

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2020 This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>SEVEN SEVENTEEN CREDIT UNION INC 401K SAVINGS PLAN FOR UNION EES</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1998</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/1998</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>01/01/1998</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SEVEN SEVENTEEN CREDIT UNION, INC.</u> <u>3181 LARCHMONT AVENUE, N.E.</u> <u>WARREN, OH 44483</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-0825325</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>330-372-8109</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>522130</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-0825325</u>	2c Plan Sponsor's telephone number <u>330-372-8109</u>	2d Business code (see instructions) <u>522130</u>	
2b Employer Identification Number (EIN) <u>34-0825325</u>					
2c Plan Sponsor's telephone number <u>330-372-8109</u>					
2d Business code (see instructions) <u>522130</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2021	JENNIFER TAYLOR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	234
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	193
a(2) Total number of active participants at the end of the plan year		6a(2)	198
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	49
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	247
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	1
f Total. Add lines 6d and 6e		6f	248
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	242
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	6
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2S 2T 3D 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ 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) ☒ <u>1</u> 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 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan SEVEN SEVENTEEN CREDIT UNION INC 401K SAVINGS PLAN FOR UNION EES	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 SEVEN SEVENTEEN CREDIT UNION, INC.	D Employer Identification Number (EIN) 34-0825325	

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	ZH9871	248	01/01/2020	12/31/2020

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

(a) Total amount of commissions paid 11782	(b) Total amount of fees paid 0
---	------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
SCHIRALDI KELCIE L 125 DEAL DR STE 2
COLUMBIANA, OH 44408

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6124			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
BRASHEN JO A 3964 SHIELDS RD
CANFIELD, OH 44406

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5658			3

(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	1712810
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	13193963

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. Specify nature of costs ▶	6d	

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 ▶ GROUP PENSION FUNDING

b	Balance at the end of the previous year	7b	1348985
----------	---	-----------	---------

c	Additions: (1) Contributions deposited during the year	7c(1)	217581	
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	20660	
	(4) Transferred from separate account.....	7c(4)	140350	
	(5) Other (specify below)	7c(5)	23478	

▶ *

(6) Total additions	7c(6)	402069
---------------------------	--------------	--------

d	Total of balance and additions (add lines 7b and 7c(6))	7d	1751054
----------	--	-----------	---------

e Deductions:

	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	132199	
	(2) Administration charge made by carrier.....	7e(2)	4731	
	(3) Transferred to separate account.....	7e(3)		
	(4) Other (specify below)	7e(4)	12109	

▶ *

(5) Total deductions	7e(5)	149039
----------------------------	--------------	--------

f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1602015
----------	--	-----------	---------

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan SEVEN SEVENTEEN CREDIT UNION INC 401K SAVINGS PLAN FOR UNION EES	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 SEVEN SEVENTEEN CREDIT UNION, INC.	D Employer Identification Number (EIN) 34-0825325	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VOYA RETIREMENT INSURANCE & ANNUITY
71-0294708

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

(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

(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

(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

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)

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 64	SERVICE PROVIDER	12033	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan <u>SEVEN SEVENTEEN CREDIT UNION INC 401K SAVINGS PLAN FOR UNION EES</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SEVEN SEVENTEEN CREDIT UNION, INC.</u>	D Employer Identification Number (EIN) <u>34-0825325</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA SMALL-CAP GROWTH EQUITY FUND -

b Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST CO

c EIN-PN <u>06-1440627-068</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>155944</u>
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: VARIABLE ANNUITY ACCOUNT D

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY CO

c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13193963</u>
---------------------------------------	-------------------------------	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan SEVEN SEVENTEEN CREDIT UNION INC 401K SAVINGS PLAN FOR UNION EES	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 SEVEN SEVENTEEN CREDIT UNION, INC.	D Employer Identification Number (EIN) 34-0825325	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions		1b(1)	
(2) Participant contributions.....		1b(2)	
(3) Other		1b(3)	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1)	
(2) U.S. Government securities		1c(2)	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other.....		1c(3)(B)	
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common		1c(4)(B)	
(5) Partnership/joint venture interests		1c(5)	
(6) Real estate (other than employer real property)		1c(6)	
(7) Loans (other than to participants).....		1c(7)	
(8) Participant loans		1c(8)	392360
(9) Value of interest in common/collective trusts		1c(9)	115699
(10) Value of interest in pooled separate accounts		1c(10)	
(11) Value of interest in master trust investment accounts		1c(11)	
(12) Value of interest in 103-12 investment entities		1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)		1c(13)	10211394
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	1348985
(15) Other.....		1c(15)	1602015

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	12068438	15357450

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	12068438	15357450
---	-----------	----------	----------

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1030578	
(B) Participants	2a(1)(B)	548965	
(C) Others (including rollovers).....	2a(1)(C)	11983	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1591526
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	17020	
(F) Other	2b(1)(F)	20660	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		37680
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		33652
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		2126434
(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		91
d Total income. Add all income amounts in column (b) and enter total.....	2d		3789383

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	179935	
(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)		179935
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		11
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)	13016	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		13016
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		192962

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3596421
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		307409

Part III Accountant's Opinion

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

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

(1) ☐ Unmodified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☒ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: NEARMAN, MAYNARD, VALLEZ CPAS

(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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		9000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ 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)
SEVEN SEVENTEEN CREDIT UNION INC 401K SAVINGS PLAN SALARIES EES	34-0825325	003

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection.
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan SEVEN SEVENTEEN CREDIT UNION INC 401K SAVINGS PLAN FOR UNION EES		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 SEVEN SEVENTEEN CREDIT UNION, INC.		D Employer Identification Number (EIN) 34-0825325
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 71-0294708		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2020 v. 200204		

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14a	
14b	
14c	

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

a The corresponding number for the plan year immediately preceding the current plan year.....

b The corresponding number for the second preceding plan year.....

15a	
15b	

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

a Enter the number of employers who withdrew during the preceding plan year.....

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.....

16a	
16b	

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) 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): _____

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

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

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

LIMITED SCOPE PENSION AUDIT REPORT



401(k) SAVINGS PLAN FOR UNION EMPLOYEES FINANCIAL STATEMENTS, REPORT OF INDEPENDENT AUDITORS, AND SUPPLEMENTAL SCHEDULES December 31, 2020 and 2019



Confidential and Proprietary

Reproduction in whole or in part by any means is prohibited except as authorized in writing by Nearman, Maynard, Vallez, CPAs, P.A. and the Credit Union except as required by the Credit Union for the conduct of official business.

TABLE OF CONTENTS

	<u>Page</u>
<u>INDEPENDENT AUDITOR'S REPORT</u>	A-1
<u>FINANCIAL STATEMENTS</u>	
Statements of Net Assets Available for Benefits	A-3
Statement of Changes in Net Assets Available for Benefits	A-4
Notes to the Financial Statements	A-5
<u>SUPPLEMENTAL SCHEDULE</u>	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	A-12

INDEPENDENT AUDITOR'S

REPORT

INDEPENDENT AUDITOR'S REPORT

**To the Plan Administrator and Plan Trustees of the
Seven Seventeen Credit Union, Inc. 401(k) Savings Plan for Union Employees
Warren, Ohio**

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Seven Seventeen Credit Union, Inc. 401(k) Savings Plan for Union Employees (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020, and 2019, the related statement of changes in net assets available for benefits for the year ended December 31, 2020, 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 VOYA Retirement Insurance and Annuity Company, 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 certifications from the custodian as of and for the years ended

To the Plan Administrator and Plan Trustees of the
Seven Seventeen Credit Union, Inc. 401(k) Savings Plan for Union Employees

December 31, 2020, and 2019, that the information provided to the plan administrator by the custodian is complete and accurate.

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, P.A.

Nearman, Maynard, Vallez, CPAs, P.A.
Miami, Florida
October 6, 2021

FINANCIAL

STATEMENTS

SEVEN SEVENTEEN CREDIT UNION, INC. 401(K) SAVINGS PLAN FOR UNION EMPLOYEES STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
--

	As of December 31,	
	2020	2019
Assets:		
Investments		
Investments at fair value (See note 5)	\$ 13,349,907	\$ 10,327,093
Investment at contract value (See note 3)	1,602,015	1,348,985
Total investments	<u>14,951,922</u>	<u>11,676,078</u>
Receivables		
Notes receivable from participants	405,528	392,360
Employer contributions	365,571	333,758
	<u>771,099</u>	<u>726,118</u>
Net assets available for benefits	<u>\$ 15,723,021</u>	<u>\$ 12,402,196</u>

Read the accompanying notes to these financial statements.

SEVEN SEVENTEEN CREDIT UNION, INC. 401(K) SAVINGS PLAN FOR UNION EMPLOYEES STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
--

	For the year ended December 31, 2020
Additions to net assets attributed to:	
Investment income:	
Net gain from investments	\$ 2,160,177
Interest	20,660
	<u>2,180,837</u>
Interest income on notes receivable from participants	<u>17,020</u>
Contributions:	
Employer	1,062,391
Participant	548,965
Rollover	11,983
	<u>1,623,339</u>
Total additions	3,821,196
Deductions from net assets attributed to:	
Benefits paid to participants	179,935
Administrative expenses	13,016
Deemed distributed loans	11
Total deductions	<u>192,962</u>
Net Increase	3,628,234
Transfers from plan	(307,409)
Net assets available for benefits:	
Beginning of year	12,402,196
End of year	<u><u>\$ 15,723,021</u></u>

Read the accompanying notes to these financial statements.

SEVEN SEVENTEEN CREDIT UNION, INC. 401(K) SAVINGS PLAN FOR UNION EMPLOYEES NOTES TO THE FINANCIAL STATEMENTS
--

NOTE 1: DESCRIPTION OF PLAN

The following description of the Seven Seventeen Credit Union, Inc. 401(k) Savings Plan for Union Employees (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 Union employees of Seven Seventeen Credit Union, Inc. (the "Credit Union"). Eligibility is subject to the minimum age requirements specified in the Plan. The Plan is subject to the provision of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Coronavirus Aid, Relief and Economic Security Act (CARES) was signed into law on March 27, 2020. The Act consisted of relief in the areas of loans, distributions, and Required Minimum Distributions. The Plan enacted these changes during the Plan year.

The Setting Every Community Up for Retirement Enhancement (SECURE) Act was signed into law on December 20, 2019, and impacts various areas of Plan; including distributions, Plan administration, Lifetime Income Provisions and encourages Employer-Provided Plans; each area having a different effective date.

The Plan has not yet been amended to include the changes resulting from the implementation of these Acts but has until the last day of the plan year beginning on or after January 1, 2022 to do so.

Eligibility and Vesting: Non-excluded Employees are eligible to participate in the Plan on the first entry date provided the employee has attained the age of 18 and has completed 90 days of credited service. Excluded employees that are not eligible consist of leased employees, independent contractors, and Non-Union employees. Participants are immediately vested in their voluntary and rollover contributions plus actual earnings thereon. The Plan is a safe harbor plan and participants are immediately vested in safe harbor contributions. All Plan participants vest in matching and profit sharing contributions, at a rate of 20% beginning at year two, and would be fully vested at year six. Certain participants, in accordance with the Plan, would receive another employer discretionary contribution annually until the year of retirement, voluntary termination, involuntary termination or death. This employer contribution is 100% vested.

Contributions: Participants may elect to defer to the Plan a portion of their eligible earnings on a pre-tax basis up to the maximum allowed under the Internal Revenue Code ("IRC"). Participants may contribute funds from another qualified plan as rollover contributions. Participants also have the option of 401(k) Roth deferrals in this Plan. The Credit Union contributes a safe harbor contribution equal to 3% of compensation each pay period and a 4% profit share contribution at year end. The Credit Union also contributes a matching contribution of 100% of salary deferrals up to a maximum 6%. In addition, certain participants may receive another employer discretionary contribution annually of which the amounts are fixed per the Plan. The Plan has an automatic deferral provision whereas, unless opted out, 3% of compensation will be deferred. Participants direct the investment of their contributions into various investment options offered by the Plan.

Participant Accounts: Each participant's account is credited with the participant's contribution, the Credit Union's contribution and Plan earnings and losses, reduced by distributions and certain plan expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

SEVEN SEVENTEEN CREDIT UNION, INC. 401(K) SAVINGS PLAN FOR UNION EMPLOYEES NOTES TO THE FINANCIAL STATEMENTS
--

Notes Receivable from Participant: Participants may borrow from their fund accounts 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 3.25% to 5.50%, which is commensurate with local prevailing rates as determined by the plan administrator. Principal and interest is paid ratably through payroll deductions. During the year the Plan enacted some of the changes for the CARES Act in regards to loans. The CARES Act permitted qualified participants to delay certain plan loan payments until December 31, 2020 without causing the loan to violate the Internal Revenue Code for loans certified by the participant as Coronavirus Related Loans. In addition, the Act permitted plan sponsors to increase the maximum loan limit for qualified participants to the lesser of 100% participant's vested account balance or \$100,000 from all plans of the employer and any related employer from March 27, 2020 through September 22, 2020.

Payment of Benefits: Upon termination of service due to death, disability, retirement or other reasons, benefits are paid in a lump sum. During the year the Plan enacted some of the changes for the CARES ACT. The CARES Act provided special tax treatment for up to \$100,000 in distributions from all 401k plans and individual retirement accounts (IRAs) made to qualified individuals on and after January 1, 2020, and before December 31, 2020. The taxable portion of a distribution may be spread evenly over a three-year period for income tax purposes and will not be subject to the 10% early withdrawal penalty.

Forfeitures: A participant vests in the employer contributions in accordance with the provisions of the Plan. Forfeitures of nonvested amounts remain in the Plan and are used to reduce future contributions/expenses of the Plan sponsor. There were approximately \$4,000 and \$9,000 of forfeited amounts available as of December 31, 2020 and 2019, respectively. There were approximately \$14,000 of forfeiture amounts used to reduce employer contributions for the year ended December 31, 2020. Approximately \$5,000 of forfeitures were used to pay other plan expenses for the year ended December 31, 2020.

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 held 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.

SEVEN SEVENTEEN CREDIT UNION, INC.
401(K) SAVINGS PLAN FOR UNION EMPLOYEES
NOTES TO THE FINANCIAL STATEMENTS

Notes Receivable from Participants: Notes receivable from participants are measured at their unpaid principal balance. Interest income is recorded when paid. 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 July 2018, the Financial Accounting Standards Board (FASB) issued ASU No. 2018-09, Codification Improvements. The following four FASB ASC improvement directly related to plan accounting and amended the following: 1) FASB ASC 820-10 Fair Value Measurement Overall, specifically FASB ASC 820-10-50-2(bbb)(2), FASB ASC 962-325, Plan Accounting - Defined Contribution Pension Plans - Investment-Other, FASB ASC 962-205, Plan Accounting - Defined Contribution Pension Plans - Presentation of Financial Statements, and added FASB ASC 962-360, Plan Accounting - Defined Contribution Pension Plans - Property, Plant and Equipment.

The amendment to FASB ASC 820-10-50-2(bbb)(2) provided an indefinite deferral related to the requirement that the plan present quantitative information about the significant unobservable inputs used in the fair value measurement of investment in securities of the plan sponsor or the plan sponsor's nonpublic affiliated entities categorized within level 3 of the fair value hierarchy. FASB ASC 820-10-50-2(bbb)(2) is indefinitely deferred for nonpublic Employee Benefit Plans (EBPs).

The amendment to FASB ASC 962-325, Plan Accounting-Defined Contribution Pension Plans-Investment-Other, removed the stable value common collective trust fund from the illustrative example in FASB ASC 962-325-55-17 to avoid the interpretation that such an investment would never have a readily determinable fair value. Rather, a plan should evaluate whether a readily determinable fair value exists to determine whether those investments may qualify for practical expedient to measure at net asset value in accordance with Topic 820.

The amendments to FASB ASC 962-205 - Plan Accounting - Defined Contribution Pension Plans - Presentation of Financial Statements, and Addition of FASB ASC 962-360, Plan Accounting - Defined Contribution Pension Plans - Property, Plant and Equipment, were made to make the subtopics consistent with similar guidance for property, plant and equipment.

FASB issued ASU No. 2018-03 in August 2018. For nonpublic entities, the following was removed: the changes in unrealized gains and losses for the period included in earnings for recurring level 3 fair value measurements held at the end of the reporting period. The following disclosures were modified: 1) in lieu of rollforward for level 3 fair value measurements, a nonpublic entity is required to disclose transfers into and out of level 3 of the fair value hierarchy and purchases and issues of new level 3 assets and liabilities; 2) for investments in certain entities that calculate NAV, an entity is required to disclose the timing of liquidation of an investee's assets and the date when restrictions from redemption might lapse only if the investee has communicated the timing to the entity or announced timing publicly; and 3) the amendments clarify that the measurement uncertainty disclosure is to communicate information about the uncertainty in measurement as of the reporting date.

SEVEN SEVENTEEN CREDIT UNION, INC. 401(K) SAVINGS PLAN FOR UNION EMPLOYEES NOTES TO THE FINANCIAL STATEMENTS
--

Administrative Expenses: Certain expenses of maintaining the Plan are paid directly by the Plan and are included in the financial statements. The Plan has a revenue sharing expense account whereas income is received in an account based on the performance of the Plan. This income is used to offset Plan administrative expenses. There were approximately \$4,000 and \$2,000 in the expense account available for use as of December 31, 2020 and 2019, respectively. The Plan used approximately \$4,000 to pay for administrative expenses for the year ended December 31, 2020. 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 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 October 6, 2021, the date on which the financial statements were available to be issued.

NOTE 3: INVESTMENT CONTRACT

The Plan holds an investment contract with VOYA Retirement Insurance & Annuity Company (VOYA). The assets are invested in a fund, which is fully benefit-responsive, reported as the VOYA Fixed Account 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.

Because this contract meets the fully benefit-responsive investment contract criteria, the contract is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by the participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported by the insurance company, 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, financial 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.

SEVEN SEVENTEEN CREDIT UNION, INC. 401(K) SAVINGS PLAN FOR UNION EMPLOYEES NOTES TO THE FINANCIAL STATEMENTS
--

NOTE 4: INVESTMENTS - UNAUDITED

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2020 and 2019, and net appreciation/loss in fair value of investments, and interest for the year ended December 31, 2020, was obtained and derived from information supplied to the plan administrator and certified as complete and accurate by VOYA Retirement Insurance & Annuity Company. 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.

SEVEN SEVENTEEN CREDIT UNION, INC. 401(K) SAVINGS PLAN FOR UNION EMPLOYEES NOTES TO THE FINANCIAL STATEMENTS

Following is a description of the valuation methodologies used for assets measured at fair value as of December 31, 2020 and 2019:

Pooled Separate Account (PSA): The separate account assets are made up of a wide variety of underlying investments and are valued daily at their accumulation unit value in an active market. The funds NAV's, which are based on the market value of the underlying investments, are available from the custodian and can be viewed by the participant daily.

Common/Collective Trust (CCTs): Fair values of common collective trusts are determined by the mutual fund's Share Prices/Net Asset Values (NAVs) which is published and transacted on an active market.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019:

Assets at Fair Value as of December 31, 2020				
	Level 1	Level 2	Level 3	Total
Pooled separate account	\$ 13,193,963	\$ -	\$ -	\$ 13,193,963
CCTs	155,944	-	-	155,944
Total assets at fair value	<u>\$ 13,349,907</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 13,349,907</u>

Assets at Fair Value as of December 31, 2019				
	Level 1	Level 2	Level 3	Total
Pooled separate account	\$ 10,211,394	\$ -	\$ -	\$ 10,211,394
CCTs	115,699	-	-	115,699
Total assets at fair value	<u>\$ 10,327,093</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 10,327,093</u>

NOTE 6: TRANSACTIONS WITH PARTIES-IN-INTEREST

Certain Plan investments are shares and mutual funds managed by VOYA Retirement Insurance & Annuity Company. VOYA Retirement Insurance & Annuity Company is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

NOTE 7: TAX STATUS

The Internal Revenue Service has determined and informed the Credit Union by a letter dated September 1, 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.

SEVEN SEVENTEEN CREDIT UNION, INC. 401(K) SAVINGS PLAN FOR UNION EMPLOYEES NOTES TO THE FINANCIAL STATEMENTS
--

NOTE 8: PLAN TERMINATION

Although it has not expressed any intent to do so, Seven Seventeen Credit Union, Inc. 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 following is a reconciliation of net assets available for benefits per the financial statements at year end to Form 5500:

	December 31, 2020	December 31, 2019
Net assets available for Plan benefits per the financial statements	\$ 15,723,021	\$ 12,402,196
Less: employer's contributions receivable	(365,571)	(333,758)
Net assets available for Plan benefits per Form 5500	<u>\$ 15,357,450</u>	<u>\$ 12,068,438</u>

The following is a reconciliation of contributions per the financial statements to the Form 5500:

	December 31, 2020
Contributions per the financial statements	\$ 1,623,339
Employer's contributions receivable 2020	(365,571)
Employer's contributions receivable 2019	333,758
Contributions per Form 5500	<u>\$ 1,591,526</u>

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

NOTE 10: RISKS AND UNCERTAINTIES

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.

The United States of America declared a National Emergency due to the COVID-19 virus pandemic during 2020. The Coronavirus Aid, Relief, and Economic Security (CARES) Act was passed by Congress and signed into law by President Trump on March 27, 2020. The Plan continues to monitor the impact of the COVID-19 health emergency that is impacting our nation. As of the date of this report, there has been no significant financial impact to the Plan. The Plan and its participants have utilized various aspects of the CARES Act which were implemented during the 2020 Plan year.



SUPPLEMENTAL

SCHEDULE

SEVEN SEVENTEEN CREDIT UNION, INC.
401(K) SAVINGS PLAN FOR UNION EMPLOYEES
SCHEDULE H LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Plan Sponsor: Seven Seventeen Credit Union, Inc.
 EIN number: 34-0825325
 Plan number: 002

			As of December 31, 2020	
(a)	(b) Identity of Issuer, 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
	Vanguard Growth Index Fund Adm	Registered Investment Company	**	\$ 1,905,573
*	VOYA Fixed Account	Insurance Company General Account	**	1,602,015
	American Funds New Perspective R6	Registered Investment Company	**	1,196,667
	Vanguard Target Retirement 2035 Fund	Registered Investment Company	**	1,152,475
	Vanguard Total Stock Market Index Fund Adm	Registered Investment Company	**	852,342
	DFA US Large Cap VI Port Inst.	Registered Investment Company	**	835,230
	Vanguard Target Retirement 2025 Fund	Registered Investment Company	**	761,245
	Neuberg Berman Mid Cap Growth Fund IS	Registered Investment Company	**	704,725
	Vanguard Target Retirement 2045 Fund	Registered Investment Company	**	516,224
	Vanguard Int Term Bond Index Fund Adm	Registered Investment Company	**	470,680
	DFA Large Cap International Port Inst.	Registered Investment Company	**	459,982
	Vanguard Balanced Index Fund Adm	Registered Investment Company	**	392,772
	Vanguard Mid Cap Index Fund Adm	Registered Investment Company	**	345,219
	Vanguard Target Retirement 2055 Fund	Registered Investment Company	**	308,865
	Vanguard Target Retirement 2040 Fund	Registered Investment Company	**	299,854
	Vanguard Target Retirement 2015 Fund	Registered Investment Company	**	292,140
	Vanguard Mid Cap VI Index Fund Adm	Registered Investment Company	**	290,558
	DFA US Targeted Value VI Port Inst.	Registered Investment Company	**	288,360
	Vanguard Small Cap Index Fund Adm	Registered Investment Company	**	287,561
	AB High Income Fund Z	Registered Investment Company	**	264,520
	American Funds New World R6	Registered Investment Company	**	206,371
	Vanguard Target Retirement 2050 Fund	Registered Investment Company	**	183,709
	MFS Growth Fund R6	Registered Investment Company	**	173,160
	DFA Inflation Protection Securities Port Inst.	Registered Investment Company	**	161,961
	Vanguard Health Care Fund Adm	Registered Investment Company	**	156,994
	Vanguard Target Retirement 2030 Fund	Registered Investment Company	**	156,212
*	VOYA Small Cap Growth Eqty	Common Collective Trust	**	155,944
	DFA Real Estate Securities Port Inst.	Registered Investment Company	**	147,201
	Ivy Science & Technology Fd N	Registered Investment Company	**	108,726
	Vanguard Target Retirement 2060 Fund	Registered Investment Company	**	81,783
	Vanguard Target Retirement Income Fund	Registered Investment Company	**	80,058
	Vanguard Target Retirement 2020 Fund	Registered Investment Company	**	50,424
	American Funds Cap In Bld R6	Registered Investment Company	**	20,243
	BrandywineGLOBAL Glb Opp Bd IS	Registered Investment Company	**	15,690
	Vanguard Target Retirement 2065 Fund	Registered Investment Company	**	9,858
	Vanguard Energy Fund Adm	Registered Investment Company	**	9,690
*	VOYA Gvt Money Market Fund A	Registered Investment Company	**	3,880
	Ivy Gold and Spec Min Fund I	Registered Investment Company	**	3,011
*	Participant loans	Range of Interest Rates - Rates Range from 3.25% to 5.50%	-	405,528
	Total			<u>\$ 15,357,450</u>

* Denotes related party

** Cost omitted for participant-directed investments

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

Attachment to 2020 Form 5500
Schedule H, line 4i - Schedule of Assets
(Held at End of Year)
SEVEN SEVENTEEN CREDIT UNION INC
EIN 34-0825325
Plan#002
As Of December 31, 2020

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity date	(d) Cc	(e) Current Value
AB High Income Fund Z	Registered Investment Company		\$264,520
American Funds Cap Inc Bld R6	Registered Investment Company		\$20,243
American Funds New World R6	Registered Investment Company		\$206,371
American Funds Nw Prspctv R6	Registered Investment Company		\$1,196,667
BrandywineGLOBAL Glb Opp Bd IS	Registered Investment Company		\$15,690
DFA Infl-Prot Sec Port Ins	Registered Investment Company		\$161,961
DFA Large Cap Intl Port Ins	Registered Investment Company		\$459,982
DFA Real Estate Secs Port Ins	Registered Investment Company		\$147,201
DFA US Large Cap VI Port Ins	Registered Investment Company		\$835,230
DFA US Targeted VI Port Ins	Registered Investment Company		\$288,360
Inv Gold & Spec Min Fd R6	Registered Investment Company		\$3,012
Ivy Science & Technology Fd N	Registered Investment Company		\$108,726
MFS Growth Fund R6	Registered Investment Company		\$173,160
Neuberg Berm MdCp Grw Fnd R6	Registered Investment Company		\$704,725
Vangrd Balanced Index Fnd Adm	Registered Investment Company		\$392,772
Vangrd Energy Fund Adm	Registered Investment Company		\$9,690
Vangrd Growth Index Fund Adm	Registered Investment Company		\$1,905,573
Vangrd Health Care Fund Adm	Registered Investment Company		\$156,994
Vangrd Int-Trm Bd Indx Fd Adm	Registered Investment Company		\$470,680
Vangrd Mid-Cap Index Fund Adm	Registered Investment Company		\$345,219
Vangrd Mid-Cap VI Indx Fnd Adm	Registered Investment Company		\$290,558
Vangrd Small-Cap Index Fnd Adm	Registered Investment Company		\$287,561
Vangrd Tot St Mkt Indx Fd Adm	Registered Investment Company		\$852,342
Vangrd Trgt Retire 2015 Fd Inv	Registered Investment Company		\$292,140
Vangrd Trgt Retire 2020 Fd Inv	Registered Investment Company		\$50,424
Vangrd Trgt Retire 2025 Fd Inv	Registered Investment Company		\$761,245
Vangrd Trgt Retire 2030 Fd Inv	Registered Investment Company		\$156,212
Vangrd Trgt Retire 2035 Fd Inv	Registered Investment Company		\$1,152,475
Vangrd Trgt Retire 2040 Fd Inv	Registered Investment Company		\$299,854
Vangrd Trgt Retire 2045 Fd Inv	Registered Investment Company		\$516,224
Vangrd Trgt Retire 2050 Fd Inv	Registered Investment Company		\$183,709
Vangrd Trgt Retire 2055 Fd Inv	Registered Investment Company		\$308,865
Vangrd Trgt Retire 2060 Fd Inv	Registered Investment Company		\$81,783
Vangrd Trgt Retire 2065 Fd Inv	Registered Investment Company		\$9,858
Vangrd Trgt Retire Inc Fd Inv	Registered Investment Company		\$80,058
* Voya Fixed Account (4062)	Insurance Company General Account		\$1,602,015
* Voya Gv Mny Mkt F A (Hld Acct)	Registered Investment Company		\$3,881
* Voya Small-Cap Growth Eqty F 8	Common Collective Trust		\$155,944
	Participants Loans - Rates 3.25% to 5.50%		\$405,528
TOTAL			\$15,357,450

* denotes party-in-interest

Column (d) is not required as the Plan's investments are totally participant directed.