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 01/01/2020 and ending 12/31/2020

A This return/report is for:
- [ ] a multiemployer plan
- [X] 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
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MEMBERS 401(K) ADVANTAGE

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2013

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)
MEMBERS BENEFIT CORP.

300 AVENUE OF THE CHAMPIONS,
SUITE 230
PALM BEACH GARDENS, FL 33418

2b Employer Identification Number (EIN) 46-1357384

2c Plan Sponsor's telephone number 561-775-0887

2d Business code (see instructions) 813000

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.	02/25/2022	ARY ROSENBAUM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	2587
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)**	2587
a(2) Total number of active participants at the end of the plan year	**6a(2)**	2239
b Retired or separated participants receiving benefits	**6b**	7
c Other retired or separated participants entitled to future benefits	**6c**	230
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	2476
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	2476
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1491
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	18
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 2K 2T 3D

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)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	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)	[X]	**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)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[X]	1	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[ ]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 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
MEMBERS 401(K) ADVANTAGE

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MEMBERS BENEFIT CORP.

D Employer Identification Number (EIN)
46-1357384

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
GREAT-WEST LIFE & ANNUITY INSURANCE CO

(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
84-0467907	68322	40015-01	393	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	**(b)** Total amount of fees paid
12069	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

GWN SECURITIES INC

RONALD SELLERS
300 AVE OF THE CHAMPIONS, STE 240
PALM BEACH GARDENS, FL 33418

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
12069			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		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

(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	8897818
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY

b	Balance at the end of the previous year			7b	7134437
c	Additions: (1) Contributions deposited during the year	7c(1)	634343		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	131435		
	(4) Transferred from separate account	7c(4)	10192591		
	(5) Other (specify below)	7c(5)	56022		
	▶ LOAN REPAYMENT, FORFEITURES				
	(6)Total additions			7c(6)	11014391
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	18148828
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1173841		
	(2) Administration charge made by carrier	7e(2)	22729		
	(3) Transferred to separate account	7e(3)	8054171		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	9250741
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	8898087

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)**	0
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)**	0
(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)**	0
(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.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
MEMBERS 401(K) ADVANTAGE

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MEMBERS BENEFIT CORP.

D Employer Identification Number (EIN)
46-1357384

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).. . . . . [X] 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

GREAT-WEST LIFE & ANNUITY INS CO

84-0467907

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

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

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)

GREAT WEST LIFE & ANNUITY

8515 EAST ORCHARD RD
GREENWOOD VILLAGE, CO 80111

65-0939556

(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?
64	RECORDKEEPER	323331	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

GWN SECURITIES, INC

65-0939556

(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?
55	BROKER/ ADVISOR	0	Yes [X] No [ ]	Yes [ ] No [X]	157643	Yes [ ] No [X]

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

PINNACLE FINANCIAL SERVICES, INC

121 MONMOUTH ST
RED BANK, NJ 07701

59-2438373

(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?
13	CONTRACT ADMIN	128220	Yes [ ] No [X]	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)

IRON HOLDINGS LLS

630 DUNDEE RD
SUITE 200
NORTHBROOK, IL 60062

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	26939	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ADVISED ASSETS GROUP

8515 EAST ORCHARD RD
GREENWOOD VILLAGE, CO 80111

(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?
28	INVESMENT MGMT	21635	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TEMPLETON

222 LAKEVIEW AVE STE 1200
WEST PALM BEACH, FL 33401

(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?
10	AUDITOR	8992	Yes [ ] No [X]	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)

LAMCO ADVISORY SERVICES

1525 INTERNATIONAL PARKWAY
STE 2071
LAKE MARY, FL 32746

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	24392	Yes [ ] No [X]	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
GWN SECURITIES INC	55	157643

(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.
GREAT WEST LIFE & ANNUITY INSURANCE 8515 EAST ORCHARD RD GREENWOOD VILLAGE, CO 80111	OTHER COMMISSION

(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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
MEMBERS 401(K) ADVANTAGE

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MEMBERS BENEFIT CORP.

D Employer Identification Number (EIN)
46-1357384

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)	653413	0
(2) Participant contributions	1b(2)	486141	0
(3) Other	1b(3)	2748	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(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)	2301617	2095306
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	111013499	109389744
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2023312	8898088
(15) Other	1c(15)	0	4810121

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(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	116480730	125193259
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	28858	22502
k	Total liabilities (add all amounts in lines 1g through1j)	1k	28858	22502
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	116451872	125170757

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)	3415129	
	(B) Participants	2a(1)(B)	8943511	
	(C) Others (including rollovers)	2a(1)(C)	974851	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		13333491
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(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)	124633	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		124633
	(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)	2786922	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2786922
	(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		10176133
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		26421179
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10863472	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	529484	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		11392956
f Corrective distributions (see instructions)	2f		22502
g Certain deemed distributions of participant loans (see instructions)	2g		160147
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	1797	
(3) Investment advisory and management fees	2i(3)	488062	
(4) Other	2i(4)	62352	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		552211
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		12127816
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		14293363
l Transfers of assets:			
(1) To this plan	2l(1)		1012507
(2) From this plan	2l(2)		6586985

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: TEMPLETON & COMPANY **(2)** EIN: 14-1918990

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		79959

			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?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	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	X		

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)
CONTINENTAL NATIONAL BANK	59-1521267	001
INTRACOASTAL BANK	26-1783674	001
STONEHENGE INSURANCE SOLUTIONS, INC.	26-1142149	001

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
MEMBERS 401(K) ADVANTAGE

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MEMBERS BENEFIT CORP.

D Employer Identification Number (EIN)
46-1357384

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 84-0467907

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**

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)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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

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

MEMBERS 401(k) ADVANTAGE

REPORT ON AUDITS OF FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2020 AND 2019
AND FOR THE YEAR ENDED DECEMBER 31, 2020

MEMBERS 401(k) ADVANTAGE

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Templeton
ACCOUNTANTS & ADVISORS

Report of Independent Auditors

To Plan Administrator and Those Charged with Governance
MEMBERS 401(k) Advantage
Palm Beach Gardens, Florida

We were engaged to audit the accompanying financial statements of MEMBERS 401(k) Advantage (the Plan) which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019 and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to financial statements.

Management's Responsibility for the Financial Statements

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 financial 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 audits 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, we were not able to obtain sufficient appropriate audit evidence to provide a 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 3, which was certified by Great-West Life & Annuity Insurance Company and Great-West Trust Company, LLC, collectively the Trustee, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certification from the Trustee as of December 31, 2020 and 2019, and for the year ended December 31, 2020, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter 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

Report on Supplemental Information

The supplemental information, Schedule H, line 4a – schedule of delinquent participant contributions and Schedule H, line 4i – schedule of assets (held at end of year), as of or for the year ended December 31, 2020, 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. The supplemental information is the responsibility of Plan management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental information.

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 information, other than that derived from the information certified by the Trustee, have 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.

Templeton & Company, LLP

Fort Lauderdale, Florida
December 29, 2021

MEMBERS 401(k) ADVANTAGE

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2020 and 2019

ASSETS

	2020	2019
Investments:		
Investments, at fair value	$ 114,199,865	$ 105,459,397
Investment, at contract value	8,898,088	7,577,414
Total investments	123,097,953	113,036,811
Receivables:		
Participant notes receivable	2,095,306	2,301,618
Participant contributions	344,386	486,141
Employer contributions	268,674	653,413
Other	-	2,748
Total receivables	2,708,366	3,443,920
Total assets	125,806,319	116,480,731

LIABILITIES AND NET ASSETS AVAILABLE FOR BENEFITS

Liabilities:		
Excess contributions payable	74,681	48,555
Net assets available for benefits	$ 125,731,638	$ 116,432,176

See accompanying notes to financial statements.

MEMBERS 401(k) ADVANTAGE

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 appreciation in fair value of investments	$ 10,195,829
Interest and dividend income	2,786,922
Total investment income	12,982,751
Interest income on participant notes receivable	124,633
Contributions and rollovers:	
Participant	9,287,897
Employer	3,683,803
Rollover	974,851
Total contributions	13,946,551
Total additions	27,053,935
Deductions from net assets attributed to:	
Benefits paid to participants	11,627,783
Administrative expenses	552,212
Total deductions	12,179,995
Changes in net assets before plan transfers	14,873,940
Plan transfers:	
Transfers in from other plans	1,012,507
Transfers out to other plans	(6,586,985)
Total plan transfers, net	(5,574,478)
Change in net assets	9,299,462
Net assets available for benefits:	
Beginning of year	116,432,176
End of year	$ 125,731,638

See accompanying notes to financial statements.

MEMBERS 401(k) ADVANTAGE

NOTES TO FINANCIAL STATEMENTS

Note 1 – Description of Plan

The following description of MEMBERS 401(k) Advantage (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General and eligibility

The Plan is a multiple employer defined contribution plan established on January 1, 2013, amended and restated through the years to comply with tax legislation and maintained by MEMBERS Benefits Corporation (the Sponsor) to provide retirement benefits for employees of participating employers covered under individual employer adoption agreements. The Plan is sponsored by MEMBERS Benefits Corporation. Eligible employers who are members of the Florida Retail Federation may adopt the Plan by way of an adoption agreement (Adopting Employers). The Plan qualifies as a multiple employer plan as described in Section 413(c) of the Internal Revenue Code (IRC). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Each Adopting Employer may designate the parameters for eligibility requirements and participation in the Plan as well as employer contributions, if any. Eligible employees of the Sponsor and Adopting Employers may enter the Plan on various entry dates coinciding with or following the date on which the employees meet the eligibility requirements as outlined within their respective Adopting Employer's specific terms and conditions. Entry dates can be immediately upon employment, monthly, quarterly or semi-annually.

The Plan is administered by designated management of the Sponsor. The Plan's Trustee Committee is responsible for oversight of the Plan, determining the appropriateness of investment offerings, and monitoring investment performance. The Plan uses Great-West Life & Annuity Insurance Company and Great-West Trust Company (collectively, Great-West or the Trustee) for recordkeeping and custodian services. Participant and Adopting Employer contributions are held and managed by the Trustee who invests cash received, interest and dividend income, and makes distributions to participants (subject to the direction of the participants).

Contributions

Each year, participants in the Plan may contribute an amount of their annual compensation as elected by their Adopting Employer, as defined by the Plan, up to the maximum allowed by law, within the limitations prescribed by the Internal Revenue Service (IRS). Participants may also contribute amounts representing distributions from other qualified plans (rollover). For the years ended December 31, 2020 and 2019, individual participant contributions were limited to $19,500 and $19,000, respectively. Participants who are age 50, before the end of the Plan year, are eligible to make catch-up contributions of $6,500 and $6,000, respectively, for the years ended December 31, 2020 and 2019. Participants direct the investment of their contributions into various investment options offered by the Plan. Participants may change their contribution percentages at any time or may elect to completely suspend contributions at any time. Roth deferrals are allowed under the Plan if elected by Adopting Employers.

An Adopting Employer may also make a discretionary profit-sharing contribution and a discretionary matching contribution at an amount determined in accordance with the formula specified in the adoption agreement, if so elected in the adoption agreement. An Adopting Employer may also elect to make safe harbor contributions intended to meet the requirements of Section 401(k)(12) of the IRC, if so elected in the adoption agreement. If an Adopting Employer has elected to make a safe harbor contribution, the Adopting Employer shall provide each participant with written notice of the participant's rights and obligations under the Plan.

Adopting Employer contributions, if any, are recorded in the year for which the contributions apply. Aggregate Adopting Employer contributions for the year ended December 31, 2020 amounted to $3,683,803. Adopting Employer contributions are invested in funds in accordance with the participant's direction and the Plan's provisions. Contributions are subject to certain IRS limitations.

Note 1 – Description of Plan, Continued

Participant accounts

Each participant's account is credited with the participant's contribution and an allocation of (a) their Adopting Employer's matching contributions as well as allocations of their Adopting Employer's profit-sharing contributions, (if any), and (b) Plan earnings or losses and, is charged with his or her withdrawals and an allocation of administrative expenses paid directly by the Plan. Allocations are based on participant earnings or losses, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. All participant contributions are participant-directed and may be invested into various investment options offered by the Plan.

Vesting

Participants are immediately vested in their voluntary contributions, plus actual earnings and losses thereon, and their Adopting Employer's safe harbor contributions, if any, plus actual earnings or losses, thereon. Vesting in the Adopting Employer discretionary or profit-sharing contributions made on behalf of a participant, and earnings or losses thereon, is based in accordance with the schedule specified in the corresponding Adopting Employer's adoption agreement. Adopting Employers may also elect to make safe harbor contributions with automatic enrollment. Participant accounts become fully vested upon reaching normal retirement age (65), death, disability, or termination of the Plan.

Forfeitures

Forfeited nonvested accounts may be used to reduce Plan administrative expenses or offset Adopting Employer contributions. For the year ended December 31, 2020, forfeitures totaling $22,793 were used to offset Adopting Employer contributions. At December 31, 2020 and 2019, forfeited nonvested allocated accounts available for use approximated $169,000 and $175,000, respectively.

Notes receivable from participants

Participants may borrow from their fund accounts a minimum of $1,000 and up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in a participant's account and bear interest at local prevailing rates, as determined quarterly and as of the date of the loan request, ranging from 3.25% - 7.50% at December 31, 2020. Principal and interest is paid ratably through regular payroll deductions. All loans are required to be repaid within a period of five years, except loans to acquire the participant's principal residence which must be repaid in a reasonable period of time, not to exceed thirty years.

Payment of benefits

Upon termination of service due to death, disability, or normal retirement age (65), a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum distribution, or in monthly installments. For termination of service due to other reasons, a participant may choose to leave the vested interest in the Plan if such amounts exceed $5,000 or elect a lump-sum distribution. Participants with vested amounts less than $5,000 must elect a lump-sum distribution. Funds may also be accessed prior to the date they become distributable by way of a financial hardship in accordance with IRS guidelines. Participants may also withdraw their vested account balances at any time on or after age 59½.

Note 1 – Description of Plan, Continued

Administrative expenses

The Plan allows certain administrative expenses to be paid from Plan assets. Certain administrative expenses of maintaining the Plan are paid directly by the Adopting Employers and are not reflected in these financial statements. Investment management fees are charged to the Plan as a reduction of investment return and included in investment income reported by the Plan.

CARES Act

Effective March 27, 2020, President Trump signed into law the Coronavirus Aid Relief and Economic Security Act (CARES Act). The CARES Act, among other things, includes several relief provisions available to tax-qualified retirement plans and their participants. Plan management implemented the following provisions under the CARES Act:

- Special CARES Act distributions up to $100,000;
- Loan repayments suspended up to one year; and
- Temporary waiver of required minimum distributions.

Note 2 – Summary of Significant Accounting Policies

Basis of accounting

The financial statements of the Plan have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Investment valuation and income recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts which are 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. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisor and the Trustee.

Interest income is recognized when earned. Dividends are recorded on the ex-dividend date. Purchases and sales of securities are recorded on a trade-date basis. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Use of estimates

The preparation of financial statements in conformity with U.S. GAAP requires Plan management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes in net assets and disclosure of contingent assets and liabilities. Actual results could differ from those estimates and those differences could be material.

Risks and uncertainties

The Plan provides for various investment securities. Investment securities are exposed to various risks, such as interest rate risk, market risk, liquidity risk and credit risk. Due to the high level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near-term would materially affect participants' account balances and the amounts reported in the financial statements.

Note 2 – Summary of Significant Accounting Policies, Continued

Participant notes receivable

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual method. Related fees are recorded as administrative expenses and are expensed as incurred. No allowance for credit losses has been recorded as of December 31, 2020 and 2019. If a participant ceases to make scheduled repayments and the Plan Administrator deems the participant note receivable to be in default, the note receivable balance is reclassified and a benefit payment recorded.

Payment of benefits

The Plan records benefits when paid.

Excess contributions payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction in contributions. The Plan returned the 2020 and 2019 excess contributions to the applicable participants in the following year.

Plan administration

The management and administration of the Plan is the responsibility of the Sponsor and its designee. The Plan's assets are maintained by Great-West Life Annuity Insurance Company and Great-West Trust Company LLC (collectively, Great-West or the Trustee) as of and for the year ended December 31, 2020. The Trustee invests cash received, interest and dividend income and makes distributions to participants (subject to the direction of participants).

Through December 31, 2020, the Plan's third-party administrator was Pinnacle Financial Services (Pinnacle). Subsequent to December 31, 2020, the Sponsor designated Pentegra Retirement Services as the Plan's third party administrator and servicing agent to perform certain reporting and administrative functions, as well as accounting for participant information. The Sponsor, may, at its discretion, pay the Plan's administrative expenses. Substantially all Plan administrative expenses were paid directly by the Plan for the year ended December 31, 2020.

Uncertain tax positions

U.S. GAAP requires the Plan to assess its uncertain tax positions for the likelihood they would be overturned upon examination by the IRS. In accordance with this guidance, Plan management has determined it does not have any positions at December 31, 2020 that it would be unable to substantiate.

Note 3 – Information Certified by the Trustee

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments and notes receivable from participants, as shown in the statements of net assets available for benefits as of December 31, 2020 and 2019;
- Net investment activity and interest income on participant notes receivable as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2020; and

Note 3 – Information Certified by the Trustee, Continued

- Investment information included in the footnotes and supplemental schedule of assets (held at end of year) as of December 31, 2020.

The Plan's independent auditors did not perform any auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental information.

Note 4 – Fair Value Measurements

Accounting guidance provides a framework for measuring fair value and 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1	Unadjusted quoted prices for identical, unrestricted assets or liabilities in active markets that a plan has the ability to access.
Level 2	Quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means for substantially the full term of the assets or liabilities.
Level 3	Significant unobservable inputs.

The asset 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the applicable methodologies used at December 31, 2020 and 2019. During the year ended December 31, 2020, there were no transfers of financial instruments into or out of Level 3. Following is a description of the valuation methodologies used for assets measured at fair value:

The following is a description of the valuation methodologies used for assets measured at fair value:

Mutual funds – valued at quoted market prices, which represent their daily net asset value (NAV) and, therefore, classified as Level 1. Mutual funds held by the Plan are open-end mutual funds that are traded on national exchanges (active markets).

Self-directed brokerage accounts - valued at the closing price reported in active markets on which the individual securities are traded and are classified as Level 1 within the fair value hierarchy.

Collective trusts – are measured at the NAV of units of the collective trusts. NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it were determined to be probable that the trust would sell its underlying investments for an amount different from the reported NAV. Participant transactions (purchases and sales) may occur daily at NAV.

Note 4 – Fair Value Measurements, Continued

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:

	Fair Value Measurements as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 109,389,744	$ -	$ -	$ 109,389,744
Self-directed brokerage accounts	4,810,121	-	-	4,810,121
Investments, at fair value	$ 114,199,865	$ -	$ -	$ 114,199,865

	Fair Value Measurements as of December 31, 2019			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 52,842,673	$ -	$ -	$ 52,842,673
Self-directed brokerage accounts	3,523,141	-	-	3,523,141
Collective trust funds*	-	-	-	49,093,583
Investments, at fair value	$ 56,365,814	$ -	$ -	$ 105,459,397

* In accordance with subtopic 820-10, certain investments that were measured at contract value have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to present the reconciliation of the fair value hierarchy to line items presented in the statements of net assets available for benefits.

The following table summarizes the collective trust funds measured at fair value based on NAV per share as of December 31, 2019:

Collective trust funds	Fair Value 2019	Unfunded commitments	Redemption frequency	Redemption notice period
Great-West Lifetime 2015 Index	$ 1,656,230	None	Daily	Daily
Great-West Lifetime 2020 Index	6,081,425	None	Daily	Daily
Great-West Lifetime 2025 Index	9,941,998	None	Daily	Daily
Great-West Lifetime 2030 Index	7,789,205	None	Daily	Daily
Great-West Lifetime 2035 Index	7,849,062	None	Daily	Daily
Great-West Lifetime 2040 Index	6,400,590	None	Daily	Daily
Great-West Lifetime 2045 Index	4,675,010	None	Daily	Daily
Great-West Lifetime 2050 Index	2,365,100	None	Daily	Daily
Great-West Lifetime 2055 Index	2,280,009	None	Daily	Daily
Great-West Lifetime 2060 Index	54,954	None	Daily	Daily
Total	$ 49,093,583			

Note 5 – Group Annuity Contract with Insurance Company

The Plan has a traditional fully benefit-responsive investment contract with Great-West Life and Annuity Insurance Company (GWL&A) offered through a group annuity contract, the Guaranteed Interest Fund (GIF). As of December 31, 2020 and 2019, GIF's contract value amounted to $8,898,088 and $7,577,414, respectively. GWL&A maintains the contributions in a general account. The account is credited with earnings in the underlying investments and changed for participant withdrawals and administrative expenses.

Note 5 – Group Annuity Contract with Insurance Company, Continued

Participant's principal and interest are fully guaranteed by the general accounts of GWL&A. The methodology for calculating the interest crediting rate is based on the earnings on the underlying investments, in the entire medium-long-term new portfolio compared to the minimum interest crediting rate, as stated in the contract, and prevailing market conditions. The crediting interest rate is established quarterly by GWL&A. GWL&A is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The contract does not permit GWL&A to terminate the agreement prior to the scheduled maturity date. The average crediting rate for the year ended December 31, 2020 was 1.28%.

The contract meets the fully benefit-responsive investment criteria and, therefore, is reported at contract value. Contract value is the relevant measurement for fully benefit-responsive investment contracts, because it is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan.

Under the terms of the investment contract, participants may direct the withdrawal or transfer transactions of all or a portion of their balance in the investment option at contract value. Contract value, as reported to the Plan by GWL&A, represents contributions made under the contract, plus earnings, less participant withdrawals and expenses.

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

Certain events limit the ability of the Plan to transact at contract value. Such events include, but may not be limited to, amendments to the Plan documents (including complete or partial plan termination or merger with another plan), changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, bankruptcy of the Sponsor or other Sponsor events that cause a significant withdrawal from the Plan, the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA or premature termination of the contract. The Plan Administrator does not believe any events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuer and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow GWL&A to terminate the contract with the Plan and settle at an amount different from contract value. Such events include an uncured violation of the Plan's investment guidelines, a breach of material obligation under the contract, a material misrepresentation or a material amendment to the agreement without consent of GWL&A.

Note 6 – Related Party and Party-In-Interest Transactions

Parties-in-interest are defined under DOL Regulations as any fiduciary of the Plan, any party rendering service to the Plan, the Sponsor, Adopting Employers and certain others. The Plan's investments include shares of certain mutual funds, and a group annuity contract managed, administered and/or issued by the Great-West Life and Annuity Insurance Company, Great-West Trust Company, (collectively, the Trustee or Great-West). Therefore, transactions with Great-West and its affiliates qualify as party-in-interest transactions.

Great-West receives revenue from service providers for services Great-West provides to the mutual funds. This revenue is used to offset certain amounts owed to Great-West for its administrative services. Fees incurred for the Plan for investment management services are included in net appreciation in fair value of investments, which were not covered by revenue sharing. The Plan also made direct payments to service providers which were not covered by revenue sharing.

Note 6 – Related Party and Party-In-Interest Transactions. Continued

During 2020, the Plan directly paid approximately $189,000 to other service providers for advisory, legal, auditing and third-party administrator fees.

Note 7 – Fidelity Bond

The Plan has complied with the fidelity bonding requirements of ERISA.

Note 8 – Plan Termination

Although it has not expressed any intent to do so, the Sponsor 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 will become fully vested in the Adopting Employer contribution portion of their accounts.

Note 9 – Plan Transfers

In the normal course of business, the Sponsor adds Adopting Employers, and assets from the individual qualified plans that the added Adopting Employers previously sponsored are transferred into the Plan, when administratively feasible to do so. Likewise, as Adopting Employers leave the Sponsor and adopt different qualified plans, assets attributable to these outgoing Adopting Employers are transferred out of the Plan.

Note 10 – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits and changes in net assets available for benefits as shown on Form 5500 at December 31, 2020 and 2019 and for the year ended December 31, 2020, with the amounts shown in the financial statements:

	2020	2019
Net assets available for benefits – Form 5500	$ 125,170,757	$ 116,451,872
Reconciling items:		
Participant contributions receivable	344,386	-
Employer contributions receivable	268,674	-
Refunds payable for excess contributions	(52,179)	(19,696)
Net assets available for benefits – financial statements	$ 125,731,638	$ 116,432,176

	2020
Change in net assets – Form 5500	$ 8,718,885
Reconciling items:	
Investment income	19,696
Participant contributions	344,386
Employer contributions	268,674
Corrective distributions	(52,179)
Change in net assets – financial statements	$ 9,299,462

Note 11 – Tax Status

On March 31, 2014, the IRS stated that the Non-Standardized profit-sharing plan with CODA adopted by the Plan, as then designed, qualifies under Section 401(a) of the Internal Revenue Code (IRC) and, therefore, the Plan and the related trust are tax-exempt. The Plan has not received a determination letter specific to the Plan itself.

Note 11 – Tax Status, Continued

The Plan has been amended since adoption, however, the Plan Administrator and the Plan's tax counsel believe that the Plan is being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2017.

Note 12 – Delinquent Participant Contributions

During 2020 and 2019, certain Participating Employers were untimely in remitting certain participant contributions and loan repayments in the amount of $79,559 and $855,530, respectively. Late remittances of participant contributions constitute a prohibited transaction under ERISA section 406, regardless of materiality. Delays in remitting contributions to the Plan were due to administrative errors. The Participating Employers remitted the delinquent participant contributions, as well as related matching contributions, if any, in 2020 and 2019 respectively. Participating Employers will reimburse the affected participant's accounts to compensate those participants for lost income due to the delays. As of the date of this report, the 2020 late remittances have not been corrected and for the 2019 late remittances, $516,616 has been corrected and remitted to the Plan. The remaining balance of the 2019 late contributions totaling $338,914 has not been corrected.

Note 13 – Significant Uncertainties

On March 11, 2020, the World Health Organization categorized Coronavirus Disease 2019 (COVID-19) as a pandemic and the President of the United States of America declared the COVID-19 outbreak a national emergency. The COVID-19 pandemic has led to volatility in financial markets and has affected, and may continue to affect, the market price of Plan assets. The potential economic impact brought by, and the duration of, COVID-19, is difficult to assess or predict and will depend on future developments that are highly uncertain and cannot be predicted. Because the values of the Plan's individual investments have and will fluctuate in response to changing market conditions, the amount of losses that will be recognized in subsequent periods, if any, and the related impact on the Plan's liquidity cannot be determined.

Note 14 – Subsequent Events

Effective February 1, 2021, the Sponsor designated Pentegra Retirement Services as the Plan's third-party administrator and fiduciary.

The Plan evaluated events occurring subsequent to December 31, 2020 through December 29, 2021, the date on which the financial statements were available to be issued, for matters that should be recorded in the financial statements or disclosed in the footnotes thereto.

SUPPLEMENTAL INFORMATION

MEMBERS 401(k) ADVANTAGE

SPONSOR'S EIN: 46-1357384
PLAN NUMBER: 001

SCHEDULE H, Line 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
For the Year Ended December 31, 2020

			Total That Constitute Nonexempt Prohibited Transactions			
Year	Check if Late Loan Repayments Are Included	Participant Contributions Transferred Late To Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and Prohibited Transaction Exemption 2002-51
2019	✓	$ 855,530	$ 338,914	$ 516,616	$ -	$ -
2020	✓	$ 79,559	$ 79,559	$ -	$ -	$ -

MEMBERS 401(k) ADVANTAGE

PLAN SPONSOR'S EIN: 46-1357384
PLAN NUMBER: 001

SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2020

(a)	(b) Identity of issue or similar party:	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Investments:			
	AMANA TRUST GROWTH	Mutual Fund	**	$ 1,895,652
	AMERICAN FUNDS INFLATION LINKED	Mutual Fund	**	83,028
	AMERICAN FUNDS INFLATION LINKED BD R6	Mutual Fund	**	2,236,166
	AMERICAN FUNDS NEW WORLD R6	Mutual Fund	**	440,249
	ARTISAN INTERNATIONAL VALUE INSTL	Mutual Fund	**	882,533
	BLACKROCK STRATEGIC INCOME OPPS K	Mutual Fund	**	745,671
	CLEARBRIDGE LARGE CAP GROWTH	Mutual Fund	**	101,120
	CLEARBRIDGE LARGE CAP GROWTH IS	Mutual Fund	**	5,104,187
	DFA US TARGETED VALUE I	Mutual Fund	**	814
	DODGE & COX INCOME	Mutual Fund	**	5,019,169
	FEDERATED HERMES INSTL HIGH YIELD BD R6	Mutual Fund	**	5,456
	FIDELITY 500 INDEX	Mutual Fund	**	10,670,963
	FIDELITY EMERGING MARKETS INDEX	Mutual Fund	**	93,010
	FIDELITY FOUR-IN-ONE INDEX	Mutual Fund	**	2,485,147
	FIDELITY FREEDOM INDEX 2010 INSTL PREM	Mutual Fund	**	1,078
	FIDELITY FREEDOM INDEX 2015 INSTL PREM	Mutual Fund	**	1,513,371
	FIDELITY FREEDOM INDEX 2020 INSTL PREM	Mutual Fund	**	5,151,695
	FIDELITY FREEDOM INDEX 2025 INSTL PREM	Mutual Fund	**	7,426,761
	FIDELITY FREEDOM INDEX 2030 INSTL	Mutual Fund	**	719
	FIDELITY FREEDOM INDEX 2030 INSTL PREM	Mutual Fund	**	6,847,375
	FIDELITY FREEDOM INDEX 2035 INSTL	Mutual Fund	**	13,234
	FIDELITY FREEDOM INDEX 2035 INSTL PREM	Mutual Fund	**	9,111,538
	FIDELITY FREEDOM INDEX 2040 INSTL	Mutual Fund	**	117,879
	FIDELITY FREEDOM INDEX 2040 INSTL PREM	Mutual Fund	**	6,087,173
	FIDELITY FREEDOM INDEX 2045 INSTL	Mutual Fund	**	11,065
	FIDELITY FREEDOM INDEX 2045 INSTL PREM	Mutual Fund	**	4,960,570
	FIDELITY FREEDOM INDEX 2050 INSTL	Mutual Fund	**	80,518
	FIDELITY FREEDOM INDEX 2050 INSTL PREM	Mutual Fund	**	2,437,882
	FIDELITY FREEDOM INDEX 2055 INSTL	Mutual Fund	**	4,383
	FIDELITY FREEDOM INDEX 2055 INSTL PREM	Mutual Fund	**	2,402,033
	FIDELITY FREEDOM INDEX 2060 INSTL	Mutual Fund	**	4,836
	FIDELITY FREEDOM INDEX 2060 INSTL PREM	Mutual Fund	**	95,584
	FIDELITY FREEDOM INDEX 2065 INSTL	Mutual Fund	**	1,359
	FIDELITY FREEDOM INDEX 2065 INSTL PRM	Mutual Fund	**	7,818
	FIDELITY FREEDOM INDEX INC INSTL PREM	Mutual Fund	**	50,186
	FIDELITY INFLATION PROTECTED	Mutual Fund	**	66,091
	FIDELITY INFLATION PROTECTED BOND INDEX	Mutual Fund	**	305,371
	FIDELITY INTERMEDIATE TREASURY BOND IDX	Mutual Fund	**	24,621
	FIDELITY INTERNATIONAL INDEX	Mutual Fund	**	3,562,344
	FIDELITY LARGE CAP GROWTH INDEX	Mutual Fund	**	271,446
	FIDELITY LARGE CAP VALUE INDEX	Mutual Fund	**	5,423,101
	FIDELITY MID CAP INDEX	Mutual Fund	**	4,707,074
	FIDELITY SMALL CAP INDEX	Mutual Fund	**	6,257,374
	FIDELITY TOTAL MARKET INDEX	Mutual Fund	**	5,728
	FIDELITY US BOND INDEX	Mutual Fund	**	2,926,777
	INVESCO CONVERTIBLE SECURITIES R6	Mutual Fund	**	53,065
	JPMORGAN EQUITY INCOME R6	Mutual Fund	**	47,141
	JPMORGAN SMALL CAP EQUITY R6	Mutual Fund	**	358,157
	PIMCO INT BOND (USD-HEDGED) INST	Mutual Fund	**	4,538
	PRINCIPAL MIDCAP R6	Mutual Fund	**	1,408,807
	PRINCIPAL REAL ESTATE SECURITIES	Mutual Fund	**	32,656
	PRINCIPAL REAL ESTATE SECURITIES FD R-6	Mutual Fund	**	226,046

MEMBERS 401(k) ADVANTAGE

PLAN SPONSOR'S EIN: 46-1357384
PLAN NUMBER: 001

SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED
December 31, 2020

(a)	(b) Identity of issue or similar party:	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	VANGUARD BALANCED INDEX ADM	Mutual Fund	**	4,196,666
	VANGUARD CONSUMER STAPLES INDEX ADM	Mutual Fund	**	10,411
	VANGUARD INTERNATIONAL GROWTH	Mutual Fund	**	111,119
	VANGUARD INTERNATIONAL GROWTH ADM	Mutual Fund	**	2,269,680
	VANGUARD SHORT-TERM CORP BD IDX ADMIRAL	Mutual Fund	**	239,868
	VANGUARD TOTAL INTL BD IDX ADMIRAL	Mutual Fund	**	59,178
	VANGUARD WELLESLEY INCOME ADM	Mutual Fund	**	732,263
*	CHARLES SCHWAB BROKERAGE ACCOUNT	Self-directed brokerage accounts	**	412,324
*	RAYMOND JAMES BROKERAGE ACCOUNTS	Self-directed brokerage accounts	**	2,774,502
*	AMERIPRISE FINANCIAL BROKERAGE ACCOUNT	Self-directed brokerage accounts	**	1,623,295
*	GREAT-WEST GUARANTEED INTEREST FUND	Guaranteed Account	**	8,898,088
	Total Investments			123,097,953
*	Participant Notes Receivable	Loans to participants, interest rates from 3.25% - 7.50%, various maturities.	-	2,095,306
	Total assets held			$ 125,193,259

** Indicates party-in-interest to the Plan*
*** Cost is omitted for participant directed investments*

NAME OF PARTICIPATING EMPLOYER	EIN	PERCENT OF TOTAL CONTRIBUTIONS
ACCESS HEALTH CARE PHYSICIANS, LLC	45-1444883	38.21%
BRIGHTWAY INSURANCE, INC.	76-0738082	8.05%
COMITER, SINGER, BASEMAN, & BRAUN, LLP	65-0859082	5.01%
COMPASSIONATE MEDICAL CENTER, LLC.	20-2663922	0.87%
COMPREHENSIVE HEMATOLOGY ONCOLOGY, LLC.	59-3363610	2.71%
CONTINENTAL NATIONAL BANK	59-1521267	0.15%
EVERGLADES FARM EQUIPMENT COMPANY, INC.	59-1000566	8.85%
FAIA MEMBER SERVICES, INC.	59-0247064	4.94%
FOX MCCLUSKEY BUSH ROBISON, PLLC.	65-0742932	2.03%
FRANK H. FURMAN, INC.	59-0991708	4.08%
FREEDOM SENIOR MANAGEMENT, LLC	80-0861620	3.50%
FRL AUTOMOTIVE, LLC	20-0989689	7.34%
HALSEY & GRIFFITH INC.	59-0280050	1.49%
HUNT INSURANCE GROUP, LLC.	20-4779175	0.40%
INTRACOASTAL BANK	26-1783674	0.45%
LYTAL REITER SMITH IVEY & FRONRATH LLP	59-2580237	2.77%
MIRRA HEALTHCARE, LLC	45-3706770	0.66%
Phoenix American	82-3467929	0.71%
PRECISION FIRE SYSTEMS, INC	46-4180954	0.93%
R.V. JOHNSON AGENCY, INC.	65-0368682	2.24%
SCHLITT INSURANCE SERVICES, INC.	59-2723835	0.83%
STONEHENGE INSURANCE SOLUTIONS, INC.	26-1142149	0.00%
SURGICAL DEVELOPMENT SYSTEMS, INC.	65-0865598	0.64%
TRUST MANAGEMENT GROUP	59-2985259	1.08%
WELLCOME OM INTEGRAL HEALING & EDUCATION CENTER, LLC	81-5309222	0.00%
WILLOUGHBY GOLF CLUB	65-0097237	2.08%
		100%

Plan Name – **Members 401(k) Advantage**

- EIN – **46-1357384**
- Plan # - **001**
- Plan Year – **12/31/2020**

Financials are late, as a result of the prior third party administrator refusing to handover information that would describe a discrepancy in total plan assets.

Anthony Saxbaum
Plan Sponsor
10/25/2021

Plan Name – **Members 401(k) Advantage**

- EIN – **46-1357384**
- Plan # - **001**
- Plan Year – **12/31/2020**

Financials are late, as a result of the prior third party administrator refusing to handover information that would describe a discrepancy in total plan assets.

Anthony Saxbaum
Plan Sponsor
10/25/2021

MEMBERS 401(k) ADVANTAGE

PLAN SPONSOR'S EIN: 46-1357384
PLAN NUMBER: 001

SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2020

(a)	(b) Identity of issue or similar party:	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Investments:			
	AMANA TRUST GROWTH	Mutual Fund	**	$ 1,895,652
	AMERICAN FUNDS INFLATION LINKED	Mutual Fund	**	83,028
	AMERICAN FUNDS INFLATION LINKED BD R6	Mutual Fund	**	2,236,166
	AMERICAN FUNDS NEW WORLD R6	Mutual Fund	**	440,249
	ARTISAN INTERNATIONAL VALUE INSTL	Mutual Fund	**	882,533
	BLACKROCK STRATEGIC INCOME OPPS K	Mutual Fund	**	745,671
	CLEARBRIDGE LARGE CAP GROWTH	Mutual Fund	**	101,120
	CLEARBRIDGE LARGE CAP GROWTH IS	Mutual Fund	**	5,104,187
	DFA US TARGETED VALUE I	Mutual Fund	**	814
	DODGE & COX INCOME	Mutual Fund	**	5,019,169
	FEDERATED HERMES INSTL HIGH YIELD BD R6	Mutual Fund	**	5,456
	FIDELITY 500 INDEX	Mutual Fund	**	10,670,963
	FIDELITY EMERGING MARKETS INDEX	Mutual Fund	**	93,010
	FIDELITY FOUR-IN-ONE INDEX	Mutual Fund	**	2,485,147
	FIDELITY FREEDOM INDEX 2010 INSTL PREM	Mutual Fund	**	1,078
	FIDELITY FREEDOM INDEX 2015 INSTL PREM	Mutual Fund	**	1,513,371
	FIDELITY FREEDOM INDEX 2020 INSTL PREM	Mutual Fund	**	5,151,695
	FIDELITY FREEDOM INDEX 2025 INSTL PREM	Mutual Fund	**	7,426,761
	FIDELITY FREEDOM INDEX 2030 INSTL	Mutual Fund	**	719
	FIDELITY FREEDOM INDEX 2030 INSTL PREM	Mutual Fund	**	6,847,375
	FIDELITY FREEDOM INDEX 2035 INSTL	Mutual Fund	**	13,234
	FIDELITY FREEDOM INDEX 2035 INSTL PREM	Mutual Fund	**	9,111,538
	FIDELITY FREEDOM INDEX 2040 INSTL	Mutual Fund	**	117,879
	FIDELITY FREEDOM INDEX 2040 INSTL PREM	Mutual Fund	**	6,087,173
	FIDELITY FREEDOM INDEX 2045 INSTL	Mutual Fund	**	11,065
	FIDELITY FREEDOM INDEX 2045 INSTL PREM	Mutual Fund	**	4,960,570
	FIDELITY FREEDOM INDEX 2050 INSTL	Mutual Fund	**	80,518
	FIDELITY FREEDOM INDEX 2050 INSTL PREM	Mutual Fund	**	2,437,882
	FIDELITY FREEDOM INDEX 2055 INSTL	Mutual Fund	**	4,383
	FIDELITY FREEDOM INDEX 2055 INSTL PREM	Mutual Fund	**	2,402,033
	FIDELITY FREEDOM INDEX 2060 INSTL	Mutual Fund	**	4,836
	FIDELITY FREEDOM INDEX 2060 INSTL PREM	Mutual Fund	**	95,584
	FIDELITY FREEDOM INDEX 2065 INSTL	Mutual Fund	**	1,359
	FIDELITY FREEDOM INDEX 2065 INSTL PRM	Mutual Fund	**	7,818
	FIDELITY FREEDOM INDEX INC INSTL PREM	Mutual Fund	**	50,186
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MEMBERS 401(k) ADVANTAGE

PLAN SPONSOR'S EIN: 46-1357384
PLAN NUMBER: 001

SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED
December 31, 2020

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