

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

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>403(B) THRIFT PLAN FOR EMPLOYEES OF THE COMMUNITY ACTION COMMISSION OF ERIE, HURON & RICHLAND COUNTIES, INC.</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1994</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1994</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1994</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CAC OF ERIE, HURON & RICHLAND COUNTIES, INC.</u> <u>908 SEEVERS WAY</u> <u>SANDUSKY, OH 44870-4659</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-1001269</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>419-626-4320</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>611000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-1001269</u>	2c Plan Sponsor's telephone number <u>419-626-4320</u>	2d Business code (see instructions) <u>611000</u>	
2b Employer Identification Number (EIN) <u>34-1001269</u>					
2c Plan Sponsor's telephone number <u>419-626-4320</u>					
2d Business code (see instructions) <u>611000</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/03/2022	JANICE W. WARNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name CAC OF ERIE, HURON, & RICHLAND COUNTIES, INC. c Plan Name ERIE-HURON COUNTIES COMMUNITY ACTION COMMISSION, INC. 403B PLAN		4b EIN 34-1001269 4d PN 001	
5 Total number of participants at the beginning of the plan year		5	119
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)	77
a(2) Total number of active participants at the end of the plan year		6a(2)	101
b Retired or separated participants receiving benefits.....		6b	
c Other retired or separated participants entitled to future benefits		6c	44
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	145
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	1
f Total. Add lines 6d and 6e		6f	146
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	102
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	1
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: 2G 2L 2M 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) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>2</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
A Name of plan 403(B) THRIFT PLAN FOR EMPLOYEES OF THE COMMUNITY ACTION COMMISSION OF ERIE, HURON & RICHLAND COUNTIES, INC.	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CAC OF ERIE, HURON & RICHLAND COUNTIES, INC.	D Employer Identification Number (EIN) 34-1001269

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.
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1 Coverage Information:

(a) Name of insurance carrier
MUTUAL OF AMERICA

(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
13-1614399	88668	062150J	71	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
0	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

(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
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(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	47307
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	226165

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	15413
	(2) Dividends and credits.....	7c(2)	
	(3) Interest credited during the year.....	7c(3)	348
	(4) Transferred from separate account.....	7c(4)	33021
	(5) Other (specify below)	7c(5)	
	▶		
	(6) Total additions	7c(6)	48782
d	Total of balance and additions (add lines 7b and 7c(6))	7d	48782
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1431
	(2) Administration charge made by carrier.....	7e(2)	44
	(3) Transferred to separate account.....	7e(3)	
	(4) Other (specify below)	7e(4)	
	▶		
	(5) Total deductions	7e(5)	1475
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	47307

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE 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
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
A Name of plan 403(B) THRIFT PLAN FOR EMPLOYEES OF THE COMMUNITY ACTION COMMISSION OF ERIE, HURON & RICHLAND COUNTIES, INC.	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CAC OF ERIE, HURON & RICHLAND COUNTIES, INC.	D Employer Identification Number (EIN) 34-1001269

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.
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1 Coverage Information:

(a) Name of insurance carrier
VOYA LIFE INSURANCE AND ANNUITY 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
71-0294708	86509	VF7061	51	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 948	(b) Total amount of fees paid 0
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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
TOBIAS CARDONE
2760 CENTENNIAL ROAD
TOLEDO, OH 43617

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
948	0	ALLOCATED NON-CASH COMP.	3

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

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

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

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

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

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

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

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

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

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

(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	372742
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	408148

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ UNALLOCATED ANNUITY

b	Balance at the end of the previous year	7b	455741
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c	Additions: (1) Contributions deposited during the year	7c(1)	2585	
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	13174	
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below)	7c(5)		
	▶			

(6) Total additions	7c(6)	15759
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d Total of balance and additions (add lines 7b and 7c(6))	7d	471500
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	95678	
	(2) Administration charge made by carrier.....	7e(2)	838	
	(3) Transferred to separate account.....	7e(3)		
	(4) Other (specify below)	7e(4)	2241	
	▶ LOAN DISBURSEMENTS			

(5) Total deductions	7e(5)	98757
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	372743
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

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

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan 403(B) THRIFT PLAN FOR EMPLOYEES OF THE COMMUNITY ACTION COMMISSION OF ERIE, HURON & RICHLAND COUNTIES, INC.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CAC OF ERIE, HURON & RICHLAND COUNTIES, INC.	D Employer Identification Number (EIN) 34-1001269	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
FIDELITY INVESTMENTS	82 DEVONSHIRE STREET BOSTON, MA 02109

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
VANGUARD	PO BOX 2600 VALLEY FORGE, PA 19482-2600

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
DWS	222 SOUTH RIVERSIDE PLAZA CHICAGO, IL 60606-5808

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
INVESCO OPPENHEIMER	PO BOX 5270 DENVER, CO 80217-5270

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

AMERICAN CENTURY INVESTMENTS

PO BOX 419786
KANSAS CITY, MO 64141-6786

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

CALVERT

4550 MONTGOMERY AVENUE SUITE 1000N
BETHESDA, MD 20814

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

AMERICAN FUNDS

333 SOUTH HOPE STREET
LOS ANGELES, CA 90071

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

PIMCO

840 NEWPORT CENTER DR
NEWPORT BEACH, CA 92660

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

T. ROW PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

MFS

111 HUNTINGTON AVE
BOSTON, MA 02199

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

VICTORY FUNDS

4900 TIEDEMAN ROAD, 4TH FLOOR
BROOKLYN, OH 44144

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

NEUBERGER BERMAN

1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

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

GOLDMAN SACHS VIT FUNDS

200 WEST STREET
NEW YORK, NY 10282

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

DELAWARE FUNDS

ONE COMMERCE SQUARE, 2005 MARKET ST
PHILADELPHIA, PA 19103

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

VOYA RETIREMENT INSURANCE

PO BOX 990067
HARTFORD, CT 06199-0067

71-0294708

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

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

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

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

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

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)

MUTUAL OF AMERICA INVESTMENT CORP

320 PARK AVENUE
NEW YORK, NY 10022

(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?
12 15 65	INSURANCE CARRIER	92	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan <u>403(B) THRIFT PLAN FOR EMPLOYEES OF THE COMMUNITY ACTION COMMISSION OF ERIE, HURON & RICHLAND COUNTIES, INC.</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CAC OF ERIE, HURON & RICHLAND COUNTIES, INC.</u>	D Employer Identification Number (EIN) <u>34-1001269</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEPARATE ACCOUNT NUMBER XS2</u>		
b Name of sponsor of entity listed in (a): <u>MUTUAL OF AMERICA</u>		
c EIN-PN <u>13-1614399-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>226165</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MAP CONTRACT SEPARATE ACCOUNT D</u>		
b Name of sponsor of entity listed in (a): <u>VOYA RETIRMENT INURANCE & ANNUITY CO</u>		
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>408148</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>403(B) THRIFT PLAN FOR EMPLOYEES OF THE COMMUNITY ACTION COMMISSION OF ERIE, HURON & RICHLAND COUNTIES, INC.</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CAC OF ERIE, HURON & RICHLAND COUNTIES, INC.</u>	D Employer Identification Number (EIN) <u>34-1001269</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash.....	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	3148	15374
	(2) Participant contributions.....	1b(2)	394	16830
	(3) Other	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)	18855	3962
	(9) Value of interest in common/collective trusts	1c(9)	556142	
	(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)		634313
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	455741	420049
	(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	1034280 1090528
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1034280 1090528

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	45587
	(B) Participants	2a(1)(B)	73007
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	118594
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	153
	(F) Other	2b(1)(F)	12980
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	13133
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	
(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)	
(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)	

		(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)		98932
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		230659

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	171676	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		171676
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other.....	2i(4)	2735	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2735
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		174411

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		56248
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ 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: **BARNES WENDLING CPAS, INC.**

(2) EIN: **34-1463411**

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

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time

period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

	Yes	No	Amount
4a	X		23981

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		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?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n		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)	
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 403(B) THRIFT PLAN FOR EMPLOYEES OF THE COMMUNITY ACTION COMMISSION OF ERIE, HURON & RICHLAND COUNTIES, INC.	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CAC OF ERIE, HURON & RICHLAND COUNTIES, INC.	D Employer Identification Number (EIN) 34-1001269

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): 13-3590259 71-0294708		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.			
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.				
5	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6	a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
	b Enter the amount contributed by the employer to the plan for this plan year	6b		
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.				
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☒ No	☐ N/A

Part III	Amendments
----------	------------

9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
---	---	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
---------	--

10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2020
v. 200204

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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 _____

**403(B) THRIFT PLAN FOR EMPLOYEES OF THE COMMUNITY ACTION
COMMISSION OF ERIE, HURON & RICHLAND COUNTIES, INC.
F/K/A ERIE-HURON COUNTIES
COMMUNITY ACTION COMMISSION, INC. 403(B) PLAN**

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES**

**DECEMBER 31, 2020 AND 2019
AND YEAR ENDED DECEMBER 31, 2020**

**403(B) THRIFT PLAN FOR EMPLOYEES OF THE COMMUNITY ACTION
COMMISSION OF ERIE, HURON & RICHLAND COUNTIES, INC. F/K/A
ERIE-HURON COUNTIES COMMUNITY
ACTION COMMISSION, INC. 403(B) PLAN**

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
403(b) THRIFT PLAN for Employees of the COMMUNITY ACTION
COMMISSION OF ERIE, HURON & RICHLAND COUNTIES, INC.
F/K/A Erie-Huron Counties Community Action Commission, Inc. 403(b) Plan
Sandusky, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements 403(b) THRIFT PLAN for Employees of the COMMUNITY ACTION COMMISSION OF ERIE, HURON & RICHLAND COUNTIES, INC. F/K/A Erie-Huron Counties Action Commission, Inc. 403(b) Plan (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2020 and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide 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 (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information identified in Note C, which was certified by Voya Retirement Insurance and Annuity Company (VRIAC) and Mutual of America Life Insurance Company (Mutual of America), the custodians of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the custodians as of and for the year ended December 31, 2020, that the information provided to the plan administrator by the custodians is complete and accurate.

INDEPENDENT AUDITORS' REPORT (CONTINUED)

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 on the 2020 financial statements. Accordingly, we do not express an opinion on the 2020 financial statements referred to in the first paragraph.

Other Matter - Supplemental Schedules

The supplemental schedules as listed in the table of contents as of and for the year ended December 31, 2020, are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, and are presented for the purpose of additional analysis and are not a required part of the financial statements. 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 schedules referred to above.

Other Matter - 2019 Financial Statements

The financial statements as of and for the year ended December 31, 2019, were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by VRIAC, the custodian of the Plan. Their report, dated October 14, 2020, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the custodian, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Form and Content in Compliance With DOL Rules and Regulations 2020

The form and content of the information included in the 2020 financial statements and supplemental schedules, other than that derived from the information certified by the custodians, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Barnes Wendling CPAs

Cleveland, Ohio
September 12, 2022

**403(B) THRIFT PLAN FOR EMPLOYEES OF THE COMMUNITY ACTION
COMMISSION OF ERIE, HURON & RICHLAND COUNTIES, INC.
F/K/A ERIE-HURON COUNTIES COMMUNITY ACTION COMMISSION, INC.
403(B) PLAN**

Statements of Net Assets Available for Benefits

	December 31,	
	2020	2019
ASSETS		
Investments, at fair value:		
Guaranteed investment contracts	\$ 372,742	\$ 455,741
Pooled separate accounts	634,313	556,142
	<u>1,007,055</u>	<u>1,011,883</u>
 Fully benefit-responsive investment contract at contract value:		
Guaranteed investment contract	47,307	-0-
 Receivables:		
Notes receivable from participants	3,962	18,855
Participant contributions receivable	16,830	394
Employer contributions receivable	15,374	3,148
	<u>36,166</u>	<u>22,397</u>
 Net assets available for benefits	 <u>\$ 1,090,528</u>	 <u>\$ 1,034,280</u>

See Notes to Financial Statements

**403(B) THRIFT PLAN FOR EMPLOYEES OF THE COMMUNITY ACTION
COMMISSION OF ERIE, HURON & RICHLAND COUNTIES, INC.
F/K/A ERIE-HURON COUNTIES COMMUNITY ACTION COMMISSION, INC.
403(B) PLAN**

**Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2020**

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 98,932	
Interest	<u>12,980</u>	\$ 111,912

Interest income on notes receivable from participants		153
---	--	-----

Contributions:

Participant	73,007	
Employer	<u>45,587</u>	<u>118,594</u>
Total additions		230,659

Deductions from net assets attributed to:

Benefits paid to participants	171,676	
Administrative expenses	<u>2,735</u>	<u>174,411</u>
Total deductions		
Net increase		56,248

Net assets available for benefits:

Beginning of year		<u>1,034,280</u>
End of year		<u>\$ 1,090,528</u>

See Notes to Financial Statements

403(B) THRIFT PLAN FOR EMPLOYEES OF THE COMMUNITY ACTION COMMISSION OF ERIE, HURON & RICHLAND COUNTIES, INC. F/K/A ERIE-HURON COUNTIES COMMUNITY ACTION COMMISSION, INC. 403(B) PLAN

Notes to Financial Statements

December 31, 2020 and 2019 and Year Ended December 31, 2020

NOTE A - DESCRIPTION OF PLAN

The following description of 403(b) THRIFT PLAN for Employees of the COMMUNITY ACTION COMMISSION OF ERIE, HURON & RICHLAND COUNTIES, INC. (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

In conjunction with a transfer of assets and a change in a service provider, the Plan was amended and restated effective February 1, 2020. The Plan name was also changed to 403(b) THRIFT PLAN for Employees of the COMMUNITY ACTION COMMISSION OF ERIE, HURON & RICHLAND COUNTIES, INC. from its former name, which was Erie-Huron Counties Community Action Commission, Inc. 403(b) Plan.

General

The Plan is a defined contribution plan covering substantially all employees of Community Action Commission of Erie, Huron & Richland Counties, Inc. (the Organization, Plan Sponsor, and Plan Administrator). The Organization is a Section 501(c)(3) organization. All employees, except non-resident aliens with no U.S. source income, of the Organization are immediately eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Setting Every Community Up for Retirement Enhancement Act of 2019 (the SECURE ACT), passed in December 2019, delayed the commencement date for required minimum distributions. A written amendment to the Plan to reflect this operational change will be adopted at a later date in accordance with applicable laws and Internal Revenue Service (IRS) guidance.

The Coronavirus Aid, Relief, and Economic Security Act (the CARES act), passed in March 2020, allowed certain eligible individuals to receive coronavirus-related distributions, provided for relief of loan repayment, and suspended required distributions. A written amendment to the Plan to reflect this operational change will be adopted at a later date in accordance with applicable laws and IRS guidance.

**403(B) THRIFT PLAN FOR EMPLOYEES OF THE COMMUNITY ACTION COMMISSION OF ERIE, HURON & RICHLAND COUNTIES, INC. F/K/A ERIE-HURON COUNTIES COMMUNITY ACTION COMMISSION, INC.
403(B) PLAN**

**Notes to Financial Statements
December 31, 2020 and 2019 and Year Ended December 31, 2020**

NOTE A - DESCRIPTION OF PLAN (CONTINUED)

Contributions

Participants may elect to defer up to 100% of their compensation as defined by the Plan on a pre-tax basis. Effective February 1, 2020, participants may designate their elective deferrals as Roth contributions as described in Section 402A of the Internal Revenue Code (the Code). The Plan also provides for catch-up contributions for participants who reach the age of 50 by the end of the Plan year and special catch-up contributions for employees who have completed at least 15 years of service as defined by the Plan. The Plan provides for the acceptance of rollover contributions from other plans qualified under the Code.

The Plan provides for employer matching contributions for participants with twelve months of credited service as defined by the Plan, of 100% of the participants' elective deferral contributions up to 1% of compensation as defined by the Plan.

Prior to February 1, 2020, the Plan provided for non-elective contributions for participants with 500 hours of credited service, regardless of the participants' elective deferrals to the Plan, of 2% of compensation as defined by the Plan. After January 31, 2020, the Plan provides for employer base contributions for participants with twelve months of credited service as defined by the Plan, regardless of the participants' elective deferrals to the Plan, of 2% of compensation as defined by the Plan.

Prior to February 1, 2020, employees classified as temporary employees were not eligible to receive employer matching or employer base contributions.

Participants direct the investment of their contributions into various options offered by the Plan. Contributions are subject to certain IRS limitations.

Participant Accounts

Each participant's account is credited with the participant's contributions, the Organization's contributions, as well as an allocation of Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based upon participant account earnings, account balances, participant transactions, or compensation as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**403(B) THRIFT PLAN FOR EMPLOYEES OF THE COMMUNITY ACTION COMMISSION OF ERIE, HURON & RICHLAND COUNTIES, INC. F/K/A ERIE-HURON COUNTIES COMMUNITY ACTION COMMISSION, INC.
403(B) PLAN**

**Notes to Financial Statements
December 31, 2020 and 2019 and Year Ended December 31, 2020**

NOTE A - DESCRIPTION OF PLAN (CONTINUED)

Vesting

Participants are vested in their contributions and in the Organization's contributions plus actual earnings thereon upon completion of 1 year of vesting service, as defined by the Plan.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balances. Note receivable terms range from 1 to 5 years, or up to 10 years for the purchase of a primary residence. Notes receivable are secured by the balances in the participants' accounts and bear interest at rates which ranged from 2.71% to 3.53% at December 31, 2020. Principal and interest are paid ratably through weekly payroll deductions. Active participants may have one outstanding loan made from any of the participant's vested accounts in the Plan.

Payment of Benefits

Prior to February 1, 2020, a participant, upon attaining the age of 59 ½ or upon termination of service, could elect to receive a lump-sum amount of his or her vested account balance, substantially equal installments over a period not to exceed the joint life expectancy of the participant and his or her beneficiary, or an annuity, subject to Plan provisions. Subsequent to January 31, 2020, a participant, upon attaining the age of 59 ½ or upon termination of service, could elect to receive a lump-sum amount of his or her vested account balance, regular monthly amounts of \$100 or more, or an annuity, subject to Plan provisions. Upon the death of a participant, the participant's beneficiary may elect a single-sum or a guaranteed lifetime annuity, subject to applicable IRS rules and regulations and Plan provisions. Spousal consent is required for withdrawals by married participants. If the value of the vested benefits credited to the participant's account is \$1,000 or less at the time of termination, the entire amount will be distributed to the participant without the participant's consent in a single-sum payment.

Active participants may make hardship withdrawals of their vested account balances, subject to Plan provisions.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual basis of accounting.

403(B) THRIFT PLAN FOR EMPLOYEES OF THE COMMUNITY ACTION COMMISSION OF ERIE, HURON & RICHLAND COUNTIES, INC. F/K/A ERIE-HURON COUNTIES COMMUNITY ACTION COMMISSION, INC. 403(B) PLAN

Notes to Financial Statements

December 31, 2020 and 2019 and Year Ended December 31, 2020

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation

Investments are reported at fair value (except for a fully benefit-responsive guaranteed investment contract, which is reported 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 custodians. See Note D for discussion of fair value measurements.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2020 and 2019. If a participant ceases to make repayments on a note receivable and the Plan Administrator deems the note receivable to be uncollectible, the balance on the note receivable from the participant is reclassified to benefits paid to participants.

Investment Income Recognition

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Contributions

Participant and employer contributions are recorded and credited to each participant's account as received by the custodians from the Organization. Any contributions attributable to the plan year but not received by the last day of the plan year are recorded as a receivable.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid directly by the Organization and are excluded from these financial statements. Fees related to the administration of benefits paid to participants and notes receivable from participants are charged directly to the participants' accounts and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments on the accompanying statement of changes in net assets available for benefits.

403(B) THRIFT PLAN FOR EMPLOYEES OF THE COMMUNITY ACTION COMMISSION OF ERIE, HURON & RICHLAND COUNTIES, INC. F/K/A ERIE-HURON COUNTIES COMMUNITY ACTION COMMISSION, INC.

403(B) PLAN

Notes to Financial Statements

December 31, 2020 and 2019 and Year Ended December 31, 2020

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Income Taxes

Prior to February 1, 2020, the Organization had adopted a plan document individually designed to meet the requirements of section 403(b) of the Code. The basic plan document and related adoption agreement had not been approved by the IRS, however the Organization and the Plan's tax counsel believed that the Plan was designed and being operated in compliance with applicable requirements of the Code.

On February 1, 2020, the Organization adopted a prototype non-standardized 403(b) plan document, which received an opinion letter from the IRS dated March 31, 2017, that the form of the Plan is acceptable under section 403(b) of the Code. Although the Plan has been amended since receiving the opinion, the Organization and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the Code, therefore, believe that the Plan is qualified, and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Sponsor has analyzed the tax positions taken by the Plan, and has concluded that, as of December 31, 2020 and 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Adoption of Recent Accounting Pronouncement

During the year ended December 31, 2020, the Plan adopted, as required, Financial Accounting Standards Board *Accounting Standards Update (ASU) No. 2018-13, Fair Value Measurement (Topic 820), Disclosure Framework - Changes to the Disclosure Requirements for Fair Value Measurement*, which modifies the disclosure requirements for fair value measurements by modifying and removing certain disclosures. ASU No. 2018-13 is effective for all entities for fiscal years beginning after December 15, 2019.

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**Notes to Financial Statements
December 31, 2020 and 2019 and Year Ended December 31, 2020**

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Subsequent Events

The Plan has evaluated subsequent events through September 12, 2022, the date which the financial statements were available to be issued.

NOTE C - CERTIFICATION

Investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2020 and 2019, net appreciation in fair value of investments, and interest income for the year ended December 31, 2020 were obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by the custodians.

NOTE D - FAIR VALUE MEASUREMENTS

The three levels of the fair value hierarchy, which are based upon the inputs used to measure fair value, are described below:

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

Level 2 - Inputs to the valuation methodology are observable inputs, other than Level 1 prices, such as quoted prices for similar assets or liabilities in active markets, quoted prices in markets that are not sufficiently active to qualify as Level 1, other observable inputs, or inputs that can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 - Inputs to the valuation methodology are significant to the fair value measurement and unobservable (for example, supported by little or no market activity).

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Notes to Financial Statements

December 31, 2020 and 2019 and Year Ended December 31, 2020

NOTE D - FAIR VALUE MEASUREMENTS (CONTINUED)

Financial assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels.

The Plan's investments accounted for at fair value as of December 31, 2020 are summarized below:

	<u>Level 3</u>	<u>Total</u>
Guaranteed investment contracts	<u>\$ 372,742</u>	<u>\$ 372,742</u>
Total investments in the fair value hierarchy	<u>\$ 372,742</u>	372,742
Investments measured at net asset value		<u>634,313</u>
Total investments at fair value		<u>\$ 1,007,055</u>

The Plan's investments accounted for at fair value as of December 31, 2019 are summarized below:

	<u>Level 3</u>	<u>Total</u>
Guaranteed investment contracts	<u>\$ 455,741</u>	<u>\$ 455,741</u>
Total investments in the fair value hierarchy	<u>\$ 455,741</u>	455,741
Investments measured at net asset value		<u>556,142</u>
Total investments at fair value		<u>\$ 1,011,883</u>

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Notes to Financial Statements

December 31, 2020 and 2019 and Year Ended December 31, 2020

NOTE D - FAIR VALUE MEASUREMENTS (CONTINUED)

The 2019 financial statements reported all investments at Level 2 within the fair value hierarchy. The classification of certain guaranteed investment contracts has been revised to Level 3 to conform to the current year reporting presentation. In determining the reasonableness of the fair value of the Level 3 investments, Plan management reviews the terms of the contracts and information provided by Voya Retirement Insurance and Annuity Company's (VRIAC) and Mutual of America Life Insurance Company (Mutual of America).

Following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the valuation methodologies used as of December 31, 2021 and 2020.

Pooled separate accounts (See Note E) are valued at the net asset values of units held by the Plan at year end. The net asset values, as provided by the custodians, are used as a practical expedient to estimate fair values. The net asset values are based on quoted market prices of the underlying investments, net of insurance company fees and expenses less their liabilities. This practical expedient is not used when it is determined to be probable that the accounts will sell the investments for amounts different than their reported net asset values.

Certain investment contracts with insurance companies (see Note F) are valued at fair value, which is equal to their contract value per a valuation performed by VRIAC. Quantitative information about significant unobservable inputs is not readily available. Because the participants generally transact at contract value, fair value is determined annually for financial statement reporting purposes only.

The methods described above may produce fair value calculations that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair values of certain financial instruments could result in different fair value measurements as of the reporting date.

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Notes to Financial Statements

December 31, 2020 and 2019 and Year Ended December 31, 2020

NOTE D - FAIR VALUE MEASUREMENTS (CONTINUED)

The table below sets forth a summary of certain changes in fair value of the Plan's level 3 assets for the year ended December 31, 2020:

	Guaranteed Investment Contracts
Purchases - deposits	\$ 2,779
Purchases - interest credited	12,980
Transfers in	-0-
Transfers out	-0-

NOTE E - POOLED SEPARATE ACCOUNTS

The Plan has investments in VRIAC pooled separate accounts of \$408,148 and \$556,142 at December 31, 2020 and 2019, respectively. There are no restrictions on transfer or withdrawals from these accounts. The investment strategies of the pooled separate accounts with a balance in excess of 5% of total assets as of December 31, 2020 and 2019 are as follows:

Fidelity VIP Contrafund Portfolio (Initial Class) seeks long-term capital appreciation.

VY T. Rowe Price Capital Appreciation Portfolio (Class S) seeks over the long-term, a high total investment return consistent with the prudent preservation of capital and with prudent investment risk.

The Plan has investments in Mutual of America's pooled separate accounts of \$226,165 and \$-0- at December 31, 2020 and 2019, respectively. There are no restrictions on transfer or withdrawals from these accounts. There is no single investment within these pooled separate accounts that exceeds 5% of total assets at December 31, 2020 and 2019.

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December 31, 2020 and 2019 and Year Ended December 31, 2020

NOTE F - INVESTMENT CONTRACTS WITH INSURANCE COMPANIES

VRIAC Contracts

The Plan has four traditional guaranteed investment accounts under the contract with VRIAC totaling \$372,742 and \$455,741 at December 31, 2020 and 2019, respectively. Contributions from the Plan are maintained in VRIAC's general account. Under the contracts, the Plan owns a promise by the issuer to pay interest at crediting rates which are announced in advance and declared either on an annual basis or at the discretion of VRIAC based on the terms of the contracts. The crediting rates are based on formulas established by the contracts' issuer. The current rate for the two Voya Fixed Accounts and the Voya Fixed Plus Account is 3.00%. The current rate may change and be higher or lower than the previously identified rate but is guaranteed not to be less than 3.00%. The current rate for the Voya Fixed Plus Account II A account is 1.00%. The current rate may change and be higher or lower than the previously identified rate but is guaranteed not to be less than 1.00%.

These investment accounts under the VRIAC contract do not meet the fully benefit-responsive investment contract criteria and therefore are reported at fair value as determined by VRIAC. Fair values at December 31, 2020 and 2019 are equal to the accounts' contract values. Contract values, as reported to the Plan by VRIAC, represent contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

The accounts include restrictions on the amount and timing of transfers or withdrawals based on a percentage of the investments over a period of years. The Voya Fixed Accounts are subject to transfer restrictions by VRIAC, but will not be less than 10% of the participant's account value held in the fixed accounts and surrender charges may apply, not to exceed 8.5% of the balance. Participant initiated transfers from the Voya Fixed Plus Account II and A Voya Fixed Plus Account are limited to 20% per year, subject to contract provisions. Full withdrawal from the Voya Fixed Plus Account II and the Voya Fixed Plus Account by either the Plan Sponsor or the participant are paid over a series of years with one-fifth at the time of the request, and then one-fourth, one-third, one-half and then the final remaining balance after each twelve-month period from the previous payment, respectively.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations to the Plan may be affected by future economic and regulatory developments. The Plan Sponsor or the issuer may terminate the contracts with written notice. The contract issuer reserves the right to limit future investments in or transfers to the guaranteed investments accounts. Plan level transactions for the Voya Fixed Accounts may allow the issuer to defer payment of any withdrawal for a period of up to six months or as applicable by federal or state law.

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Notes to Financial Statements

December 31, 2020 and 2019 and Year Ended December 31, 2020

NOTE F - INVESTMENT CONTRACTS WITH INSURANCE COMPANIES (CONTINUED)

Mutual of America Contract

The Plan has a traditional investment contract with Mutual of America totaling \$47,307 and \$-0- at December 31, 2020 and 2019, respectively. Contributions from the Plan are maintained in Mutual of America's general account. Under the contract, the Plan owns a promise by the issuer to pay interest at crediting rates which are announced in advance and declared on an annual basis. The crediting rate is based on a formula established by the contract issuer, can be modified at the discretion of the issuer, and is at 1% at December 31, 2020.

This Mutual of America contract meets the fully benefit-responsive investment contract criteria and; therefore, is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct permitted withdrawals or transfers of all or a portion of their account balances at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations to the Plan may be affected by future economic and regulatory developments. The Plan Sponsor or issuer may terminate the contract at any time with notice. If the Plan Sponsor terminates the contract, the issuer reserves the right to defer payment for up to six months following the receipt of the termination. The Plan Sponsor does not believe such events are probable of occurring.

NOTE G - PLAN TERMINATION

Although it has not expressed any intent to do so, the Organization has the right under the Plan to terminate the Plan at any time subject to the provisions set forth in ERISA. In the event of Plan termination, participants will become 100% vested in their total account balances.

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December 31, 2020 and 2019 and Year Ended December 31, 2020**

NOTE H - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE I - TRANSACTIONS WITH PARTIES-IN-INTEREST

Parties-in-interest transactions include the investment in the funds of the custodians and related interest, and the payment of administrative expenses by the Plan. Such transactions are exempt from being prohibited transactions.

VRIAC provides certain administrative services to the Plan. VRIAC received revenue for these services at crediting rates per investment ranging from 0.34% to 1.82% of the funds' balances as of December 31, 2020. These fees reduce the rate of return credited to the Plan for these investments and are netted within net appreciation in fair value of investments on the statement of changes in nets assets available for benefits.

Mutual of America provides certain administrative services to the Plan. Mutual of America received revenue for these services at crediting rates ranging from at 1.49% to 1.97% of the funds' balances as of December 31, 2020. These fees reduce the rate of return credited to the Plan for these investments and are netted within net appreciation in fair value of investments on the statement of changes in nets assets available for benefits.

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**Notes to Financial Statements
December 31, 2020 and 2019 and Year Ended December 31, 2020**

NOTE J - DELINQUENT CONTRIBUTIONS

As required by ERISA Section 2510.3-102, the Organization is required to segregate participant contributions to the Plan from its general assets as soon as practicable, but in no event more than 15 business days following the end of the month in which amounts are withheld from wages.

During 2020 and 2019, the Company did not remit \$23,587 and \$394, respectively, of participant deferrals to the Plan timely. As of December 31, 2020 and 2019, the Plan Sponsor has not yet remitted to the Plan participant deferrals of \$7,673 and \$394 for 2020 and 2019, respectively. The lost earnings associated with all delinquent contributions have not been remitted to the Plan.

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Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

Year Ended December 31, 2020

EIN - 34-1001269

Plan Number - 001

Total that Constitute Nonexempt Prohibited Transactions

Participant Contribution Transferred Late to Plan	Contributions Not Corrected	Contribution Corrected Outside of VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☐				
\$ 394	\$ 394			
1,729	1,729			
2,446	2,446			
2,868	2,868			
2,891	2,891			
2,805	2,805			
530	530			
2,892	2,892			
401	401			
2,145	2,145			
4,880	4,880			
<u>\$ 23,981</u>	<u>\$ 23,981</u>			

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Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2020

EIN - 34-1001269

Plan Number - 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Mutual of America Pooled Separate Accounts			
*	Calvert VP SRI Balance Portfolio	Pooled Separate Account	**	\$ 1,366
*	T. Rowe Price Blue Chip Growth Portfolio	Pooled Separate Account	**	12,912
	<u>Fidelity Variable Insurance Products:</u>			
*	Contrafund Portfolio	Pooled Separate Account	**	3,367
*	Mid Cap Portfolio	Pooled Separate Account	**	2,937
*	Asset Manager Portfolio	Pooled Separate Account	**	6,293
	<u>Mutual of Amercia Investment Corporation:</u>			
*	Aggressive Allocation Fund	Pooled Separate Account	**	1,552
*	Conservative Allocation Fund	Pooled Separate Account	**	36,396
*	Moderate Allocation Fund	Pooled Separate Account	**	22,701
*	2015 Retirement Fund	Pooled Separate Account	**	1,309
*	2020 Retirement Fund	Pooled Separate Account	**	301
*	2025 Retirement Fund	Pooled Separate Account	**	16,977
*	2030 Retirement Fund	Pooled Separate Account	**	49,522
*	2035 Retirement Fund	Pooled Separate Account	**	35,164
*	2040 Retirement Fund	Pooled Separate Account	**	11,617
*	2045 Retirement Fund	Pooled Separate Account	**	554
*	2050 Retirement Fund	Pooled Separate Account	**	2,861
*	2055 Retirement Fund	Pooled Separate Account	**	2,053
*	2060 Retirement Fund	Pooled Separate Account	**	1,510
*	DWS Capital Growth VIP	Pooled Separate Account	**	3,598
*	American Century Investments VP Capital Appreciation Fund	Pooled Separate Account	**	8,725
	<u>Vanguard Variable Insurance Funds:</u>			
*	Diversified Value Portfolio	Pooled Separate Account	**	39
*	Total Bond Market Index Portfolio	Pooled Separate Account	**	4,411
				<u>226,165</u>
	Voya Pooled Separate Accounts			
*	Calvert VP SRI Balanced Portfolio (Class I)	Pooled Separate Account	**	131
*	VY Clarion Real Estate Portfolio (Class S)	Pooled Separate Account	**	9,687
*	Fidelity VIP Contrafund Portfolio (Initial Class)	Pooled Separate Account	**	86,376
*	Fidelity VIP Equity-Income Portfolio (Initial Class)	Pooled Separate Account	**	9,457
*	Fidelity VIP Growth Portfolio (Initial Class)	Pooled Separate Account	**	40,307

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**Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)
December 31, 2020
EIN - 34-1001269
Plan Number - 001**

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Voya Pooled Separate Accounts (Continued)			
*	Invesco Oppenheimer V.I. Global Fund	Pooled Separate Account	**	5,094
*	VY T. Rowe Price Capital Appreciation Portfolio (Class S)	Pooled Separate Account	**	128,162
*	VY T. Rowe Price Growth Equity Portfolio (Class I)	Pooled Separate Account	**	293
*	VY Invesco Equity and Income Portfolio (Class I)	Pooled Separate Account	**	18,133
*	Voya Global Bond Portfolio (Class I)	Pooled Separate Account	**	243
*	Voya Growth and Income Portfolio (Class I)	Pooled Separate Account	**	1,406
*	Voya Index Plus LargeCap Portfolio (Class I)	Pooled Separate Account	**	5,588
*	Voya Index Plus MidCap Portfolio (Class I)	Pooled Separate Account	**	18,501
*	Voya Large Cap Growth Portfolio (Class I)	Pooled Separate Account	**	141
*	Voya Large Cap Value Portfolio (Class I)	Pooled Separate Account	**	22,762
*	Voya MidCap Opportunities Portfolio (Class I)	Pooled Separate Account	**	45,992
*	Voya Government Money Market Portfolio (Class I)	Pooled Separate Account	**	2,871
*	Voya SmallCap Opportunities Portfolio (Class I)	Pooled Separate Account	**	713
*	Voya Solution 2055 Portfolio (Class S)	Pooled Separate Account	**	5,134
*	Voya Strategic Allocation Moderate Portfolio (Class I)	Pooled Separate Account	**	7,157
				<u>408,148</u>
	Investment Contracts in General Accounts of Insurance Companies			
*	Mutual of America Interest Accumulation	Guaranteed Interest Account	**	\$ 47,307
*	Voya Fixed Account - #4550 and #4552	Guaranteed Investment Contract	**	263,405
*	Voya Fixed Plus Account - #4564	Guaranteed Investment Contract	**	51,280
*	Voya Fixed Plus Account II A - #4572	Guaranteed Investment Contract	**	58,057
				<u>420,049</u>
*	Participant Loans	2.71% - 3.53%	-0-	<u>3,962</u>
				<u>\$ 1,058,324</u>

* Represents a party-in-interest to the Plan.

** Cost omitted for participant directed investments.

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Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2020
EIN - 34-1001269
Plan Number - 001

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	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Mutual of America Pooled Separate Accounts			
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*	T. Rowe Price Blue Chip Growth Portfolio	Pooled Separate Account	**	12,912
	<u>Fidelity Variable Insurance Products:</u>			
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**Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)
December 31, 2020
EIN - 34-1001269
Plan Number - 001**

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
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				<u>408,148</u>
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*	Mutual of America Interest Accumulation	Guaranteed Interest Account	**	\$ 47,307
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				<u>420,049</u>
*	Participant Loans	2.71% - 3.53%	-0-	<u>3,962</u>
				<u>\$ 1,058,324</u>

* Represents a party-in-interest to the Plan.

** Cost omitted for participant directed investments.

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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 ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)
- ☒ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ the final return/report
- ☒ an amended return/report ☐ a short plan year return/report (less than 12 months) ▶ ☐
- C** If the plan is a collectively-bargained plan, check here _____ ▶ ☐
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
- ☐ special extension (enter description) _____

Part II Basic Plan Information - enter all requested information**1a** Name of plan
403(B) THRIFT PLAN FOR EMPLOYEES OF THE COMMUNITY ACTION COMMISSION OF ERIE, HURON & RICHLAND COUNTIES, INC.**1b** Three-digit plan number (PN) ▶ **001****1c** Effective date of plan
01/01/1994**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)
CAC OF ERIE, HURON & RICHLAND COUNTIES, INC.**2b** Employer Identification Number (EIN)
34-1001269**2c** Plan Sponsor's telephone number
419-626-4320**2d** Business code (see instructions)
611000**908 SEAVERS WAY****SANDUSKY****OH 44870-4659****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	<i>Janice W. Warner</i>	10-3-20	JANICE W. WARNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

**Form 5500 (2020)
v. 200204**

3a Plan administrator's name and address ☒ Same as Plan Sponsor**3b** Administrator's EIN**3c** Administrator's telephone number**4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:**4b** EIN
34-1001269**4d** PN
001**a** Sponsor's name CAC OF ERIE, HURON, & RICHLAND**c** Plan Name ERIE-HURON COUNTIES COMMUNITY ACTION COMMISSION, INC.**403B PLAN****5** Total number of participants at the beginning of the plan year **5** 119**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)** 77**a(2)** Total number of active participants at the end of the plan year **6a(2)** 101**b** Retired or separated participants receiving benefits **6b****c** Other retired or separated participants entitled to future benefits **6c** 44**d** Subtotal. Add lines 6a(2), 6b, and 6c **6d** 145**e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits **6e** 1**f** Total. Add lines 6d and 6e **6f** 146**g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) **6g** 102**h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested **6h** 1**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:
2G 2L 2M 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) ☒ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☐ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☒ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☐ Trust
- (4) ☐ General assets of the sponsor

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

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information - Small Plan)
- (3) ☒ **2** **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)