

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] 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: [x] 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 THE POSSE FOUNDATION RETIREMENT SAVINGS PLAN
1b Three-digit plan number (PN) 003
1c Effective date of plan 01/01/2013
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE POSSE FOUNDATION 14 WALL STREET SUITE 8A-60 NEW YORK, NY 10005
2b Employer Identification Number (EIN) 13-3840394
2c Plan Sponsor's telephone number 212-405-1691
2d Business code (see instructions) 611000

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	318
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	188
	6a(2)	188
	6b	0
	6c	136
	6d	324
	6e	0
	6f	324
	6g(1)	221
6g(2)	230	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2F 2G 2L

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	--	--

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

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

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	1005471-01	230	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(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	602320
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	8533263

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	555343
--	-----------	--------

c Additions: (1) Contributions deposited during the year	7c(1)	35208
	7c(2)	0
	7c(3)	18816
	7c(4)	7232
	7c(5)	0
▶ LOAN PAYMENTS		

(6) Total additions	7c(6)	61256
---------------------------	--------------	-------

d Total of balance and additions (add lines 7b and 7c(6))	7d	616599
---	-----------	--------

e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	11598
	7e(2)	502
	7e(3)	2179
	7e(4)	
▶		

(5) Total deductions	7e(5)	14279
----------------------------	--------------	-------

f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	602320
--	-----------	--------

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

Part I Service Provider Information (see instructions)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

METLIFE LIFE INSURANCE COMPANY

11225 NORTH COMMUNITY HOUSE ROAD
CHARLOTTE, NC 28277

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	4932	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan THE POSSE FOUNDATION RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 THE POSSE FOUNDATION	D Employer Identification Number (EIN) 13-3840394

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	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)	35505	27983
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	555343	602320
(15) Other	1c(15)	6947688	8533263

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	7538536	9163566
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	7538536	9163566

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)	267594	
(B) Participants.....	2a(1)(B)	610493	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		878087
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)	2852	
(F) Other.....	2b(1)(F)	18816	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		21668
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		1050674
d Total income. Add all income amounts in column (b) and enter total	2d		1950429

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	320467	
(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)		320467
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	4932	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	0	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4932
j Total expenses. Add all expense amounts in column (b) and enter total	2j		325399

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1625030
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: **CBIZ, CPAS P.C.**

(2) EIN: **04-3197695**

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
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.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		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?		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		
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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.			

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 20-3691658

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	
--	---	--

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500556A.



**THE POSSE FOUNDATION
RETIREMENT SAVINGS PLAN**

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

Years Ended December 31, 2024 and 2023

**THE POSSE FOUNDATION
RETIREMENT SAVINGS PLAN**

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

YEARS ENDED DECEMBER 31, 2024 AND 2023

TABLE OF CONTENTS

	<u>Page</u>
Independent Auditors' Report.....	1-3
Financial Statements:	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6-15
Supplemental Schedule:	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	16

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

INDEPENDENT AUDITORS' REPORT

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

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

We have performed the audits of the financial statements of The Posse Foundation Retirement Savings Plan ("the Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023 and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

CBIZ CPAs P.C.

New York, New York
September 2, 2025

**THE POSSE FOUNDATION
RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2024 AND 2023**

	2024	2023
ASSETS		
Investments, at fair value (Notes 2B, 3 and 7)	\$ 8,533,263	\$ 6,947,688
Fully benefit-responsive investment contract, at contract value (Notes 2B, 3 and 8)	602,320	555,343
Notes receivable from participants (Notes 1F, 2F and 3)	27,983	35,505
 NET ASSETS AVAILABLE FOR BENEFITS	 \$ 9,163,566	 \$ 7,538,536

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

**THE POSSE FOUNDATION
RETIREMENT SAVINGS PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

	2024	2023
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment activity (Notes 2B and 3):		
Interest income	\$ 18,816	\$ 17,111
Net appreciation in fair value of investment	1,050,674	1,084,122
Total investment income	1,069,490	1,101,233
Interest on notes receivable from participants (Note 3)	2,852	3,550
Contributions:		
Participants	610,493	543,704
Employer	267,594	218,474
Rollovers	-	68,657
Total Contributions	878,087	830,835
Total Additions	1,950,429	1,935,618
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants (Note 2C)	308,519	228,044
Deemed distributions	11,948	20,885
Administrative fees (Notes 2D and 4)	4,932	4,783
Total Deductions	325,399	253,712
NET INCREASE	1,625,030	1,681,906
Net Assets Available for Benefits		
Beginning of Year	7,538,536	5,856,630
End of Year	\$ 9,163,566	\$ 7,538,536

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

THE POSSE FOUNDATION RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 – DESCRIPTION OF PLAN

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

- A. **General** - The Plan is a defined contribution 403(b) plan covering all employees of The Posse Foundation (the “Sponsor”) excluding employees who normally work less than 20 hours per week and/or are student employees. It was established on January 1, 2013 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”) and subsequent amendments.
- B. **Eligibility and Vesting** - An employee is eligible for participation in the Plan on his or her date of hire. An employee is eligible for employer matching contributions after attaining the age of 21 and completing 24 months of service. Employees are 100% vested in their account balances at all times.
- C. **Contributions** – Contributions from Plan participants and the matching contributions from the Employer are recorded in the year in which the employee contributions are withheld from compensation or participant compensation is earned. An employee who elects to participate in the Plan must make a minimum annual contribution equal to 1% of the participant’s annual compensation. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The maximum annual allowable employee contribution is limited by the Internal Revenue Service (“IRS”) regulations. Each participant who has satisfied the age and service requirements mentioned above will receive an allocation of employer matching contributions for each Plan year equal to the lesser of 100% of the participant’s salary reduction contributions deferred during the Plan year or 5% of the participant’s annual salary or \$10,000. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers 56 variable annuity funds and an insurance investment contract as investment options for participants. An eligible employee may transfer to the Plan contributions and such other amounts from an eligible rollover plan that meet the requirements of the Internal Revenue Code (“IRC”) and the Plan at the time of the transfer. There were no rollovers for the year ended December 31, 2024. Rollovers amounted to \$68,657 for the year ended December 31, 2023.
- D. **Pension Benefits** - Participants are entitled to distributions of their vested benefits upon retirement, death, disability or termination of employment in either a lump sum amount, annuity distribution or partial payment. Mandatory distribution is required for separated employees with account balances under \$5,000.
- E. **Participant Accounts** - Each participant’s account is credited with the participant’s contributions and allocations of (a) the employer’s matching contribution and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.
- F. **Notes Receivable from Participants** - Participants may obtain loans from the Plan. The minimum loan is \$1,000. The maximum loan is the lesser of \$50,000 or 50% of the participant’s vested account balance, which is pledged as security for the loan. Loan repayments are made directly by the participants to MetLife, through the use of recoupment vouchers that accompany the direct payment. The interest rate is 1% over the prime rate as published in The Wall Street Journal at the inception of the loan and is fixed for the entire repayment period. A loan that is considered in default is reported as a deemed distribution, which is a taxable event for the participant.
- G. **Forfeitures** - If a participant terminates employment with the Sponsor (other than by reason of attainment of normal retirement age, disability or death), the unvested portion of contributions will be considered a forfeiture. Forfeitures will be first used to reinstate participant accounts as applicable, then to pay Plan expenses, if any, and then to reduce future employer contributions to the Plan. The balance in the forfeiture account amounted to \$9 for each of the years ended December 31, 2024 and 2023.
- H. **Distribution of Participants’ Accounts** - The entire vested balance of a participant’s account may be distributed at the severance from employment with the Sponsor, upon incurring disability, upon attainment of age 59½, death or on account of hardship.

THE POSSE FOUNDATION RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 – DESCRIPTION OF PLAN (CONTINUED)

- I. **Secure Act Provisions** - The Setting Every Community Up for Retirement Enhancement Act of 2019 (SECURE 1.0 Act) and the SECURE 2.0 Act lowered the eligibility requirements to enable long-term part-time workers to participate in 401(k) and 403(b) plans, effective for the 2024 and 2025 calendar plan years, respectively.

The SECURE 2.0 Act increases the limit for catch-up contributions for individuals ages 60 to 63, effective for taxable years beginning after December 31, 2024.

Earners making \$145,000 or more must make catch-up contributions on a Roth basis rather than pre-tax contributions, effective January 1, 2026.

Under the SECURE 1.0 Act, participants may defer receipt of their required minimum distribution until age 72 from the previous age of 70½. The SECURE 2.0 Act increased the age at which individuals must begin taking required minimum distributions to age 73 from 72, beginning January 1, 2023, as well as other increases starting in 2030.

For a terminated participant with a balance of \$5,000 or less, the participant will receive the value of the vested interest as a lump-sum distribution. The SECURE 2.0 Act increased that limit to \$7,000 effective for distributions in 2024.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

- A. **Basis of Presentation** - The accompanying financial statements are prepared on the accrual basis of accounting. The Plan adheres to accounting principles generally accepted in the United States of America ("U.S. GAAP").

- B. **Investment Valuation and Income Recognition** - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 7 for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Dividends and interest are recorded when received. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Fully benefit-responsive investment contracts held by a defined contribution plan are reported at contract value. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

- C. **Payments of Benefits** - Benefits are recorded when paid.

- D. **Administrative Expenses** - Certain expenses of maintaining the Plan are paid directly by the Plan Sponsor and excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative fees. Investment related expenses are included in net appreciation in fair value of investments.

- E. **Use of Estimates** - The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

**THE POSSE FOUNDATION RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

F. **Notes Receivable from Participants** - Notes receivables from participants are measured at their unpaid principal balance plus any accrued, but unpaid interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses have been recorded as of December 31, 2024 and 2023. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded.

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

As noted in the independent auditors' report, the Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's *Rules and Regulations for Reporting and Disclosure* under ERISA. Accordingly, as permitted under such election, the following information and the information included in Note 7 and the supplemental Schedule of Assets (Held at End of Year) on page 16 was certified as complete and accurate by MetLife, an insurance company, and was not subjected to any auditing procedures performed by the independent auditors except for comparing such information to information included in the Plan's financial statements.

MetLife has certified to the completeness and accuracy of the investments included in the financial statements as of December 31, 2024 and 2023, and investment income included in the financial statements for the years ended December 31:

	<u>2024</u>	<u>2023</u>
Fair value:		
Variable annuities	\$ <u>8,533,263</u>	\$ <u>6,947,688</u>
Contract value:		
Fixed annuity	\$ <u>602,320</u>	\$ <u>555,343</u>

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

	<u>2024</u>	<u>2023</u>
Interest income	\$ 18,816	\$ 17,111
Net appreciation in fair value of investments	<u>1,041,909</u>	<u>1,084,122</u>
Total investment income	\$ <u>1,060,725</u>	\$ <u>1,101,233</u>

Notes receivable from participants of \$27,983 and \$35,505, and interest income on notes receivable from participants of \$2,852 and \$3,550 have also been certified by MetLife as of and for the years ended December 31, 2024 and 2023, respectively.

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

All Plan investments as of December 31, 2024 and 2023 are shares of fixed annuity and variable annuity accounts managed by MetLife. MetLife carries out certain custodial and processing services associated with the Plan and therefore, these transactions qualify as party-in-interest transactions. The Plan is charged with fees for the variable annuities by the insurance company or its affiliates. Fees paid by the Plan for the investment management services amounted to \$4,933 and \$4,783 for the years ended December 31, 2024 and 2023, respectively.

THE POSSE FOUNDATION RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 5 – PLAN TERMINATION

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

NOTE 6 – RISKS AND UNCERTAINTIES

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

NOTE 7 – FAIR VALUE MEASUREMENTS

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

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

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

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

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

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

Variable Annuities

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

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

	<u>2024</u>	<u>2023</u>
Variable annuities using NAV as a practical expedient	<u>\$ 8,533,263</u>	<u>\$ 6,947,688</u>

THE POSSE FOUNDATION RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 7 – FAIR VALUE MEASUREMENTS (CONTINUED)

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

Fair Value of Investments in Entities that Use NAV

The following table summarizes investments for which fair value is measured using the NAV per share as a practical expedient as of December 31, 2024 and 2023. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	<u>Fair Value</u>	As of December 31, 2024		
		<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
BHFT Brighthouse Asset Allocation 80 A (1)	\$ 662,721	\$ -	Anytime	None
BHFT Brighthouse Asset Allocation 60 A (2)	\$ 757,984	\$ -	Anytime	None
Fidelity (R) VIP Growth (3)	\$ 609,413	\$ -	Anytime	None
Fidelity VIP Freedom 2050 Service Class 2 (4)	\$ 597,336	\$ -	Anytime	None
Fidelity Freedom 2045 Portfolio Class 2 (5)	\$ 272,172	\$ -	Anytime	None
American Funds (R) Growth Fund 2 (6)	\$ 359,789	\$ -	Anytime	None
Victory Sycamore Mid Cap Value Portfolio A (7)	\$ 176,523	\$ -	Anytime	None
BHFT I Loomis Sayles Growth Portfolio A (8)	\$ 338,928	\$ -	Anytime	None
BHFT I Morgan Stanley Discovery Portfolio A (9)	\$ 151,628	\$ -	Anytime	None
BHFT Western Asset Management Strategic Bond Opportunities (10)	\$ 237,609	\$ -	Anytime	None
BHFT T. Rowe Price Small Cap Growth Class A (11)	\$ 223,254	\$ -	Anytime	None
BHFT MetLife Stock Index Class A (12)	\$ 399,084	\$ -	Anytime	None
BHFT T. Rowe Price Mid Cap Growth Class A (13)	\$ 213,432	\$ -	Anytime	None
BHFT MetLife Mid Cap Stock Index Class A (14)	\$ 257,726	\$ -	Anytime	None
BHFT T. Rowe Price Large Cap Growth Class A (15)	\$ 241,458	\$ -	Anytime	None
BHFT BlackRock Capital Appreciation Class E (16)	\$ 204,533	\$ -	Anytime	None
Fidelity (R) VIP Equity-Income Portfolio (17)	\$ 211,274	\$ -	Anytime	None
BHFT Harris Oakmark International Class E (18)	\$ 143,169	\$ -	Anytime	None
BHFT II MFS Value E (19)	\$ 203,863	\$ -	Anytime	None
BHFT Jennison Growth Class A Portfolio (20)	\$ 223,664	\$ -	Anytime	None
BHFT MFS Value Class A Portfolio (21)	\$ 130,159	\$ -	Anytime	None
BHFT MetLife Russell 2000 Index Port A (22)	\$ 142,985	\$ -	Anytime	None
BHFT American Fund Moderate Allocation C (23)	\$ 63,051	\$ -	Anytime	None
American Funds Growth-Income Fund 2 (24)	\$ 111,506	\$ -	Anytime	None
BHFT PIMCO Total Return Class A Portfolio (25)	\$ 111,333	\$ -	Anytime	None
Calvert VP SRI Mid Cap Portfolio X (26)	\$ 76,377	\$ -	Anytime	None
BHFT American Funds Growth Allocation C (27)	\$ 82,320	\$ -	Anytime	None
American Funds (R) Vis Glob Small Cap Cl 2 (28)	\$ 61,728	\$ -	Anytime	None

THE POSSE FOUNDATION RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 7 – FAIR VALUE MEASUREMENTS (CONTINUED)

BHFT American Fund Balanced Allocation C (29)	\$ 66,197	\$ -	Anytime	None
BHFT MetLife MSCI EAFE Index – Class A (30)	\$ 76,490	\$ -	Anytime	None
Fidelity VIP Freedom 2040 Service Class 2 (31)	\$ 203,936	\$ -	Anytime	None
Fidelity VIP Freedom 2060 Service Class 2 (32)	\$ 131,134	\$ -	Anytime	None
Fidelity VIP Freedom 2030 Service Class 2 (33)	\$ 76,590	\$ -	Anytime	None
BHFT Loomis Sayles Global Portfolio B (34)	\$ 60,416	\$ -	Anytime	None
BHFT Invesco Global Equity Portfolio (35)	\$ 56,405	\$ -	Anytime	None
BHFT Asset Allocation 40 A (36)	\$ 86,773	\$ -	Anytime	None
BHFT Western Asset Management U.S. Govt A (37)	\$ 64,063	\$ -	Anytime	None
Others Below \$50,000	<u>\$ 446,240</u>	\$ -	Anytime	None
Total	<u>\$ 8,533,263</u>			

- (1) **Brighthouse Asset Allocation 80 Portfolio:** The fund seeks growth of capital. Under normal circumstances, the fund primarily invests in underlying portfolios that hold equity and fixed-income securities based on a target allocation of 80% to equity securities and 20% to fixed-income securities.
- (2) **Brighthouse Asset Allocation 60 Portfolio:** The fund seeks a balance between a high level of current income and growth of capital. Under normal circumstances, the fund primarily invests in underlying portfolios that hold equity and fixed-income securities based on a target allocation of 60% to equity securities and 40% to fixed-income securities.
- (3) **Fidelity (R) VIP Growth Portfolio:** The fund seeks capital appreciation. The fund invests primarily in common stock of domestic and foreign companies that they believe have above-average growth potential using a fundamental analysis of each issuer's financial condition and industry position and market and economic conditions to select investments.
- (4) **Fidelity VIP Freedom 2050 Service Class 2:** The fund seeks high total return with a secondary objective of principal preservation as the fund approaches its target date and beyond. The fund invests in a combination of equity, fixed-income, and short-term funds using a moderate asset allocation strategy.
- (5) **Fidelity Freedom 2045 Portfolio Class 2:** The fund seeks high total return with a secondary objective of principal preservation as the fund approaches its target date and beyond. The fund invests in a combination of equity, fixed-income, and short-term funds using a moderate asset allocation strategy.
- (6) **American Funds (R) Growth Fund 2 Portfolio:** The fund seeks growth of capital. The fund invests primarily in common stock of companies that appear to offer superior opportunities for growth of capital. The fund may invest a portion of its assets in common stock and other securities of issuers domiciled outside the U.S.
- (7) **Victory Sycamore Mid Cap Value Portfolio A:** The fund seeks capital appreciation through investments primarily in equity securities which are believed to be undervalued in the marketplace.
- (8) **Brighthouse Loomis Sayles Growth Portfolio A:** The fund seeks long-term growth of capital by investing primarily in equity securities, including common stock, convertible securities, and warrants.
- (9) **Brighthouse Morgan Stanley Discovery Portfolio A:** The fund seeks capital appreciation by investing in high quality companies it believes have sustainable competitive advantages and the ability to redeploy capital at high rates of return.
- (10) **Brighthouse Western Asset Management Strategic Bond Opportunities Portfolio:** The fund seeks total return consistent with capital preservation. It invests at least 80% of assets in U.S. investment-grade securities, U.S. and foreign high-yield debt, and foreign government securities. The duration of the portfolio may generally be approximately three to seven years.

THE POSSE FOUNDATION RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 7 – FAIR VALUE MEASUREMENTS (CONTINUED)

- (11) **Brighthouse T. Rowe Price Small Cap Growth Portfolio:** The fund seeks long-term capital growth by normally investing at least 65% of its total assets in a diversified group of small capitalization companies.
- (12) **Brighthouse MetLife Stock Index Class A Portfolio:** The fund seeks to track the performance of the Standard & Poor's 500 Composite Stock Price Index. The fund invests in all the stocks included in the Standard & Poor's 500 Index, which are primarily large capitalization stocks.
- (13) **Brighthouse T. Rowe Price Mid Cap Growth Class A Portfolio:** The fund seeks long-term growth of capital. The fund invests at least 80% of net assets in a diversified portfolio of growth stocks of mid cap companies whose earnings are expected to grow at a faster rate than the average company. May also purchase other securities perceived to provide an opportunity for substantial appreciation.
- (14) **Brighthouse MetLife Mid Cap Class A Portfolio:** The fund seeks long-term capital growth. Invests at least 80% of net assets in stock of medium capitalization companies.
- (15) **Brighthouse T. Rowe Price Large Cap Growth A Portfolio:** The fund seeks long-term growth of capital. The fund invests at least 80% of its assets in equity securities of a diversified group of large capitalization growth companies that, at the time of purchase, have a market capitalization within the range of the market capitalization of companies included in the Russell 1000 Index.
- (16) **Brighthouse BlackRock Capital Appreciation E Portfolio:** The fund seeks long-term capital growth by investing at least 80% of the portfolio's net assets in a portfolio of large capitalization equity securities.
- (17) **Fidelity (R) VIP Equity-Income Portfolio:** The fund seeks reasonable income. The portfolio will also consider the potential for capital appreciation. The portfolio's goal is to achieve a yield which exceeds the composite yield on the securities comprising the Standard & Poor's 500 Index. The fund normally invests at least 80% of assets in equity securities. The equity security investments are primarily income-producing, which tends to lead to investments in large cap "value" stocks. The portfolio will invest in other types of equity securities and debt securities, including lower-quality debt securities. The portfolio invests in domestic and foreign issuers. Using fundamental analysis of factors such as each issuer's financial condition and industry position, as well as market and economic conditions to select investments.
- (18) **Brighthouse Harris Oakmark International Class E:** The fund seeks long-term capital appreciation. Under normal circumstances, primarily in common stock of non-U.S. companies, the portfolio may invest in non-U.S. markets throughout the world, including emerging markets. Ordinarily, the portfolio will invest in the securities of at least five countries outside the U.S.
- (19) **Brighthouse II MFS Value E Portfolio:** The fund seeks high total return with a secondary objective of principal preservation as the fund approaches its target date and beyond. The fund invests in a combination of equity, fixed income, and short-term funds using a moderate asset allocation strategy.
- (20) **Brighthouse Jennison Growth Class A Portfolio:** The fund seeks long-term growth of capital by investing 65% of the portfolio's assets in equity and equity-related securities of U.S. companies that exceed \$1 billion in market capitalization.
- (21) **Brighthouse MFS Value Class A Portfolio:** Massachusetts Financial Services Company ("MFS" or "Subadviser"), subadviser to the portfolio, invests under normal market conditions at least 80% of the portfolio's net assets in equity securities of large capitalization U.S. companies. Equity securities include common stock, preferred stock, securities convertible into common or preferred stock and depository receipts for equity securities.
- (22) **Brighthouse MetLife Russell 2000 Index Portfolio A:** The fund seeks to track the performance of the Russell 2000® Index. Invests in a selected stratified sample of the 2,000 stocks included in the Russell 2000 Index, which, as a group, are chosen to reflect the composite performance of the Index.

THE POSSE FOUNDATION RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 7 – FAIR VALUE MEASUREMENTS (CONTINUED)

- (23) **Brighthouse American Fund Moderate Allocation C Portfolio:** The fund seeks a high total return in the form of income and growth of capital, with a greater emphasis on income.
- (24) **American Funds Growth-Income Fund 2 Portfolio:** The fund seeks long-term growth of capital by investing primarily in common stock and seeks to invest in companies that appear to offer superior opportunities for growth of capital.
- (25) **Brighthouse PIMCO Total Return Class A Portfolio:** The portfolio seeks maximum total return, consistent with the preservation of capital, by investing at least 65% of its assets in a diversified portfolio of fixed-income instruments of varying maturities.
- (26) **Calvert VP SRI Mid Capital Portfolio:** The fund seeks to provide long-term capital appreciation by investing primarily in a portfolio of the equity securities of mid-sized companies that are undervalued, but demonstrate a potential for growth. Normally invests at least 80% of its net assets in the common stock of mid-cap companies. The portfolio defines mid-cap companies as those whose market capitalization falls within the range of the Russell Midcap Index. Although primarily investing in mid-cap U.S. companies, the portfolio may also invest in small-cap companies.
- (27) **Brighthouse American Funds Growth Allocation Portfolio:** The fund seeks long-term growth by investing 86% of its total assets in a diversified group of stock sectors with the largest concentration for information technology, health care, communication services, and consumer discretionary.
- (28) **American Funds (R) VIS Global Small Cap Portfolio Class 2:** The Fund seeks long-term growth of capital by investing primarily in equity securities of issuers domiciled around the world with relatively small capitalizations (share price times the number of equity securities outstanding).
- (29) **Brighthouse American Fund Balanced Allocation Portfolio:** The fund seeks a balance between a high level of current income and growth of capital, with a greater emphasis on growth of capital. Invests in Class 1 and R-6 shares of a group of Underlying portfolios of the American Funds Insurance Series and other funds within the American Funds family that are not part of the American Funds Insurance Series. Under normal circumstances, the portfolio primarily invests in Underlying portfolios that may hold large cap, small cap or mid cap securities and also invests in Underlying portfolios that hold fixed income securities in accordance with targeted allocations of 65% to equity securities and 35% to fixed income securities.
- (30) **Brighthouse MetLife MSCI EAFE Index Class A:** The fund seeks to track the performance of the MSCI EAFE Index. Invests in a selected stratified sample of approximately 1,000 equity securities of companies of varying capitalizations included in the MSCI EAFE Index, which, as a group, are chosen to reflect the composite performance of the Index.
- (31) **Fidelity VIP Freedom 2040 Service Class 2:** The fund seeks high total return with a secondary objective of principal preservation as the fund approaches its target date and beyond. The fund invests in a combination of equity, fixed-income, and short-term funds using a neutral asset allocation strategy.
- (32) **Fidelity VIP Freedom 2060 Service Class 2:** The fund seeks high total return with a secondary objective of principal preservation as the fund approaches its target date and beyond. The fund invests in a combination of equity, fixed-income, and short-term funds using a neutral asset allocation strategy.
- (33) **Fidelity VIP Freedom 2030 Service Class 2:** The fund seeks high total return with a secondary objective of principal preservation as the fund approaches its target date and beyond. The fund invests in a combination of equity, fixed-income, and short-term funds using a neutral asset allocation strategy.

THE POSSE FOUNDATION RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 7 – FAIR VALUE MEASUREMENTS (CONTINUED)

- (34) **Brighthouse Loomis Sayles Global Portfolio B:** The fund seeks high total investment return through a combination of capital appreciation and income. The fund invests the Portfolio's assets, under normal circumstances, primarily in equity and fixed income securities of U.S. and foreign issuers, including securities of issuers located in countries with emerging securities markets.
- (35) **Brighthouse Invesco Global Equity Portfolio:** The fund seeks capital appreciation. The fund invests at least 80% of its net assets in equity securities of U.S. and foreign-based companies. It may invest without limit in foreign securities and may invest in any country, including countries with developed or emerging markets.
- (36) **Brighthouse Asset Allocation 40 Portfolio Class A:** The fund seeks high total return in the form of income and growth of capital, with a greater emphasis on income. The fund invests substantially all of its assets in Class A shares of the underlying portfolios, which are portfolios of Brighthouse Funds Trust I and Brighthouse Funds Trust II. It primarily invests in underlying portfolios that hold fixed income securities and also invests in underlying portfolios that may hold large cap, small cap, mid cap or foreign equity securities in accordance with target allocations of 60% to fixed income securities and 40% to equity securities.
- (37) **Brighthouse Western Asset Management U.S. Government A:** The fund seeks to maximize total return consistent with preservation of capital and maintenance of liquidity.

NOTE 8 – FULLY BENEFIT- RESPONSIVE INVESTMENT CONTRACT

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

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

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

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events limit the ability of the Plan to transact at contract value with the contract issuer such as; premature termination of the contract by the Plan, closings, layoffs, Plan termination, bankruptcy, mergers and early retirement incentives. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also limit the ability of the Plan to transact at contract value.

THE POSSE FOUNDATION RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 9 – TAX STATUS

The Company has adopted a pre-approved plan document that has received an opinion letter from the Internal Revenue Service dated March 31, 2017, stating that the form of the pre-approved plan document was in compliance with the applicable requirements of the Internal Revenue Code (IRC). Although, the Plan has been amended since adopting the pre-approved plan document, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC, and therefore, believes that the Plan is qualified.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability or asset if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or asset or disclosure in the financial statements.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 10 – SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through September 2, 2025, the date the financial statements were available to be issued.

THE POSSE FOUNDATION
RETIREMENT SAVINGS PLAN
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN # 13-3840394 PLAN: 003
DECEMBER 31, 2024

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of investment, collateral, par or maturity value	(d) Cost **	(e) Current value
	American Funds Insurance Series (R)	Variable Annuities	\$	2,154
	American Funds (R) Gro Fund 2	Variable Annuities		359,789
	American Funds (R) VIS Glob Sm Cap CL 2	Variable Annuities		61,728
	American Funds Growth-Income Fund 2	Variable Annuities		111,506
	Calvert VP SRI Balanced Portfolio CI I	Variable Annuities		2,391
	Calvert VP SRI Mid Cap Portfolio X	Variable Annuities		76,377
	BHFTI Loomis Sayles Growth Portfolio A	Variable Annuities		338,928
	BHFTII MFS Value E	Variable Annuities		203,863
	Fidelity Freedom 2035 Portfolio Class 2	Variable Annuities		44,690
	Fidelity Freedom 2045 Portfolio Class 2	Variable Annuities		272,172
	Fidelity (R) Investment Grade Bond	Variable Annuities		9,642
	Fidelity (R) VIP Equity-Income	Variable Annuities		211,274
	Fidelity (R) VIP Growth	Variable Annuities		609,413
	Fidelity VIP Freedom 2020 Service CI 2	Variable Annuities		394
	Fidelity VIP Freedom 2025 Service CI 2	Variable Annuities		35,809
	Fidelity VIP Freedom 2030 Service CI 2	Variable Annuities		76,590
	Fidelity VIP Freedom 2040 Service CI 2	Variable Annuities		203,936
	Fidelity VIP Freedom 2050 Service CI 2	Variable Annuities		597,336
	Fidelity VIP Freedom 2055 Service CI 2	Variable Annuities		42,655
	Fidelity VIP Freedom 2060 Service CI 2	Variable Annuities		131,134
*	BHFT MetLife Mid Cap Stock Index Class A	Variable Annuities		257,726
	BHFT MFS Research International Class A	Variable Annuities		134
	BHFT MFS Value Class A	Variable Annuities		130,159
	BHFT American Fund Balanced Allocation C	Variable Annuities		66,197
	BHFT American Fund Growth Allocation C	Variable Annuities		82,320
	BHFT American Fund Moderate Allocation C	Variable Annuities		63,051
	BHFT CBRE Global Real Estate Portfolio	Variable Annuities		29,126
	BHFT Harris Oakmark International CL E	Variable Annuities		143,169
	BHFT INVESCO Small Cap Growth Class E	Variable Annuities		48,754
	BHFTI Loomis Sayles Global Alloc Port B	Variable Annuities		60,416
	Victory Sycamore Mid Cap Val Port A	Variable Annuities		176,523
	BHFT BH/Franklin Low Duration Tot Ret B	Variable Annuities		565
	BHFTI Morgan Stanley Discovery Port A	Variable Annuities		151,628
	BHFTI Invesco Global Equity Portfolio	Variable Annuities		56,405
	BHFT PIMCO Inflation Protected Class E	Variable Annuities		11,581
	BHFT PIMCO Total Return Class A	Variable Annuities		111,333
	BHFT T. Rowe Price Mid Cap Growth CL A	Variable Annuities		213,432
	BHFT Brighthouse Asset Allocation 100 A	Variable Annuities		1,200
	BHFT BH/Wellington Core Equity Opp CL A	Variable Annuities		46,539
	BHFT Jennison Growth Class A	Variable Annuities		223,664
	BHFT Loomis Sayles Small Cap Core A	Variable Annuities		11,409
	BHFT Loomis Sayles Small Cap Growth A	Variable Annuities		26,858
*	BHFT MetLife Stock Index Class A	Variable Annuities		399,084
	BHFT MFS Total Return Class A	Variable Annuities		7,730
	BHFT Neuberger Berman Genesis Class A	Variable Annuities		1,477
	BHFT T. Rowe Price Large Cap Growth A	Variable Annuities		241,458
	BHFT T. Rowe Price Small Cap Growth A	Variable Annuities		223,254
	BHFT Western Asset Mgmt Strat Bond Opp	Variable Annuities		237,609
*	BHFT MetLife Aggregate Bond Index A	Variable Annuities		25,519
	BHFT BlackRock Capital Appreciation E	Variable Annuities		204,533
	BHFT Brighthouse Asset Allocation 20 A	Variable Annuities		5,761
	BHFT Brighthouse Asset Allocation 40 A	Variable Annuities		86,773
	BHFT Brighthouse Asset Allocation 60 A	Variable Annuities		757,984
	BHFT Brighthouse Asset Allocation 80 A	Variable Annuities		662,721
*	BHFT MetLife MSCI EAFE Index - Class A	Variable Annuities		76,490
	BHFT Western Asset Mgmt US Government A	Variable Annuities		64,063
*	BHFT MetLife Russell 2000 Index Port A	Variable Annuities		142,985
	BHFT SSGA Growth & Income ETF Class E	Variable Annuities		45,267
	BHFT SSGA Growth ETF Class E	Variable Annuities		46,585
				<u>\$ 8,533,263</u>
*	MetLife Fixed Annuity	Fixed Annuity		27,877
*	MetLife Fixed Annuity	Fixed Annuity		30,139
*	MetLife Fixed Annuity	Fixed Annuity		544,304
				<u>\$ 602,320</u>
*	Notes receivable from participants	4.25% - 9.50% interest rate, Maturing through 2029	\$	<u>27,983</u>
				-
*	Indicates party-in-interest to the Plan			
**	Cost information omitted with respect to participant or beneficiary-directed investments.			

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

The Posse Foundation Retirement Savings Plan
01-JAN-24 to 31-DEC-24

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IMETBF			2,105.22	2,153.75
IMETGO			185,374.21	359,789.18
IMETGS			48,155.82	61,727.93
IMETTI			59,027.52	111,506.48
IMETESR			1,366.00	2,390.68
IARLAPP			55,141.80	76,377.18
IMETJR			148,325.29	338,928.34
IMETRR			149,611.17	203,862.89
IMETF4			41,595.37	44,689.87
IMETF6			218,661.82	272,171.74
IFIDIGB			9,031.74	9,642.13
IFIDEQI			142,046.32	211,274.06
IFIDGRW			321,870.98	609,412.60
IMETIR			396.08	394.04
IMETRA			33,390.45	35,809.10
IMETRB			67,529.94	76,589.51
IMETRF			179,500.81	203,935.75
IMETRH			500,781.57	597,335.59
IMETQZ			40,671.47	42,655.41
IMETQJ			114,869.79	131,133.79
IMETMX			169,189.23	257,726.05
IMETRL			91.62	133.73
IMETLV			79,693.14	130,159.33
IMETBA			46,533.35	66,196.94
IMETGA			52,682.55	82,319.69
IMETMA			42,316.38	63,051.08
IMETRT			24,995.81	29,126.49
IMETIC			126,723.25	143,169.17
IMETAS			36,656.13	48,754.26
IMETL2			47,294.37	60,416.33
IMETLA			108,371.35	176,523.12
IMETFT			533.63	565.46
IMETSM			119,642.46	151,627.99
IMETFV			35,429.45	56,404.68
IMETPI			10,478.90	11,580.86
IMETTR			109,396.00	111,333.09
IMETMG			141,996.01	213,431.84
IMETNA			1,044.15	1,199.77
IMETVV			28,491.00	46,538.67
IMETJE			162,519.19	223,664.32
IMETLS			7,048.14	11,408.87
IMETSG			19,421.78	26,858.14
IMETESI			247,111.01	399,084.15
IMETMT			4,992.21	7,729.93
IMETAU			1,289.69	1,476.62
IMETLC			132,260.88	241,457.73
IMETSC			130,434.11	223,253.60
IMETSB			217,062.34	237,608.93
IMETBI			25,938.39	25,519.40
IMETAE			119,427.04	204,533.47
IMETMI			5,512.69	5,761.39

1005471-01
GA

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Page 2 of 3

The Posse Foundation Retirement Savings Plan
01-JAN-24 to 31-DEC-24

22-JAN-25 20:52:31

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IMETM2			79,972.51	86,772.71
IMETM3			524,943.82	757,983.85
IMETM4			368,647.13	662,721.02
IMETH			59,731.80	76,489.92
IMETGV			63,879.45	64,063.26
IMETRI			105,765.07	142,984.88
IMETCI			35,407.15	45,267.27
IMETCY			23,721.73	46,584.76
IFIA		3.800	27,483.76	27,877.15
IFIA		3.750	28,794.73	30,138.53
IFIA		3.300	434,218.30	544,303.67
			<u>6,326,595.07</u>	<u>9,135,582.14</u>
PARTICIPANT LOANS	VARIOUS	4.250-9.500	27,973.67	27,983.44
FORFEITURES			7.63	9.18

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

The Posse Foundation Retirement Savings Plan
01-JAN-24 to 31-DEC-24

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

LEGEND

INVESTMENT OPTION:

IMETBF	American Funds Insurance Series (R)	IMETGO	American Funds (R) Gro Fund 2
IMETGS	American Funds (R) VIS Glob Sm Cap CL 2	IMETTI	American Funds Growth-Income Fund 2
IMETESR	Calvert VP SRI Balanced Portfolio Cl I	1ARLAPP	Calvert VP SRI Mid Cap Portfolio X
IMETJR	BHFTI Loomis Sayles Growth Portfolio A	1METRR	BHFTII MFS Value E
IMETF4	Fidelity Freedom 2035 Portfolio Class 2	1METF6	Fidelity Freedom 2045 Portfolio Class 2
IFIDIGB	Fidelity (R) Investment Grade Bond	1FIDEQI	Fidelity (R) VIP Equity-Income
IFIDGRW	Fidelity (R) VIP Growth	1MET1R	Fidelity VIP Freedom 2020 Service Cl 2
IMETRA	Fidelity VIP Freedom 2025 Service Cl 2	1METRB	Fidelity VIP Freedom 2030 Service Cl 2
IMETRF	Fidelity VIP Freedom 2040 Service Cl 2	1METRH	Fidelity VIP Freedom 2050 Service Cl 2
IMETQZ	Fidelity VIP Freedom 2055 Service Cl 2	1METQJ	Fidelity VIP Freedom 2060 Service Cl 2
IMETMX	BHFT MetLife Mid Cap Stock Index Class A	1METRL	BHFT MFS Research International Class A
IMETLV	BHFT MFS Value Class A	1METBA	BHFT American Fund Balanced Allocation C
IMETGA	BHFT American Funds Growth Allocation C	1METMA	BHFT American Fund Moderate Allocation C
IMETRT	BHFT CBRE Global Real Estate Portfolio	1METIC	BHFT Harris Oakmark International CL E
IMETAS	BHFT INVESCO Small Cap Growth Class E	1METL2	BHFTI Loomis Sayles Global Alloc Port B
IMETLA	Victory Sycamore Mid Cap Val Port A	1METFT	BHFT BH/Franklin Low Duration Tot Ret B
IMETSM	BHFTI Morgan Stanley Discovery Port A	1METFV	BHFTI Invesco Global Equity Portfolio
IMETPI	BHFT PIMCO Inflation Protected Class E	1METTR	BHFT PIMCO Total Return Class A
IMETMG	BHFT - T. Rowe Price Mid Cap Growth CL A	1METNA	BHFT Brighthouse Asset Allocation 100 A
IMETVV	BHFTT BH/Wellington Core Equity Opp CL A	1METJE	BHFT Jennison Growth Class A
IMETLS	BHFT Loomis Sayles Small Cap Core A	1METSG	BHFT Loomis Sayles Small Cap Growth A
IMETESI	BHFT MetLife Stock Index Class A	1METMT	BHFT MFS Total Return Class A
IMETAU	BHFT Neuberger Berman Genesis Class A	1METLC	BHFT T Rowe Price Large Cap Growth A
IMETSC	BHFT T Rowe Price Small Cap Growth A	1METSB	BHFT - Western Asset Mgmt Strat Bond Opp
IMETBI	BHFT MetLife Aggregate Bond Index A	1METAE	BHFT BlackRock Capital Appreciation E
IMETMI	BHFT Brighthouse Asset Allocation 20 A	1METM2	BHFT Brighthouse Asset Allocation 40 A
IMETM3	BHFT Brighthouse Asset Allocation 60 A	1METM4	BHFT Brighthouse Asset Allocation 80 A
IMETII	BHFT MetLife MSCI EAFE Index - Class A	1METGV	BHFT Western Asset Mgmt US Government A
IMETRI	BHFT MetLife Russell 2000 Index Port A	1METC1	BHFT SSGA Growth & Income ETF Class E
1METCY	BHFT SSGA Growth ETF Class E	1FIA	Fixed Interest Account

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