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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
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| <b>Part I</b>                                                                                          | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022             |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                    | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                        | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| <b>D</b> Check box if filing under:                                                                    | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                           |
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| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                           | <b>Basic Plan Information</b> —enter all requested information                                                                                                                            |
| <b>1a</b> Name of plan<br>EARLY WARNING SERVICES, LLC 401(K) PLAN                                                                                                                                                                                                                                                                                        | <b>1b</b> Three-digit plan number (PN) ▶ 001                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                          | <b>1c</b> Effective date of plan<br>08/01/2006                                                                                                                                            |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>EARLY WARNING SERVICES, LLC<br><br>16552 N 90TH STREET, STE 100<br>SCOTTSDALE, AZ 85260 | <b>2b</b> Employer Identification Number (EIN)<br>20-5276211<br><br><b>2c</b> Plan Sponsor's telephone number<br>480-656-6820<br><br><b>2d</b> Business code (see instructions)<br>518210 |

**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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 09/25/2023 | NATALIE SCHWIMER                                             |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2022)  
v. 220413

|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                   |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                     |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |  | <b>5</b> 1292                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                                                                    |  | <b>6a(1)</b> 982                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |  | <b>6a(2)</b> 1120                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                        |  | <b>6b</b> 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                          |  | <b>6c</b> 344                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |  | <b>6d</b> 1464                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |  | <b>6e</b> 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6f</b> 1467                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                             |  | <b>6g</b> 1450                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                                  |  | <b>6h</b> 133                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                       |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2R 2S 2T 3D                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                       |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>0 A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
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| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2022                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                      |     |
| A Name of plan<br>EARLY WARNING SERVICES, LLC 401(K) PLAN                                  | B Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>EARLY WARNING SERVICES, LLC      | D Employer Identification Number (EIN)<br>20-5276211 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| ONEAMERICA RETIREMENT SERVICES LLC                                                                         |
| 46-5378846                                                                                                 |

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

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

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**(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

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**(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

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**(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

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

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

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

ONEAMERICA RETIREMENT SERVICES LLC

46-5378846

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 36 37<br>38 50 64   | NONE                                                                                              | 146572                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

FRONTIER WEALTH MANAGEMENT

10250 REGENCY CIRCLE, STE 100  
OMAHA, NE 68114

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 50                  | NONE                                                                                              | 73787                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

MATRIX TRUST COMPANY N.A.

75-3182674

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19 21 25<br>62         | NONE                                                                                              | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| MATRIX TRUST COMPANY N.A.                                           | 19 21 25 62                                                                                                                                                        | 0                                         |
| (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. |                                           |
| ONEAMERICA RETIREMENT SERVICES LLC<br><br>46-5378846                | ONEAMERICA HAS AN AGREEMENT WITH MATRIX TRUST COMPANY TO PAY \$2,750 ANNUAL TRUST AND CUSTODY FEE PLUS 1 BASIS POINT ON MARKET VALUE ANNUALIZED MONTHLY.           |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>EARLY WARNING SERVICES, LLC 401(K) PLAN</u>                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <u>001</u>                                          |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>EARLY WARNING SERVICES, LLC</u>                                                                                                                                                                      |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><u>20-5276211</u>                        |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1a</b>       | 15909                 | 7510            |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    | 142151                | 203875          |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    | 270482                | 315295          |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    | 1314348               | 1125489         |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 105526785             | 98312843        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   | 609566                | 446089          |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 107879241             | 100411101       |

**Liabilities**

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

**Net Assets**

|                                                           |           |           |           |
|-----------------------------------------------------------|-----------|-----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 107879241 | 100411101 |
|-----------------------------------------------------------|-----------|-----------|-----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 6723515    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 11515484   |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 900520     |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 19139519  |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 60154      |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 60154     |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 3882999    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 3882999   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | -20224260 |
| c Other income .....                                                                            | 2c     |            | -109852   |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 2748560   |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 9996341    |           |
| (2) To insurance carriers for the provision of benefits .....                                   | 2e(2)  |            |           |
| (3) Other .....                                                                                 | 2e(3)  |            |           |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                                   | 2e(4)  |            | 9996341   |
| f Corrective distributions (see instructions) .....                                             | 2f     |            |           |
| g Certain deemed distributions of participant loans (see instructions) .....                    | 2g     |            |           |
| h Interest expense .....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees .....                                          | 2i(1)  | 146572     |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  |            |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  | 73787      |           |
| (4) Other .....                                                                                 | 2i(4)  |            |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 220359    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 10216700  |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | -7468140  |
| 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: MAYER HOFFMAN MCCANN, P.C.

(2) EIN: 43-1947695

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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 391621 |

|                                                                                                                                                                                                                                                                                                            | Yes | No | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>b</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.) |     |    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>c</b> 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.)                                                                                                                             |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>d</b> 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.)                                                                                                                  |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>g</b> 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?                                                                                                                                       |     |    |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>h</b> 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?                                                                                                                             |     |    |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | X   |    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                  | X   |    |        |
| <b>j</b> 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.)                                                                                     |     |    |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     |    |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     |    |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     |    |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>n</b> 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.                                                                                                                        |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  |     |    |        |

**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 \_\_\_\_\_.

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>EARLY WARNING SERVICES, LLC 401(K) PLAN                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ► 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>EARLY WARNING SERVICES, LLC                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>20-5276211                                            |
| 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):<br><br>EIN(s): 75-3182674                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III                                                                                                                                                                                                                                                                                                                                                   | Amendments                                                                                                                                                                                                                                                                                       |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2022 v. 220413                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

|                                                                                                                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> 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:                                                                                                            | <b>14a</b> |  |
| <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14b</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                | <b>14c</b> |  |
| <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                           |            |  |
| <b>15</b> 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:                                                                                                                                          |            |  |
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       | <b>15b</b> |  |
| <b>16</b> Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                  |            |  |
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        | <b>16a</b> |  |
| <b>b</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.....                                                                                                                                                           | <b>16b</b> |  |
| <b>17</b> 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 ..... <input type="checkbox"/>                                                                  |            |  |

**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 \_\_\_\_\_

**EARLY WARNING SERVICES, LLC 401(k) PLAN**

**FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULE**

December 31, 2022 and 2021

# EARLY WARNING SERVICES, LLC 401(k) PLAN

## FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

December 31, 2022 and 2021

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## INDEPENDENT AUDITORS' REPORT

To the Plan Administrative Committee of

### EARLY WARNING SERVICES, LLC 401(k) PLAN

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

We have performed the audits of the financial statements of **Early Warning Services, LLC 401(k) 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 statements of net assets available for benefits as of December 31, 2022 and 2021, the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, 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 certifications from a qualified institution as of December 31, 2022 and 2021 and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

#### Opinion

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

- The amounts and disclosures in the accompanying 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 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**

We conducted our audits 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 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 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 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 Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit 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 audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of 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) as of December 31, 2022, 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 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).

*Mayer Hoffman McCann P.C.*

August 31, 2023

**EARLY WARNING SERVICES, LLC 401(k) PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

December 31, 2022 and 2021

|                                       | <u>2022</u>               | <u>2021</u>               |
|---------------------------------------|---------------------------|---------------------------|
| ASSETS                                |                           |                           |
| NON-INTEREST BEARING CASH             | \$ 3,738                  | \$ 15,428                 |
| INVESTMENTS, at fair value            |                           |                           |
| Mutual funds                          | 92,226,309                | 99,979,045                |
| Stocks                                | 276,096                   | 339,843                   |
| Exchange-traded funds                 | 84,131                    | 161,205                   |
| Money market mutual funds             | <u>6,176,168</u>          | <u>5,656,739</u>          |
| Total investments, at fair value      | <u>98,762,704</u>         | <u>106,136,832</u>        |
| RECEIVABLES                           |                           |                           |
| Employer contributions                | 203,875                   | 142,151                   |
| Participant contributions             | 315,295                   | 270,482                   |
| Notes receivable from participants    | <u>1,125,489</u>          | <u>1,314,348</u>          |
| Total receivables                     | <u>1,644,659</u>          | <u>1,726,981</u>          |
| <br>TOTAL ASSETS                      | <br><u>100,411,101</u>    | <br><u>107,879,241</u>    |
| <br>NET ASSETS AVAILABLE FOR BENEFITS | <br><u>\$ 100,411,101</u> | <br><u>\$ 107,879,241</u> |

See Notes to Financial Statements

# EARLY WARNING SERVICES, LLC 401(k) PLAN

## STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2022

### ADDITIONS

#### Contributions:

|                     |                |
|---------------------|----------------|
| Employer            | \$ 6,723,515   |
| Participants        | 11,515,484     |
| Rollover            | <u>900,520</u> |
| Total contributions | 19,139,519     |

|                                                       |                  |
|-------------------------------------------------------|------------------|
| Interest income on notes receivable from participants | 60,154           |
| Interest and dividends                                | <u>3,923,122</u> |

|                 |                   |
|-----------------|-------------------|
| TOTAL ADDITIONS | <u>23,122,795</u> |
|-----------------|-------------------|

### DEDUCTIONS

|                                               |                |
|-----------------------------------------------|----------------|
| Benefits paid to participants                 | 9,996,341      |
| Net depreciation in fair value of investments | 20,374,235     |
| Administrative expenses                       | <u>220,359</u> |

|                  |                   |
|------------------|-------------------|
| TOTAL DEDUCTIONS | <u>30,590,935</u> |
|------------------|-------------------|

|                                                 |             |
|-------------------------------------------------|-------------|
| NET CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS | (7,468,140) |
|-------------------------------------------------|-------------|

|                                                      |                    |
|------------------------------------------------------|--------------------|
| NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR | <u>107,879,241</u> |
|------------------------------------------------------|--------------------|

|                                                |                       |
|------------------------------------------------|-----------------------|
| NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR | <u>\$ 100,411,101</u> |
|------------------------------------------------|-----------------------|

See Notes to Financial Statements

# EARLY WARNING SERVICES, LLC 401(k) PLAN

## NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

### (1) Description of the Plan

The following brief description of the **Early Warning Services, LLC 401(k) Plan** (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

- A. **General** – The Plan is a defined contribution plan originally effective January 1, 2006, and amended and restated most recently effective January 1, 2016. The Plan has been amended since that date. The Plan is based on a prototype plan as described in Note 5. BMO Harris Bank, N.A. (“BMO”), the former trustee, was acquired by OneAmerica in 2016. BMO was responsible for trustee functions through March 19, 2021; thereafter, Matrix Trust Company (“Matrix”) assumed trustee functions. OneAmerica remains responsible for the record keeping functions related to the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”) and the Internal Revenue Code (“IRC”) Section 401(k).
- B. **Eligibility** – The Plan covers all employees of Early Warning Services, LLC (“Employer” or “Company” or “Sponsor”) and its subsidiaries, except for collectively bargained employees, non-resident aliens, and leased employees. Employees classified as full time or part time are eligible to participate in the Plan to make elective deferrals and to receive matching contributions if they have completed the earlier of 30 continuous days of employment or one year of service. Eligible employees may enter the Plan on the first day of the month following the date on which the employee meets the eligibility requirements.
- C. **Contributions** – Eligible participants can contribute, on a pre-tax and Roth basis, up to a total of 75% of their annual eligible compensation and participants who have attained age 50 before the close of the Plan year may make catch-up contribution deferrals as defined in the Plan document not to exceed the maximum dollar amount allowed by law. The Internal Revenue Service (IRS) adjusts this limitation each year for cost-of-living increases. The Plan has an automatic enrollment feature at 4% that automatically increases 1% per year up to 7%. The employee may select a different rate or elect to not participate in the Plan. Participants may also contribute amounts representing distributions from other qualified plans.

During 2022, the Employer made safe harbor matching contributions to the participants’ accounts. Matching contributions are calculated based on a Plan year basis rather than each payroll period, and are not to exceed 5% of Plan compensation as defined in the Plan document.

The Company may also provide a discretionary contribution (profit sharing contribution) which is determined annually. This contribution, if made by the Company, will be allocated using a non-integrated (pro-rata) formula. In order to share in the profit sharing contribution, the employee must be actively employed on the last day of the Plan year and must have completed at least 1,000 hours of service with the Employer during the Plan year. These conditions do not apply in the year of death, year of retirement, or after the normal retirement age. The profit sharing contribution is subject to a vesting schedule, as discussed below. No discretionary profit sharing contribution was made for the year ended December 31, 2022.

- D. **Participant accounts** – Each participant’s account is credited with the participant’s contributions, the participant’s portion of the Company’s contribution, if any, and an allocation of any Plan earnings, losses, and expenses. Earnings and losses are allocated by fund based on the participant’s account balance, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

# EARLY WARNING SERVICES, LLC 401(k) PLAN

## NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

### (1) Description of the Plan (continued)

- E. **Investment options** – Upon enrollment in the Plan, a participant may direct employee and employer contributions in any of the investment options covered by the Plan and may change their investment options daily.
- F. **Vesting** – Participants are immediately vested in their own contributions plus actual earnings thereon. In the event of termination of employment for reasons other than death, retirement or disability, a participant shall have a vested right in all Company generated portions of his or her account based on years of continuous employment with the Company as follows:

| <u>Participant's<br/>Years of Service</u> | <u>Non-Forfeitable<br/>Percentage</u> |
|-------------------------------------------|---------------------------------------|
| Less than 1                               | 0%                                    |
| After 1                                   | 25%                                   |
| After 2                                   | 100%                                  |

- G. **Forfeitures** – Nonvested accounts will be forfeited and may be used in the following order to reduce:
1. The Plan's ordinary and necessary administrative expenses for the Plan year;
  2. The Employer's matching contribution, to the extent the forfeitures are attributable to matching contributions; and
  3. The Employer's non-elective contribution (profit sharing), to the extent the forfeitures are attributable to non-elective contributions.

At December 31, 2022 and 2021 forfeited nonvested accounts totaled approximately \$83,000 and \$144,000, respectively. During the year ended December 31, 2022, approximately \$248,000 of forfeited nonvested accounts were applied for permitted uses as described above.

- H. **Notes receivable from participants** – Under the terms of the Plan, participants may borrow up to 50 percent of their vested benefit up to a maximum of \$50,000, with a minimum loan amount of \$1,000. Loans may be made from the participants' accounts upon written application to the Plan administrator. The interest rate is calculated as the BMO Prime Rate + 1.00%. Interest rates for all outstanding loans at December 31, 2022 were 4.25% to 8.00%. Principal and interest are paid ratably through payroll deductions over a period not to exceed five years, except for loans to acquire a residence, which are determined by the employer, considering maturity dates of commercial banks in the local area for similar loans, not to exceed fifteen years. A participant may not have more than one loan outstanding at any time.
- I. **Payment of benefits** – Benefits may be paid to participants or their beneficiaries as soon as administratively possible after one of the following events:
- The date on which the participant attains age 59½, if elected (in-service)
  - The date on which the participant attains age 70½, required
  - Disability, termination of employment, or hardship
  - Death – The designated beneficiary is entitled to a death benefit distribution equal to the participant's vested account balance

# EARLY WARNING SERVICES, LLC 401(k) PLAN

## NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

### (1) Description of the Plan (continued)

For participants with vested account balances, the payment will be in the form of a lump sum payment as defined in the Plan document, except that a participant may elect to obtain required minimum distributions in installments. There is a special vesting rule related to in-service payments for the Company match portion of the participant's balance.

### (2) Significant accounting policies

The significant accounting policies followed by the Plan are as follows:

**Basis of accounting** – The financial statements are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Accordingly, income and contributions are recognized when earned, and expenses are recorded when incurred.

**Management's use of estimates** – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from these estimates.

**Investment valuation and income recognition** – Investments in shares of mutual funds are stated at net asset value, which are readily determinable fair values of those shares as they are published daily and are the basis for current transactions. Investments in stocks and exchange-traded funds are stated at the closing price reported on the active market on which the securities are traded. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Payment of benefits** – Benefit payments to participants are recorded when paid.

**Administrative fees** – Administrative costs of the Plan, such as trustee fees, record keeper fees, and fees charged to a participant for a benefit payment or loan, are paid by either the Plan or the Company at the Company's discretion. The Company pays legal and accounting fees. The costs paid by the Company for administrative fees are not reflected in the statement of changes in net assets available for benefits.

**Notes receivable from participants** – Notes receivable from participants are measured at their unpaid principal balance, plus any accrued but unpaid interest.

**Risks and uncertainties** – The Plan provides for various investment fund options, which in turn invest in any combination of stocks, bonds and other investment securities. Investment securities are exposed to various risks, such as interest rate, credit and market volatility risks. The Plan's exposure to credit loss in the event of nonperformance of investments is limited to the carrying value of such investments. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

**Subsequent events** – The Plan's management has evaluated subsequent events through August 31, 2023 which is the date the financial statements of the Plan were available to be issued.

# EARLY WARNING SERVICES, LLC 401(k) PLAN

## NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

### (3) Fair value measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, establishes 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 below:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

Level 2: Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. 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 level assigned to an asset or liability within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2022:

|                                 | <u>Level 1</u>       | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>         |
|---------------------------------|----------------------|----------------|----------------|----------------------|
| Mutual funds                    | \$ 92,226,309        | \$ -           | \$ -           | \$ 92,226,309        |
| Stocks                          | 276,096              | -              | -              | 276,096              |
| Exchange-traded funds           | 84,131               | -              | -              | 84,131               |
| Money market mutual funds       | <u>6,176,168</u>     | <u>-</u>       | <u>-</u>       | <u>6,176,168</u>     |
| Total investments at fair value | <u>\$ 98,762,704</u> | <u>\$ -</u>    | <u>\$ -</u>    | <u>\$ 98,762,704</u> |

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2021:

|                                 | <u>Level 1</u>        | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>          |
|---------------------------------|-----------------------|----------------|----------------|-----------------------|
| Mutual funds                    | \$ 99,979,045         | \$ -           | \$ -           | \$ 99,979,045         |
| Stocks                          | 339,843               | -              | -              | 339,843               |
| Exchange-traded funds           | 161,205               | -              | -              | 161,205               |
| Money market mutual funds       | <u>5,656,739</u>      | <u>-</u>       | <u>-</u>       | <u>5,656,739</u>      |
| Total investments at fair value | <u>\$ 106,136,832</u> | <u>\$ -</u>    | <u>\$ -</u>    | <u>\$ 106,136,832</u> |

# EARLY WARNING SERVICES, LLC 401(k) PLAN

## NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

### (4) **Information certified by the Plan trustees**

The Plan administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Matrix has certified that the following data included in the accompanying financial statements and supplemental schedule are complete and accurate with respect to investments:

- Investments, at fair value
- Notes receivable from participants
- Interest income on notes receivable from participants
- Interest and dividends
- Net depreciation in fair value of investments
- Schedule of assets (held at end of year)

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

### (5) **Tax status**

The Plan has adopted a prototype plan document sponsored by OneAmerica Financial Partners, Inc., which has been determined by the Internal Revenue Service to be designed in accordance with applicable sections of the Internal Revenue Code (IRC) by opinion letter dated August 19, 2020. Subsequent to this determination by the Internal Revenue Service, the Plan was amended. The Plan has not filed for an individual determination letter. The Plan administrator believes the Plan is currently designed and being operated in compliance with applicable requirements of the IRC, therefore, they believe that the Plan was qualified and the related trust was tax exempt at December 31, 2022. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

### (6) **Party-in-interest transactions**

The Plan paid fees to Matrix as trustee and OneAmerica as record keeper of the Plan. These transactions qualify as party-in-interest transactions and are included in administrative expenses in the statement of changes in net assets available for benefits for the year ended December 31, 2022.

### (7) **Plan termination**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

## **SUPPLEMENTAL SCHEDULE**

**EARLY WARNING SERVICES, LLC 401(k) PLAN**

EIN: 20-5276211

Plan # 001

**SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

December 31, 2022

| (a)                              | (b) Identity of issue, borrower,<br>lessor or similar party | (c) Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value         | (d)<br>Cost | (e) Current<br>Value |
|----------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
| <b>Mutual funds</b>              |                                                             |                                                                                                                          |             |                      |
|                                  | American Funds                                              | Europacific Growth Fund Class R6 (RERGX)                                                                                 | **          | \$ 997,616           |
|                                  | American Funds                                              | Washington Mutual Investors Fund, Class R-6 (RWMGX)                                                                      | **          | 7,634,269            |
|                                  | Artisan                                                     | International Small-Mid Fund Institutional (APHJX)                                                                       | **          | 1,278,868            |
|                                  | Buffalo Funds                                               | Buffalo Discovery Fund (BUFTX)                                                                                           | **          | 1,508,013            |
|                                  | Dodge & Cox Funds                                           | Dodge & Cox Income Fund (DODIX)                                                                                          | **          | 2,903,760            |
|                                  | Glenmede                                                    | Small Cap Equity Portfolio (GTCSX)                                                                                       | **          | 3,914,530            |
|                                  | Loomis Sayles                                               | Loomis Sayles Bond Fund (LSBDX)                                                                                          | **          | 1,862,243            |
|                                  | PRIMECAP Odyssey Funds                                      | PRIMECAP Odyssey Growth Fund (POGRX)                                                                                     | **          | 1,932,749            |
|                                  | T. Rowe Price                                               | Spectrum International Equity Fund (PSILX)                                                                               | **          | 2,468,565            |
|                                  | T. Rowe Price                                               | QM U.S. Small-Cap Growth Equity Fund (TQAIX)                                                                             | **          | 4,144,624            |
|                                  | Vanguard                                                    | Vanguard 500 Index (VFIAX)                                                                                               | **          | 11,120,012           |
|                                  | Vanguard                                                    | Vanguard Extended Market Index Fund (VEXAX)                                                                              | **          | 1,850,701            |
|                                  | Vanguard                                                    | Inflation-Protected Securities Fund Admiral (VAIPX)                                                                      | **          | 1,116,200            |
|                                  | Vanguard                                                    | Vanguard Short-Term Bond Index Fund (VBIRX)                                                                              | **          | 2,732,445            |
|                                  | Vanguard                                                    | Vanguard Target Retirement 2020 Fund (VTWNX)                                                                             | **          | 2,044,647            |
|                                  | Vanguard                                                    | Vanguard Target Retirement 2030 Fund (VTHRXX)                                                                            | **          | 10,361,148           |
|                                  | Vanguard                                                    | Vanguard Target Retirement 2040 Fund (VFORX)                                                                             | **          | 14,727,202           |
|                                  | Vanguard                                                    | Vanguard Target Retirement 2050 Fund (VFIFX)                                                                             | **          | 14,210,398           |
|                                  | Vanguard                                                    | Vanguard Target Retirement 2060 Fund (VTTXX)                                                                             | **          | 3,716,785            |
|                                  | Vanguard                                                    | Vanguard Target Retirement Income Fund (VTINX)                                                                           | **          | 397,559              |
|                                  | Vanguard                                                    | Vanguard Total International Stock Index Fund (VTIAX)                                                                    | **          | <u>1,303,975</u>     |
|                                  | Total investments in mutual funds                           |                                                                                                                          |             | 92,226,309           |
| <b>Stocks</b>                    |                                                             |                                                                                                                          |             |                      |
|                                  | AMC Entertainment                                           | Class A, Preferred                                                                                                       | **          | 987                  |
|                                  | AppHarvest                                                  | Common Stock                                                                                                             | **          | 2,837                |
|                                  | Apple                                                       | Common Stock                                                                                                             | **          | 13,383               |
|                                  | Bank of America                                             | Common Stock                                                                                                             | **          | 1,689                |
|                                  | Berkshire Hathaway                                          | Class B                                                                                                                  | **          | 95,759               |
|                                  | Digital World Acquisition                                   | Class A                                                                                                                  | **          | 270                  |
|                                  | Gran Tierra Energy                                          | Common Stock                                                                                                             | **          | 990                  |
|                                  | Jet Blue Airways                                            | Common Stock                                                                                                             | **          | 32                   |
|                                  | Microsoft                                                   | Common Stock                                                                                                             | **          | 24,048               |
|                                  | Nu Holdings                                                 | Common Stock                                                                                                             | **          | 24,420               |
|                                  | Nutex Health                                                | Common Stock                                                                                                             | **          | 27                   |
|                                  | Occidental Petroleum                                        | Common Stock                                                                                                             | **          | 65,046               |
|                                  | Palantir Technologies                                       | Common Stock                                                                                                             | **          | 963                  |
|                                  | Sandstorm Gold                                              | Common Stock                                                                                                             | **          | 2,630                |
|                                  | Southwestern Energy                                         | Common Stock                                                                                                             | **          | 40,950               |
|                                  | Wells Fargo                                                 | Common Stock                                                                                                             | **          | <u>2,065</u>         |
|                                  | Total investments in stocks                                 |                                                                                                                          |             | 276,096              |
| <b>Exchange-traded funds</b>     |                                                             |                                                                                                                          |             |                      |
|                                  | ARK                                                         | Fintech Innovation ETF (ARKF)                                                                                            | **          | 999                  |
|                                  | ARK                                                         | Innovation ETF (ARKK)                                                                                                    | **          | 40,581               |
|                                  | ARK                                                         | Space Exploration & Innovation (ARKX)                                                                                    | **          | 186                  |
|                                  | Direxion                                                    | Daily S&P Oil & Gas (DRIP)                                                                                               | **          | 14                   |
|                                  | Invesco                                                     | QQQ Trust Series (QQQ)                                                                                                   | **          | 4,260                |
|                                  | iShares                                                     | Dow Jones US ETF (IYY)                                                                                                   | **          | 1,869                |
|                                  | iShares                                                     | Russell 2000 ETF (IWM)                                                                                                   | **          | 1,569                |
|                                  | iShares                                                     | S&P 500 Growth (IVW)                                                                                                     | **          | 14,508               |
|                                  | Proshares                                                   | Ultrapro QQQ (TQQQ)                                                                                                      | **          | 3,460                |
|                                  | Proshares                                                   | Ultrapro Short QQQ (SQQQ)                                                                                                | **          | 5,401                |
|                                  | Sprott                                                      | Physical Gold Trust (PHYS)                                                                                               | **          | 1,763                |
|                                  | Sprott                                                      | Physical Silver Trust (PSLV)                                                                                             | **          | 3,708                |
|                                  | VanEck                                                      | Merck Gold Shares (OUNZ)                                                                                                 | **          | 1,769                |
|                                  | WisdomTree                                                  | US Quality Dividend Growth (DGRW)                                                                                        | **          | <u>4,044</u>         |
|                                  | Total investments in exchange-traded funds                  |                                                                                                                          |             | 84,131               |
| <b>Money market mutual funds</b> |                                                             |                                                                                                                          |             |                      |
|                                  | Fidelity Investments                                        | Fidelity Investments Money Market Funds Treasury Only, Class I (FSIXX)                                                   | **          | 6,086,539            |
|                                  | TD Ameritrade                                               | TD Asset Management Money Market Portfolio                                                                               | **          | <u>89,629</u>        |
|                                  | Total investments in money market mutual funds              |                                                                                                                          |             | 6,176,168            |
| <b>Participant loans</b>         |                                                             |                                                                                                                          |             |                      |
|                                  |                                                             | Notes receivable from participants with interest rates ranging from 4.25% to 8.00% with maturity dates through June 2037 | - 0 -       | <u>1,125,489</u>     |
|                                  | Total                                                       |                                                                                                                          |             | \$ 99,888,193        |

\* Indicates a party-in-interest

\*\* Cost information is not required for participant-directed investments and therefore is not included.

**Attachment to 2022 Form 5500**  
**Schedule H, line 4a – Schedule of Delinquent Participant Contributions**

**Plan Name** Early Warning Services, LLC 401(K) Plan **EIN:** 20-5276211  
**Plan Sponsor's Name** Early Warning Services, LLC **PN:** 001

|  |                                                         |  |
|--|---------------------------------------------------------|--|
|  | Total that Constitute Nonexempt Prohibited Transactions |  |
|--|---------------------------------------------------------|--|

| Participant Contributions Transferred Late to Plan                                                  | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | Totally Fully Corrected Under VFCP and PTE 2002-51 |
|-----------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------|------------------------------------------|----------------------------------------------------|
| Check here if Late Participant Loan Repayments are Included:<br><input checked="" type="checkbox"/> | \$ 0                        | \$ 391,621                           | \$ 0                                     | \$ 0                                               |

| (a)                                                                  | (b)           | (c)                                                                                                          | (d)          | (e)              |
|----------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------|--------------|------------------|
| IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY                 | QUANTITY      | DESCRIPTION OF INVESTMENT<br>including maturity date, rate of interest,<br>collateral, par or maturity value | COST         | CURRENT<br>VALUE |
| <b>ASSETS</b>                                                        |               |                                                                                                              |              |                  |
| <b>NON-INTEREST BEARING CASH</b>                                     |               |                                                                                                              |              |                  |
| CASH                                                                 | 7,510.41      | CASH                                                                                                         | 7,510.41     | 7,510.41         |
| <b>GENERAL INVESTMENTS</b>                                           |               |                                                                                                              |              |                  |
| <b>Interest-Bearing Cash</b>                                         |               |                                                                                                              |              |                  |
| Ameritrade Cash Account                                              | -3,765.52     | Ameritrade Cash Account                                                                                      | -3,765.52    | -3,765.52        |
| TDA Money Market Deposit Account                                     | 89,628.54     | TDA Money Market Deposit Account                                                                             | 89,628.54    | 89,628.54        |
| <b>Corporate Stocks (Other Than Employer Securities) – Preferred</b> |               |                                                                                                              |              |                  |
| AMC Entertainment Hldgs                                              | 180.000       | AMC Entertainment Hldgs                                                                                      | 0.00         | 253.80           |
| <b>Corporate Stocks (Other Than Employer Securities) – Common</b>    |               |                                                                                                              |              |                  |
| AMC Entertainment Hlds CL A                                          | 180.000       | AMC Entertainment Hlds CL A                                                                                  | 4,896.00     | 732.60           |
| AppHarvest Inc                                                       | 5,000.000     | AppHarvest Inc                                                                                               | 7,655.78     | 2,837.00         |
| Apple Inc                                                            | 103.000       | Apple Inc                                                                                                    | 14,015.16    | 13,382.79        |
| Bank Of America Corp                                                 | 51.000        | Bank Of America Corp                                                                                         | 2,051.32     | 1,689.12         |
| Berkshire Hathaway Inc Cl B                                          | 310.000       | Berkshire Hathaway Inc Cl B                                                                                  | 99,500.78    | 95,759.00        |
| Digital World Acquisition-A                                          | 18.000        | Digital World Acquisition-A                                                                                  | 925.74       | 270.00           |
| Gran Tierra Energy Inc                                               | 1,000.000     | Gran Tierra Energy Inc                                                                                       | 1,120.00     | 990.00           |
| Jet Blue Awys Corp                                                   | 5.000         | Jet Blue Awys Corp                                                                                           | 71.20        | 32.40            |
| Microsoft Corporation                                                | 100.276       | Microsoft Corporation                                                                                        | 28,702.01    | 24,048.19        |
| Nu Holdings Ltd/Cayman Isl-A                                         | 6,000.000     | Nu Holdings Ltd/Cayman Isl-A                                                                                 | 25,224.81    | 24,420.00        |
| Nutex Health Inc                                                     | 14.000        | Nutex Health Inc                                                                                             | 116.48       | 26.60            |
| Occidental Petroleum Corp                                            | 1,032.634     | Occidental Petroleum Corp                                                                                    | 60,172.66    | 65,045.62        |
| Palantir Technologies Inc A                                          | 150.000       | Palantir Technologies Inc A                                                                                  | 2,055.00     | 963.00           |
| Sandstorm Gold Ltd                                                   | 500.000       | Sandstorm Gold Ltd                                                                                           | 2,600.00     | 2,630.00         |
| Southwestern Energy Co                                               | 7,000.000     | Southwestern Energy Co                                                                                       | 47,614.56    | 40,950.00        |
| Wells Fargo & Co New                                                 | 50.000        | Wells Fargo & Co New                                                                                         | 2,469.08     | 2,064.50         |
| <b>Participant Loans</b>                                             |               |                                                                                                              |              |                  |
| Master Participant Loan                                              | 1,125,488.95  | Master Participant Loan<br>Interest rate range 4.25% - 8.0%                                                  | 1,125,488.95 | 1,125,488.95     |
| <b>Value of Interest in Registered Investment Companies</b>          |               |                                                                                                              |              |                  |
| American Funds Europacific Growth R6                                 | 20,347.056    | American Funds Europacific Growth R6                                                                         | 1,214,680.43 | 997,616.16       |
| American Funds Washington Mutual R6                                  | 146,784.634   | American Funds Washington Mutual R6                                                                          | 8,679,837.91 | 7,634,268.81     |
| Ark Fintech Innovation ETF                                           | 70.000        | Ark Fintech Innovation ETF                                                                                   | 1,168.38     | 998.90           |
| Ark Innovation ETF                                                   | 1,299.000     | Ark Innovation ETF                                                                                           | 53,034.43    | 40,580.76        |
| Ark Space Exploration & Inno                                         | 15.000        | Ark Space Exploration & Inno                                                                                 | 212.55       | 185.85           |
| Artisan Intl Sm/Mid-Inst                                             | 80,736.592    | Artisan Intl Sm/Mid-Inst                                                                                     | 1,583,804.73 | 1,278,867.62     |
| Buffalo Discovery                                                    | 78,135.396    | Buffalo Discovery                                                                                            | 2,140,307.25 | 1,508,013.14     |
| Direxion Daily S&P Oil & Gas                                         | 1.000         | Direxion Daily S&P Oil & Gas                                                                                 | 15.00        | 14.22            |
| Dodge & Cox Income Cl I                                              | 238,208.394   | Dodge & Cox Income Cl I                                                                                      | 3,273,577.84 | 2,903,760.32     |
| FIMM Treasury Only Portfolio: Class I                                | 6,086,538.680 | FIMM Treasury Only Portfolio: Class I                                                                        | 6,086,538.68 | 6,086,538.68     |
| Glenmede Small Cap Equity Adv                                        | 134,335.265   | Glenmede Small Cap Equity Adv                                                                                | 4,763,000.57 | 3,914,529.62     |
| Invesco Qqq Trust Series I                                           | 16.000        | Invesco Qqq Trust Series I                                                                                   | 5,030.00     | 4,260.48         |
| iShares Dow Jones U.S. ETF                                           | 20.000        | iShares Dow Jones U.S. ETF                                                                                   | 1,873.51     | 1,869.00         |
| iShares Russell 2000 ETF                                             | 9.000         | iShares Russell 2000 ETF                                                                                     | 1,539.38     | 1,569.24         |
| iShares S&P 500 Growth ETF                                           | 248.000       | iShares S&P 500 Growth ETF                                                                                   | 18,072.54    | 14,508.00        |
| Loomis Sayles Bond Instl                                             | 164,074.262   | Loomis Sayles Bond Instl                                                                                     | 2,184,596.40 | 1,862,242.87     |
| PRIMECAP Odyssey Growth                                              | 57,385.647    | PRIMECAP Odyssey Growth                                                                                      | 2,426,103.33 | 1,932,748.59     |
| Proshares Ultrapro QQQ                                               | 200.000       | Proshares Ultrapro QQQ                                                                                       | 3,790.00     | 3,460.00         |
| Proshares Ultrapro Short QQQ                                         | 100.000       | Proshares Ultrapro Short QQQ                                                                                 | 4,876.76     | 5,401.00         |

Assets Held at End of Year  
*Early Warning Services, LLC 401(k) Plan*  
*a10163*  
**CONSOLIDATED**  
**Tax Number: 205276211**  
*As of December 31, 2022*

| (a)                                                  | (b)         | (c)                                                                                                          | (d)           | (e)              |
|------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------|---------------|------------------|
| IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY | QUANTITY    | DESCRIPTION OF INVESTMENT<br>including maturity date, rate of interest,<br>collateral, par or maturity value | COST          | CURRENT<br>VALUE |
| Sprott Physical Gold Trust                           | 125.000     | Sprott Physical Gold Trust                                                                                   | 1,588.75      | 1,762.50         |
| Sprott Physical Silver Trust                         | 450.000     | Sprott Physical Silver Trust                                                                                 | 3,289.50      | 3,708.00         |
| T Rowe Price Spectrum International Equity           | 199,238.489 | T Rowe Price Spectrum International E                                                                        | 3,066,048.56  | 2,468,564.88     |
| T. Rowe Price QM US Small-Cap Gr Eq I                | 118,655.126 | T. Rowe Price QM US Small-Cap Gr Eq I                                                                        | 5,291,728.55  | 4,144,623.55     |
| VanEck Merck Gold Shares                             | 100.000     | VanEck Merck Gold Shares                                                                                     | 1,585.00      | 1,769.00         |
| Vanguard 500 Index Admiral                           | 31,402.704  | Vanguard 500 Index Admiral                                                                                   | 13,274,200.08 | 11,120,011.51    |
| Vanguard Extended Market Index Admiral               | 18,351.025  | Vanguard Extended Market Index Admiral                                                                       | 2,408,519.98  | 1,850,700.87     |
| Vanguard Inflation-Protected Secs Adm                | 48,215.965  | Vanguard Inflation-Protected Secs Adm                                                                        | 1,341,086.43  | 1,116,199.59     |
| Vanguard Short-Term Bond Index Adm                   | 276,843.483 | Vanguard Short-Term Bond Index Adm                                                                           | 2,898,347.28  | 2,732,445.18     |
| Vanguard Target Retirement 2020 Inv                  | 80,624.865  | Vanguard Target Retirement 2020 Inv                                                                          | 2,355,214.28  | 2,044,646.58     |
| Vanguard Target Retirement 2030 Inv                  | 330,288.417 | Vanguard Target Retirement 2030 Inv                                                                          | 11,842,965.45 | 10,361,147.64    |
| Vanguard Target Retirement 2040 Inv                  | 433,152.987 | Vanguard Target Retirement 2040 Inv                                                                          | 16,909,159.61 | 14,727,201.56    |
| Vanguard Target Retirement 2050 Inv                  | 375,936.452 | Vanguard Target Retirement 2050 Inv                                                                          | 16,201,438.16 | 14,210,397.89    |
| Vanguard Target Retirement 2060 Inv                  | 95,719.409  | Vanguard Target Retirement 2060 Inv                                                                          | 4,158,060.17  | 3,716,784.65     |
| Vanguard Target Retirement Income Inv                | 32,480.280  | Vanguard Target Retirement Income Inv                                                                        | 443,432.33    | 397,558.63       |
| Vanguard Total Intl Stock Index Admiral              | 46,804.541  | Vanguard Total Intl Stock Index Admir                                                                        | 1,539,020.21  | 1,303,974.51     |
| WisdomTree U.S. Quality Dividend Growth Fund         | 67.000      | WisdomTree U.S. Quality Dividend Grow                                                                        | 4,164.92      | 4,044.12         |