

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

- A This return/report is for: [] a multiemployer plan [X] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [] a DFE (specify) [] 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 [X] special extension (enter description) HURRICANE HELENE E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan MEMBERS 401(K) ADVANTAGE 1b Three-digit plan number (PN) 001 1c Effective date of plan 01/01/2013 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MEMBERS BENEFIT CORP. 300 AVENUE OF THE CHAMPIONS, SUITE 230 PALM BEACH GARDENS, FL 33418 2b Employer Identification Number (EIN) 46-1357384 2c Plan Sponsor's telephone number 561-775-0887 2d Business code (see instructions) 813000

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2023) v. 230707

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	3164
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	2914
	6a(2)	3005
	6b	14
	6c	375
	6d	3394
	6e	1
	6f	3395
	6g(1)	1251
6g(2)	1833	
6h	34	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 2F 2G 2J 2K 2T 2U 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)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u> 1 </u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input checked="" type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

A Name of plan MEMBERS 401(K) ADVANTAGE		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MEMBERS BENEFIT CORP.		D Employer Identification Number (EIN) 46-1357384

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

1 Coverage Information:

(a) Name of insurance carrier
GREAT-WEST LIFE & ANNUITY INSURANCE CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	40015-01	293	01/01/2023	12/31/2023

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 15814	(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
GWN SECURITIES INC
RONALD SELLERS
300 AVE OF THE CHAMPIONS, STE 240
PALM BEACH GARDENS, FL 33418

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15814	0	COMMISSIONS	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
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	(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	8849812
5	Current value of plan's interest under this contract in separate accounts at year end.....	5
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year.....	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ GROUP ANNUITY	
b	Balance at the end of the previous year	7b 9372012
c	Additions: (1) Contributions deposited during the year	7c(1) 624372
	(2) Dividends and credits	7c(2) 0
	(3) Interest credited during the year	7c(3) 82802
	(4) Transferred from separate account.....	7c(4) 3650171
	(5) Other (specify below)	7c(5) 86374
	▶ LOAN REPAYMENTS AND FORFEITURES	
	(6) Total additions	7c(6) 4443719
d	Total of balance and additions (add lines 7b and 7c(6))	7d 13815731
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 2593100
	(2) Administration charge made by carrier	7e(2) 24717
	(3) Transferred to separate account.....	7e(3) 2348101
	(4) Other (specify below)	7e(4) 0
	(5) Total deductions	7e(5) 4965918
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f 8849813

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b	Benefit charges (1) Claims paid.....	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2)).....		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies.....	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves.....		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

A Name of plan MEMBERS 401(K) ADVANTAGE	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MEMBERS BENEFIT CORP.	D Employer Identification Number (EIN) 46-1357384	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)... 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

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

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

EMPOWER ANNUITY INSURANCE COMPANY

8515 EAST ORCHARD RD
GREENWOOD VILLAGE, CO 80111

84-0467907

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	304292	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

PENTEGRA SERVICES INC

5350 SEVENTY SEVEN CENTER DR
STE 20
CHARLOTTE, NC 28217

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMIN	159024	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GWN SECURITIES, INC

11440 N JOG RD
PALM BEACH, FL 33418

65-0939556

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	BROKER/ ADVISOR	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	142866	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

MEMBERS BENEFIT CORP

300 AVE OF THE CHAMPIOS
PALM BEACH, FL 33418

(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?
25	TRUSTEE	76686	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPOWER ADVISORTY GROUP LLC

8515 EAST ORCHARD RD
GREENWOOD VILLAGE, CO 80111

84-0467907

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESMENT MGMT	66361	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PROPELLER, INC.

2339 COMMERCE STREET
STE 110
HOUSTON, TX 77002

(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?
99	OTHER	54184	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CREATIVE PLANNING LLC

5454 110TH STREET
OVERLAND PARK, KS 66211

43-1270780

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISORY	53671	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TEMPLETON & COMPANY LLP

222 LAKEVIEW AVE STE 1200
WEST PALM BEACH, FL 33401

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	9861	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CREATIVE PLANNING HOLDCO LLC

5454 110TH STREET
OVERLAND PARK, KS 66211

43-1270780

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	215	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GWN SECURITIES INC	55	143112
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GREAT WEST LIFE & ANNUITY INSURANCE 8515 EAST ORCHARD RD GREENWOOD VILLAGE, CO 80111 84-0467907	OTHER COMMISSION	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan MEMBERS 401(K) ADVANTAGE	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MEMBERS BENEFIT CORP.	D Employer Identification Number (EIN) 46-1357384

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	2299255
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	108667082
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	9372012
(15) Other	1c(15)	4361185
		2192417
		8825008
		4689726
		116621926

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	124699534	132329077
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	74578	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	74578	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	124624956	132329077

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	4197347	
(B) Participants	2a(1)(B)	10315236	
(C) Others (including rollovers)	2a(1)(C)	612991	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		15125574
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	142430	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		142430
(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)	2765980	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2765980
(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)		
(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)		16323798
c Other income	2c		1238
d Total income. Add all income amounts in column (b) and enter total	2d		34359020

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12510842	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)	200157	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		12710999
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		111682
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	143250	
(3) Recordkeeping fees.....	2i(3)	435473	
(4) IQPA audit fees.....	2i(4)	14295	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		593018
j Total expenses. Add all expense amounts in column (b) and enter total	2j		13415699

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		20943321
l Transfers of assets:			
(1) To this plan	2l(1)		49085
(2) From this plan	2l(2)		13288285

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **TEMPLETON & COMPANY**

(2) EIN: **14-1918990**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	179772
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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)
MEMBERS 401(K) ADVANTAGE - LYTAL REITER SMITH IVEY & FRONRATH LLP	59-2580237	001
MEMBERS 401(K) ADVANTAGE - BRIGHTWAY INSURANCE, INC.	76-0738082	001

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>MEMBERS 401(K) ADVANTAGE</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MEMBERS BENEFIT CORP.</u>	D Employer Identification Number (EIN) <u>46-1357384</u>	

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	<u>0</u>
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): <u>84-0467907</u>		
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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702776A.

<p>SCHEDULE MEP (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p>	<p>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</p> <p>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)</p> <p>▶ File as an attachment to Form 5500.</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: 1.2em;">2023</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

<p>A Name of plan MEMBERS 401(K) ADVANTAGE</p>	<p>B Three-digit Plan number (PN) ▶</p>	<p>001</p>
<p>C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF MEMBERS BENEFIT CORP.</p>	<p>D Administrator's EIN 46-1357384</p>	

Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- a association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d other multiple-employer pension plan (Describe) MEP (Complete Part II)

Part II Participating Employer Information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer ACCESS HEALTH CARE PHYSICIANS, LLC	2b EIN 45-1444883	2c Percentage of Total Contributions for the Plan Year 36.02	2d Aggregate Account Balances Attributable to Participating Employer 5448503
2a Name of Participating Employer AURO PROPERTY MANAGEMENT	2b EIN 61-1593220	2c Percentage of Total Contributions for the Plan Year 0.32	2d Aggregate Account Balances Attributable to Participating Employer 48434

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

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

**Schedule MEP (2023)
v. 230728**

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BRIGHTWAY INSURANCE, INC.	76-0738082	5.82	880899
COMITER, SINGER, BASEMAN, & BRAUN, LLP	65-0859082	5.83	881379
COMPASSIONATE MEDICAL CENTER, LLC.	20-2663922	1.09	165544
COMPREHENSIVE HEMATOLOGY ONCOLOGY, LLC.	59-3363610	3.16	478295
CUSTOMER SERVICE & TECHNOLOGY SOLUTIONS, LLC	85-1012413	5.01	757360
EVERGLADES FARM EQUIPMENT COMPANY, INC.	59-1000566	9.69	1465514
FAIA MEMBER SERVICES, INC.	59-0247064	4.99	755429
FOX MCCLUSKEY BUSH ROBISON, PLLC.	65-0742932	1.39	209682
FRANK H. FURMAN, INC.	59-0991708	4.30	650899

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FREEDOM SENIOR MANAGEMENT, LLC	80-0861620	2.11	319167
FRL AUTOMOTIVE, LLC	20-0989689	8.39	1268363
HALSEY & GRIFFITH INC.	59-0280050	1.42	215489
HUDSON FOOD STORES	59-1293293	0.44	67124
LYTAL REITER SMITH IVEY & FRONRATH LLP	59-2580237	0.09	13771
MIRRA HEALTHCARE, LLC	45-3706770	1.60	241280
MIRRA TECH	83-4700448	0.27	40335
OM GROWN COMMUNITY GARDEN, LLC	61-1568569	0.02	2517
PHOENIX AMERICAN	82-3467929	1.27	191616

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PRECISION FIRE SYSTEMS, INC	46-4180954	0.85	128731
PRIME CARE, LLC	20-3851258	0.16	23928
R.V. JOHNSON AGENCY, INC.	65-0368682	1.55	233762
SCHLITT INSURANCE SERVICES, INC.	59-2723835	0.79	119244
SUN SOUTH HEALTH CENTERS LLC	47-4903924	0.09	13471
SUN SOUTH HEALTH CENTERS SOUTH FLORIDA	83-3060633	0.21	32045
SUN SOUTH LOGISTICS	81-5010875	0.00	285
SUN SOUTH LOGISTICS SOUTH FLORIDA	83-4501227	0.03	5204
SURGICAL DEVELOPMENT SYSTEMS, INC.	65-0865598	0.66	100557

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRUST MANAGEMENT GROUP	59-2985259	0.67	101179
WELLCOME OM INTEGRAL HEALING & EDUCATION CENTER, LLC	81-5309222	0.02	2917
WILLOUGHBY GOLF CLUB	65-0097237	1.73	262108
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
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CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III	Pooled Employer Plan Information
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Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) Yes No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)
ACK ID _____

MEMBERS 401(k) ADVANTAGE
REPORT ON AUDITS OF FINANCIAL STATEMENTS
AS OF DECEMBER 31, 2023 AND 2022
AND FOR THE YEAR ENDED DECEMBER 31, 2023

MEMBERS 401(k) ADVANTAGE

Table of Contents

	<u>Page</u>
Independent auditor's report	1-3
Financial statements:	
Statements of net assets available for benefits	4
Statement of changes in net assets available for benefits	5
Notes to financial statements	6-14
Supplemental information:	
Schedule H, line 4a – schedule of delinquent participant contributions	15
Schedule H, line 4i – schedule of assets (held at end of year)	16-17



Independent Auditor's Report

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

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of MEMBERS 401(k) Advantage (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency (qualified institution), provided that the statements or information regarding assets so held are prepared and certified to by the qualified institution, in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from the qualified institution as of December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report:

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the Plan; and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Information Required by ERISA

The supplemental information of Schedule H, line 4a – schedule of delinquent participant contributions and Schedule H, line 4i – schedule of assets (held at end of year), as of or for the year ended December 31, 2023, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental information, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental information that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental information, we evaluated whether the supplemental information, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- The form and content of the supplemental information, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental information related to assets held by and certified to by the qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Templeton & Company, LLP

Fort Lauderdale, Florida
May 1, 2025

MEMBERS 401(k) ADVANTAGE
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2023 and 2022

	2023	2022
ASSETS		
Investments:		
Investments, at fair value	\$ 121,311,652	\$ 113,028,267
Investment, at contract value	8,825,008	9,372,012
Total investments	130,136,660	122,400,279
Receivables:		
Notes receivable from participants	2,192,417	2,299,255
Participant contributions	1,080	30,603
Employer contributions	82,871	399,334
Total receivables	2,276,368	2,729,192
Total assets	132,413,028	125,129,471
LIABILITIES AND NET ASSETS AVAILABLE FOR BENEFITS		
Liabilities:		
Refunds payable for excess contributions	-	74,578
Net assets available for benefits	\$ 132,413,028	\$ 125,054,893

See accompanying notes to financial statements.

MEMBERS 401(k) ADVANTAGE
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2023

Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	\$ 16,325,036
Interest and dividend income	<u>2,765,980</u>
Total investment income	<u>19,091,016</u>
Interest income on notes receivable from participants	<u>142,430</u>
Contributions and rollovers:	
Participant	10,285,713
Employer	3,880,884
Rollover	<u>612,991</u>
Total contributions	<u>14,779,588</u>
Total additions	<u>34,013,034</u>
Deductions from net assets attributed to:	
Benefits paid to participants	12,822,681
Administrative expenses	<u>593,018</u>
Total deductions	<u>13,415,699</u>
Changes in net assets before plan transfers	20,597,335
Plan transfers:	
Transfer in from other qualified plans	49,085
Transfers out to other qualified plans	<u>(13,288,285)</u>
Total plan transfers, net	<u>(13,239,200)</u>
Change in net assets	7,358,135
Net assets available for benefits:	
Beginning of year	<u>125,054,893</u>
End of year	<u>\$ 132,413,028</u>

See accompanying notes to financial statements.

MEMBERS 401(k) ADVANTAGE

NOTES TO FINANCIAL STATEMENTS

Note 1 – Description of Plan

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

General and eligibility

The Plan is a multiple employer defined contribution plan established on January 1, 2013, amended and restated through the years to comply with tax legislation. The Plan is sponsored by MEMBERS Benefits Corporation (the Sponsor) to provide retirement benefits for employees of participating employers covered under individual employer adoption agreements. Eligible employers who are members of the Florida Retail Federation (FRF) may adopt the Plan by way of an adoption agreement (Adopting Employers). Each Adopting Employer has executed an adoption agreement that is included as part of the Plan. Employees of Adopting Employers are eligible to participate in the Plan based on elections made in their adoption agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

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

The Sponsor is the Plan Administrator. The Plan's Trustee Committee is responsible for oversight of the Plan, determining the appropriateness of investment offerings, and monitoring investment performance. The Plan has an arrangement with Empower Annuity Insurance Company of America (EAIC) and Empower Trust Company, LLC, (ETC) (collectively, the Trustee) for trust and custodian services. The Trustee's affiliate, Empower Retirement, LLC (Empower), provides recordkeeping services. Participant and Adopting Employer contributions are held and managed by the Trustee who invests cash received, interest and dividend income, and makes distributions to participants (subject to the direction of the participants).

Contributions

Each year, participants may contribute an amount of annual compensation, up to 100% of their pre-tax compensation, subject to Internal Revenue Service (IRS) limitations. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. Roth 401(k) deferrals are allowed under the Plan, if elected by the Adopting Employer.

The Adopting Employers in the Plan may elect automatic enrollment and escalation features. Accordingly, the Adopting Employers will automatically withhold a defined percentage of eligible participants' compensation based on the Adopting Employer's adoption agreement, unless the participant affirmatively elects to opt out.

An Adopting Employer may make safe harbor, discretionary profit-sharing contributions and/or discretionary matching contributions at an amount determined in accordance with elections specified in their respective adoption agreement. Adopting Employer contributions, if any, are recorded in the year for which the contributions apply. Aggregate Adopting Employer contributions for the year ended December 31, 2023 totaled \$3,880,884. Adopting Employer contributions are invested in funds in accordance with the participant's direction and the Plan's provisions.

Contributions are subject to certain IRS limitations.

MEMBERS 401(k) ADVANTAGE
NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 1 – Description of Plan, Continued

Participant accounts

Each participant's account is credited with the participant's contribution and an allocation of: (a) their Participating Employer's contributions (if any), and (b) Plan earnings or losses. Participants are charged with his or her withdrawals and an allocation of administrative expenses. Allocations are based on participant earnings or losses, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Each participant directs the investment of his or her account to any of the investment options available under the Plan.

Vesting

Participants are immediately vested in their individual contributions and their Adopting Employer's safe harbor contributions, if any, plus actual earnings or losses thereon. Vesting in their Adopting Employer's other contributions and Plan earnings thereon, is based on years of credited service ranging from immediate to six years in accordance with the vesting schedule specified in their Adopting Employer's adoption agreement. Participant accounts become fully vested upon reaching normal retirement age (65), death or disability.

Forfeitures

Forfeited nonvested accounts may be used to reduce Plan administrative expenses or offset future Adopting Employer contributions. For the year ended December 31, 2023, forfeitures totaling \$3,597 were used to offset certain Plan administrative expenses and reduce Adopting Employer contributions. At December 31, 2023 and 2022, forfeited nonvested accounts available for use approximated \$180,000 and \$186,000, respectively.

Notes receivable from participants

Plan participants may borrow from their fund accounts a minimum of \$1,000 and up to a maximum equal to the lesser of \$50,000 or 50% of the participant's vested account balance. Loans are secured by the balance in a participant's account and bear interest at local prevailing rates, as determined quarterly and as of the date of the loan request. All loans are required to be repaid within a period of five years, except loans to acquire the participant's principal residence which must be repaid in a reasonable period of time, not to exceed thirty years. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document. Principal and interest are repaid through regular payroll deductions.

Payment of benefits

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

Administrative expenses

The Plan allows certain administrative expenses to be paid from Plan investment assets. Certain administrative expenses of maintaining the Plan are paid directly by the Sponsor and Adopting Employers and are not reflected in these financial statements. Investment-related expenses are included in net appreciation in fair value of investments.

MEMBERS 401(k) ADVANTAGE

NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 1 – Description of Plan, Continued

SECURE Act 2.0

In December 2022, the Securing a Strong Retirement Act (SECURE Act 2.0) was passed into law. The provisions of SECURE Act 2.0 continue the reforms that began with the 2019 SECURE Act. Most of the SECURE Act 2.0 provisions will become effective in 2024 and thereafter, therefore, there was no impact to the Plan during 2023. Since the provisions include both required and optional elements, the Plan Administrator will determine the optional SECURE Act 2.0 provisions to elect.

Note 2 – Summary of Significant Accounting Policies

Basis of accounting

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

Investment valuation and income recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts which are at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisors and the Trustee.

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

Use of estimates

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

Risks and uncertainties

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

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual method. Related fees are recorded as administrative expenses and are expensed as incurred. No allowance for credit losses has been recorded as of December 31, 2023 and 2022. If a participant ceases to make scheduled repayments and the Plan Administrator deems the participant note receivable to be in default, the note receivable balance is reclassified and a benefit payment recorded.

Payment of benefits

The Plan records benefits when paid.

MEMBERS 401(k) ADVANTAGE
NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 2 – Summary of Significant Accounting Policies, Continued

Plan administration

The management and administration of the Plan is the responsibility of the Sponsor and its designee. Principally all of the Plan's investment assets are maintained by the Trustee.

The Sponsor contracted with Pentegra Services, Inc. for fiduciary and third-party administrative services.

Plan expenses

Certain expenses paid by the Plan consist of recordkeeping, trustee, custodian, and third-party administrator fees and are paid directly by the Plan. Certain participant directed transactions such as loan processing fees are charged directly to participants' accounts. Investment related expenses are included in net appreciation in fair value of investments. Expenses paid by the Adopting Employers and the Sponsor are excluded from these financial statements.

Uncertain tax positions

U.S. GAAP requires the Plan to assess its uncertain tax positions for the likelihood they would be overturned upon examination by the IRS. In accordance with this guidance, the Plan has determined it does not have any positions at December 31, 2023 that it would be unable to substantiate.

Note 3 – Certified Investment Information

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Empower Annuity Insurance Company of America and Empower Trust Company, LLC, qualified institutions, have certified that the following investment information included in the accompanying financial statements and ERISA-required supplemental information is complete and accurate:

- Investments totaling \$125,446,934 and \$118,039,094, respectively, and notes receivable from participants as shown on the statements of net assets available for benefits as of December 31, 2023 and 2022;
- Net investment activity of \$18,607,378 and interest income on notes receivable from participants as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2023; and
- Investment information included in the Schedule H, Line 4i – Schedule of Assets (held at end of year) as of December 31, 2023, as shown on the ERISA-required supplemental information.

At the request of the Plan's Administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified information, except for comparing such certified information to the related investment information included in the financial statements, including the disclosures related to the investments to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP, and in the ERISA-required supplemental schedule, including assessing whether the supplemental schedule is in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

MEMBERS 401(k) ADVANTAGE
NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 4 – Self-Directed Brokerage Account Information

Certifications were not received for the participant-directed investments held in self-directed brokerage accounts as of December 31, 2023 and 2022 and for the year ended December 31, 2023. The following table presents the fair value of participant-directed investments held in self-directed brokerage accounts at December 31, 2023 and 2022:

	2023	2022
Self-directed brokerage accounts	\$ 4,689,726	\$ 4,381,185

The following is a summary of investment income, not certified by a qualified institution for the year ended December 31, 2023:

Net appreciation in fair value of investments	\$ 383,448
Interest and dividend income	100,990
Total investment income	\$ 484,438

Note 5 – Fair Value Measurements

Accounting guidance provides a framework for measuring fair value and provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are described as follows:

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

A financial investment's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at December 31, 2023 and 2022. During the year ended December 31, 2023, there were no transfers of financial instruments into or out of Level 3.

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

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

MEMBERS 401(k) ADVANTAGE
NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 5 – Fair Value Measurements, Continued

Self-directed brokerage accounts – consists of money market funds, mutual funds, common stocks and exchange-traded funds (ETFs) valued at their daily closing price on national exchanges, and therefore are considered to be Level 1 investments.

Collective investment trust funds (CIT) – valued daily at the net asset value (NAV) of units held. The NAV, as provided by the trustee of the CITs, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the CITs less its liabilities. This practical expedient would not be used when it is determined to be probable that the CITs will sell for an amount different from the reported NAV. The CITs provide for daily redemptions by the Plan at reported NAV with no advance notice. There are no unfunded commitments related to these investments. These are direct filing entities. Participant transactions (purchases and sales) may occur daily at NAV.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2023 and 2022:

	Fair Value Measurements as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 116,618,862	\$ -	\$ -	\$ 116,618,862
Collective investment trust funds*	-	-	-	3,064
Self-directed brokerage accounts	4,689,726	-	-	4,689,726
Investments, at fair value	\$ 121,308,588	\$ -	\$ -	\$ 121,311,652

	Fair Value Measurements as of December 31, 2022			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 108,667,082	\$ -	\$ -	\$ 108,667,082
Self-directed brokerage accounts	4,361,185	-	-	4,361,185
Investments, at fair value	\$ 113,028,267	\$ -	\$ -	\$ 113,028,267

* Certain investments were measured at NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to present the reconciliation of the fair value hierarchy to line items presented in the statements of net assets available for benefits.

Note 6 – Fixed Annuity Contract with Insurance Company

The Plan invests in a fully benefit-responsive investment contract with Empower Annuity Insurance Company of America (EAIC), the issuer, offered through a fixed annuity contract, the Guaranteed Interest Fund (GIF). As of December 31, 2023 and 2022, GIF had a contract value, reported by EAIC, of \$8,825,008 and \$9,372,012, respectively. EAIC maintains the contributions in a general account. The account is credited with earnings in the underlying investments and charged for participant withdrawals and administrative expenses. Participant's principal and interest are fully guaranteed by the general accounts of EAIC.

The methodology for calculating the interest crediting rate is based on the earnings on the underlying investments, in the entire medium-long-term new portfolio compared to the minimum interest crediting rate, as stated in the contract, and prevailing market conditions. The crediting interest rate is established quarterly by EAIC. EAIC is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The contract does not permit EAIC to terminate the agreement prior to the scheduled maturity date.

MEMBERS 401(k) ADVANTAGE
NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 6 – Fixed Annuity Contract with Insurance Company, Continued

The contract meets the fully benefit-responsive investment criteria and, therefore, is reported at contract value. Contract value is the relevant measurement for fully benefit-responsive investment contracts, because it is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Under the terms of the investment contract, participants may direct the withdrawal or transfer transactions of all or a portion of their balance in the investment option at contract value. Contract value, as reported to the Plan by EAIC, represents contributions made under the contract, plus earnings, less participant withdrawals and expenses.

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

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

The Plan Administrator does not believe any events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuer and that also would limit the ability of the Plan to transact at contract value with the participants.

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

Based on ongoing credit evaluations of its guaranteed investment contract investments, Plan management does not expect payment defaults or delinquencies and has not recorded an allowance for credit losses for these investments as of December 31, 2023.

Note 7 – Related Party and Party-In-Interest Transactions

Parties-in-interest are defined under DOL Regulations as any fiduciary of the Plan, any party rendering service to the Plan, the Sponsor, Adopting Employers and certain others. Notes receivable from participants are also defined by ERISA as party-in-interest transactions. The Plan's investments include shares of certain mutual funds and a group annuity contract managed, administered and/or issued by the EAIC and ETC, (collectively, the Trustee). Therefore, transactions with the Trustee qualify as party-in-interest transactions. Empower is the Plan's recordkeeper and an affiliate of the Trustee. Such transactions are exempt from the prohibited transaction rules under ERISA.

The Plan operates under a revenue sharing agreement with Empower, whereby Empower receives revenue from service providers for services Empower provides to the funds. The revenue received is deposited into an expense budget account and is used to offset certain amounts owed to Empower and the Trustee for its administrative services. If the revenue received by Empower from such service providers exceeds the amount owed, Empower remits the excess to the Plan trust. Such amounts may be applied to pay Plan administrative expenses or allocated to the accounts of the participants.

MEMBERS 401(k) ADVANTAGE
NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 7 – Related Party and Party-In-Interest Transactions, Continued

The Plan contracted with Pentegra Services, Inc. for third-party administrative services. The Plan compensates Pentegra Services, Inc. directly for such services. During 2023, the Plan paid approximately \$420,000 directly to service providers for investment advisory, legal, audit, and third-party administration services. Fees paid to the Sponsor for trustee and administrative services totaled \$76,686 for the year ended December 31, 2023 and are included in administrative expenses in the accompanying statement of changes in net assets and available for benefits.

Note 8 – Refunds Payable for Excess Contributions

During 2022, the Plan received contributions from participants in excess of Plan and IRS limitations. Such excess contributions were refunded to participants the subsequent year with a liability and corresponding reduction to contributions recorded in the year the excess contribution was received.

Note 9 – Fidelity Bond

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

Note 10 – Plan Termination

Although they have not expressed any intent to do so, the Participating Employers have the right under the Plan to discontinue their contributions at any time and the Sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their respective Adopting Employer's contributions.

Note 11 – Plan Transfers

In the normal course of business, the Sponsor adds Adopting Employers, and assets from the individual qualified plans that the Adopting Employers previously sponsored are transferred into the Plan, in conjunction with the Adopting Employer's adoption of the Plan. Likewise, as Adopting Employers leave the Sponsor and adopt different qualified plans, assets attributable to these outgoing Adopting Employers and related participant accounts are transferred out of the Plan.

Note 12 – Tax Status

On June 30, 2020, the IRS stated that the Non-Standardized Pre-Approved Profit Sharing with CODA adopted by the Plan, as then designed, qualifies under Section 401(a) of the Internal Revenue Code (IRC) and, therefore, the Plan and the related trust are tax-exempt. The Plan has not received a determination letter specific to the Plan itself. The Plan has been amended since adoption, however, the Plan Administrator and the Plan's tax counsel believe that the Plan is being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2020.

MEMBERS 401(k) ADVANTAGE
NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 13 – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits and changes in net assets available for benefits as shown on Form 5500 at December 31, 2023 and 2022 and for the year ended December 31, 2023, with the amounts shown in the financial statements:

	2023	2022
Net assets available for benefits – Form 5500	\$ 132,329,077	\$ 124,624,956
Reconciling items:		
Current and prior year accrual participant contributions	1,080	30,603
Current and prior year accrual Employer contributions	82,871	399,334
Net assets available for benefits – financial statements	\$ 132,413,028	\$ 125,054,893
	2023	
Change in net assets – Form 5500	\$ 7,704,121	
Reconciling items:		
2023 participant contributions net of prior contributions	(29,523)	
2023 Employer contributions net of prior contributions	(316,463)	
Change in net assets – financial statements	\$ 7,358,135	

Note 14 – Delinquent Participant Contributions

For the years ended December 31, 2023, 2021 and 2020, participant contributions and loan repayments totaling \$801, \$99,412 and \$79,559, respectively, were not remitted to the Plan within the period prescribed by DOL regulations. These transactions constitute non-exempt party-in-interest transactions as defined by ERISA. The Sponsor and certain Adopting Employers are in the process of correcting these transactions.

Note 15 – Subsequent Events

Effective January 1, 2024, the Plan was amended and restated to become a Pooled Employer Plan.

The Plan evaluated events occurring subsequent to December 31, 2023 through May 1, 2025, the date on which the financial statements were available to be issued, for matters that should be recorded in the financial statements or disclosed in the footnotes thereto.

SUPPLEMENTAL INFORMATION

MEMBERS 401(k) ADVANTAGE

SPONSOR'S EIN: 46-1357384

PLAN NUMBER: 001

**SCHEDULE H, Line 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
For the Year Ended December 31, 2023**

<u>Year</u>	<u>Check if Late Loan Repayments Are Included</u>	<u>Participant Contributions Transferred Late To Plan</u>	<u>Total That Constitute Nonexempt Prohibited Transactions</u>			<u>Total Fully Corrected Under VFCP and Prohibited Transaction Exemption 2002-51</u>
			<u>Contributions Not Corrected</u>	<u>Contributions Corrected Outside VFCP</u>	<u>Contributions Pending Correction in VFCP</u>	
2023	✓	<u>\$ 801</u>	<u>\$ 801</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
2021	✓	<u>\$ 99,412</u>	<u>\$ 99,412</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
2020	✓	<u>\$ 79,559</u>	<u>\$ 79,559</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

MEMBERS 401(k) ADVANTAGE
PLAN SPONSOR'S EIN: 46-1357384
PLAN NUMBER: 001

SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2023

(a)	(b) Identity of issue or similar party:	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Mutual funds:			
	Amana	Trust Growth Fund	**	\$ 2,519,294
	American Funds	New World Fund	**	771,616
	American Funds	Inflation Linked Bond Fund	**	1,548,011
	Artisan	International Value Institutional Fund	**	1,390,072
	BlackRock	Mid Cap Growth Equity Fund	**	5
	BlackRock	Strategic Income Opportunity Fund	**	680,909
	Clearbridge	Large Cap Growth Fund	**	508
	Dimensional Financial Advisors	US Targeted Value Fund	**	13
	Dimensional Financial Advisors	Global Equity Fund	**	10,764
	Dodge & Cox	Income Fund	**	2,811,593
	Federated Hermes	Institutional High Yield Bond Fund	**	407,483
	Fidelity	Freedom Index 2035 Institutional Prem Fund	**	955
	Fidelity	Freedom Index 2010 Premier Fund	**	1,492
	Fidelity	Freedom Index 2005 Premier Fund	**	2,089
	Fidelity	Freedom Index 2030 Institutional Prem Fund	**	7,486
	Fidelity	Freedom Index 2065 Premier Fund	**	57,238
	Fidelity	U.S. Sustainability Index	**	121,623
	Fidelity	Intermediate Treasury Bond Index Fund	**	278,002
	Fidelity	Real Estate Index Fund	**	282,374
	Fidelity	Freedom Index 2060 Premier Fund	**	386,951
	Fidelity	Freedom Index 2015 Premier Fund	**	439,473
	Fidelity	Emerging Markets Index Fund	**	550,268
	Fidelity	U.S. Sustainability Institutional Index Fund	**	677,285
	Fidelity	Inflation Protected Bond Index Fund	**	1,278,158
	Fidelity	Freedom Index 2055 Premier Fund	**	2,285,033
	Fidelity	Large Cap Growth Index Fund	**	2,308,579
	Fidelity	Multi-Asset Index Fund	**	2,321,764
	Fidelity	Total Market Index Fund	**	2,367,402
	Fidelity	US Bond Index Fund	**	3,200,671
	Fidelity	Freedom Index 2020 Premier Fund	**	3,294,334
	Fidelity	Freedom Index 2050 Premier Fund	**	3,709,633
	Fidelity	International Index Fund	**	4,357,216
	Fidelity	Mid Cap Index Fund	**	4,866,612
	Fidelity	Large Cap Value Index Fund	**	4,993,502
	Fidelity	Small Cap Index Fund	**	5,600,136
	Fidelity	Freedom Index 2040 Premier Fund	**	5,703,775
	Fidelity	Freedom Index 2045 Premier Fund	**	5,921,654
	Fidelity	Freedom Index 2025 Premier Fund	**	7,068,551
	Fidelity	Freedom Index 2030 Premier Fund	**	7,294,536
	Fidelity	Freedom Index 2035 Premier Fund	**	9,759,682
	Fidelity	500 Index Fund	**	12,781,799
	JPMorgan	Small Cap Equity Fund	**	215,403
	JPMorgan	Equity Income Fund	**	739,125
	Pacific Investment Management Company	International Bond (USD-Hedged) Institutional Fund	**	28,376
	PGIM Investments	Jennison Mid Cap Growth R6	**	1,134,218
	Principal	MidCap Fund	**	41,826
	Principal	Real Estate Securities Fund	**	359,958
	Putnam	Growth Opportunities Fund	**	4,233,560
	Vanguard	GNMA Fund Admiral Shares	**	1
	Vanguard	Consumer Staples Index Admiral Fund	**	28,093

MEMBERS 401(k) ADVANTAGE
PLAN SPONSOR'S EIN: 46-1357384
PLAN NUMBER: 001

SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED
December 31, 2023

(a)	(b) Identity of issue or similar party:	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Vanguard	Total International Bond Index Admiral Fund	**	\$ 44,467
	Vanguard	Wellesley Income Admiral Fund	**	1,138,115
	Vanguard	Short-Term Corp Bond Index Admiral Fund	**	1,367,039
	Vanguard	International Growth Admiral Fund	**	1,349,747
	Vanguard	Balanced Index Admiral Fund	**	3,664,783
	Victory	Sycamore Established Value Fund	**	215,610
	Total mutual funds			<u>116,618,862</u>
	Collective investment trust funds:			
*	Empower	Lifetime 2025 Index Trust	**	960
*	Empower	Lifetime 2055 Index Trust	**	2,104
	Total collective investment trust funds			<u>3,064</u>
	Self-directed brokerage accounts:			
*	Raymond James	Brokerage Accounts	**	2,829,526
*	Ameriprise Financial	Brokerage Accounts	**	1,860,200
	Total self-drected brokerage accounts			<u>4,689,726</u>
	Fixed annuity:			
*	Empower Annuity Insurance Company of America	Guaranteed Interest Fund	**	8,825,008
	Total investments			130,136,660
*	Notes receivable from participants	Loans to participants, interest rates from 3.25% - 9.50%, various maturities.	-	2,192,417
	Total assets held			<u>\$ 132,329,077</u>

* A party-in-interest, as defined by ERISA.

** The cost of participant-directed investments is not required to be disclosed.

MULTIPLE-EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION
12/31/2023

ACCESS HEALTH CARE PHYSICIANS, LLC	45-1444883	36.02%
AURO PROPERTY MANAGEMENT	61-1593220	0.32%
BRIGHTWAY INSURANCE, INC.	76-0738082	5.82%
COMITER, SINGER, BASEMAN, & BRAUN, LLP	65-0859082	5.83%
COMPASSIONATE MEDICAL CENTER, LLC.	20-2663922	1.09%
COMPREHENSIVE HEMATOLOGY ONCOLOGY, LLC.	59-3363610	3.16%
CUSTOMER SERVICE & TECHNOLOGY SOLUTIONS, LLC	85-1012413	5.01%
EVERGLADES FARM EQUIPMENT COMPANY, INC.	59-1000566	9.69%
FAIA MEMBER SERVICES, INC.	59-0247064	4.99%
FOX MCCLUSKEY BUSH ROBISON, PLLC.	65-0742932	1.39%
FRANK H. FURMAN, INC.	59-0991708	4.30%
FREEDOM SENIOR MANAGEMENT, LLC	80-0861620	2.11%
FRL AUTOMOTIVE, LLC	20-0989689	8.39%
HALSEY & GRIFFITH INC.	59-0280050	1.42%
HUDSON FOOD STORES	59-1293293	0.44%
HUNT INSURANCE GROUP, LLC.	20-4779175	0.00%
LYTAL REITER SMITH IVEY & FRONRATH LLP	59-2580237	0.09%
MIRRA HEALTHCARE, LLC	45-3706770	1.60%
MIRRA TECH	83-4700448	0.27%
OM GROWN COMMUNITY GARDEN, LLC	61-1568569	0.02%
Phoenix American	82-3467929	1.27%
PRECISION FIRE SYSTEMS, INC	46-4180954	0.85%
PRIME CARE, LLC	20-3851258	0.16%
R.V. JOHNSON AGENCY, INC.	65-0368682	1.55%
SCHLITT INSURANCE SERVICES, INC.	59-2723835	0.79%
SUN SOUTH HEALTH CENTERS LLC	47-4903924	0.09%
SUN SOUTH HEALTH CENTERS SOUTH FLORIDA	83-3060633	0.21%
SUN SOUTH LOGISTICS	81-5010875	0.00%
SUN SOUTH LOGISTICS SOUTH FLORIDA		0.03%
SURGICAL DEVELOPMENT SYSTEMS, INC.	65-0865598	0.66%
TRUST MANAGEMENT GROUP	59-2985259	0.67%
WELLCOME OM INTEGRAL HEALING & EDUCATION CENTER, LLC	81-5309222	0.02%
WILLOUGHBY GOLF CLUB	65-0097237	1.73%

MEMBERS 401(k) ADVANTAGE
PLAN SPONSOR'S EIN: 46-1357384
PLAN NUMBER: 001

SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2023

(a)	(b) Identity of issue or similar party:	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Mutual funds:			
	Amana	Trust Growth Fund	**	\$ 2,519,294
	American Funds	New World Fund	**	771,616
	American Funds	Inflation Linked Bond Fund	**	1,548,011
	Artisan	International Value Institutional Fund	**	1,390,072
	BlackRock	Mid Cap Growth Equity Fund	**	5
	BlackRock	Strategic Income Opportunity Fund	**	680,909
	Clearbridge	Large Cap Growth Fund	**	508
	Dimensional Financial Advisors	US Targeted Value Fund	**	13
	Dimensional Financial Advisors	Global Equity Fund	**	10,764
	Dodge & Cox	Income Fund	**	2,811,593
	Federated Hermes	Institutional High Yield Bond Fund	**	407,483
	Fidelity	Freedom Index 2035 Institutional Prem Fund	**	955
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	Fidelity	Freedom Index 2005 Premier Fund	**	2,089
	Fidelity	Freedom Index 2030 Institutional Prem Fund	**	7,486
	Fidelity	Freedom Index 2065 Premier Fund	**	57,238
	Fidelity	U.S. Sustainability Index	**	121,623
	Fidelity	Intermediate Treasury Bond Index Fund	**	278,002
	Fidelity	Real Estate Index Fund	**	282,374
	Fidelity	Freedom Index 2060 Premier Fund	**	386,951
	Fidelity	Freedom Index 2015 Premier Fund	**	439,473
	Fidelity	Emerging Markets Index Fund	**	550,268
	Fidelity	U.S. Sustainability Institutional Index Fund	**	677,285
	Fidelity	Inflation Protected Bond Index Fund	**	1,278,158
	Fidelity	Freedom Index 2055 Premier Fund	**	2,285,033
	Fidelity	Large Cap Growth Index Fund	**	2,308,579
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	Fidelity	Total Market Index Fund	**	2,367,402
	Fidelity	US Bond Index Fund	**	3,200,671
	Fidelity	Freedom Index 2020 Premier Fund	**	3,294,334
	Fidelity	Freedom Index 2050 Premier Fund	**	3,709,633
	Fidelity	International Index Fund	**	4,357,216
	Fidelity	Mid Cap Index Fund	**	4,866,612
	Fidelity	Large Cap Value Index Fund	**	4,993,502
	Fidelity	Small Cap Index Fund	**	5,600,136
	Fidelity	Freedom Index 2040 Premier Fund	**	5,703,775
	Fidelity	Freedom Index 2045 Premier Fund	**	5,921,654
	Fidelity	Freedom Index 2025 Premier Fund	**	7,068,551
	Fidelity	Freedom Index 2030 Premier Fund	**	7,294,536
	Fidelity	Freedom Index 2035 Premier Fund	**	9,759,682
	Fidelity	500 Index Fund	**	12,781,799
	JPMorgan	Small Cap Equity Fund	**	215,403
	JPMorgan	Equity Income Fund	**	739,125
	Pacific Investment Management Company	International Bond (USD-Hedged) Institutional Fund	**	28,376
	PGIM Investments	Jennison Mid Cap Growth R6	**	1,134,218
	Principal	MidCap Fund	**	41,826
	Principal	Real Estate Securities Fund	**	359,958
	Putnam	Growth Opportunities Fund	**	4,233,560
	Vanguard	GNMA Fund Admiral Shares	**	1
	Vanguard	Consumer Staples Index Admiral Fund	**	28,093

MEMBERS 401(k) ADVANTAGE
PLAN SPONSOR'S EIN: 46-1357384
PLAN NUMBER: 001

SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED
December 31, 2023

(a)	(b) Identity of issue or similar party:	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Vanguard	Total International Bond Index Admiral Fund	**	\$ 44,467
	Vanguard	Wellesley Income Admiral Fund	**	1,138,115
	Vanguard	Short-Term Corp Bond Index Admiral Fund	**	1,367,039
	Vanguard	International Growth Admiral Fund	**	1,349,747
	Vanguard	Balanced Index Admiral Fund	**	3,664,783
	Victory	Sycamore Established Value Fund	**	215,610
	Total mutual funds			116,618,862
	Collective investment trust funds:			
*	Empower	Lifetime 2025 Index Trust	**	960
*	Empower	Lifetime 2055 Index Trust	**	2,104
	Total collective investment trust funds			3,064
	Self-directed brokerage accounts:			
*	Raymond James	Brokerage Accounts	**	2,829,526
*	Ameriprise Financial	Brokerage Accounts	**	1,860,200
	Total self-drected brokerage accounts			4,689,726
	Fixed annuity:			
*	Empower Annuity Insurance Company of America	Guaranteed Interest Fund	**	8,825,008
	Total investments			130,136,660
*	Notes receivable from participants	Loans to participants, interest rates from 3.25% - 9.50%, various maturities.	-	2,192,417
	Total assets held			\$ 132,329,077

* A party-in-interest, as defined by ERISA.

** The cost of participant-directed investments is not required to be disclosed.