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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2017</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                                                   |
| For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u> |                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>A</b>                                                                                                 | This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> a multiemployer plan         </div> <div> <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)         </div> </div>            |
|                                                                                                          | <input checked="" type="checkbox"/> a single-employer plan <div style="margin-left: 100px;"><input type="checkbox"/> a DFE (specify) _____</div>                                                                                                                                                                                                                                  |
| <b>B</b>                                                                                                 | This return/report is: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> the first return/report<br/> <input type="checkbox"/> an amended return/report         </div> <div> <input type="checkbox"/> the final return/report<br/> <input type="checkbox"/> a short plan year return/report (less than 12 months)         </div> </div> |
| <b>C</b>                                                                                                 | If the plan is a collectively-bargained plan, check here. . . . . ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                      |
| <b>D</b>                                                                                                 | Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Form 5558<br/> <input type="checkbox"/> special extension (enter description)         </div> <div> <input type="checkbox"/> automatic extension         </div> <div> <input type="checkbox"/> the DFVC program         </div> </div>            |

|                |                                                                                                                                                                                                                                                                                                                                                                  |           |                                                           |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------|
| <b>Part II</b> | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                   |           |                                                           |
| <b>1a</b>      | Name of plan<br><u>POWER FINANCIAL CREDIT UNION 401(K) PLAN</u>                                                                                                                                                                                                                                                                                                  | <b>1b</b> | Three-digit plan number (PN) ▶ <u>002</u>                 |
|                |                                                                                                                                                                                                                                                                                                                                                                  | <b>1c</b> | Effective date of plan<br><u>05/01/1997</u>               |
| <b>2a</b>      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>POWER FINANCIAL CREDIT UNION</u><br><br><u>2020 NW 150TH AVENUE</u><br><u>PEMBROKE PINES, FL 33028</u> | <b>2b</b> | Employer Identification Number (EIN)<br><u>59-0690962</u> |
|                |                                                                                                                                                                                                                                                                                                                                                                  | <b>2c</b> | Plan Sponsor's telephone number<br><u>954-538-4412</u>    |
|                |                                                                                                                                                                                                                                                                                                                                                                  | <b>2d</b> | Business code (see instructions)<br><u>525990</u>         |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/09/2018 | CLAIRE BERGQUIST                                             |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2017)  
v. 170203

|                                                                                                                                                                                                                                                                                        |                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                               | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                | <b>5</b> 169                                                                                                                                                     |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                       |                                                                                                                                                                  |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                | <b>6a(1)</b> 128                                                                                                                                                 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                      | <b>6a(2)</b> 129                                                                                                                                                 |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                    | <b>6b</b> 2                                                                                                                                                      |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                     | <b>6c</b> 39                                                                                                                                                     |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                            | <b>6d</b> 170                                                                                                                                                    |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                             | <b>6e</b> 2                                                                                                                                                      |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ....                                                                                                                                                                                                                               | <b>6f</b> 172                                                                                                                                                    |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                        | <b>6g</b> 140                                                                                                                                                    |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                             | <b>6h</b> 1                                                                                                                                                      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                    | <b>7</b>                                                                                                                                                         |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2T 3D                                                                                                   |                                                                                                                                                                  |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                            |                                                                                                                                                                  |

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

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

**a Pension Schedules**

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ 1 **A** (Insurance Information)
- (4)** ☒ **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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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 \_\_\_\_\_

|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2017</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                               |                                                             |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017    |                                                             |
| <b>A</b> Name of plan<br>POWER FINANCIAL CREDIT UNION 401(K) PLAN                             | <b>B</b> Three-digit plan number (PN) ▶ 002                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>POWER FINANCIAL CREDIT UNION | <b>D</b> Employer Identification Number (EIN)<br>59-0690962 |

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

|                                |
|--------------------------------|
| <b>1</b> Coverage Information: |
|--------------------------------|

|                                                                           |
|---------------------------------------------------------------------------|
| <b>(a)</b> Name of insurance carrier<br>NATIONWIDE LIFE INSURANCE COMPANY |
|---------------------------------------------------------------------------|

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 31-4156830 | 66869         | 063-85175                             | 140                                                                         | 01/01/2017              | 12/31/2017 |

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

|                                                  |                                           |
|--------------------------------------------------|-------------------------------------------|
| <b>(a)</b> Total amount of commissions paid<br>0 | <b>(b)</b> Total amount of fees paid<br>0 |
|--------------------------------------------------|-------------------------------------------|

|                                                                                                              |
|--------------------------------------------------------------------------------------------------------------|
| <b>3</b> Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). |
|--------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid<br>CUSO FINANCIAL SERVICES<br>10150 MEANLEY DR<br>1ST FLOOR<br>SAN DIEGO, CA 92131 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                                                                                                         |
|---------------------------------------------------------------------------------------------------------|
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid |
|---------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**4** Current value of plan's interest under this contract in the general account at year end ..... **4** 0**5** Current value of plan's interest under this contract in separate accounts at year end ..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier ..... **6b****c** Premiums due but unpaid at the end of the year ..... **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year ..... **7b** 1825688**c** Additions: (1) Contributions deposited during the year ..... **7c(1)** 57135  
(2) Dividends and credits ..... **7c(2)**  
(3) Interest credited during the year ..... **7c(3)** 45193  
(4) Transferred from separate account ..... **7c(4)** 7728  
(5) Other (specify below) ..... **7c(5)** 21218

▶ LOAN REPAYMENT - PRINCIPAL TRANSFER FROM OUTSIDE NW - PRINCIPA

(6) Total additions ..... **7c(6)** 131274**d** Total of balance and additions (add lines **7b** and **7c(6)**). .... **7d** 1956962**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)** 52583(2) Administration charge made by carrier ..... **7e(2)** 214(3) Transferred to separate account ..... **7e(3)** 65765(4) Other (specify below) ..... **7e(4)** 6983

▶ LOAN WITHDRAWAL

(5) Total deductions ..... **7e(5)** 125545**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**). .... **7f** 1831417

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2017                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017 |                                                      |     |
| A Name of plan<br>POWER FINANCIAL CREDIT UNION 401(K) PLAN                                 | B Three-digit plan number (PN) ▶                     | 002 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>POWER FINANCIAL CREDIT UNION     | D Employer Identification Number (EIN)<br>59-0690962 |     |

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

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

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

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

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

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

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

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

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

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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)

NATIONWIDE

ONE NATIONWIDE PLAZA  
COLUMBUS, OH 43215

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 15 37 64 99                   | RECORDKEEPER                                                                                             | 23937                                                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

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

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

**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)

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2017</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>POWER FINANCIAL CREDIT UNION 401(K) PLAN</u>                                                                                                                                                                                                 | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>002</u>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>POWER FINANCIAL CREDIT UNION</u>                                                                                                                                                                     | <b>D</b> Employer Identification Number (EIN)<br><u>59-0690962</u>                                                                                                                                                                                                           |                                                                                           |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement                                                                     |                 | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                                                                                                   |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                                                                                     |                 |                       |                 |
| <b>a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Total noninterest-bearing cash .....                                                              | <b>1a</b>       |                       |                 |
| <b>b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Receivables (less allowance for doubtful accounts):                                               |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | General investments:                                                                              |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 30248                 | 12080           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | 307035                | 243316          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 7264797               | 7797332         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   | 1825688               | 1831417         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year |
|--------------------|------------------------------------------------------------------|-----------------------|-----------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                 |
| (1)                | Employer securities .....                                        | <b>1d(1)</b>          |                 |
| (2)                | Employer real property .....                                     | <b>1d(2)</b>          |                 |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                 |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 9427768 9884145 |
| <b>Liabilities</b> |                                                                  |                       |                 |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                 |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             |                 |
| <b>i</b>           | Acquisition indebtedness .....                                   | <b>1i</b>             |                 |
| <b>j</b>           | Other liabilities .....                                          | <b>1j</b>             |                 |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 0 0             |
| <b>Net Assets</b>  |                                                                  |                       |                 |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 9427768 9884145 |

**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.

|          |                                                                                                        | (a) Amount      | (b) Total |
|----------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>a</b> | <b>Contributions:</b>                                                                                  |                 |           |
| (1)      | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 216763    |
|          | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> | 430146    |
|          | <b>(C)</b> Others (including rollovers) .....                                                          | <b>2a(1)(C)</b> | 79693     |
| (2)      | Noncash contributions .....                                                                            | <b>2a(2)</b>    |           |
| (3)      | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 726602    |
| <b>b</b> | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)      | Interest:                                                                                              |                 |           |
|          | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....   | <b>2b(1)(A)</b> | 562       |
|          | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> |           |
|          | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|          | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|          | <b>(E)</b> Participant loans .....                                                                     | <b>2b(1)(E)</b> | 13373     |
|          | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> | 44159     |
|          | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 58094     |
| (2)      | Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |           |
|          | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> |           |
|          | <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                              | <b>2b(2)(C)</b> |           |
|          | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 0         |
| (3)      | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)      | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |           |
|          | <b>(B)</b> Aggregate carrying amount (see instructions) .....                                          | <b>2b(4)(B)</b> |           |
|          | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> | 0         |
| (5)      | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|          | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> |           |
|          | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | 0         |

|                                                                                                |        | (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) |            | 1118469   |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 1903165   |

**Expenses**

|                                                                                     |       |         |         |
|-------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                 |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 1440206 |         |
| (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) |         | 1440206 |
| f Corrective distributions (see instructions) .....                                 | 2f    |         | 0       |
| g Certain deemed distributions of participant loans (see instructions).....         | 2g    |         | 0       |
| h Interest expense.....                                                             | 2h    |         |         |
| i Administrative expenses: (1) Professional fees .....                              | 2i(1) |         |         |
| (2) Contract administrator fees .....                                               | 2i(2) | 6582    |         |
| (3) Investment advisory and management fees .....                                   | 2i(3) |         |         |
| (4) Other .....                                                                     | 2i(4) |         |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |         | 6582    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |         | 1446788 |

**Net Income and Reconciliation**

|                                                          |       |  |        |
|----------------------------------------------------------|-------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 456377 |
| 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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: NEARMAN, MAYNARD, VALLEZ

(2) EIN: 59-1906466

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

**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.).....

**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.) .....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               |           | Yes | No | Amount  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|---------|
| <b>c</b> 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.) .....                                          | <b>4c</b> |     | X  |         |
| <b>d</b> 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.) .....                               | <b>4d</b> |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | <b>4e</b> | X   |    | 5000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       | <b>4f</b> |     | X  |         |
| <b>g</b> 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? .....                                                    | <b>4g</b> |     | X  |         |
| <b>h</b> 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? .....                                          | <b>4h</b> |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | <b>4i</b> | X   |    |         |
| <b>j</b> 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.) ..... | <b>4j</b> |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           | <b>4k</b> |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            | <b>4l</b> |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  | <b>4m</b> |     | X  |         |
| <b>n</b> 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. ....                                      | <b>4n</b> |     |    |         |

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

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

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

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_. (See instructions.)

|                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                      | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>POWER FINANCIAL CREDIT UNION 401(K) PLAN                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 002                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>POWER FINANCIAL CREDIT UNION                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>59-0690962                                            |
| Part I                                                                                                                                                                                                                                                                                                                                               | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  | 1 0                                                                                             |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 31-1592130                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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                                                                                               |
| 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>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<br>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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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. <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? <input type="checkbox"/> Yes <input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2017 v. 170203                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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) through (c)

- a** Enter the percentage of plan assets held as:  
 Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%
- b** Provide the average duration of the combined investment-grade and high-yield debt:  
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?  
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_



# LIMITED SCOPE PENSION AUDIT REPORT

**POWER FINANCIAL  
CREDIT UNION<sub>SM</sub>**

## **401(k) PLAN**

**As of December 31, 2017 and 2016  
And for the year ended December 31, 2017**



## Confidential and Proprietary

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***INDEPENDENT AUDITOR'S***

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***REPORT***

## INDEPENDENT AUDITOR'S REPORT

**To the Plan Trustees of  
Power Financial Credit Union 401(k) Plan  
Pembroke Pines, Florida**

*Report on the Financial Statements*

We were engaged to audit the accompanying financial statements of the Power Financial Credit Union 401(k) Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2017 and 2016, the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

*Management's Responsibility for the Financial Statements*

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financials statements that are free from material misstatement, whether due to fraud or error.

*Auditor's Responsibility*

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide basis for an audit opinion.

*Basis for Disclaimer of Opinion*

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Nationwide Trust Company, FSB, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2017 and 2016, that the information provided to the plan administrator by the custodian is complete and accurate.

To the Plan Trustees of  
Power Financial Credit Union 401(k) Plan  
Pembroke Pines, Florida

*Disclaimer of Opinion*

Because of the significance of the matters described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

*Other Matter – Supplemental Schedule*

The supplemental Schedule of Assets Held is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

*Report on Form and Content in Compliance with DOL Rules and Regulations*

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Nearman, Maynard, Vallez, CPAs*

Nearman, Maynard, Vallez, CPAs  
Miami, Florida  
September 27, 2018

***FINANCIAL***

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***STATEMENTS***

|                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;"><b>POWER FINANCIAL CREDIT UNION</b><br/> <b>401(K) PLAN</b><br/> <b>STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS</b></p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                     | As of December 31,  |                     |
|---------------------------------------------------------------------|---------------------|---------------------|
|                                                                     | 2017                | 2016                |
| <b>Assets:</b>                                                      |                     |                     |
| Investments                                                         |                     |                     |
| Investments at fair value (See note 5)                              | \$ 7,797,332        | \$ 7,264,797        |
| Fully benefit-responsive investments at contract value (See note 3) | 1,831,417           | 1,825,688           |
| Interest-bearing cash                                               | 12,080              | 30,248              |
|                                                                     | <u>9,640,829</u>    | <u>9,120,733</u>    |
| Receivables                                                         |                     |                     |
| Notes receivable from participants                                  | <u>243,316</u>      | <u>307,035</u>      |
| Net assets available for benefits                                   | <u>\$ 9,884,145</u> | <u>\$ 9,427,768</u> |

Read the accompanying notes to these financial statements.

|                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;"><b>POWER FINANCIAL CREDIT UNION</b><br/> <b>401(K) PLAN</b><br/> <b>STATEMENT OF CHANGES IN NET ASSETS</b><br/> <b>AVAILABLE FOR BENEFITS</b></p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                       | <b>For the year<br/>ended<br/>December 31,<br/>2017</b> |
|-------------------------------------------------------|---------------------------------------------------------|
| <b>Additions to net assets attributed to:</b>         |                                                         |
| Investment income:                                    |                                                         |
| Net gain from investments                             | \$ 1,118,469                                            |
| Interest                                              | 44,721                                                  |
|                                                       | <u>1,163,190</u>                                        |
| Interest income on notes receivable from participants | <u>13,373</u>                                           |
| Contributions:                                        |                                                         |
| Participant                                           | 430,146                                                 |
| Employer                                              | 216,763                                                 |
| Rollover                                              | 79,693                                                  |
|                                                       | <u>726,602</u>                                          |
| Total additions                                       | 1,903,165                                               |
| <b>Deductions from net assets attributed to:</b>      |                                                         |
| Benefits paid to participants                         | 1,440,206                                               |
| Administrative expenses                               | 6,582                                                   |
| Total deductions                                      | <u>1,446,788</u>                                        |
| Net increase                                          | 456,377                                                 |
| <b>Net assets available for benefits:</b>             |                                                         |
| Beginning of year                                     | 9,427,768                                               |
| End of year                                           | <u><u>\$ 9,884,145</u></u>                              |

Read the accompanying notes to these financial statements.

|                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;"><b>POWER FINANCIAL CREDIT UNION</b><br/><b>401(K) PLAN</b><br/><b>NOTES TO THE FINANCIAL STATEMENTS</b></p> |
|--------------------------------------------------------------------------------------------------------------------------------------------|

***NOTE 1: DESCRIPTION OF PLAN***

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The following description of the Power Financial Credit Union 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering substantially all employees of Power Financial Credit Union (the "Credit Union"). Eligibility is subject to the minimum age and length of service requirements specified in the Plan. The Plan is subject to the provision of the Employee Retirement Income Security Act of 1974 ("ERISA").

Eligibility and Vesting: All employees are eligible to participate in the Plan on the first entry date provided the employee attain age 21 and has completed three months of credited service. Participants are immediately vested in their voluntary, rollover and employer safe harbor contributions plus actual earnings thereon. Vesting in the employer matching and/or profit sharing contributions is based on years of eligible service. Employees will become vested in any employer nonelective profit sharing and/or matching contributions on a 5 year graded scale; 20% vesting for each year of eligible service completed until reaching 100% after completion of five consecutive years of eligible service.

Contributions: Participants may elect to defer to the Plan a portion of their eligible earnings on a pre-tax and/or post-tax basis up to the maximum allowed under Section 402(g) of the Internal Revenue Code ("IRC"). Participants may also contribute funds from another qualified plan as rollover contributions. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. The Credit Union contributed safe harbor matching contributions to participants during the Plan year as follows: 100% of the participant's elective deferrals that do not exceed 3% of the participant's compensation and 50% of the participant's elective deferrals that exceed 3% but do not exceed 6% of the participant's compensation.

Participant Accounts: Each participant's account is credited with the participant's contribution, employer's contributions, allocations of the Plan earnings and losses, reduced by distributions and certain plan expenses. Allocations are based on participant contributions, participant earnings, or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Notes Receivable from Participant: Participants may borrow from their vested accounts, excluding Roth elective deferrals, at a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account and bear interest at a rate of 4.43% - 6.25%, which is commensurate with local prevailing rates as determined by the plan administrator. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits: Upon termination of service due to death, disability, or retirement, benefits are paid either in a lump sum or in substantially equal installments.

|                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;"><b>POWER FINANCIAL CREDIT UNION</b><br/><b>401(K) PLAN</b><br/><b>NOTES TO THE FINANCIAL STATEMENTS</b></p> |
|--------------------------------------------------------------------------------------------------------------------------------------------|

Forfeitures: A participant vests in the employer contributions in accordance with the provisions of the Plan. Forfeitures of non-vested amounts remain in the Plan and may be used to reduce expenses and future contributions of the plan sponsor. Approximately \$24,000 of forfeited amounts were used for expenses and employer contributions for the year ended December 31, 2017. There were approximately \$12,000 and \$30,000 in forfeited amounts available at December 31, 2017 and 2016, respectively.

**NOTE 2: SUMMARY OF ACCOUNTING POLICIES**

Basis of Presentation: The Plan's financial statements are on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator/Management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from these estimates.

Investment Valuation and Income Recognition: Investments are reported at fair value, except for the fully benefit responsive investment contract which is at contract 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. Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual 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.

Notes Receivable from Participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Payment of Benefits: Benefits are recorded when paid.

Recent Accounting Pronouncements: In May 2015, the Financial Accounting Standards Board (FASB) issued ASU-2015-07, Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent), which exempts investments measured using the net asset value (NAV) practical expedient in ASC 820, Fair Value Measurement, from categorization within the fair value hierarchy. The guidance requires retrospective application and is effective for public business entities for fiscal years, and interim periods within those years, beginning after December 15, 2015. For all other entities, the guidance is effective for fiscal years, and interim periods within those years, beginning after December 15, 2016.

In July 2015, the FASB issued Accounting Standards Update (ASU) No. 2015-12, Plan Accounting: Defined Benefit Plans, Defined Contribution Plans, and Health and Welfare Benefit Plans - (I) Fully Benefit-Responsive Investment Contracts, (II) Plan Investment Disclosures, and (III) Measurement Date Practical. The ASU is effective for fiscal years beginning after December 15, 2015.

Part (I) designates contract value as the only required measurement for direct investments in fully benefit-responsive investment contracts. Fully benefit-responsive investment contracts will be presented at contract value; accordingly, there is no longer an adjustment from fair value to contract value on the face of the financial statements.

|                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;"><b>POWER FINANCIAL CREDIT UNION</b><br/><b>401(K) PLAN</b><br/><b>NOTES TO THE FINANCIAL STATEMENTS</b></p> |
|--------------------------------------------------------------------------------------------------------------------------------------------|

Part (II) eliminates the requirements for plans to disclose (1) individual investments that represents 5% or more of net assets available for benefits and (2) the net appreciation or depreciation for investments by general type for both participant-directed investments and nonparticipant-directed investments. The net appreciation or depreciation in investments for the period are still required to be presented in the aggregate.

Part (III) permits plans to measure investments and investment-related accounts as of month-end date that is closest to the plan's fiscal year-end, when the fiscal period does not coincide with month-end.

Administrative Expenses: Certain expenses of maintaining the Plan are paid directly by the Credit Union and are excluded from these financial statements. Fees related to the administration of notes receivable and distributions from participants and investment related expenses are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in the net appreciation of fair value of investments.

Subsequent Events: Credit Union Management has evaluated subsequent events through September 27, 2018, the date on which the financial statements were available to be issued.

***NOTE 3: INVESTMENT CONTRACT WITH INSURANCE***

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The Plan holds an investment contract with Nationwide Trust Company, FSB. The assets were invested in funds, reported as the NW Fixed Select Option in the Plan's accounting records. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

The NW Fixed Select Option is fully benefit responsive. The NW Fixed Select Option is reported on the Net Assets Available for Benefits at contract value, which approximates fair value. Contract value is the relevant measure for fully benefit-responsive contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported by Nationwide Trust Company, FSB represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are reviewed on a periodic basis.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual agreements may be affected by future economic and regulatory developments.

Certain events limit the ability of the Plan to transact at contract value with the issuer. The Plan Administrator believes that any events that would limit the Plan's ability to transact at contract value with participants are probable of not occurring.

|                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;"><b>POWER FINANCIAL CREDIT UNION</b><br/><b>401(K) PLAN</b><br/><b>NOTES TO THE FINANCIAL STATEMENTS</b></p> |
|--------------------------------------------------------------------------------------------------------------------------------------------|

***NOTE 4: INVESTMENTS - UNAUDITED***

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NationwideTrust Company, FSB holds investment assets and executes transactions therein, and substantially all information pertaining to investments which is included in the financial statements has been certified by them. This information has not been audited by independent public accountants.

***NOTE 5: 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 under FASB ASC 820 are described as follows:

The availability of inputs relevant to the asset or liability and the relative reliability of the inputs might affect the selection of appropriate valuation techniques.

***Level 1 Inputs***

Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

***Level 2 Inputs***

Inputs to the valuation methodology include:

- (a) quoted market prices for similar assets or liabilities in active markets;
- (b) quoted market prices for identical or similar assets or liabilities in inactive markets;
- (c) inputs other than quoted market prices that are observable for the asset or liability;
- (d) 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***

Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs.

**POWER FINANCIAL CREDIT UNION**  
**401(K) PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS**

Following is a description of the valuation methodologies used for assets measured at fair value as of December 31, 2017:

Pooled Separate Accounts (PSA): Investments are stated at the corresponding unit value of the pooled separate account. The unit value is Nationwide's method for valuing accounts. After the close of the stock market, Nationwide receives a daily price from each fund house. This figure includes the net asset value and any dividends and capital gains declared. Nationwide calculates a gross investment rate which is used to compute the unit value.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and 2016:

| <b>Assets at Fair Value as of December 31, 2017</b> |                |                |                |              |
|-----------------------------------------------------|----------------|----------------|----------------|--------------|
|                                                     | <b>Level 1</b> | <b>Level 2</b> | <b>Level 3</b> | <b>Total</b> |
| Investments measured at net asset value (a)         | \$ -           | \$ -           | \$ -           | \$ 7,797,332 |
| Investments at fair value                           | \$ -           | \$ -           | \$ -           | \$ 7,797,332 |

  

| <b>Assets at Fair Value as of December 31, 2016</b> |                |                |                |              |
|-----------------------------------------------------|----------------|----------------|----------------|--------------|
|                                                     | <b>Level 1</b> | <b>Level 2</b> | <b>Level 3</b> | <b>Total</b> |
| Investments measured at net asset value (a)         | \$ -           | \$ -           | \$ -           | \$ 7,264,797 |
| Investments at fair value                           | \$ -           | \$ -           | \$ -           | \$ 7,264,797 |

(a) In accordance with Sub-topic 820-10, certain investments were measured at net asset value per share (or its equivalent) and have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

**Fair Value of Investments in Entities that Use NAV**

The following sets forth additional disclosures for the fair value measurement of investments in certain entities that calculate net asset value per share (or its equivalent) as of:

| <b>December 31, 2017</b> | <b><i>Fair Value</i></b> | <b><i>Unfunded Commitments</i></b> | <b><i>Redemption Frequency</i></b> | <b><i>Redemption Notice Period</i></b> |
|--------------------------|--------------------------|------------------------------------|------------------------------------|----------------------------------------|
| Pooled Separate Accounts | \$ 7,797,332             | \$ -                               | Daily                              | Daily                                  |

| <b>December 31, 2016</b> | <b><i>Fair Value</i></b> | <b><i>Unfunded Commitments</i></b> | <b><i>Redemption Frequency</i></b> | <b><i>Notice Period</i></b> |
|--------------------------|--------------------------|------------------------------------|------------------------------------|-----------------------------|
| Pooled Separate Accounts | \$ 7,264,797             | \$ -                               | Daily                              | Daily                       |

|                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;"><b>POWER FINANCIAL CREDIT UNION</b><br/><b>401(K) PLAN</b><br/><b>NOTES TO THE FINANCIAL STATEMENTS</b></p> |
|--------------------------------------------------------------------------------------------------------------------------------------------|

***NOTE 6: TRANSACTIONS WITH  
PARTIES-IN-INTEREST***

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Certain plan investments are managed by Nationwide Trust Company, FSB. Nationwide Trust Company, FSB is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

***NOTE 7: TAX STATUS***

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The Internal Revenue Service has determined and informed the Credit Union by a letter dated March 31, 2014, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan management believes the Plan is designed and being operated in compliance with the applicable requirements of the IRC and, therefore, believe the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require 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 Department of Labor or the 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: PLAN TERMINATION***

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Although it has not expressed any intent to do so, Power Financial Credit Union has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

***NOTE 9: RECONCILIATION TO FORM 5500***

---

The Plan holds investments in a pooled separate account, as classified in the financial statements herein. The pooled separate account did not file a Form 5500 for the direct filing entities, therefore, the underlying assets, which are deemed subaccounts of the pooled separate account, have been reported on the Form 5500, Schedule H, as mutual funds.

***NOTE 10: RISKS AND UNCERTAINTIES***

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The Plan invests in various investments which 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 values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

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***SUPPLEMENTAL***

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***SCHEDULE***

**POWER FINANCIAL CREDIT UNION**  
**401(K) PLAN**  
**SCHEDULE H LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

Plan Sponsor: Power Financial Credit Union  
 EIN number: 59-0690962  
 Plan number: 002

|     |                                                            | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity | As of December 31, 2017 |                   |
|-----|------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------|-------------------|
| (a) | (b) Identity of Issuer, Borrower, Lessor, or Similar Party | Value                                                                                                | (d) Cost                | (e) Current Value |
| *   | Nationwide Life Insurance Company                          | NW FXD SEL OPTN                                                                                      | **                      | \$ 1,831,417      |
| *   | Nationwide Life Insurance Company                          | AmFds Am Bal R6                                                                                      | **                      | 1,114,562         |
| *   | Nationwide Life Insurance Company                          | AmFds AMCAP R6                                                                                       | **                      | 557,507           |
| *   | Nationwide Life Insurance Company                          | BlkRk Gbl Alloc Inst                                                                                 | **                      | 478,727           |
| *   | Nationwide Life Insurance Company                          | DFA US LgCap Val Inst                                                                                | **                      | 468,400           |
| *   | Nationwide Life Insurance Company                          | MFS Intl Val R4                                                                                      | **                      | 462,337           |
| *   | Nationwide Life Insurance Company                          | TRowePr Hlth Scnc                                                                                    | **                      | 460,974           |
| *   | Nationwide Life Insurance Company                          | Vngrd Ttl Bnd mkt Idx Adm                                                                            | **                      | 453,945           |
| *   | Nationwide Life Insurance Company                          | Vngrd Wlsly Inc Inv                                                                                  | **                      | 389,990           |
| *   | Nationwide Life Insurance Company                          | DFA LgCap Intl                                                                                       | **                      | 315,136           |
| *   | Nationwide Life Insurance Company                          | FidAdv Strat Divd Inc Inst                                                                           | **                      | 307,109           |
| *   | Nationwide Life Insurance Company                          | Vngrd SmCap Gr Indx Inv                                                                              | **                      | 307,071           |
| *   | Nationwide Life Insurance Company                          | TRowePr Rtrmt 2025                                                                                   | **                      | 273,774           |
| *   | Nationwide Life Insurance Company                          | Vngrd 500 Index Fd AS                                                                                | **                      | 262,874           |
| *   | Nationwide Life Insurance Company                          | FnklnTmP Gbl Bd Adv                                                                                  | **                      | 241,637           |
| *   | Nationwide Life Insurance Company                          | DFA RealEst Sec                                                                                      | **                      | 235,878           |
| *   | Nationwide Life Insurance Company                          | Vngrd Sel Val Inv                                                                                    | **                      | 218,717           |
| *   | Nationwide Life Insurance Company                          | Prudntl Hi Yld Z                                                                                     | **                      | 181,175           |
| *   | Nationwide Life Insurance Company                          | DFA US Trgt Val Inst                                                                                 | **                      | 166,125           |
| *   | Nationwide Life Insurance Company                          | TRowePr Rtrmt 2030                                                                                   | **                      | 135,457           |
| *   | Nationwide Life Insurance Company                          | TRowePr Rtrmt 2045                                                                                   | **                      | 122,698           |
| *   | Nationwide Life Insurance Company                          | VAnEck Gbl Hrd Asst Inst                                                                             | **                      | 112,441           |
| *   | Nationwide Life Insurance Company                          | TRowePr Rtrmt 2020                                                                                   | **                      | 98,303            |
| *   | Nationwide Life Insurance Company                          | TRowePr Rtrmt 2035                                                                                   | **                      | 94,229            |
| *   | Nationwide Life Insurance Company                          | Pionr Sel MdCap Gr Y                                                                                 | **                      | 91,460            |
| *   | Nationwide Life Insurance Company                          | TRowePr Rtrmt 2040                                                                                   | **                      | 53,828            |
| *   | Nationwide Life Insurance Company                          | Wr Ivy Scnc Tech I                                                                                   | **                      | 20,558            |
| *   | Nationwide Life Insurance Company                          | WR Ivy Enrgy I                                                                                       | **                      | 14,627            |
| *   | Nationwide Life Insurance Company                          | Permanent Portfolio                                                                                  | **                      | 12,967            |
| *   | Nationwide Life Insurance Company                          | Fed Gov Obligtns Pmr                                                                                 | **                      | 12,080            |
| *   | Nationwide Life Insurance Company                          | TRowePr Jpn                                                                                          | **                      | 9,182             |
| *   | Nationwide Life Insurance Company                          | Gabelli Gold Inst                                                                                    | **                      | 8,717             |
| *   | Nationwide Life Insurance Company                          | NW WCM Focs SmCap R6                                                                                 | **                      | 8,649             |
| *   | Nationwide Life Insurance Company                          | WF Spec SmCap Val Inst                                                                               | **                      | 8,456             |
| *   | Nationwide Life Insurance Company                          | Invsc Gold Prec Mtls Y                                                                               | **                      | 8,453             |
| *   | Nationwide Life Insurance Company                          | Baron RealEst Inst                                                                                   | **                      | 8,226             |
| *   | Nationwide Life Insurance Company                          | AmCent ZerCpn Bd 2025 Inv                                                                            | **                      | 7,128             |
| *   | Nationwide Life Insurance Company                          | JnHnck Grtr China Oppr I                                                                             | **                      | 6,424             |
| *   | Nationwide Life Insurance Company                          | Vngrd Pacfc Stk Indx Adml                                                                            | **                      | 6,259             |
| *   | Nationwide Life Insurance Company                          | Emerald Bk Fin Inst                                                                                  | **                      | 6,244             |
| *   | Nationwide Life Insurance Company                          | WF Util Telcom Inst                                                                                  | **                      | 6,123             |
| *   | Nationwide Life Insurance Company                          | BlkRk Hlth Scnc Oppr Inst                                                                            | **                      | 6,012             |

**POWER FINANCIAL CREDIT UNION**  
**401(K) PLAN**  
**SCHEDULE H LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

Plan Sponsor: Power Financial Credit Union  
 EIN number: 59-0690962  
 Plan number: 002

|     |                                                            | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | As of December 31, 2017 | (e) Current Value |
|-----|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------|-------------------|
| (a) | (b) Identity of Issuer, Borrower, Lessor, or Similar Party |                                                                                                            | (d) Cost                |                   |
|     | Continued from previous page                               |                                                                                                            |                         |                   |
| *   | Nationwide Life Insurance Company                          | TRowePr Rtrmt 2055                                                                                         | **                      | 5,922             |
| *   | Nationwide Life Insurance Company                          | Fnkln Ris Divd Adv                                                                                         | **                      | 5,862             |
| *   | Nationwide Life Insurance Company                          | ALPS Clough China 1                                                                                        | **                      | 5,693             |
| *   | Nationwide Life Insurance Company                          | Prncpl Prfrd Sec Inst                                                                                      | **                      | 5,182             |
| *   | Nationwide Life Insurance Company                          | TRowePr Ltn Am                                                                                             | **                      | 4,163             |
| *   | Nationwide Life Insurance Company                          | EV Muni Oppr I                                                                                             | **                      | 3,472             |
| *   | Nationwide Life Insurance Company                          | PNC Intl Eq I                                                                                              | **                      | 3,383             |
| *   | Nationwide Life Insurance Company                          | Op Intl SmMd Co Y                                                                                          | **                      | 3,234             |
| *   | Nationwide Life Insurance Company                          | FnklnMSF Mut Euro Z                                                                                        | **                      | 3,176             |
| *   | Nationwide Life Insurance Company                          | AmFds New Wld R6                                                                                           | **                      | 3,116             |
| *   | Nationwide Life Insurance Company                          | PIMCO StkPLSInt DlrHdg Inst                                                                                | **                      | 2,818             |
| *   | Nationwide Life Insurance Company                          | Fed Intl Ldrs Inst                                                                                         | **                      | 2,685             |
| *   | Nationwide Life Insurance Company                          | TRowePr Cap Oppr                                                                                           | **                      | 1,114             |
| *   | Nationwide Life Insurance Company                          | TRowePr Rtrmt 2060                                                                                         | **                      | 653               |
| *   | Nationwide Life Insurance Company                          | Ptnm Eq Inc Y                                                                                              | **                      | 526               |
| *   | Nationwide Life Insurance Company                          | Fnkln Util Ser Adv                                                                                         | **                      | 507               |
| *   | Nationwide Life Insurance Company                          | Hrdnglvner Intl Eq Inst                                                                                    | **                      | 488               |
| *   | Nationwide Life Insurance Company                          | Fnkln Inc Adv                                                                                              | **                      | 467               |
| *   | Nationwide Life Insurance Company                          | JPM Emrg Mkt Eq R6                                                                                         | **                      | 421               |
| *   | Nationwide Life Insurance Company                          | GdmnScs Emrg Mkt Db Inst                                                                                   | **                      | 399               |
| *   | Nationwide Life Insurance Company                          | TRowePr Rtrmt 2015                                                                                         | **                      | 262               |
| *   | Nationwide Life Insurance Company                          | TRowePr Rtrmt 2005                                                                                         | **                      | 251               |
| *   | Nationwide Life Insurance Company                          | TRowePr Rtrmt 2010                                                                                         | **                      | 251               |
| *   | Nationwide Life Insurance Company                          | AllnzGI Tech Inst                                                                                          | **                      | 247               |
| *   | Nationwide Life Insurance Company                          | Pax EllevGlbWomenIndx Inst                                                                                 | **                      | 170               |
| *   | Nationwide Life Insurance Company                          | Col Floting Rt Inst2                                                                                       | **                      | 168               |
| *   | Nationwide Life Insurance Company                          | TRowePr Rtrmt 2050                                                                                         | **                      | 168               |
| *   | Nationwide Life Insurance Company                          | TRowePr Rtrmt Bal                                                                                          | **                      | 155               |
| *   | Participant Loans                                          | Interest rates range from 4.43% - 6.25%                                                                    | -                       | 243,316           |
|     | Total                                                      |                                                                                                            |                         | \$ 9,884,145      |
|     | * Denotes related party                                    |                                                                                                            |                         |                   |
|     | ** Cost omitted for participant-directed investments       |                                                                                                            |                         |                   |



# LIMITED SCOPE PENSION AUDIT REPORT

**POWER FINANCIAL  
CREDIT UNION**

## **401(k) PLAN**

**As of December 31, 2017 and 2016  
And for the year ended December 31, 2017**



## Confidential and Proprietary

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***INDEPENDENT AUDITOR'S***

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***REPORT***

## INDEPENDENT AUDITOR'S REPORT

**To the Plan Trustees of  
Power Financial Credit Union 401(k) Plan  
Pembroke Pines, Florida**

*Report on the Financial Statements*

We were engaged to audit the accompanying financial statements of the Power Financial Credit Union 401(k) Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2017 and 2016, the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

*Management's Responsibility for the Financial Statements*

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financials statements that are free from material misstatement, whether due to fraud or error.

*Auditor's Responsibility*

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide basis for an audit opinion.

*Basis for Disclaimer of Opinion*

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Nationwide Trust Company, FSB, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2017 and 2016, that the information provided to the plan administrator by the custodian is complete and accurate.

To the Plan Trustees of  
Power Financial Credit Union 401(k) Plan  
Pembroke Pines, Florida

*Disclaimer of Opinion*

Because of the significance of the matters described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

*Other Matter – Supplemental Schedule*

The supplemental Schedule of Assets Held is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

*Report on Form and Content in Compliance with DOL Rules and Regulations*

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Nearman, Maynard, Vallez, CPAs*

Nearman, Maynard, Vallez, CPAs  
Miami, Florida  
September 27, 2018

***FINANCIAL***

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***STATEMENTS***

|                                                                                                                                                            |
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| <p style="text-align: center;"><b>POWER FINANCIAL CREDIT UNION</b><br/> <b>401(K) PLAN</b><br/> <b>STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS</b></p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                     | As of December 31,  |                     |
|---------------------------------------------------------------------|---------------------|---------------------|
| Assets:                                                             | 2017                | 2016                |
| Investments                                                         |                     |                     |
| Investments at fair value (See note 5)                              | \$ 7,797,332        | \$ 7,264,797        |
| Fully benefit-responsive investments at contract value (See note 3) | 1,831,417           | 1,825,688           |
| Interest-bearing cash                                               | 12,080              | 30,248              |
|                                                                     | <u>9,640,829</u>    | <u>9,120,733</u>    |
| Receivables                                                         |                     |                     |
| Notes receivable from participants                                  | <u>243,316</u>      | <u>307,035</u>      |
| Net assets available for benefits                                   | <u>\$ 9,884,145</u> | <u>\$ 9,427,768</u> |

Read the accompanying notes to these financial statements.

|                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;"><b>POWER FINANCIAL CREDIT UNION</b><br/> <b>401(K) PLAN</b><br/> <b>STATEMENT OF CHANGES IN NET ASSETS</b><br/> <b>AVAILABLE FOR BENEFITS</b></p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                       | For the year<br>ended<br>December 31,<br>2017 |
|-------------------------------------------------------|-----------------------------------------------|
| <b>Additions to net assets attributed to:</b>         |                                               |
| Investment income:                                    |                                               |
| Net gain from investments                             | \$ 1,118,469                                  |
| Interest                                              | 44,721                                        |
|                                                       | <u>1,163,190</u>                              |
| Interest income on notes receivable from participants | <u>13,373</u>                                 |
| Contributions:                                        |                                               |
| Participant                                           | 430,146                                       |
| Employer                                              | 216,763                                       |
| Rollover                                              | 79,693                                        |
|                                                       | <u>726,602</u>                                |
| Total additions                                       | 1,903,165                                     |
| <b>Deductions from net assets attributed to:</b>      |                                               |
| Benefits paid to participants                         | 1,440,206                                     |
| Administrative expenses                               | 6,582                                         |
| Total deductions                                      | <u>1,446,788</u>                              |
| Net increase                                          | 456,377                                       |
| <b>Net assets available for benefits:</b>             |                                               |
| Beginning of year                                     | 9,427,768                                     |
| End of year                                           | <u>\$ 9,884,145</u>                           |

Read the accompanying notes to these financial statements.

|                                                                                                                                            |
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| <p style="text-align: center;"><b>POWER FINANCIAL CREDIT UNION</b><br/><b>401(K) PLAN</b><br/><b>NOTES TO THE FINANCIAL STATEMENTS</b></p> |
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***NOTE 1: DESCRIPTION OF PLAN***

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The following description of the Power Financial Credit Union 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering substantially all employees of Power Financial Credit Union (the "Credit Union"). Eligibility is subject to the minimum age and length of service requirements specified in the Plan. The Plan is subject to the provision of the Employee Retirement Income Security Act of 1974 ("ERISA").

Eligibility and Vesting: All employees are eligible to participate in the Plan on the first entry date provided the employee attain age 21 and has completed three months of credited service. Participants are immediately vested in their voluntary, rollover and employer safe harbor contributions plus actual earnings thereon. Vesting in the employer matching and/or profit sharing contributions is based on years of eligible service. Employees will become vested in any employer nonelective profit sharing and/or matching contributions on a 5 year graded scale; 20% vesting for each year of eligible service completed until reaching 100% after completion of five consecutive years of eligible service.

Contributions: Participants may elect to defer to the Plan a portion of their eligible earnings on a pre-tax and/or post-tax basis up to the maximum allowed under Section 402(g) of the Internal Revenue Code ("IRC"). Participants may also contribute funds from another qualified plan as rollover contributions. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. The Credit Union contributed safe harbor matching contributions to participants during the Plan year as follows: 100% of the participant's elective deferrals that do not exceed 3% of the participant's compensation and 50% of the participant's elective deferrals that exceed 3% but do not exceed 6% of the participant's compensation.

Participant Accounts: Each participant's account is credited with the participant's contribution, employer's contributions, allocations of the Plan earnings and losses, reduced by distributions and certain plan expenses. Allocations are based on participant contributions, participant earnings, or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Notes Receivable from Participant: Participants may borrow from their vested accounts, excluding Roth elective deferrals, at a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account and bear interest at a rate of 4.43% - 6.25%, which is commensurate with local prevailing rates as determined by the plan administrator. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits: Upon termination of service due to death, disability, or retirement, benefits are paid either in a lump sum or in substantially equal installments.

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| <p style="text-align: center;"><b>POWER FINANCIAL CREDIT UNION</b><br/><b>401(K) PLAN</b><br/><b>NOTES TO THE FINANCIAL STATEMENTS</b></p> |
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Forfeitures: A participant vests in the employer contributions in accordance with the provisions of the Plan. Forfeitures of non-vested amounts remain in the Plan and may be used to reduce expenses and future contributions of the plan sponsor. Approximately \$24,000 of forfeited amounts were used for expenses and employer contributions for the year ended December 31, 2017. There were approximately \$12,000 and \$30,000 in forfeited amounts available at December 31, 2017 and 2016, respectively.

**NOTE 2: SUMMARY OF ACCOUNTING POLICIES**

Basis of Presentation: The Plan's financial statements are on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator/Management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from these estimates.

Investment Valuation and Income Recognition: Investments are reported at fair value, except for the fully benefit responsive investment contract which is at contract 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. Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual 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.

Notes Receivable from Participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Payment of Benefits: Benefits are recorded when paid.

Recent Accounting Pronouncements: In May 2015, the Financial Accounting Standards Board (FASB) issued ASU-2015-07, Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent), which exempts investments measured using the net asset value (NAV) practical expedient in ASC 820, Fair Value Measurement, from categorization within the fair value hierarchy. The guidance requires retrospective application and is effective for public business entities for fiscal years, and interim periods within those years, beginning after December 15, 2015. For all other entities, the guidance is effective for fiscal years, and interim periods within those years, beginning after December 15, 2016.

In July 2015, the FASB issued Accounting Standards Update (ASU) No. 2015-12, Plan Accounting: Defined Benefit Plans, Defined Contribution Plans, and Health and Welfare Benefit Plans - (I) Fully Benefit-Responsive Investment Contracts, (II) Plan Investment Disclosures, and (III) Measurement Date Practical. The ASU is effective for fiscal years beginning after December 15, 2015.

Part (I) designates contract value as the only required measurement for direct investments in fully benefit-responsive investment contracts. Fully benefit-responsive investment contracts will be presented at contract value; accordingly, there is no longer an adjustment from fair value to contract value on the face of the financial statements.

|                                                                                                                                            |
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| <p style="text-align: center;"><b>POWER FINANCIAL CREDIT UNION</b><br/><b>401(K) PLAN</b><br/><b>NOTES TO THE FINANCIAL STATEMENTS</b></p> |
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Part (II) eliminates the requirements for plans to disclose (1) individual investments that represents 5% or more of net assets available for benefits and (2) the net appreciation or depreciation for investments by general type for both participant-directed investments and nonparticipant-directed investments. The net appreciation or depreciation in investments for the period are still required to be presented in the aggregate.

Part (III) permits plans to measure investments and investment-related accounts as of month-end date that is closest to the plan's fiscal year-end, when the fiscal period does not coincide with month-end.

Administrative Expenses: Certain expenses of maintaining the Plan are paid directly by the Credit Union and are excluded from these financial statements. Fees related to the administration of notes receivable and distributions from participants and investment related expenses are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in the net appreciation of fair value of investments.

Subsequent Events: Credit Union Management has evaluated subsequent events through September 27, 2018, the date on which the financial statements were available to be issued.

***NOTE 3: INVESTMENT CONTRACT WITH INSURANCE***

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The Plan holds an investment contract with Nationwide Trust Company, FSB. The assets were invested in funds, reported as the NW Fixed Select Option in the Plan's accounting records. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

The NW Fixed Select Option is fully benefit responsive. The NW Fixed Select Option is reported on the Net Assets Available for Benefits at contract value, which approximates fair value. Contract value is the relevant measure for fully benefit-responsive contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported by Nationwide Trust Company, FSB represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are reviewed on a periodic basis.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual agreements may be affected by future economic and regulatory developments.

Certain events limit the ability of the Plan to transact at contract value with the issuer. The Plan Administrator believes that any events that would limit the Plan's ability to transact at contract value with participants are probable of not occurring.

|                                                                                                                                            |
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| <p style="text-align: center;"><b>POWER FINANCIAL CREDIT UNION</b><br/><b>401(K) PLAN</b><br/><b>NOTES TO THE FINANCIAL STATEMENTS</b></p> |
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***NOTE 4: INVESTMENTS - UNAUDITED***

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NationwideTrust Company, FSB holds investment assets and executes transactions therein, and substantially all information pertaining to investments which is included in the financial statements has been certified by them. This information has not been audited by independent public accountants.

***NOTE 5: FAIR VALUE MEASUREMENTS***

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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 under FASB ASC 820 are described as follows:

The availability of inputs relevant to the asset or liability and the relative reliability of the inputs might affect the selection of appropriate valuation techniques.

***Level 1 Inputs***

Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

***Level 2 Inputs***

Inputs to the valuation methodology include:

- (a) quoted market prices for similar assets or liabilities in active markets;
- (b) quoted market prices for identical or similar assets or liabilities in inactive markets;
- (c) inputs other than quoted market prices that are observable for the asset or liability;
- (d) 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***

Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs.

**POWER FINANCIAL CREDIT UNION**  
**401(K) PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS**

Following is a description of the valuation methodologies used for assets measured at fair value as of December 31, 2017:

Pooled Separate Accounts (PSA): Investments are stated at the corresponding unit value of the pooled separate account. The unit value is Nationwide's method for valuing accounts. After the close of the stock market, Nationwide receives a daily price from each fund house. This figure includes the net asset value and any dividends and capital gains declared. Nationwide calculates a gross investment rate which is used to compute the unit value.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and 2016:

| <b>Assets at Fair Value as of December 31, 2017</b> |                |                |                |              |
|-----------------------------------------------------|----------------|----------------|----------------|--------------|
|                                                     | <b>Level 1</b> | <b>Level 2</b> | <b>Level 3</b> | <b>Total</b> |
| Investments measured at net asset value (a)         | \$ -           | \$ -           | \$ -           | \$ 7,797,332 |
| Investments at fair value                           | \$ -           | \$ -           | \$ -           | \$ 7,797,332 |

  

| <b>Assets at Fair Value as of December 31, 2016</b> |                |                |                |              |
|-----------------------------------------------------|----------------|----------------|----------------|--------------|
|                                                     | <b>Level 1</b> | <b>Level 2</b> | <b>Level 3</b> | <b>Total</b> |
| Investments measured at net asset value (a)         | \$ -           | \$ -           | \$ -           | \$ 7,264,797 |
| Investments at fair value                           | \$ -           | \$ -           | \$ -           | \$ 7,264,797 |

(a) In accordance with Sub-topic 820-10, certain investments were measured at net asset value per share (or its equivalent) and have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

**Fair Value of Investments in Entities that Use NAV**

The following sets forth additional disclosures for the fair value measurement of investments in certain entities that calculate net asset value per share (or its equivalent) as of:

| <b>December 31, 2017</b> | <b><i>Fair Value</i></b> | <b><i>Unfunded Commitments</i></b> | <b><i>Redemption Frequency</i></b> | <b><i>Redemption Notice Period</i></b> |
|--------------------------|--------------------------|------------------------------------|------------------------------------|----------------------------------------|
| Pooled Separate Accounts | \$ 7,797,332             | \$ -                               | Daily                              | Daily                                  |

| <b>December 31, 2016</b> | <b><i>Fair Value</i></b> | <b><i>Unfunded Commitments</i></b> | <b><i>Redemption Frequency</i></b> | <b><i>Notice Period</i></b> |
|--------------------------|--------------------------|------------------------------------|------------------------------------|-----------------------------|
| Pooled Separate Accounts | \$ 7,264,797             | \$ -                               | Daily                              | Daily                       |

|                                                                                                                                            |
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| <p style="text-align: center;"><b>POWER FINANCIAL CREDIT UNION</b><br/><b>401(K) PLAN</b><br/><b>NOTES TO THE FINANCIAL STATEMENTS</b></p> |
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***NOTE 6: TRANSACTIONS WITH  
PARTIES-IN-INTEREST***

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Certain plan investments are managed by Nationwide Trust Company, FSB. Nationwide Trust Company, FSB is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

***NOTE 7: TAX STATUS***

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The Internal Revenue Service has determined and informed the Credit Union by a letter dated March 31, 2014, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan management believes the Plan is designed and being operated in compliance with the applicable requirements of the IRC and, therefore, believe the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require 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 Department of Labor or the 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: PLAN TERMINATION***

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Although it has not expressed any intent to do so, Power Financial Credit Union has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

***NOTE 9: RECONCILIATION TO FORM 5500***

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The Plan holds investments in a pooled separate account, as classified in the financial statements herein. The pooled separate account did not file a Form 5500 for the direct filing entities, therefore, the underlying assets, which are deemed subaccounts of the pooled separate account, have been reported on the Form 5500, Schedule H, as mutual funds.

***NOTE 10: RISKS AND UNCERTAINTIES***

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The Plan invests in various investments which 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 values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

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***SUPPLEMENTAL***

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***SCHEDULE***

**POWER FINANCIAL CREDIT UNION**  
**401(K) PLAN**  
**SCHEDULE H LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

Plan Sponsor: Power Financial Credit Union  
 EIN number: 59-0690962  
 Plan number: 002

|     |                                                            | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value |          | As of December 31, 2017 |           |
|-----|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------|-------------------------|-----------|
| (a) | (b) Identity of Issuer, Borrower, Lessor, or Similar Party |                                                                                                            | (d) Cost | (e) Current Value       |           |
| *   | Nationwide Life Insurance Company                          | NW FXD SEL OPTN                                                                                            | **       | \$                      | 1,831,417 |
| *   | Nationwide Life Insurance Company                          | AmFds Am Bal R6                                                                                            | **       |                         | 1,114,562 |
| *   | Nationwide Life Insurance Company                          | AmFds AMCAP R6                                                                                             | **       |                         | 557,507   |
| *   | Nationwide Life Insurance Company                          | BlkRk Gbl Alloc Inst                                                                                       | **       |                         | 478,727   |
| *   | Nationwide Life Insurance Company                          | DFA US LgCap Val Inst                                                                                      | **       |                         | 468,400   |
| *   | Nationwide Life Insurance Company                          | MFS Intl Val R4                                                                                            | **       |                         | 462,337   |
| *   | Nationwide Life Insurance Company                          | TRowePr Hlth Scnc                                                                                          | **       |                         | 460,974   |
| *   | Nationwide Life Insurance Company                          | Vngrd Ttl Bnd mkt Idx Adm                                                                                  | **       |                         | 453,945   |
| *   | Nationwide Life Insurance Company                          | Vngrd Wlsly Inc Inv                                                                                        | **       |                         | 389,990   |
| *   | Nationwide Life Insurance Company                          | DFA LgCap Intl                                                                                             | **       |                         | 315,136   |
| *   | Nationwide Life Insurance Company                          | FidAdv Strat Divd Inc Inst                                                                                 | **       |                         | 307,109   |
| *   | Nationwide Life Insurance Company                          | Vngrd SmCap Gr Indx Inv                                                                                    | **       |                         | 307,071   |
| *   | Nationwide Life Insurance Company                          | TRowePr Rtrmt 2025                                                                                         | **       |                         | 273,774   |
| *   | Nationwide Life Insurance Company                          | Vngrd 500 Index Fd AS                                                                                      | **       |                         | 262,874   |
| *   | Nationwide Life Insurance Company                          | FnklnTnp Gbl Bd Adv                                                                                        | **       |                         | 241,637   |
| *   | Nationwide Life Insurance Company                          | DFA RealEst Sec                                                                                            | **       |                         | 235,878   |
| *   | Nationwide Life Insurance Company                          | Vngrd Sel Val Inv                                                                                          | **       |                         | 218,717   |
| *   | Nationwide Life Insurance Company                          | Prudntl Hi Yld Z                                                                                           | **       |                         | 181,175   |
| *   | Nationwide Life Insurance Company                          | DFA US Trgt Val Inst                                                                                       | **       |                         | 166,125   |
| *   | Nationwide Life Insurance Company                          | TRowePr Rtrmt 2030                                                                                         | **       |                         | 135,457   |
| *   | Nationwide Life Insurance Company                          | TRowePr Rtrmt 2045                                                                                         | **       |                         | 122,698   |
| *   | Nationwide Life Insurance Company                          | VAnEck Gbl Hrd Asst Inst                                                                                   | **       |                         | 112,441   |
| *   | Nationwide Life Insurance Company                          | TRowePr Rtrmt 2020                                                                                         | **       |                         | 98,303    |
| *   | Nationwide Life Insurance Company                          | TRowePr Rtrmt 2035                                                                                         | **       |                         | 94,229    |
| *   | Nationwide Life Insurance Company                          | Pionr Sel MdCap Gr Y                                                                                       | **       |                         | 91,460    |
| *   | Nationwide Life Insurance Company                          | TRowePr Rtrmt 2040                                                                                         | **       |                         | 53,828    |
| *   | Nationwide Life Insurance Company                          | Wr Ivy Scnc Tech I                                                                                         | **       |                         | 20,558    |
| *   | Nationwide Life Insurance Company                          | WR Ivy Enrgy I                                                                                             | **       |                         | 14,627    |
| *   | Nationwide Life Insurance Company                          | Permanent Portfolio                                                                                        | **       |                         | 12,967    |
| *   | Nationwide Life Insurance Company                          | Fed Gov Obligtns Pmr                                                                                       | **       |                         | 12,080    |
| *   | Nationwide Life Insurance Company                          | TRowePr Jpn                                                                                                | **       |                         | 9,182     |
| *   | Nationwide Life Insurance Company                          | Gabelli Gold Inst                                                                                          | **       |                         | 8,717     |
| *   | Nationwide Life Insurance Company                          | NW WCM Focs SmCap R6                                                                                       | **       |                         | 8,649     |
| *   | Nationwide Life Insurance Company                          | WF Spec SmCap Val Inst                                                                                     | **       |                         | 8,456     |
| *   | Nationwide Life Insurance Company                          | Invsco Gold Prec Mtls Y                                                                                    | **       |                         | 8,453     |
| *   | Nationwide Life Insurance Company                          | Baron RealEst Inst                                                                                         | **       |                         | 8,226     |
| *   | Nationwide Life Insurance Company                          | AmCent ZerCpn Bd 2025 Inv                                                                                  | **       |                         | 7,128     |
| *   | Nationwide Life Insurance Company                          | JnHnck Grtr China Oppr I                                                                                   | **       |                         | 6,424     |
| *   | Nationwide Life Insurance Company                          | Vngrd Pacfc Stk Indx Adml                                                                                  | **       |                         | 6,259     |
| *   | Nationwide Life Insurance Company                          | Emerald Bk Fin Inst                                                                                        | **       |                         | 6,244     |
| *   | Nationwide Life Insurance Company                          | WF Util Telcom Inst                                                                                        | **       |                         | 6,123     |
| *   | Nationwide Life Insurance Company                          | BlkRk Hlth Scnc Oppr Inst                                                                                  | **       |                         | 6,012     |

**POWER FINANCIAL CREDIT UNION**  
**401(K) PLAN**  
**SCHEDULE H LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

Plan Sponsor: Power Financial Credit Union  
 EIN number: 59-0690962  
 Plan number: 002

|     |                                                            | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | As of December 31, 2017 | (e) Current Value |
|-----|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------|-------------------|
| (a) | (b) Identity of Issuer, Borrower, Lessor, or Similar Party |                                                                                                            | (d) Cost                |                   |
|     | Continued from previous page                               |                                                                                                            |                         |                   |
| *   | Nationwide Life Insurance Company                          | TRowePr Rtrmt 2055                                                                                         | **                      | 5,922             |
| *   | Nationwide Life Insurance Company                          | Fnkln Ris Divd Adv                                                                                         | **                      | 5,862             |
| *   | Nationwide Life Insurance Company                          | ALPS Clough China 1                                                                                        | **                      | 5,693             |
| *   | Nationwide Life Insurance Company                          | Prncpl Prfrd Sec Inst                                                                                      | **                      | 5,182             |
| *   | Nationwide Life Insurance Company                          | TRowePr Ltn Am                                                                                             | **                      | 4,163             |
| *   | Nationwide Life Insurance Company                          | EV Muni Oppr I                                                                                             | **                      | 3,472             |
| *   | Nationwide Life Insurance Company                          | PNC Intl Eq I                                                                                              | **                      | 3,383             |
| *   | Nationwide Life Insurance Company                          | Op Intl SmMd Co Y                                                                                          | **                      | 3,234             |
| *   | Nationwide Life Insurance Company                          | FnklnMSF Mut Euro Z                                                                                        | **                      | 3,176             |
| *   | Nationwide Life Insurance Company                          | AmFds New Wld R6                                                                                           | **                      | 3,116             |
| *   | Nationwide Life Insurance Company                          | PIMCO StkPLSInt DlrHdg Inst                                                                                | **                      | 2,818             |
| *   | Nationwide Life Insurance Company                          | Fed Intl Ldrs Inst                                                                                         | **                      | 2,685             |
| *   | Nationwide Life Insurance Company                          | TRowePr Cap Oppr                                                                                           | **                      | 1,114             |
| *   | Nationwide Life Insurance Company                          | TRowePr Rtrmt 2060                                                                                         | **                      | 653               |
| *   | Nationwide Life Insurance Company                          | Ptnm Eq Inc Y                                                                                              | **                      | 526               |
| *   | Nationwide Life Insurance Company                          | Fnkln Util Ser Adv                                                                                         | **                      | 507               |
| *   | Nationwide Life Insurance Company                          | Hrdnglvner Intl Eq Inst                                                                                    | **                      | 488               |
| *   | Nationwide Life Insurance Company                          | Fnkln Inc Adv                                                                                              | **                      | 467               |
| *   | Nationwide Life Insurance Company                          | JPM Emrg Mkt Eq R6                                                                                         | **                      | 421               |
| *   | Nationwide Life Insurance Company                          | GdmnScs Emrg Mkt Db Inst                                                                                   | **                      | 399               |
| *   | Nationwide Life Insurance Company                          | TRowePr Rtrmt 2015                                                                                         | **                      | 262               |
| *   | Nationwide Life Insurance Company                          | TRowePr Rtrmt 2005                                                                                         | **                      | 251               |
| *   | Nationwide Life Insurance Company                          | TRowePr Rtrmt 2010                                                                                         | **                      | 251               |
| *   | Nationwide Life Insurance Company                          | AllnzGI Tech Inst                                                                                          | **                      | 247               |
| *   | Nationwide Life Insurance Company                          | Pax EllevGlbWomenIndx Inst                                                                                 | **                      | 170               |
| *   | Nationwide Life Insurance Company                          | Col Floting Rt Inst2                                                                                       | **                      | 168               |
| *   | Nationwide Life Insurance Company                          | TRowePr Rtrmt 2050                                                                                         | **                      | 168               |
| *   | Nationwide Life Insurance Company                          | TRowePr Rtrmt Bal                                                                                          | **                      | 155               |
| *   | Participant Loans                                          | Interest rates range from 4.43% - 6.25%                                                                    | -                       | 243,316           |
|     | Total                                                      |                                                                                                            |                         | \$ 9,884,145      |
|     | * Denotes related party                                    |                                                                                                            |                         |                   |
|     | ** Cost omitted for participant-directed investments       |                                                                                                            |                         |                   |

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2017</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2017 or fiscal plan year beginning _____ and ending _____                                                                                                                                                                                         |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan                                                                                                                                                                                                                                                    | <b>B</b> Three-digit plan number (PN) ►                                                                                                                                                                                                                                      |                                                                                                          |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500                                                                                                                                                                                                            | <b>D</b> Employer Identification Number (EIN)                                                                                                                                                                                                                                |                                                                                                          |

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

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    |                       |                 |

**Liabilities**

|                                                                           |           |  |  |
|---------------------------------------------------------------------------|-----------|--|--|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |  |  |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |  |  |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |  |  |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |  |  |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> |  |  |

**Net Assets**

|                                                           |           |  |  |
|-----------------------------------------------------------|-----------|--|--|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> |  |  |
|-----------------------------------------------------------|-----------|--|--|

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

|                                                                                                 |        | (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     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            |           |

**Expenses**

|                                                                                      |       |  |  |
|--------------------------------------------------------------------------------------|-------|--|--|
| e Benefit payment and payments to provide benefits:                                  |       |  |  |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) |  |  |
| (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) |  |  |
| f Corrective distributions (see instructions) .....                                  | 2f    |  |  |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |  |  |
| h Interest expense .....                                                             | 2h    |  |  |
| i Administrative expenses: (1) Professional fees .....                               | 2i(1) |  |  |
| (2) Contract administrator fees .....                                                | 2i(2) |  |  |
| (3) Investment advisory and management fees .....                                    | 2i(3) |  |  |
| (4) Other .....                                                                      | 2i(4) |  |  |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |  |  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |  |  |

**Net Income and Reconciliation**

|                                                          |       |  |  |
|----------------------------------------------------------|-------|--|--|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  |  |
| 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) ☐ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☐ No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

**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.) .....

**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.) .....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     |    |        |
| 4b |     |    |        |

|                                                                                                                                                                                                                               | Yes | No | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>c</b> 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.) .....                                          |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                     |     |    |        |
| <b>d</b> 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.).....                                |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                     |     |    |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      |     |    |        |
| <b>4e</b>                                                                                                                                                                                                                     |     |    |        |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     |    |        |
| <b>4f</b>                                                                                                                                                                                                                     |     |    |        |
| <b>g</b> 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?.....                                                     |     |    |        |
| <b>4g</b>                                                                                                                                                                                                                     |     |    |        |
| <b>h</b> 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?.....                                           |     |    |        |
| <b>4h</b>                                                                                                                                                                                                                     |     |    |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                |     |    |        |
| <b>4i</b>                                                                                                                                                                                                                     |     |    |        |
| <b>j</b> 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.) ..... |     |    |        |
| <b>4j</b>                                                                                                                                                                                                                     |     |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     |    |        |
| <b>4k</b>                                                                                                                                                                                                                     |     |    |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             |     |    |        |
| <b>4l</b>                                                                                                                                                                                                                     |     |    |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     |    |        |
| <b>4m</b>                                                                                                                                                                                                                     |     |    |        |
| <b>n</b> 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. ....                                      |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                     |     |    |        |

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

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

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

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_. (See instructions.)

**Attachment to 2017 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** Power Financial Credit Union 401(k) Plan

**EIN:** 59-0690962

**Plan Sponsor's Name** Power Financial Credit Union

**PN:** 002

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|-----|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | Participant Loans                                         | Interest Rate 4.43% - 6.25%                                                                                  |          | 243,316           |
|     | Nationwide Life Insurance                                 | ALPS Clough China I                                                                                          |          | 5,693             |
|     | Nationwide Life Insurance                                 | AllnzGI Tech Inst                                                                                            |          | 247               |
|     | Nationwide Life Insurance                                 | AmCent ZerCpn Bd 2025 Inv                                                                                    |          | 7,128             |
|     | Nationwide Life Insurance                                 | AmFds AMCAP R6                                                                                               |          | 557,507           |
|     | Nationwide Life Insurance                                 | AmFds Am Bal R6                                                                                              |          | 1,114,562         |
|     | Nationwide Life Insurance                                 | AmFds New Wld R6                                                                                             |          | 3,116             |

**Attachment to 2017 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** Power Financial Credit Union 401(k) Plan

**EIN:** 59-0690962

**Plan Sponsor's Name** Power Financial Credit Union

**PN:** 002

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|-----|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | Nationwide Life Insurance                                 | Baron RealEst Inst                                                                                           |          | 8,226             |
|     | Nationwide Life Insurance                                 | BlkRk Glbl Alloc Inst                                                                                        |          | 478,727           |
|     | Nationwide Life Insurance                                 | BlkRk Hlth Scnc Oppr Inst                                                                                    |          | 6,012             |
|     | Nationwide Life Insurance                                 | Col Flotng Rt Inst2                                                                                          |          | 168               |
|     | Nationwide Life Insurance                                 | DFA LgCap Intl                                                                                               |          | 315,136           |
|     | Nationwide Life Insurance                                 | DFA RealEst Sec                                                                                              |          | 235,878           |
|     | Nationwide Life Insurance                                 | DFA US LgCap Val Inst                                                                                        |          | 468,400           |

**Attachment to 2017 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** Power Financial Credit Union 401(k) Plan

**EIN:** 59-0690962

**Plan Sponsor's Name** Power Financial Credit Union

**PN:** 002

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|-----|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | Nationwide Life Insurance                                 | DFA US Trgt Val Inst                                                                                         |          | 166,125           |
|     | Nationwide Life Insurance                                 | EV Muni Oppr I                                                                                               |          | 3,472             |
|     | Nationwide Life Insurance                                 | Emerald Bk Fin Inst                                                                                          |          | 6,244             |
|     | Nationwide Life Insurance                                 | Fed Gov Oblgtns Prmr                                                                                         |          | 12,080            |
|     | Nationwide Life Insurance                                 | Fed Intl Ldrs Inst                                                                                           |          | 2,685             |
|     | Nationwide Life Insurance                                 | FidAdv Strat Divd Inc Inst                                                                                   |          | 307,109           |
|     | Nationwide Life Insurance                                 | Fnkln Inc Adv                                                                                                |          | 467               |

**Attachment to 2017 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** Power Financial Credit Union 401(k) Plan

**EIN:** 59-0690962

**Plan Sponsor's Name** Power Financial Credit Union

**PN:** 002

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|-----|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | Nationwide Life Insurance                                 | Fnkln Ris Divd Adv                                                                                           |          | 5,862             |
|     | Nationwide Life Insurance                                 | Fnkln Util Ser Adv                                                                                           |          | 507               |
|     | Nationwide Life Insurance                                 | FnklnMSF Mut Euro Z                                                                                          |          | 3,176             |
|     | Nationwide Life Insurance                                 | FnklnTmp Glbl Bd Adv                                                                                         |          | 241,637           |
|     | Nationwide Life Insurance                                 | Gabelli Gold Inst                                                                                            |          | 8,717             |
|     | Nationwide Life Insurance                                 | GdmnScs Emrg Mkt Db Inst                                                                                     |          | 399               |
|     | Nationwide Life Insurance                                 | HrdngLvner Intl Eq Inst                                                                                      |          | 488               |

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|     | Nationwide Life Insurance                                 | Invsco Gold Prec Mtls Y                                                                                      |          | 8,453             |
|     | Nationwide Life Insurance                                 | JPM Emrg Mkt Eq R6                                                                                           |          | 421               |
|     | Nationwide Life Insurance                                 | JnHnck Grtr China Oppr I                                                                                     |          | 6,424             |
|     | Nationwide Life Insurance                                 | MFS Intl Val R4                                                                                              |          | 462,337           |
|     | Nationwide Life Insurance                                 | NW FXD SEL OPTN                                                                                              |          | 1,831,417         |
|     | Nationwide Life Insurance                                 | NW WCM Focs SmCap R6                                                                                         |          | 8,649             |
|     | Nationwide Life Insurance                                 | Opp Intl SmMd Co Y                                                                                           |          | 3,234             |

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|     | Nationwide Life Insurance                                 | PIMCO StkPLSIntDlrHdg Inst                                                                                   |          | 2,818             |
|     | Nationwide Life Insurance                                 | PNC Intl Eq I                                                                                                |          | 3,383             |
|     | Nationwide Life Insurance                                 | Pax EllevGlbWomenIndx Inst                                                                                   |          | 170               |
|     | Nationwide Life Insurance                                 | Permanent Portfolio                                                                                          |          | 12,967            |
|     | Nationwide Life Insurance                                 | Pionr Sel MdCap Gr Y                                                                                         |          | 91,460            |
|     | Nationwide Life Insurance                                 | Prncpl Prfrd Sec Inst                                                                                        |          | 5,182             |
|     | Nationwide Life Insurance                                 | Prudntl Hi Yld Z                                                                                             |          | 181,175           |

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|     | Nationwide Life Insurance                                 | Ptnm Eq Inc Y                                                                                                |          | 526               |
|     | Nationwide Life Insurance                                 | TRowePr Cap Oppr                                                                                             |          | 1,114             |
|     | Nationwide Life Insurance                                 | TRowePr Hlth Scnc                                                                                            |          | 460,974           |
|     | Nationwide Life Insurance                                 | TRowePr Jpn                                                                                                  |          | 9,182             |
|     | Nationwide Life Insurance                                 | TRowePr Ltn Am                                                                                               |          | 4,163             |
|     | Nationwide Life Insurance                                 | TRowePr Rtrmt 2005                                                                                           |          | 251               |
|     | Nationwide Life Insurance                                 | TRowePr Rtrmt 2010                                                                                           |          | 251               |

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|     | Nationwide Life Insurance                                 | TRowePr Rtrmt 2015                                                                                           |          | 262               |
|     | Nationwide Life Insurance                                 | TRowePr Rtrmt 2020                                                                                           |          | 98,303            |
|     | Nationwide Life Insurance                                 | TRowePr Rtrmt 2025                                                                                           |          | 273,774           |
|     | Nationwide Life Insurance                                 | TRowePr Rtrmt 2030                                                                                           |          | 135,457           |
|     | Nationwide Life Insurance                                 | TRowePr Rtrmt 2035                                                                                           |          | 94,229            |
|     | Nationwide Life Insurance                                 | TRowePr Rtrmt 2040                                                                                           |          | 53,828            |
|     | Nationwide Life Insurance                                 | TRowePr Rtrmt 2045                                                                                           |          | 122,698           |

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|     | Nationwide Life Insurance                                 | TRowePr Rtrmt 2050                                                                                           |          | 168               |
|     | Nationwide Life Insurance                                 | TRowePr Rtrmt 2055                                                                                           |          | 5,922             |
|     | Nationwide Life Insurance                                 | TRowePr Rtrmt 2060                                                                                           |          | 653               |
|     | Nationwide Life Insurance                                 | TRowePr Rtrmt Bal                                                                                            |          | 155               |
|     | Nationwide Life Insurance                                 | VanEck Glbl Hrd Asst Inst                                                                                    |          | 112,441           |
|     | Nationwide Life Insurance                                 | Vngrd 500 Index Fd AS                                                                                        |          | 262,874           |
|     | Nationwide Life Insurance                                 | Vngrd Pacfc Stk Indx Adml                                                                                    |          | 6,259             |

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|-----|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | Nationwide Life Insurance                                 | Vngrd Sel Val Inv                                                                                            |          | 218,717           |
|     | Nationwide Life Insurance                                 | Vngrd SmCap Gr Indx Inv                                                                                      |          | 307,071           |
|     | Nationwide Life Insurance                                 | Vngrd Ttl Bnd Mkt ldx Adm                                                                                    |          | 453,945           |
|     | Nationwide Life Insurance                                 | Vngrd Wlsly Inc Inv                                                                                          |          | 389,990           |
|     | Nationwide Life Insurance                                 | WF Spec SmCap Val Inst                                                                                       |          | 8,456             |
|     | Nationwide Life Insurance                                 | WF Util Telcom Inst                                                                                          |          | 6,123             |
|     | Nationwide Life Insurance                                 | WR Ivy Enrgy I                                                                                               |          | 14,627            |

|                            |                                          |             |            |
|----------------------------|------------------------------------------|-------------|------------|
| <b>Plan Name</b>           | Power Financial Credit Union 401(k) Plan | <b>EIN:</b> | 59-0690962 |
| <b>Plan Sponsor's Name</b> | Power Financial Credit Union             | <b>PN:</b>  | 002        |

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