

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
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 <u>THE POSSE FOUNDATION RETIREMENT SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2013</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>13-3840394</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>212-405-1691</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>611000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>01/01/2013</u>		2b Employer Identification Number (EIN) <u>13-3840394</u>		2c Plan Sponsor's telephone number <u>212-405-1691</u>		2d Business code (see instructions) <u>611000</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>										
1c Effective date of plan <u>01/01/2013</u>											
2b Employer Identification Number (EIN) <u>13-3840394</u>											
2c Plan Sponsor's telephone number <u>212-405-1691</u>											
2d Business code (see instructions) <u>611000</u>											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE POSSE FOUNDATION</u> <u>14 WALL STREET SUITE 8A-60</u> <u>NEW YORK, NY 10005</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2022	FRANCIS OCCENA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	253
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	160
a(2) Total number of active participants at the end of the plan year		6a(2)	177
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	108
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	285
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	285
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	199
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
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: 2F 2G 2L			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan THE POSSE FOUNDATION RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 THE POSSE FOUNDATION	D Employer Identification Number (EIN) 13-3840394	

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

(a) Name of insurance carrier
METROPOLITAN LIFE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	1005471-01	199	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	538706
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	6001925

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

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

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

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

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

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

b Balance at the end of the previous year **7b** 511147

c	Additions: (1) Contributions deposited during the year	7c(1)	63025	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	15758	
	(4) Transferred from separate account.....	7c(4)	3625	
	(5) Other (specify below)	7c(5)		

(6) Total additions **7c(6)** 82408

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 593555

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	36069	
(2) Administration charge made by carrier.....	7e(2)	747	
(3) Transferred to separate account.....	7e(3)	18033	
(4) Other (specify below)	7e(4)		

(5) Total deductions **7e(5)** 54849

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 538706

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan THE POSSE FOUNDATION RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 THE POSSE FOUNDATION	D Employer Identification Number (EIN) 13-3840394	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

METLIFE LIFE INSURANCE COMPANY

11225 NORTH COMMUNITY HOUSE ROAD
CHARLOTTE, NC 28277

(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	4200	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>THE POSSE FOUNDATION RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE POSSE FOUNDATION</u>	D Employer Identification Number (EIN) <u>13-3840394</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	38404	53492
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	511147	538698
(15) Other.....	1c(15)	4867925	6001924

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	5417476	6594114

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	5417476	6594114
--	-----------	---------	---------

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)	210837	
(B) Participants	2a(1)(B)	505760	
(C) Others (including rollovers).....	2a(1)(C)	18721	
(2) Noncash contributions.....	2a(2)	0	735318
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
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)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	2604	
(F) Other	2b(1)(F)	15758	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		18362
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		0
c Other income.....	2c		697919
d Total income. Add all income amounts in column (b) and enter total.....	2d		1451599
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	270595	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		270595
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		166
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	4200	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		4200
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		274961
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		1176638
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: MARKS PANETH LLP

(2) EIN: 11-3518842

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan THE POSSE FOUNDATION RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ► 003
C Plan sponsor's name as shown on line 2a of Form 5500 THE POSSE FOUNDATION	D Employer Identification Number (EIN) 13-3840394

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 20-3691658		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

Part III	Amendments
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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.....	☐ Increase	☐ Decrease	☐ Both	☐ 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.
----------------	---

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

**THE POSSE FOUNDATION
RETIREMENT SAVINGS PLAN**



**Financial Statements and Supplemental Schedule
(Together with Independent Auditors' Report)**

Years Ended December 31, 2021 and 2020

M A R K S P A N E T H

ACCOUNTANTS & ADVISORS

**THE POSSE FOUNDATION
RETIREMENT SAVINGS PLAN**

**FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE
(Together with Independent Auditors' Report)**

YEARS ENDED DECEMBER 31, 2021 AND 2020

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All other schedules are omitted as they are not applicable or are not required based on the disclosure requirements of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended, and applicable regulations issued by the Department of Labor.

INDEPENDENT AUDITORS' REPORT

The Board of Directors,
As Sponsor of The Posse Foundation Retirement Savings Plan and the Plan Administrator

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed the audit of the financial statements of The Posse Foundation Retirement Savings Plan (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 statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 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 audit 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, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained a certification from a qualified institution as of December 31, 2021, and for the year then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section:

- The amounts and disclosures in the accompanying 2021 financial statements, 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 accompanying 2021 financial statements 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 on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 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 audit. 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 for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, 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 within one year after the date that the 2021 financial statements are issued or 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.

Auditors' Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 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 auditors' 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 these 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 audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 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 accounting principles generally accepted in the United States of America.

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 accounting principles generally accepted in the United States of America.

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.

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) December 31, 2021, 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 schedule, 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 schedule 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 schedule, we evaluated whether the supplemental schedule, 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 schedule, other than the information in the supplemental schedule 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 schedule related to assets held by and certified 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).

Other Matter - Auditors' Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by the qualified institution. In our report dated July 26, 2021, we indicated that because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



New York, NY
October 13, 2022

**THE POSSE FOUNDATION
RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2021 AND 2020**

	<u>2021</u>	<u>2020</u>
ASSETS		
Investments, at fair value (Notes 2B, 3 and 7)	\$ 6,001,924	\$ 4,867,925
Fully benefit-responsive investment contract, at contract value (Notes 2B, 3 and 8)	538,698	511,147
Notes receivable from participants (Notes 1F, 2F and 3)	<u>53,492</u>	<u>38,404</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 6,594,114</u>	<u>\$ 5,417,476</u>

The accompanying notes are an integral part of these financial statements.

**THE POSSE FOUNDATION
RETIREMENT SAVINGS PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020**

	<u>2021</u>	<u>2020</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment activity (Notes 2B and 3):		
Interest income	\$ 15,758	\$ 13,788
Net appreciation in fair value of investments	<u>697,919</u>	<u>757,726</u>
Total investment income	<u>713,677</u>	<u>771,514</u>
Interest on notes receivable from participants (Note 3)	<u>2,604</u>	<u>3,150</u>
Contributions:		
Participants	505,760	404,286
Employer	210,837	191,435
Rollovers	<u>18,721</u>	<u>351,696</u>
Total Contributions	<u>735,318</u>	<u>947,417</u>
Total Additions	<u>1,451,599</u>	<u>1,722,081</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants (Note 2C)	270,595	180,221
Deemed distributions	166	256
Administrative fees (Notes 2D and 4)	<u>4,200</u>	<u>3,852</u>
Total Deductions	<u>274,961</u>	<u>184,329</u>
NET INCREASE	1,176,638	1,537,752
Net Assets Available for Benefits:		
Beginning of Year	<u>5,417,476</u>	<u>3,879,724</u>
End of Year	<u>\$ 6,594,114</u>	<u>\$ 5,417,476</u>

The accompanying notes are an integral part of these financial statements.

THE POSSE FOUNDATION RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 1 – DESCRIPTION OF PLAN

The following brief description of The Posse Foundations Retirement Savings Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

- A. **General** - The Plan is a defined contribution 403(b) plan covering all employees of The Posse Foundation (the “Sponsor”) excluding employees who normally work less than 20 hours per week and/or are student employees. It was established on January 1, 2013 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”) and subsequent amendments.
- B. **Eligibility and Vesting** - An employee is eligible for participation in the Plan on his or her date of hire. An employee is eligible for employer matching contributions after attaining the age of 21 and completing 24 months of service. Employees are 100% vested in their account balances at all times.
- C. **Contributions** - An employee who elects to participate in the Plan must make a minimum annual contribution equal to 1% of the participant’s annual compensation. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The maximum annual allowable employee contribution is limited by the Internal Revenue Service (“IRS”) regulations. Each participant who has satisfied the age and service requirements mentioned above will receive an allocation of employer matching contributions for each Plan year equal to the lesser of 100% of the participant’s salary reduction contributions deferred during the Plan year or 5% of the participant’s annual salary or \$10,000. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers 56 variable annuity funds and an insurance investment contract as investment options for participants.
- Rollover Contributions* - An eligible employee may transfer to the Plan contributions and such other amounts from an eligible rollover plan that meet the requirements of the Internal Revenue Code (“IRC”) and the Plan at the time of the transfer. Rollovers amounted to \$18,721 and \$351,696, respectively, for the years ended December 31, 2021 and 2020.
- D. **Pension Benefits** - Participants are entitled to distributions of their vested benefits upon retirement, death, disability or termination of employment in either a lump sum amount, annuity distribution or partial payment.
- E. **Participant Accounts** - Each participant’s account is credited with the participant’s contributions and allocations of (a) the employer’s matching contribution and (b) Plan earnings and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.
- F. **Notes Receivable from Participants** - Participants may obtain loans from the Plan. The minimum loan is \$1,000. The maximum loan is the lesser of \$50,000 or 50% of the participant’s vested account balance, which is pledged as security for the loan. Loan repayments are made directly by the participants to MetLife, through the use of recoupment vouchers that accompany the direct payment. The interest rate is 1% over the prime rate as published in The Wall Street Journal at the inception of the loan and is fixed for the entire repayment period. A loan that is considered in default is reported as a deemed distribution, which is a taxable event for the participant. In addition, effective March 27, 2020, the Company implemented the Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”). The provisions implemented through the CARES Act include an allowance for a distribution of up to \$100,000 that is exempt from the 10% early withdrawal penalty, an increase in the participant loan limits to the lesser of \$100,000 or the participant’s entire vested balance, and a 1-year extension on the due date of any participant loans currently due between March 27, 2020 and December 31, 2020.

THE POSSE FOUNDATION RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

- A. **Basis of Presentation** - The accompanying financial statements are prepared on the accrual basis of accounting. The Plan adheres to accounting principles generally accepted in the United States of America.
- B. **Investment Valuation and Income Recognition** - Investments are reported at fair 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. See Note 7 for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Dividends and interest are recorded when received. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.
- Fully benefit-responsive investment contracts held by a defined contribution plan are reported at contract value. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.
- C. **Payments of Benefits** - Benefits are recorded when paid.
- D. **Administrative Expenses** - Certain expenses of maintaining the Plan are paid directly by the Plan Sponsor and excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative fees. Investment related expenses are included in net appreciation in fair value of investments.
- E. **Use of Estimates** - The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.
- F. **Notes Receivable from Participants** - Notes receivables from participants are measured at their unpaid principal balance plus any accrued, but unpaid interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses have been recorded as of December 31, 2021 and 2020. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded.

NOTE 3 – INVESTMENTS INFORMATION PREPARED AND CERTIFIED BY METLIFE, AS COMPLETE AND ACCURATE

As noted in the independent auditors' report, the Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's *Rules and Regulations for Reporting and Disclosure* under ERISA. Accordingly, as permitted under such election, the following information and the information included in Note 7 and the supplemental Schedule of Assets (Held at End of Year) on page 15 was certified as complete and accurate by MetLife, as an insurance company, and was not subjected to any auditing procedures performed by the independent auditors except for comparing such information to information included in the Plan's financial statements.

MetLife has certified to the completeness and accuracy of the investments included in the financial statements as of December 31, 2021 and 2020, and investment income included in the financial statements for the years ended December 31:

	<u>2021</u>	<u>2020</u>
Fair value:		
Variable annuities	\$ <u>6,001,924</u>	\$ <u>4,867,925</u>
Contract value:		
Fixed annuity	\$ <u>538,698</u>	\$ <u>511,147</u>

THE POSSE FOUNDATION RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 3 – INVESTMENTS INFORMATION PREPARED AND CERTIFIED BY METLIFE, AS COMPLETE AND ACCURATE (CONTINUED)

The net interest income and appreciation of investments included in the statements of changes in net assets available for benefits for each significant class of investments consists of the following for the years ended December 31:

	<u>2021</u>	<u>2020</u>
Interest income	\$ 15,758	\$ 13,788
Net appreciation in fair value	<u>697,919</u>	<u>757,726</u>
Total investment income	<u>\$ 713,677</u>	<u>\$ 771,514</u>

Notes receivable from participants of \$53,492 and \$38,404, and interest income on notes receivable from participants of \$2,604 and \$3,150 have also been certified by MetLife as of and for the years ended December 31, 2021 and 2020, respectively.

NOTE 4 – RELATED-PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

All Plan investments as of December 31, 2021 and 2020 are shares of fixed annuity and variable annuity accounts managed by MetLife. MetLife carries out certain custodial and processing services associated with the Plan and therefore, these transactions qualify as party-in-interest transactions. The Plan is charged with fees for the variable annuities by the insurance company or its affiliates. Fees paid by the Plan for the investment management services amounted to \$4,200 and \$3,852 for the years ended December 31, 2021 and 2020, respectively.

NOTE 5 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the balance of participant accounts will be distributed in a lump sum or by delivery of a fully paid annuity contract as permitted by IRS regulations.

NOTE 6 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits. There has been significant volatility in the market in 2022 which has negatively impacted fair values. Management is unable to determine the impact on the Plan as of the date of this report.

NOTE 7 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, "Fair Value Measurements," provides the framework for measuring fair value. That framework 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 under FASB ASC 820 are described as follows:

THE POSSE FOUNDATION RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 7 – FAIR VALUE MEASUREMENTS (CONTINUED)

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include: 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 assets or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Variable Annuities

Variable annuities are valued at Net Asset Value ("NAV") and its values are calculated daily by the annuity provider according to the performance of the underlying holdings in the sub-accounts, which are selected by the mutual fund accounts. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. The annuity contract disclosures for pricing methods are considered an observable input. Funds under variable annuities seek long-term growth of capital and income. There are no unfunded commitments and no restrictions on redemption.

The Plan's assets at fair value are as follows at December 31:

	<u>2021</u>	<u>2020</u>
Variable annuities using NAV as a practical expedient	<u>\$ 6,001,924</u>	<u>\$ 4,867,925</u>

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

Fair Value of Investments in Entities that Use Net Asset Value

The following table summarizes investments for which fair value is measured using the NAV per share as a practical expedient as of December 31, 2021 and 2020. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

THE POSSE FOUNDATION RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 7 – FAIR VALUE MEASUREMENTS (CONTINUED)

		As of December 31, 2021		
	<u>Fair Value</u>	<u>Unfunded</u>	<u>Redemption</u>	<u>Redemption</u>
		<u>Commitment</u>	<u>Frequency</u>	<u>Notice Period</u>
BHFT Brighthouse Asset Allocation 80 A (1)	\$ 779,229	\$ -	Anytime	None
BHFT Brighthouse Asset Allocation 60 A (2)	733,478	\$ -	Anytime	None
Fidelity (R) VIP Growth (3)	328,589	\$ -	Anytime	None
Fidelity VIP Freedom 2050 Service Class 2 (4)	306,389	\$ -	Anytime	None
American Funds (R) Growth Fund 2 (5)	251,557	\$ -	Anytime	None
Victory Sycamore Mid Cap Value Portfolio A (6)	217,920	\$ -	Anytime	None
BHFT I Loomis Sayles Growth Portfolio A (7)	205,399	\$ -	Anytime	None
BHFT I Morgan Stanley Discovery Portfolio A (8)	199,636	\$ -	Anytime	None
BHFT Western Asset Management Strategic Bond Opportunities (9)	197,498	\$ -	Anytime	None
BHFT T. Rowe Price Small Cap Growth Class A (10)	177,926	\$ -	Anytime	None
BHFT MetLife Stock Index Class A (11)	174,421	\$ -	Anytime	None
BHFT T. Rowe Price Mid Cap Growth Class A (12)	173,305	\$ -	Anytime	None
BHFT MetLife Mid Cap Stock Index Class A (13)	168,066	\$ -	Anytime	None
BHFT T. Rowe Price Large Cap Growth Class A (14)	164,804	\$ -	Anytime	None
BHFT Blackrock Capital Appreciation Class E (15)	138,622	\$ -	Anytime	None
Fidelity (R) VIP Equity-Income Portfolio (16)	133,171	\$ -	Anytime	None
BHFT Harris Oakmark International Class E (17)	118,817	\$ -	Anytime	None
BHFT II MFS Value E (18)	111,953	\$ -	Anytime	None
BHFT Jennison Growth Class A Portfolio (19)	102,724	\$ -	Anytime	None
Fidelity Freedom 2045 Portfolio Class 2 (20)	97,039	\$ -	Anytime	None
BHFT MFS Value Class A Portfolio (21)	96,053	\$ -	Anytime	None
BHFT MetLife Russell 2000 Index Port A (22)	88,194	\$ -	Anytime	None
BHFT American Fund Moderate Allocation C (23)	84,943	\$ -	Anytime	None
American Funds Growth-Income Fund 2 (24)	82,638	\$ -	Anytime	None
BHFT PIMCO Total Return Class A Portfolio (25)	80,232	\$ -	Anytime	None
Calvert VP SRI Mid Cap Portfolio X (26)	60,319	\$ -	Anytime	None
BHFT American Funds Growth Allocation C (27)	60,257	\$ -	Anytime	None
American Funds (R) Vis Glob Small Cap Class 2 (28)	59,017	\$ -	Anytime	None
BHFT American Fund Balanced Allocation C (29)	58,306	\$ -	Anytime	None
BHFT MetLife MSCI EAFE Index – Class A (30)	56,795	\$ -	Anytime	None
Others Below \$50,000	<u>494,627</u>	\$ -	Anytime	None
Total	<u>\$ 6,001,924</u>			

THE POSSE FOUNDATION RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 7 – FAIR VALUE MEASUREMENTS (CONTINUED)

	Fair Value	As of December 31, 2020		
		Unfunded Commitment	Redemption Frequency	Redemption Notice Period
BHFT Brighthouse Asset Allocation 80 A (1)	\$ 675,205	\$ -	Anytime	None
BHFT Brighthouse Asset Allocation 60 A (2)	640,514	\$ -	Anytime	None
Fidelity (R) VIP Growth (3)	293,597	\$ -	Anytime	None
BHFT I Morgan Stanley Discovery Portfolio A (8)	266,114	\$ -	Anytime	None
Fidelity VIP Freedom 2050 Service Class 2 (4)	202,092	\$ -	Anytime	None
BHFT Western Asset Management Strategic Bond Opportunities Portfolio (9)	168,932	\$ -	Anytime	None
American Funds (R) Gro Fund 2 (5)	164,150	\$ -	Anytime	None
BHFT Loomis Sayles Growth Portfolio A (7)	159,792	\$ -	Anytime	None
BHFT T. Rowe Price Small Cap Growth Portfolio (10)	151,728	\$ -	Anytime	None
BHFT T. Rowe Price Mid Cap Growth Class A (12)	137,732	\$ -	Anytime	None
BHFT BlackRock Capital Appreciation E (15)	128,671	\$ -	Anytime	None
BHFT MetLife Stock Index Class A (11)	126,790	\$ -	Anytime	None
BHFT T. Rowe Price Large Cap Growth A (14)	123,671	\$ -	Anytime	None
BHFT MetLife Mid Cap Stock Index Class A (13)	122,383	\$ -	Anytime	None
Fidelity (R) VIP Equity-Income Portfolio (16)	107,920	\$ -	Anytime	None
BHFT Harris Oakmark International Class E (17)	100,068	\$ -	Anytime	None
BHFT Jennison Growth Class A Portfolio (19)	84,132	\$ -	Anytime	None
Fidelity Freedom 2045 Portfolio Class 2 (20)	83,295	\$ -	Anytime	None
Victory Sycamore Mid Cap Value Portfolio A (6)	80,321	\$ -	Anytime	None
BHFTII MFS Value E (18)	78,979	\$ -	Anytime	None
BHFT American Fund Moderate Allocation C (23)	74,323	\$ -	Anytime	None
BHFT MFS Value Class A (21)	71,095	\$ -	Anytime	None
BHFT PIMCO Total Return Class A Portfolio (25)	70,623	\$ -	Anytime	None
BHFT MetLife Russell 2000 Index Portfolio A (22)	68,551	\$ -	Anytime	None
American Funds Growth-Income Fund 2 (24)	57,701	\$ -	Anytime	None
American Funds (R) VIS Global Small Cap Class 2 (28)	52,134	\$ -	Anytime	None
BHFT American Funds Growth Allocation C (27)	51,193	\$ -	Anytime	None
Others Below \$50,000	<u>526,219</u>	\$ -	Anytime	None
Total	<u>\$ 4,867,925</u>			

- (1) **Brighthouse Asset Allocation 80 Portfolio:** The fund seeks growth of capital. Under normal circumstances, the fund primarily invests in underlying portfolios that hold equity and fixed-income securities based on a target allocation of 80% to equity securities and 20% to fixed-income securities.
- (2) **Brighthouse Asset Allocation 60 Portfolio:** The fund seeks a balance between a high level of current income and growth of capital. Under normal circumstances, the fund primarily invests in underlying portfolios that hold equity and fixed-income securities based on a target allocation of 60% to equity securities and 40% to fixed-income securities.
- (3) **Fidelity (R) VIP Growth Portfolio:** The fund seeks capital appreciation. The fund invests primarily in common stock of domestic and foreign companies that they believe have above-average growth potential using a fundamental analysis of each issuer's financial condition and industry position and market and economic conditions to select investments.
- (4) **Fidelity VIP Freedom 2050 Service Class 2:** The fund seeks high total return with a secondary objective of principal preservation as the fund approaches its target date and beyond. The fund invests in a combination of equity, fixed-income, and short-term funds using a moderate asset allocation strategy.

THE POSSE FOUNDATION RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 7 – FAIR VALUE MEASUREMENTS (CONTINUED)

- (5) **American Funds (R) Growth Fund Portfolio:** The fund seeks growth of capital. Invests primarily in common stock of companies that appear to offer superior opportunities for growth of capital. The fund may invest a portion of its assets in common stock and other securities of issuers domiciled outside the U.S.
- (6) **Victory Sycamore Mid Cap Value Portfolio A:** The fund seeks capital appreciation through investments primarily in equity securities which are believed to be undervalued in the marketplace.
- (7) **Brighthouse Loomis Sayles Growth Portfolio A:** The fund seeks long-term growth of capital by investing primarily in equity securities, including common stock, convertible securities, and warrants.
- (8) **Brighthouse Morgan Stanley Discovery Portfolio:** The fund seeks capital appreciation by investing in high quality companies it believes have sustainable competitive advantages and the ability to redeploy capital at high rates of return.
- (9) **Brighthouse Western Asset Management Strategic Bond Opportunities Portfolio:** The fund seeks total return consistent with capital preservation. It invests at least 80% of assets in U.S. investment-grade securities, U.S. and foreign high-yield debt, and foreign government securities. The duration of the portfolio may generally be approximately three to seven years.
- (10) **Brighthouse T. Rowe Price Small Cap Growth Portfolio:** The fund seeks long-term capital growth by normally investing at least 65% of its total assets in a diversified group of small capitalization companies.
- (11) **Brighthouse MetLife Stock Index Class A Portfolio:** The fund seeks to track performance of the Standard & Poor's 500 Composite Stock Price Index. Invests in all the stocks included in the Standard & Poor's 500 Index, which are primarily large capitalization stocks.
- (12) **Brighthouse T. Rowe Price Mid Cap Growth Class A Portfolio:** The fund seeks long-term growth of capital. Invests at least 80% of net assets in a diversified portfolio of growth stocks of mid cap companies whose earnings are expected to grow at a faster rate than the average company. May also purchase other securities perceived to provide an opportunity for substantial appreciation.
- (13) **Brighthouse MetLife Mid Cap Class A Portfolio:** The fund seeks long-term capital growth. Invests at least 80% of net assets in stock of medium capitalization companies.
- (14) **Brighthouse T. Rowe Price Large Cap Growth A Portfolio:** Seeks long-term growth of capital. Invests at least 80% of its assets in equity securities of a diversified group of large capitalization growth companies that, at the time of purchase, have a market capitalization within the range of the market capitalization of companies included in the Russell 1000 Index.
- (15) **Brighthouse BlackRock Capital Appreciation E Portfolio:** The fund seeks long-term capital growth by investing at least 80% of the portfolio's net assets in a portfolio of large capitalization equity securities.
- (16) **Fidelity (R) VIP Equity-Income Portfolio:** The fund seeks reasonable income. The Portfolio will also consider the potential for capital appreciation. The Portfolio's goal is to achieve a yield which exceeds the composite yield on the securities comprising the Standard & Poor's 500 Index. Normally investing at least 80% of assets in equity securities. Normally investing primarily in income-producing equity securities, which tends to lead to investments in large cap "value" stocks. Potentially investing in other types of equity securities and debt securities, including lower-quality debt securities. Investing in domestic and foreign issuers. Using fundamental analysis of factors such as each issuer's financial condition and industry position, as well as market and economic conditions to select investments.
- (17) **Brighthouse Harris Oakmark International Class E:** The fund seeks long-term capital appreciation. Under normal circumstances, primarily in common stock of non-U.S. companies, the portfolio may invest in non-U.S. markets throughout the world, including emerging markets. Ordinarily, the portfolio will invest in the securities of at least five countries outside the U.S.

THE POSSE FOUNDATION RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 7 – FAIR VALUE MEASUREMENTS (CONTINUED)

- (18) **Brighthouse II MFS Value E Portfolio:** The fund seeks high total return with a secondary objective of principal preservation as the fund approaches its target date and beyond. The fund invests in a combination of equity, fixed income, and short-term funds using a moderate asset allocation strategy.
- (19) **Brighthouse Jennison Growth Class A Portfolio:** The fund seeks long-term growth of capital by investing 65% of the Portfolio's assets in equity and equity-related securities of U.S. companies that exceed \$1 billion in market capitalization.
- (20) **Fidelity Freedom 2045 Portfolio Class 2:** The fund seeks high total return with a secondary objective of principal preservation as the fund approaches its target date and beyond. The fund invests in a combination of equity, fixed-income, and short-term funds using a moderate asset allocation strategy.
- (21) **Brighthouse MFS Value Class A Portfolio:** Massachusetts Financial Services Company ("MFS" or "Subadviser"), subadviser to the Portfolio, invests under normal market conditions at least 80% of the Portfolio's net assets in equity securities of large capitalization U.S. companies. Equity securities include common stock, preferred stock, securities convertible into common or preferred stock and depositary receipts for equity securities.
- (22) **Brighthouse MetLife Russell 2000 Index Portfolio A:** The fund seeks to track the performance of the Russell 2000® Index. Invests in a selected stratified sample of the 2,000 stocks included in the Russell 2000 Index, which, as a group, are chosen to reflect the composite performance of the Index.
- (23) **Brighthouse American Fund Moderate Allocation C Portfolio:** The fund seeks a high total return in the form of income and growth of capital, with a greater emphasis on income.
- (24) **American Funds Growth-Income Fund 2 Portfolio:** The Fund seeks long-term growth of capital by investing primarily in common stock and seeks to invest in companies that appear to offer superior opportunities for growth of capital.
- (25) **Brighthouse PIMCO Total Return Class A Portfolio:** The portfolio seeks maximum total return, consistent with the preservation of capital, by investing at least 65% of its assets in a diversified portfolio of fixed-income instruments of varying maturities.
- (26) **Calvert VP SRI Mid Capital Portfolio:** The fund seeks to provide long-term capital appreciation by investing primarily in a portfolio of the equity securities of mid-sized companies that are undervalued but demonstrate a potential for growth. Normally invests at least 80% of its net assets in the common stocks of mid-cap companies. The Portfolio defines mid-cap companies as those whose market capitalization falls within the range of the Russell Midcap Index. Although primarily investing in mid-cap U.S. companies, the Portfolio may also invest in small-cap companies.
- (27) **Brighthouse American Funds Growth Allocation Portfolio:** The fund seeks long-term growth by investing 86% of its total assets in a diversified group of stock sectors with the largest concentration for information technology, health care, communication services, and consumer discretionary.
- (28) **American Funds (R) VIS Global Small Cap Portfolio Class 2:** The Fund seeks long-term growth of capital by investing primarily in equity securities of issuers domiciled around the world with relatively small capitalizations (share price times the number of equity securities outstanding).
- (29) **Brighthouse American Fund Balance Allocation Portfolio:** The fund Seeks a balance between a high level of current income and growth of capital, with a greater emphasis on growth of capital. Invests in Class 1 and R-6 shares of a group of Underlying Portfolios of the American Funds Insurance Series and other funds within the American Funds family that are not part of the American Funds Insurance Series. Under normal circumstances, the Portfolio primarily invests in Underlying Portfolios that may hold large cap, small cap or mid cap securities and also invests in Underlying Portfolios that hold fixed income securities in accordance with targeted allocations of 65% to equity securities and 35% to fixed income securities.

THE POSSE FOUNDATION RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 7 – FAIR VALUE MEASUREMENTS (CONTINUED)

- (30) **Brighthouse MetLife MSCI EAFE Index:** The fund seeks to track the performance of the MSCI EAFE Index. Invests in a selected stratified sample of approximately 1,000 equity securities of companies of varying capitalizations included in the MSCI EAFE Index, which, as a group, are chosen to reflect the composite performance of the Index.

NOTE 8 – FULLY BENEFIT- RESPONSIVE INVESTMENT CONTRACT

The Plan has a fully benefit-responsive investment contract with MetLife (See Note 3). MetLife maintains the contributions in a general account, which is credited with earnings and charged for participant withdrawals and administrative expenses. The investment contract is included in the financial statements at contract value. Contract value represents contributions made under the contract, plus transfers to the fund and credited interest, less participant withdrawals, transfers out of the fund and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The investment contract does not have any restrictions that impact the ability of the Plan to collect the full contract value. Plan management believes that the occurrence of events that would cause the Plan to transact at less than contract value is not probable. MetLife may not terminate the contract at any amount less than the contract value.

MetLife is contractually obligated to pay the principal and specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with MetLife, but may not be less than 1.00%. Such interest rates are set at least annually.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer'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 with the contract issuer such as; premature termination of the contract by the Plan, closings, layoffs, Plan termination, bankruptcy, mergers and early retirement incentives. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also limit the ability of the Plan to transact at contract value.

NOTE 9 – TAX STATUS

The IRS has determined and informed the Metropolitan Life Insurance Company volume submitter 403(b) Plan, by a letter dated March 31, 2017, that the Plan's volume submitter is designed in accordance with the applicable sections of the IRC.

Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan is subject to income tax examinations.

NOTE 10 – SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 13, 2022, the date the financial statements were available to be issued. As of October 13, 2022, the Plan's investments decreased by approximately \$1,644,000 or 25% of total assets.

THE POSSE FOUNDATION
RETIREMENT SAVINGS PLAN
FORM 5500 SCHEDULE H, LINE 4i -
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN # 13-3840394 PLAN: 003
DECEMBER 31, 2021

(a)	Identity of issuer, borrower, lessor, or similar party (b)	Description of investment, including maturity date, rate of investment, collateral, par or maturity value (c)	Cost ** (d)	Current value (e)
	BHFT BRIGHTHOUSE ASSET ALLOCATION 80 A	Variable Annuities		\$ 779,229
	BHFT BRIGHTHOUSE ASSET ALLOCATION 60 A	Variable Annuities		733,478
	FIDELITY (R) VIP GROWTH	Variable Annuities		328,589
	FIDELITY VIP FREEDOM 2050 SERVICE CL 2	Variable Annuities		306,389
	AMERICAN FUNDS (R) GRO FUND 2	Variable Annuities		251,557
	VICTORY SYCAMORE MID CAP VAL PORT A	Variable Annuities		217,920
	BHFTI LOOMIS SAYLES GROWTH PORTFOLIO A	Variable Annuities		205,399
	BHFTI MORGAN STANLEY DISCOVERY PORT A	Variable Annuities		199,636
	BHFT - WESTERN ASSET MGMT STRAT BOND OPP	Variable Annuities		197,498
	BHFT T. ROWE PRICE SMALL CAP GROWTH A	Variable Annuities		177,926
*	BHFT METLIFE STOCK INDEX CLASS A	Variable Annuities		174,421
	BHFT - T. ROWE PRICE MID CAP GROWTH CL A	Variable Annuities		173,305
*	BHFT METLIFE MID CAP STOCK INDEX CLASS A	Variable Annuities		168,066
	BHFT T. ROWE PRICE LARGE CAP GROWTH A	Variable Annuities		164,804
	BHFT BLACKROCK CAPITAL APPRECIATION E	Variable Annuities		138,622
	FIDELITY (R) VIP EQUITY-INCOME	Variable Annuities		133,171
	BHFT HARRIS OAKMARK INTERNATIONAL CL E	Variable Annuities		118,817
	BHFTII MFS VALUE E	Variable Annuities		111,953
	BHFT JENNISON GROWTH CLASS A	Variable Annuities		102,724
	FIDELITY FREEDOM 2045 PORTFOLIO CLASS 2	Variable Annuities		97,039
	BHFT MFS VALUE CLASS A	Variable Annuities		96,053
*	BHFT METLIFE RUSSELL 2000 INDEX PORT A	Variable Annuities		88,194
	BHFT AMERICAN FUND MODERATE ALLOCATION C	Variable Annuities		84,943
	AMERICAN FUNDS GROWTH-INCOME FUND 2	Variable Annuities		82,638
	BHFT PIMCO TOTAL RETURN CLASS A	Variable Annuities		80,232
	CALVERT VP SRI MID CAP PORTFOLIO X	Variable Annuities		60,319
	BHFT AMERICAN FUNDS GROWTH ALLOCATION C	Variable Annuities		60,257
	AMERICAN FUNDS (R) VIS GLOB SM CAP CL 2	Variable Annuities		59,017
	BHFT AMERICAN FUND BALANCED ALLOCATION C	Variable Annuities		58,306
*	BHFT METLIFE MSCI EAFE INDEX - CLASS A	Variable Annuities		56,795
	BHFT INVESCO SMALL CAP GROWTH CLASS E	Variable Annuities		49,868
	BHFT WESTERN ASSET MGMT US GOVERNMENT A	Variable Annuities		46,689
	BHFT SSGA GROWTH ETF CLASS E	Variable Annuities		43,618
	FIDELITY VIP FREEDOM 2040 SERVICE CL 2	Variable Annuities		37,262
	BHFTT BH/WELLINGTON CORE EQUITY OPP CL A	Variable Annuities		36,109
	BHFTI INVESCO GLOBAL EQUITY PORTFOLIO	Variable Annuities		35,694
	BHFTI LOOMIS SAYLES GLOBAL ALLOC PORT B	Variable Annuities		35,564
	BHFT CLARION GLOBAL REAL ESTATE CLASS E	Variable Annuities		26,196
	BHFT SSGA GROWTH & INCOME ETF CLASS E	Variable Annuities		25,980
	FIDELITY VIP FREEDOM 2030 SERVICE CL 2	Variable Annuities		25,157
	BHFT BRIGHTHOUSE ASSET ALLOCATION 40 A	Variable Annuities		24,981
	BHFT LOOMIS SAYLES SMALL CAP GROWTH A	Variable Annuities		22,471
*	BHFT METLIFE AGGREGATE BOND INDEX A	Variable Annuities		19,366
	BHFT PIMCO INFLATION PROTECTED CLASS E	Variable Annuities		12,802
	FIDELITY (R) INVESTMENT GRADE BOND	Variable Annuities		10,561
	BHFT LOOMIS SAYLES SMALL CAP CORE A	Variable Annuities		9,229
	BHFT MFS TOTAL RETURN CLASS A	Variable Annuities		8,956
	FIDELITY VIP FREEDOM 2025 SERVICE CL 2	Variable Annuities		6,754
	BHFT BRIGHTHOUSE ASSET ALLOCATION 20 A	Variable Annuities		6,035
	CALVERT VP SRI BALANCED PORTFOLIO CL I	Variable Annuities		5,341
	AMERICAN FUNDS INSURANCE SERIES (R)	Variable Annuities		2,392
	BHFT BH/FRANKLIN LOW DURATION TOT RET B	Variable Annuities		2,387
	FIDELITY VIP FREEDOM 2020 SERVICE CL 2	Variable Annuities		788
	BHFT NEUBERGER BERMAN GENESIS CLASS A	Variable Annuities		165
	BHFT MFS RESEARCH INTERNATIONAL CLASS A	Variable Annuities		146
	FIDELITY FREEDOM 2035 PORTFOLIO CLASS 2	Variable Annuities		116
				<u>\$ 6,001,924</u>
*	MetLife Fixed Annuity	Fixed Annuity		<u>\$ 538,698</u>
*	Notes receivable from participants	4.25% - 6.5% interest rate, Maturing through 2028	\$ -	<u>\$ 53,492</u>
*	Indicates party-in-interest to the Plan			
**	Cost information omitted with respect to participant or beneficiary directed investments			

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

The Posse Foundation Retirement Savings Plan

01-JAN-21 to 31-DEC-21

18-JAN-22 21:11:20

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1METBF			2,110.89	2,392.32
1METGO			145,397.66	251,557.15
1METGS			35,312.70	59,016.96
1METTI			52,936.83	82,638.40
1METESR			3,873.61	5,341.38
1ARLAPP			38,800.77	60,318.77
1METJR			119,590.65	205,399.03
1METRR			78,786.51	111,952.93
1METF4			99.46	116.24
1METF6			71,424.67	97,038.51
1FIDIGB			9,047.08	10,560.78
1FIDEQI			93,792.98	133,171.35
1FIDGRW			178,266.26	328,588.63
1MET1R			776.11	788.21
1METRA			5,929.80	6,753.62
1METRB			21,598.51	25,157.07
1METRF			35,005.51	37,261.87
1METRH			252,155.81	306,389.35
1METMX			107,796.78	168,065.56
1METRL			93.90	146.11
1METLV			58,226.21	96,052.75
1METBA			42,419.66	58,305.87
1METGA			38,586.80	60,256.62
1METMA			61,120.40	84,943.27
1METRT			17,810.94	26,195.61
1METIC			93,864.00	118,816.65
1METAS			29,941.96	49,868.21
1METL2			25,801.62	35,564.44
1METLA			169,096.10	217,920.45
1METFT			2,355.36	2,387.39
1METSM			136,834.16	199,636.38
1METFV			19,636.70	35,693.73
1METPI			10,545.51	12,802.01
1METTR			71,798.42	80,232.04
1METMG			106,457.18	173,305.02
1METVV			21,742.89	36,108.98
1METJE			76,924.37	102,723.82
1METLS			5,653.98	9,229.06
1METSG			14,927.14	22,470.50
1METESI			104,712.61	174,420.76
1METMT			6,244.55	8,955.82
1METAU			159.38	165.14
1METLC			90,659.64	164,804.41
1METSC			98,800.29	177,925.77
1METSB			165,681.10	197,497.93
1METBI			17,852.82	19,366.18
1METAЕ			91,863.76	138,621.71
1METM1			5,528.26	6,035.11
1METM2			21,092.53	24,981.41
1METM3			490,995.99	733,477.82
1METM4			448,326.95	779,229.29

SCHEDULE OF ASSETS (HELD AT END OF YEAR)**The Posse Foundation Retirement Savings Plan****01-JAN-21 to 31-DEC-21****18-JAN-22 21:11:20**

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1METII			42,817.78	56,794.81
1METGV			44,569.95	46,689.06
1METRI			59,289.06	88,194.12
1METCI			19,222.64	25,980.16
1METCY			23,772.92	43,618.11
1FIA		3.000	470,728.60	538,697.65
			4,458,858.72	6,540,622.30
PARTICIPANT LOANS	VARIOUS	4.250-6.500	53,492.02	53,492.02
FORFEITURES			7.63	8.28

Attachment to Form 5500, Schedule H, Part 4, Item I
 EIN # 133840394

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

1METBF American Funds Insurance Series (R)
 1METGS American Funds (R) VIS Glob Sm Cap CL 2
 1METESR Calvert VP SRI Balanced Portfolio CI I
 1METJR BHFTI Loomis Sayles Growth Portfolio A
 1METF4 Fidelity Freedom 2035 Portfolio Class 2
 1FIDIGB Fidelity (R) Investment Grade Bond
 1FIDGRW Fidelity (R) VIP Growth
 1METRA Fidelity VIP Freedom 2025 Service CI 2
 1METRF Fidelity VIP Freedom 2040 Service CI 2
 1METMX BHFT MetLife Mid Cap Stock Index Class A
 1METLV BHFT MFS Value Class A
 1METGA BHFT American Funds Growth Allocation C
 1METRT BHFT Clarion Global Real Estate Class E
 1METAS BHFT INVESCO Small Cap Growth Class E
 1METLA Victory Sycamore Mid Cap Val Port A
 1METSM BHFTI Morgan Stanley Discovery Port A
 1METPI BHFT PIMCO Inflation Protected Class E
 1METMG BHFT - T. Rowe Price Mid Cap Growth CL A
 1METJE BHFT Jennison Growth Class A
 1METSG BHFT Loomis Sayles Small Cap Growth A
 1METMT BHFT MFS Total Return Class A
 1METLC BHFT T Rowe Price Large Cap Growth A
 1METSB BHFT - Western Asset Mgmt Strat Bond Opp
 1META E BHFT BlackRock Capital Appreciation E
 1METM2 BHFT Brighthouse Asset Allocation 40 A
 1METM4 BHFT Brighthouse Asset Allocation 80 A
 1METGV BHFT Western Asset Mgmt US Government A
 1METCI BHFT SSGA Growth & Income ETF Class E
 1FIA Fixed Interest Account

1METGO American Funds (R) Gro Fund 2
 1METTI American Funds Growth-Income Fund 2
 1ARLAPP Calvert VP SRI Mid Cap Portfolio X
 1METRR BHFTII MFS Value E
 1METF6 Fidelity Freedom 2045 Portfolio Class 2
 1FIDEQI Fidelity (R) VIP Equity-Income
 1MET1R Fidelity VIP Freedom 2020 Service CI 2
 1METRB Fidelity VIP Freedom 2030 Service CI 2
 1METRH Fidelity VIP Freedom 2050 Service CI 2
 1METRL BHFT MFS Research International Class A
 1METBA BHFT American Fund Balanced Allocation C
 1METMA BHFT American Fund Moderate Allocation C
 1METIC BHFT Harris Oakmark International CL E
 1METL2 BHFTI Loomis Sayles Global Alloc Port B
 1METFT BHFT BH/Franklin Low Duration Tot Ret B
 1METFV BHFTI Invesco Global Equity Portfolio
 1METTR BHFT PIMCO Total Return Class A
 1METVV BHFTT BH/Wellington Core Equity Opp CL A
 1METLS BHFT Loomis Sayles Small Cap Core A
 1METESI BHFT MetLife Stock Index Class A
 1METAU BHFT Neuberger Berman Genesis Class A
 1METSC BHFT T Rowe Price Small Cap Growth A
 1METBI BHFT MetLife Aggregate Bond Index A
 1METM1 BHFT Brighthouse Asset Allocation 20 A
 1METM3 BHFT Brighthouse Asset Allocation 60 A
 1METII BHFT MetLife MSCI EAFE Index - Class A
 1METRI BHFT MetLife Russell 2000 Index Port A
 1METCY BHFT SSGA Growth ETF Class E

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year