

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information —enter all requested information												
1a Name of plan CPC RETIREMENT PLAN 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CARDINAL POINT CAPTAINS, INC. 5005 TEXAS STREET, SUITE 104 SAN DIEGO, CA 92108	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">1b Three-digit plan number (PN) ▶</td> <td style="width:50%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/2013</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 46-4380003</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 760-438-7361</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 488300</td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 01/01/2013		2b Employer Identification Number (EIN) 46-4380003		2c Plan Sponsor's telephone number 760-438-7361		2d Business code (see instructions) 488300			
1b Three-digit plan number (PN) ▶	001												
1c Effective date of plan 01/01/2013													
2b Employer Identification Number (EIN) 46-4380003													
2c Plan Sponsor's telephone number 760-438-7361													
2d Business code (see instructions) 488300													

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/27/2023	MARY ANN GERGURICH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 152
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year		6a(1) 101
a(2) Total number of active participants at the end of the plan year		6a(2) 107
b Retired or separated participants receiving benefits		6b 1
c Other retired or separated participants entitled to future benefits.....		6c 57
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 165
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 165
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 163
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 17
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3B 3D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 1 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan CPC RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CARDINAL POINT CAPTAINS, INC.	D Employer Identification Number (EIN) 46-4380003

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

(a) Name of insurance carrier EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	373268-01	18	01/01/2022	12/31/2022

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

(a) Total amount of commissions paid 1488	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid LPL FINANCIAL LLC 2525 ALLUVIAL AVE STE 181 CLOVIS, CA 93611
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1488			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end.....	4	201657
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

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

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

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

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

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

b	Balance at the end of the previous year	7b	62270
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c	Additions: (1) Contributions deposited during the year	7c(1)	13572
	(2) Dividends and credits	7c(2)	0
	(3) Interest credited during the year	7c(3)	1708
	(4) Transferred from separate account	7c(4)	172521
	(5) Other (specify below)	7c(5)	4741

▶ **LOAN PAYMENTS**

(6) Total additions	7c(6)	192542
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	254812
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	23843
(2) Administration charge made by carrier	7e(2)	259
(3) Transferred to separate account	7e(3)	29053
(4) Other (specify below)	7e(4)	

(5) Total deductions	7e(5)	53155
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	201657
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 CPC RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CARDINAL POINT CAPTAINS, INC.	D Employer Identification Number (EIN) 46-4380003	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

EMPOWER ANNUITY INSURANCE COMPANY O

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	39251	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

LPL FINANCIAL LLC

PO BOX 509026
SAN DIEGO, CA 92150-9026

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	BROKER/ADVISER	0	Yes ☒ No ☐	Yes ☐ No ☒	21955	Yes ☐ No ☒

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

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	3662	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LPL FINANCIAL LLC	55	21955

(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.
EMPOWER ANNUITY INSURANCE COMPANY O 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	, OTHER COMMISSIONS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>CPC RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CARDINAL POINT CAPTAINS, INC.</u>	D Employer Identification Number (EIN) <u>46-4380003</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0	0
(2) U.S. Government securities.....	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests.....	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants).....	1c(7)	0	0
(8) Participant loans.....	1c(8)	105092	56122
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)	0	0
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	3329869	2976166
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	62270	201657
(15) Other.....	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	3497231	3233945

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3497231	3233945
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	280069	
(B) Participants	2a(1)(B)	389840	
(C) Others (including rollovers)	2a(1)(C)	51243	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		721152
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	3827	
(F) Other	2b(1)(F)	1708	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5535
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	164150	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		164150
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-767085
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		123752
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	336353	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		336353
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		7772
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	39251	
(3) Investment advisory and management fees	2i(3)	3662	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		42913
j Total expenses. Add all expense amounts in column (b) and enter total	2j		387038
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-263286
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: ASSURANCE DIMENSIONS

(2) EIN: 26-3429295

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		385000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 CPC RETIREMENT PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 CARDINAL POINT CAPTAINS, INC.		D Employer Identification Number (EIN) 46-4380003
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 20-3691708		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....		☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?.....		☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....		☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?.....		☐ Yes ☐ No
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 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): _____

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
	a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	
	b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
	c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year.....	15a	
	b The corresponding number for the second preceding plan year.....	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐		

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



A S S U R A N C E D I M E N S I O N S

Financial Statements, Supplemental Schedule and
Independent Auditor's Report

CPC Retirement Plan
(EIN): 46-4380003 Plan #001

December 31, 2022 and 2021

CPC Retirement Plan

Table of Contents

Independent Auditor's Report.....	1-3
Financial Statements:	
Statements of Net Assets Available for Benefits	4
Statement of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6-11
Supplemental Schedule:	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year).....	12-13



INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
CPC Retirement Plan

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

We were engaged to perform an audit of the financial statements of **CPC Retirement 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, and 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 audit of the 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 ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained a certification from a qualified institution as of and for the years ended December 31, 2022 and 2021, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

Opinion on the Financial Statements

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

- 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 ("GAAP").
- the certified information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our 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.

ASSURANCE DIMENSIONS CERTIFIED PUBLIC ACCOUNTANTS & ASSOCIATES
also d/b/a McNAMARA and ASSOCIATES, PLLC

TAMPA BAY: 4920 W Cypress Street, Suite 102 | Tampa, FL 33607 | Office: 813.443.5048 | Fax: 813.443.5053
JACKSONVILLE: 4720 Salisbury Road, Suite 223 | Jacksonville, FL 32256 | Office: 888.410.2323 | Fax: 813.443.5053
ORLANDO: 1800 Pembroke Drive, Suite 300 | Orlando, FL 32810 | Office: 888.410.2323 | Fax: 813.443.5053
SOUTH FLORIDA: 2000 Banks Road, Suite 218 | Margate, FL 33063 | Office: 754.800.3400 | Fax: 813.443.5053

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Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 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 GAAP.

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

ASSURANCE DIMENSIONS CERTIFIED PUBLIC ACCOUNTANTS & ASSOCIATES

also d/b/a McNAMARA and ASSOCIATES, PLLC

TAMPA BAY: 4920 W Cypress Street, Suite 102 | Tampa, FL 33607 | Office: 813.443.5048 | Fax: 813.443.5053
JACKSONVILLE: 4720 Salisbury Road, Suite 223 | Jacksonville, FL 32256 | Office: 888.410.2323 | Fax: 813.443.5053
ORLANDO: 1800 Pembroke Drive, Suite 300 | Orlando, FL 32810 | Office: 888.410.2323 | Fax: 813.443.5053
SOUTH FLORIDA: 2000 Banks Road, Suite 218 | Margate, FL 33063 | Office: 754.800.3400 | Fax: 813.443.5053

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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, Schedule H, line 4i – Schedule of Assets (Held at End of Year), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL'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 their form and content, are presented in conformity with the DOL'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, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the certified investment information in the supplemental schedule 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).

Assurance Dimensions

Tampa, Florida
September 25, 2023

Statements of Net Assets Available for Benefits

Page | 4

CPC Retirement Plan

Statement of Changes in Net Assets Available for Benefits For the Year Ended December 31, 2022

Additions to net assets attributed to:

Investment income (loss):

Net depreciation in fair value of investments	\$ (767,085)
Dividend and interest	164,150
Other income	1,708
Net investment loss	<u>(601,227)</u>

Interest income on notes receivable from participants

3,827

Contributions:

Participant	389,840
Employer	258,639
Rollover	51,243
Total contributions	<u>699,722</u>
Total additions, net	<u>102,322</u>

Deductions from net assets attributed to:

Benefits paid to participants	334,348
Deemed distributed loans	7,772
Administrative expenses	42,913
Total deductions	<u>385,033</u>
Net decrease	<u>(282,711)</u>

Net assets available for benefits

Beginning of year	3,531,037
End of year	<u><u>\$ 3,248,326</u></u>

CPC Retirement Plan

Notes to Financial Statements

December 31, 2022 and 2021

Note A – Description of Plan

The following description of the CPC Retirement Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan covering all employees of Cardinal Point Captains, Inc. (the “Company” or the “Employer”) who have completed one month of service and are at least 21 years of age. An employee who has completed the Plan's eligibility requirements becomes a plan participant on the first day of each month immediately following the date the employee satisfied the Plan's eligibility requirements. The Plan was established effective January 1, 2013, and was most recently restated on July 8, 2021, to comply with the Internal Revenue Service (“IRS”) Post-PPA (Cycle 3) Plan restatement requirement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

The Plan has participants that are covered by a collective bargaining agreement. Participants who receive prevailing wage contributions under the collective bargaining agreement, are not eligible to receive employer matching contributions. Additionally, employees hired before July 7, 2015 do not need to satisfy any service requirements.

Administration

The accounting records are maintained by the Employer. The Plan’s assets are held and managed by Empower (the “Trustee”). The Trustee also serves as the record-keeper and third-party administrator for the Plan. Contributions are held by the Trustee, who invests cash received, interest and dividend income, as directed by the participant, and makes distributions to participants.

Contributions

Participants may contribute up to 100% of pre-tax annual compensation, as defined in the Plan, subject to Internal Revenue Code (“IRC”) limitations. The maximum participant deferral for the year ended December 31, 2022 was \$20,500. A participant who has attained the age of 50 may also make catch up contributions, subject to IRS limitations of \$6,500 for the year ended December 31, 2022.

Participants may also contribute amounts representing rollover distributions from other qualified defined benefit or contribution plans. Participants also have the option to make Roth contributions.

The Employer may elect to make a discretionary matching contribution each year. During 2022, the Company elected to match 100% of the first 3% and 50% of the next 2% of participant deferrals, up to a maximum of 4% of eligible compensation. The Employer may also make discretionary profit sharing contributions to the Plan during the year. No profit sharing contributions were made during the year ended December 31, 2022. For prevailing wage contributions, there was a receivable of \$0 and \$18,326 at December 31, 2022 and 2021.

Participants direct the investment of their contributions and Employer contributions into various investment options offered by the Plan.

Participant Accounts

Each participant’s account is credited with the participant’s contribution and the Employer’s profit sharing or matching contribution amounts, if applicable. Each participant’s account shall be allocated earnings, gains, expenses, and losses with respect to the investments of the participant’s account. Allocations of Plan earnings or losses are based on each participant’s investment fund balance in proportion to the total investment fund balance.

Vesting

Participants are immediately vested in their contributions, prevailing wage contributions, and prior safe harbor contributions, plus actual earnings thereon. Vesting in the Company’s nonelective contributions and discretionary match and related earnings is based on years of continuous service. Participants must work at least 1,000 hours during the year to be credited with a year of service. A participant is 100% vested after six years of credit service as follows:

CPC Retirement Plan

Notes to Financial Statements

December 31, 2022 and 2021

Note A – Description of Plan (continued)

Vesting (continued)

Years of Services	Vesting Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

A participant who reaches normal retirement age 65, becomes totally disabled, or dies, whichever comes first while under the Company's employment, shall be 100% vested on such date.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's vested account and bear interest at rates that are commensurate with local prevailing rates as determined quarterly by the Plan Administrator. Loan terms have a minimum of one year and may not exceed five years, unless the loan is used for the purchase of a primary residence. There is no restriction for the number of loans allowed for a participant and loans may not be consolidated or refinanced. Principal and interest are paid ratably through payroll deductions.

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. The Plan Administrator shall consider a loan in default if any scheduled repayment remains unpaid as of the last business day of the calendar quarter following the calendar quarter in which a loan is initially considered past due. In the event of a death, the entire outstanding principal and accrued interest shall be immediately due and payable. Upon determination that the loan has been defaulted, the loaned funds will be treated as a taxable distribution from the Plan.

Distribution of Benefits

In the event of termination of service, death, disability or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account, as defined in the Plan agreement, less any applicable taxes. If a participant's vested balance is \$5,000 or less, the plan Administrator will distribute the entire vested account balance to the participant without their consent. Participants may also request in-service distributions upon attaining age 59 ½. Benefits may be received when a participant demonstrates a situation of financial hardship as defined in the Plan.

Forfeitures

Non-vested benefits of terminated participants are forfeited on the date the participant receives a complete distribution of vested benefits. Forfeitures are used to reduce current year Employer contributions. For the year ended December 31, 2022, forfeitures of approximately \$0 were utilized by the Plan to reduce Employer contributions. As of December 31, 2022 and 2021, forfeited non-vested accounts totaled approximately \$6,200 and \$2,300, respectively.

Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, each participant's account will become fully vested and nonforfeitable. All appropriate accounting provisions of the Plan will continue to apply until the accounts of all participants have been distributed.

CPC Retirement Plan

Notes to Financial Statements

December 31, 2022 and 2021

Note B – Summary of Significant Account Policies

Basis of Presentation

The accompanying financial statements are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (“US GAAP”).

Use of Estimates

The preparation of financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and the changes in net assets available for benefits and disclosure of contingent assets and liabilities during the reporting period. Actual results could differ from these estimates.

Valuation of Investments

The Plan’s investments in mutual funds are stated at fair value, which is based on quoted market prices at year-end as reported by the Trustee. See discussion at Note G on valuation of the fixed income annuity contract, which meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value.

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.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Employer. Expenses that are paid by the Employer are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant’s account and are included in administrative expenses. Investment related expenses are included in net depreciation of fair value of investments.

Fair Value Measurements

The Financial Accounting Standards Board (“FASB”) has established a framework for measuring fair value in ASC 820, *Fair Value Measurements*. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

- | | |
|----------------|---|
| <i>Level 1</i> | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. |
| <i>Level 2</i> | <p>Inputs to the valuation methodology include:</p> <ul style="list-style-type: none">Quoted prices for similar assets or liabilities in active markets;Quoted prices for identical or similar assets or liabilities in inactive markets;Inputs other than quoted prices that are observable for the asset or liability;Inputs that derived principally from or corroborated by observable market data by correlation or other means. <p>If the asset or liability has specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.</p> |
| <i>Level 3</i> | Inputs to the valuation methodology are unobservable and significant to the fair value measurement. |

CPC Retirement Plan

Notes to Financial Statements

December 31, 2022 and 2021

Note B – Summary of Significant Account Policies (continued)

Fair Value Measurements (continued)

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022 and 2021:

<u>Fair Value Measurements at Reporting Date Using:</u>		
	Assets Measured at Fair Value at 12/31/2022	Quoted Prices in Active Markets (Level 1)
Mutual funds	\$ 2,976,166	\$ 2,976,166
Investments, at fair value	\$ 2,976,166	\$ 2,976,166

<u>Fair Value Measurements at Reporting Date Using:</u>		
	Assets Measured at Fair Value at 12/31/2021	Quoted Prices in Active Markets (Level 1)
Mutual funds	\$ 3,329,869	\$ 3,329,869
Investments, at fair value	\$ 3,329,869	\$ 3,329,869

Investments measured using the NAV as a practical expedient are exempt from being presented in the fair value hierarchy.

Note C – Certified Investments

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2022 and 2021, and net depreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2022, was obtained by management and agreed to or derived from information certified as complete and accurate by the Trustee, a qualified institution. For the year ended December 31, 2022, the Plan Administrator instructed the auditors not to perform any auditing procedures with respect to the information certified by the Trustee, except for comparing such information to the related information included in the financial statements, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

CPC Retirement Plan

Notes to Financial Statements

December 31, 2022 and 2021

Note D – Income Tax Status

The Plan has received a determination letter from the IRS dated June 30, 2020 stating that the Plan is qualified under Section 401(a) of the IRC and, therefore, the related trust is exempt from taxation. Subsequent to the issuance of the determination letter, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax-exempt.

The Plan Administrator evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the accompanying financial statements. The Plan is no longer subject to examination by taxing authorities for years prior to 2020.

Note E – Risks and Uncertainties

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

Note F – Party-In-Interest Transactions

Section 3(14) of ERISA defines a party-in-interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan, or an employer whose employees are covered by the Plan. Certain Plan investments and the related transactions were in investment funds managed by the Trustee; therefore, these investments and transactions qualify as party-in-interest transactions. Notes receivable from participants are also considered to be party-in-interest transactions because they are transacted with Plan participants. Fees paid to parties-in-interest by the Plan for services amounted to approximately \$43,000 during the year ended December 31, 2022.

Note G – Fully Benefit-Responsive Investment Contracts

Fully benefit-responsive investment contracts, at contract value, on the statement of net assets consist of the following investment(s):

<u>Investment Type</u>	<u>Investment name</u>	<u>December 31, 2022</u>	<u>December 31, 2021</u>
Fixed Income Annuity Contract	Key Guaranteed Portfolio Fund	\$ 201,657	\$ 62,270

The Plan invests in a fully benefit-responsive investment group fixed income annuity contract (the "Fund"). The Fund is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. As described in Note B, because the fixed income annuity contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the fixed income annuity contract. The investments are included in the financial statements at contract value as reported to the Plan by the Fund. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The fixed income annuity contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

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

CPC Retirement Plan

Notes to Financial Statements

December 31, 2022 and 2021

Note G – Fully Benefit-Responsive Investment Contracts (continued)

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan,) (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures of spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transactions exempt under ERISA. The Plan Administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

Note H – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31:

	2022	2021
Net assets available for benefits for financial statement purposes	\$ 3,248,326	\$ 3,531,037
Less: Contributions receivable	(14,381)	(35,811)
Plus: Refunds to participants	-	2,005
Net assets available for benefits per the Form 5500	<u>\$ 3,233,945</u>	<u>\$ 3,497,231</u>

The following is a reconciliation of total additions per the financial statements to the Form 5500 for the year ended December 31:

	2022
Total additions to net assets for financial statement purposes	\$ 102,322
Plus: Change in receivables	21,430
Total additions per the Form 5500	<u>\$ 123,752</u>

The following is a reconciliation of total deductions per the financial statements to the Form 5500 for the year ended December 31:

	2022
Total deductions to net assets for financial statement purposes	\$ 385,033
Plus: Change in refund payable	2,005
Total deductions per the Form 5500	<u>\$ 387,038</u>

Note I – Subsequent Events

Subsequent events have been evaluated through September 25, 2023, which is the date the financial statements were available to be issued.

Supplemental Schedule

CPC Retirement Plan (EIN): 46-4380003 Plan #001

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

As of December 31, 2022

(b) Identity of issuer/ (a) (c) Description of investment	(e) Current value
(i) Mutual funds:	
* EMPOWER LIFETIME 2055 FUND SVC	\$ 396,074
* EMPOWER LIFETIME 2045 FUND SVC	312,903
BLACKROCK HEALTH SCIENCES OPPS INV A	213,146
* EMPOWER LIFETIME 2035 FUND SVC	196,089
* EMPOWER LIFETIME 2025 FUND SVC	187,041
ALGER CAPITAL APPRECIATION INSTL I	178,895
* EMPOWER S&P 500 INDEX FUND INV	174,639
T. ROWE PRICE DIVIDEND GROWTH ADV	168,483
CLEARBRIDGE SMALL CAP GROWTH A	125,258
INVESCO OPPENHEIMER INT'L GROWTH A	105,026
VICTORY SYCAMORE ESTABLISHED VALUE A	79,725
* EMPOWER T ROWE PRICE MDCP GR FUND INV	72,868
* EMPOWER INTERNATIONAL VALUE INV	65,531
VICTORY SYCAMORE SMALL CO OPPORTUNITY A	59,458
LOOMIS SAYLES CORE PLUS BOND A	59,213
* EMPOWER INTERNATIONAL INDEX FUND INV	58,859
COLUMBIA BALANCED A	56,441
INVESCO GLOBAL A	55,236
VIRTUS VONTOBEL EMERGING MARKETS OPP A	51,219
PIMCO INCOME A	46,672
* EMPOWER BOND INDEX FUND INV	42,467
FRANKLIN MUTUAL GLOBAL DISCOVERY A	30,925
* EMPOWER S&P SMCAP 600 INDEX FUND INV	29,736
TIAA-CREF INFLATION LINK BD RETAIL	29,152
COLUMBIA CONTRARIAN CORE A	21,602
INVESCO REAL ESTATE A	18,325
BLACKROCK GLOBAL ALLOCATION INV A	15,478
* EMPOWER LIFETIME 2015 FUND SVC	15,381
ARTISAN INTERNATIONAL INV	15,098
* EMPOWER S&P MIDCAP 400 INDEX FUND INV	14,914
DELAWARE IVY SCIENCE AND TECHNOLOGY Y	14,461
DELAWARE SMALL CAP CORE A	13,374
PIMCO COMMODITY REAL RET STRAT A	12,404
DELAWARE CLIMATE SOLUTIONS Y	9,339
PARNASSUS MID-CAP	7,799
BLACKROCK HIGH YIELD BOND INV A	7,354
FRANKLIN INCOME A	6,980
MFS VALUE A	5,584
MFS UTILITIES A	3,013

DELAWARE IVY INTERNATIONAL CORE EQUITY Y	2
* EMPOWER MULTI SECTOR BOND INVESTOR	1
T. ROWE PRICE GLOBAL REAL ESTATE ADV	1
Total mutual funds	<u>2,976,166</u>
(ii) Fixed annuity:	
* KEY GUARANTEED PORTFOLIO FUND	201,657
* Notes receivable from participants (4.25%-8.0%)	56,122
Total investments and notes receivable from participants	<u><u>\$ 3,233,945</u></u>

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

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IMX15A1			16,760.78	15,380.79
IMX25A1			211,188.44	187,041.06
IMX35A1			225,431.29	196,088.63
IMX45A1			363,072.83	312,903.13
IMX55A1			449,599.20	396,073.35
IARTIX			18,736.56	15,097.80
IMXINX			63,782.63	58,859.36
IMXIVX			69,209.62	65,530.60
IIVVYX			1.95	1.74
ITEDIX			33,515.30	30,924.80
IOPPAX			78,793.65	55,236.40
IOIGAX			138,581.53	105,026.00
IHEMZX			67,723.45	51,218.67
ISHSAX			200,796.30	213,145.99
IIRARX			21,765.77	18,324.91
IIEYYX			6,782.47	9,338.56
IWSTYX			24,730.80	14,460.99
IMMUFX			3,139.80	3,013.32
IPCRAX1			15,288.38	12,404.10
IPAGEX			2.14	1.63
IDCCAX			13,798.56	13,373.50
IMXIN6			33,633.98	29,736.33
ISASMX			144,687.38	125,258.19
ISSGSX			58,655.03	59,458.26
IMXMDX			16,002.49	14,913.96
IMGRXTM			74,079.17	72,868.36
IPARMX			8,539.63	7,799.28
IVETAX			81,611.69	79,724.83
IALARX			252,850.44	178,894.63
ILCCAX			25,664.80	21,602.48
I94MX5			185,259.32	174,639.38
IMEIAX			5,766.26	5,584.34
ITADGX			142,707.74	168,482.73
IMDLOX			15,797.18	15,477.72
ICBLAX			64,202.94	56,441.10
IFKINX			7,172.31	6,979.98
IBHYAX			7,892.44	7,353.53
IBIMXBI			51,306.72	42,466.83
IBMSXLC			1.66	1.41
INEFRX			63,506.81	59,212.79
IPONAX			52,573.94	46,671.77
ITCILX			32,809.50	29,152.28
IKGPF		1.050	192,571.97	195,452.94
			3,539,994.85	3,171,618.45
PARTICIPANT LOANS				
		4.250-8.000	56,121.60	56,121.60
FORFEITURES				
			6,140.61	6,203.75

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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EIN # 46-4380003

LEGEND

INVESTMENT OPTION:

IMX15A1 Empower Lifetime 2015 Fund Svc
IMX35A1 Empower Lifetime 2035 Fund Svc
IMX55A1 Empower Lifetime 2055 Fund Svc
IMXINX Empower International Index Fund Inv
IIVVYX Delaware Ivy International Core Equity Y
IOPPAX Invesco Global A
IHEMZK Virtus Vontobel Emerging Markets Opp A
IIARAX Invesco Real Estate A
IWSTYX Delaware Ivy Science And Technology Y
IPCRAX1 PIMCO Commodity Real Ret Strat A
IDCCAX Delaware Small Cap Core A
ISASMX ClearBridge Small Cap Growth A
IMXMDX Empower S&P MidCap 400 Index Fund Inv
IPARMX Parnassus Mid-Cap
IALARX Alger Capital Appreciation Instl I
I94MX5 Empower S&P 500 Index Fund Inv
ITADGX T. Rowe Price Dividend Growth Adv
ICBLAX Columbia Balanced A
IBHYAX BlackRock High Yield Bond Inv A
IBMSXLC Empower Multi Sector Bond Investor
IPONAX PIMCO Income A
IKGPF Key Guaranteed Portfolio Fund

IMX25A1 Empower Lifetime 2025 Fund Svc
IMX45A1 Empower Lifetime 2045 Fund Svc
IARTIX Artisan International Inv
IMXIVX Empower International Value Inv
ITEDIX Franklin Mutual Global Discovery A
IOIGAX Invesco Oppenheimer Int'l Growth A
ISHSAX BlackRock Health Sciences Opps Inv A
IIEYYX Delaware Climate Solutions Y
IMMUFX MFS Utilities A
IPAGEX T. Rowe Price Global Real Estate Adv
IMXIN6 Empower S&P SmCap 600 Index Fund Inv
ISSGSX Victory Sycamore Small Co Opportunity A
IMGRXTM Empower T Rowe Price MdCp Gr Fund Inv
IVETAX Victory Sycamore Established Value A
ILCCAX Columbia Contrarian Core A
IMEIAX MFS Value A
IMDLOX BlackRock Global Allocation Inv A
IFKINX Franklin Income A
IBIMXBI Empower Bond Index Fund Inv
INEFRX Loomis Sayles Core Plus Bond A
ITCILX TIAA-CREF Inflation Link Bd Retail

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

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
3KGP	3,847.72	0.000000	85	0.00	0.000000	0	0.00	SERIES
IMX15A1	7,576.73	610.566338	88	(124.90)	(9.458916)	31	(129.15)	SERIES
IMX25A1	41,979.71	3,158.190210	355	(11,218.68)	(852.884314)	137	(12,134.36)	SERIES
IMX35A1	81,261.17	6,306.610396	780	(32,110.35)	(2,449.720475)	320	(35,051.48)	SERIES
IMX45A1	122,340.27	9,995.186650	941	(60,795.21)	(5,228.877164)	324	(72,326.35)	SERIES
IMX55A1	189,970.70	11,785.974688	1109	(31,372.15)	(2,100.876300)	352	(35,255.02)	SERIES
IARTIX	5,058.24	208.706062	73	(153.46)	(6.156028)	60	(193.12)	SERIES
IMXINX	47,200.85	4,209.491428	2340	(53,689.87)	(4,794.776632)	1906	(57,725.13)	SERIES
IMXIVX	37,894.54	3,633.943197	2083	(23,894.80)	(2,073.259481)	780	(22,246.66)	SERIES
IIVVYX	0.01	0.000574	1	(2.45)	(0.142730)	15	(2.79)	SERIES
ITEDIX	18,622.31	641.529748	1256	(17,156.97)	(606.997960)	1182	(19,160.02)	SERIES
IOPPAX	40,340.14	418.796599	862	(19,279.84)	(204.581674)	1609	(22,011.39)	SERIES
IOIGAX	32,831.28	867.866572	1230	(36,744.66)	(1,000.039635)	1331	(44,422.87)	SERIES
IHEMZX	32,465.95	4,059.457437	2425	(39,313.58)	(4,833.594022)	1774	(48,731.49)	SERIES
ISHSAX	27,433.71	431.601896	357	(5,713.10)	(84.468648)	174	(5,547.90)	SERIES
IMXREX	892.07	71.104200	98	(832.22)	(71.171967)	67	(892.93)	SERIES
IARAX	17,450.81	875.862873	2482	(15,235.58)	(798.183712)	1854	(15,628.82)	SERIES
IEEYX	122.83	12.030362	4	(106.44)	(11.578228)	18	(81.03)	SERIES
IWSTYX	14,417.33	243.815753	225	(3,709.54)	(65.092886)	159	(5,153.12)	SERIES
IMMUFX	1,500.15	64.657495	164	(1,095.63)	(43.941666)	99	(936.69)	SERIES
IPCRAX1	14,961.26	2,562.685461	2380	(11,113.29)	(1,844.132720)	1884	(10,991.01)	SERIES
IPAGEX	0.08	0.005094	4	0.00	0.000000	0	0.00	SERIES
IDCCAX	19,199.09	759.605524	1638	(9,393.30)	(351.113160)	662	(8,834.79)	SERIES
IMXIN6	29,841.57	2,339.587410	2664	(21,794.46)	(1,765.788111)	1733	(23,225.28)	SERIES
ISASMX	29,670.81	840.873438	2154	(17,850.66)	(470.632104)	1579	(20,789.68)	SERIES
ISSGSX	10,233.48	216.131492	222	(4,517.83)	(91.554317)	120	(3,983.15)	SERIES
IMXMDX	19,064.21	1,070.807847	1683	(20,382.26)	(1,074.445957)	1589	(19,915.55)	SERIES
IMGRXTM	16,522.14	513.558889	1076	(8,319.04)	(238.974980)	423	(7,897.43)	SERIES
IPARMX	2,678.54	73.922156	70	(84.15)	(2.227058)	22	(83.70)	SERIES
IVETAX	56,639.55	1,187.200469	2668	(51,371.91)	(1,100.666631)	2212	(48,473.01)	SERIES
IALARX	46,358.01	1,607.464043	595	(149,327.27)	(4,354.250189)	283	(178,559.74)	SERIES
ILCCAX	13,984.51	499.275459	1027	(36,889.04)	(1,220.823060)	1577	(41,774.71)	SERIES
I94MX5	147,394.01	5,339.647717	3318	(57,565.29)	(2,091.315369)	1552	(55,986.82)	SERIES
IMEIAX	9,892.62	199.437922	1218	(36,976.64)	(702.289557)	1907	(31,668.62)	SERIES
ITADGX	48,683.77	752.717182	1097	(10,484.84)	(162.258885)	719	(9,345.42)	SERIES
IMDLOX	24,667.54	1,444.025779	1737	(22,523.42)	(1,271.033967)	1550	(25,389.73)	SERIES
ICBLAX	45,559.83	1,029.933356	2074	(43,931.34)	(980.837171)	2188	(47,276.13)	SERIES
IFKINX	20,045.31	8,553.656512	1586	(20,290.29)	(8,866.077611)	2023	(21,306.18)	SERIES
IBHYAX	16,987.90	2,401.338256	2259	(20,451.64)	(2,879.335420)	1502	(21,311.91)	SERIES
IBMXBI	49,013.90	3,544.492625	2057	(72,494.41)	(5,599.606043)	2608	(80,196.42)	SERIES
IBMSXLC	0.04	0.003234	4	0.00	0.000000	0	0.00	SERIES
INEFRX	58,199.35	4,946.554013	3218	(25,137.74)	(2,104.150043)	1458	(26,709.95)	SERIES
IPONAX	11,621.73	1,079.338563	562	(8,444.50)	(746.558833)	151	(8,715.43)	SERIES
ITCILX	39,490.70	3,528.991149	2212	(34,793.15)	(3,172.620246)	2009	(36,859.20)	SERIES
IKGPF	186,986.30	0.000000	1789	(53,155.34)	0.000000	1801	(53,155.34)	SERIES

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
3KGPFF	Key Guaranteed Portfolio Fund							
IMX25A1	Empower Lifetime 2025 Fund Svc							
IMX45A1	Empower Lifetime 2045 Fund Svc							
IARTIX	Artisan International Inv							
IMXIVX	Empower International Value Inv							
ITEDIX	Franklin Mutual Global Discovery A							
IOIGAX	Invesco Oppenheimer Int'l Growth A							
ISHSAX	BlackRock Health Sciences Opps Inv A							
IJARAX	Invesco Real Estate A							
IWSTYX	Delaware Ivy Science And Technology Y							
IPCRAX1	PIMCO Commodity Real Ret Strat A							
IDCCAX	Delaware Small Cap Core A							
ISASMX	ClearBridge Small Cap Growth A							
IMXMDX	Empower S&P MidCap 400 Index Fund Inv							
IPARMX	Parnassus Mid-Cap							
IALARX	Alger Capital Appreciation Instl I							
I94MX5	Empower S&P 500 Index Fund Inv							
ITADGX	T. Rowe Price Dividend Growth Adv							
ICBLAX	Columbia Balanced A							
IBHYAX	BlackRock High Yield Bond Inv A							
IBMSXLC	Empower Multi Sector Bond Investor							
IPONAX	PIMCO Income A							
1KGPFF	Key Guaranteed Portfolio Fund							
IMX15A1	Empower Lifetime 2015 Fund Svc							
IMX35A1	Empower Lifetime 2035 Fund Svc							
IMX55A1	Empower Lifetime 2055 Fund Svc							
IMXINX	Empower International Index Fund Inv							
IIVVYX	Delaware Ivy International Core Equity Y							
IOPPAX	Invesco Global A							
IHEMZX	Virtus Vontobel Emerging Markets Opp A							
IMXREX	Empower Real Estate Index Fund Inv							
IIEYYX	Delaware Climate Solutions Y							
IMMUFX	MFS Utilities A							
IPAGEX	T. Rowe Price Global Real Estate Adv							
IMXIN6	Empower S&P SmCap 600 Index Fund Inv							
ISSGSX	Victory Sycamore Small Co Opportunity A							
IMGRXTM	Empower T Rowe Price MdCp Gr Fund Inv							
IVETAX	Victory Sycamore Established Value A							
ILCCAX	Columbia Contrarian Core A							
IMEIAX	MFS Value A							
IMDLOX	BlackRock Global Allocation Inv A							
IFKINX	Franklin Income A							
1BIMXBI	Empower Bond Index Fund Inv							
INEFRX	Loomis Sayles Core Plus Bond A							
ITCILX	TIAA-CREF Inflation Link Bd Retail							