 5/18 of 1% for each of the next 60 months by which commencement precedes Normal Retirement Date.
Late Retirement:	Accrued Normal Retirement Benefit, increased actuarially to commencement date

Schedule SB, Part V - Summary of Plan Provisions

Collins Community Credit Union Defined Benefit Plan and Trust
EIN: 42-0190489
PN: 022
Plan Year: January 1, 2025 to December 31, 2025

Termination Benefit: Vested Accrued Benefit payable at Normal Retirement Date, reduced actuarially to commencement date

Service	Vested Percentage
0-2 years	0%
3 years	20%
4 years	40%
5 years	60%
6 years	80%
7 years	100%

Death Benefit: Payable to a beneficiary (including a non-spouse beneficiary) as a pre-retirement survivor annuity that is actuarially equivalent to the participant's Vested Accrued Benefit

FORMS OF PAYMENT

Normal Form: 10-year certain and life annuity

Optional Forms: Lump sum; single life annuity; 5-year, 15-year, and 20-year certain and life annuity; 50%, 66 2/3%, 75%, and 100% joint and survivor annuity

ACTUARIAL EQUIVALENCE

Mortality: UP-1984, set forward one year
Interest Rate: 7.50%
Accelerated forms of payment are computed using the maximum of plan equivalence and the benefit calculated using the interest rate and mortality prescribed under Code Section 417(e)(3). The interest rate is defined as the rate effective for the month of November preceding the Plan Year of commencement.

NOTE: If information given in this summary disagrees or appears to disagree with the provisions of the plan legal document, the provisions of the document prevail.