



August 6, 2020

DFVCP
P.O. Box 6200-35
Portland, OR 97228-6200

2520210630031

U.S. Department of Labor
Employee Benefits Security Administration
Top Hat Plan Exemption
200 Constitution Avenue, NW, N-1515
Washington, DC 20210

Re: **Marine Credit Union 457(b) Plan**

Dear Sir/Madam:

In accordance with the Delinquent Filer Voluntary Compliance Program and 29 CFR 2520.104-23, on behalf of the Marine Credit Union ("Employer"), and pursuant to the original establishment of the Marine Credit Union 457(b) Plan (hereinafter referred to as "Plan"), we hereby provide you with the information set forth below:

Name and Address of Company:

Marine Credit Union
811 Monitor Street
La Crosse, WI 54603

Employer's Taxpayer Identification Number:
39-0827305

Required Declaration:

The Employer sponsors the Plan, which have the effect of deferring compensation for a select group of management or highly compensated employees. Benefits are paid out of the general assets of the Employer.

There are seven (7) employees eligible to participate in the Plan. The Plan currently has seven (7) employees participating in the Plan. The Plan has an original effective date of October 26, 1987.

If you have any questions about this matter, please contact the undersigned.

Sincerely,

Becky Potts

Becky Potts, Director of Human Capital

VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos 1210-0110 1210-0089</p> <hr/> <p>2019</p> <hr/> <p>This Form Is Open to Public Inspection</p>
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Part I Annual Report Identification Information	
For calendar plan year 2019 or fiscal plan year beginning	and ending
<p>A This return/report is for: <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)</p> <p><input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____</p> <p>B This return/report is: <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report</p> <p><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)</p> <p>C If the plan is a collectively-bargained plan, check here: <input type="checkbox"/></p> <p>D Check box if filing under: <input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input checked="" type="checkbox"/> the DFVC program</p> <p><input type="checkbox"/> special extension (enter description)</p>	

Part II Basic Plan Information—enter all requested information	
<p>1a Name of plan Marine Credit Union 457(b) Plan</p> <p>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) Marine Credit Union 811 Monitor Street La Crosse, WI 54603</p>	<p>1b Three-digit plan number (PN) ▶ 888</p> <p>1c Effective date of plan 10/26/1987</p> <p>2b Employer Identification Number (EIN) 39-0827305</p> <p>2c Plan Sponsor's telephone number 608-791-1452</p> <p>2d Business code (see instructions)</p>

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

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

SIGN HERE	<i>Becky Potts</i>	08/05/2020	Becky Potts
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Becky Potts</i>	08/05/2020	Becky Potts
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor same	3b Administrator's EIN same
	3c Administrator's telephone number same

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
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5 Total number of participants at the beginning of the plan year	5
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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).	
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a(1) Total number of active participants at the beginning of the plan year	6a(1)
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a(2) Total number of active participants at the end of the plan year	6a(2)
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b Retired or separated participants receiving benefits.....	6b
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c Other retired or separated participants entitled to future benefits.....	6c
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d Subtotal. Add lines 6a(2), 6b, and 6c.....	6d
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e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e
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f Total. Add lines 6d and 6e.....	6f
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g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
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h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h
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7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See Instructions)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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

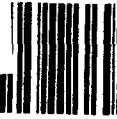
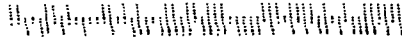
If "Yes" is checked, complete lines 11b and 11c.

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 2019 Form M-1 annual report. If the plan was not required to file the 2019 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 _____

2600 Kelly Road, Suite 210
Road, Suite 210
Warrington, PA 1897



7019 0700 0000 7516 5253



2600 Kelly Road, Suite 210
Warrington, PA 18976

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Employee Benefits Security Admin
Top Hat Plan Exemption
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