

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II Basic Plan Information —enter all requested information		
1a Name of plan <u>LACALLE GROUP, LLC 401(K) PROFIT SHARING PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
1c Effective date of plan <u>01/01/2008</u>		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>LACALLE GROUP, LLC</u> <u>12333 SOWDEN ROAD</u> <u>SUITE B #79931</u> <u>HOUSTON, TX 77080</u>	2b Employer Identification Number (EIN) <u>27-2950709</u>	
	2c Plan Sponsor's telephone number <u>210-757-4271</u>	
	2d Business code (see instructions) <u>551112</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2023	TANYA CRINO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2023	TANYA CRINO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN 3c Administrator's telephone number 	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	164
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 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) 6a(2) 6b 6c 6d 6e 6f 6g 6h	148 150 0 21 171 0 171 143 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: 2A 2E 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 1 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan LACALLE GROUP, LLC 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 LACALLE GROUP, LLC	D Employer Identification Number (EIN) 27-2950709

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 NATIONWIDE LIFE INSURANCE COMPANY
--

(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
31-4156830	66869	GAP-CP-HL1U	150	01/01/2022	12/31/2022

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

(a) Total amount of commissions paid 698	(b) Total amount of fees paid 0
---	------------------------------------

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid LPL FINANCIAL 4707 EXECUTIVE DRIVE SAN DIEGO, CA 92121
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
698			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end.....	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	
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 ▶		
b	Balance at the end of the previous year	7b	169939
c	Additions: (1) Contributions deposited during the year	7c(1)	81294
	(2) Dividends and credits.....	7c(2)	0
	(3) Interest credited during the year.....	7c(3)	3773
	(4) Transferred from separate account.....	7c(4)	193554
	(5) Other (specify below)	7c(5)	
	▶		
	(6) Total additions.....	7c(6)	278621
d	Total of balance and additions (add lines 7b and 7c(6))	7d	448560
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0
	(2) Administration charge made by carrier.....	7e(2)	10094
	(3) Transferred to separate account.....	7e(3)	67428
	(4) Other (specify below)	7e(4)	
	▶		
	(5) Total deductions.....	7e(5)	77522
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	371038

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)	
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)	
(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)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

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

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan LACALLE GROUP, LLC 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LACALLE GROUP, LLC	D Employer Identification Number (EIN) 27-2950709	

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)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(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?
49 50	CUSTODIAN/REC ORDKEEPER	98129	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

INVEST RETIREMENT SOLUTIONS

4305 N GARFIELD
SUITE 202
MIDLAND, TX 79705

(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?
15 17	TPA	9277	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LPL FINANCIAL, LLC

4707 EXECUTIVE DRIVE
SAN DIEGO, CA 92121

(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?
27 52	FINANCIAL ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	58304	Yes ☐ No ☒

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LPL FINANCIAL, LLC	27 52	58304

(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.
NATIONWIDE ONE NATIONWIE PLAZA COLUMBUS, OH 43215	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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>LACALLE GROUP, LLC 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LACALLE GROUP, LLC</u>	D Employer Identification Number (EIN) <u>27-2950709</u>	

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.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	24156	14001
(2) Participant contributions.....	1b(2)	32514	0
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)	72872	64191
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	12755018	11338483
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	169939	371038
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	13054499	11787713

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
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	13054499	11787713
---	-----------	----------	----------

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)	341051	
(B) Participants	2a(1)(B)	962218	
(C) Others (including rollovers)	2a(1)(C)	14524	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1317793
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3773	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	3342	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		7115
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-2313670
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-988762
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	166463	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		166463
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		4148
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	822	
(3) Investment advisory and management fees	2i(3)	106591	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		107413
j Total expenses. Add all expense amounts in column (b) and enter total	2j		278024
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-1266786
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: SOL SCHWARTZ & ASSOCIATES

(2) EIN: 74-2392222

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a	X		39787

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan LACALLE GROUP, LLC 401(K) PROFIT SHARING PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 LACALLE GROUP, LLC		D Employer Identification Number (EIN) 27-2950709
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
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): 31-4156830 Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c) a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____% b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____
20	PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation _____

LACALLE GROUP, LLC 401K PROFIT SHARING PLAN

FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021

CONTENTS

	<u>Page</u>
Independent auditor's reports	3-6
Statements of net assets available for benefits	7
Statements of changes in net assets available for benefits	8
Notes to financial statements	9-20
Supplemental schedule	
Schedule H, Line 4i – Schedule of assets (held at end of year)	22-24
Schedule H, Line 4a –Schedule of delinquent participant contributions	25



INDEPENDENT AUDITOR'S REPORT

To the Plan Administrative Committee
LaCalle Group, LLC 401k Profit Sharing Plan
Houston, Texas

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

We have performed an audit of the accompanying financial statements of LaCalle Group, LLC 401k Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits as of December 31, 2022 and 2021, respectively, and the related statement 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 audit of LaCalle Group, LLC 401k Profit Sharing 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 audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2022 and 2022, respectively, 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 audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section-

- the amounts and disclosures in the financial statements referred to above, 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 financial statements referred to above 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 audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of LaCalle Group, LLC 401k Profit Sharing Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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 LaCalle Group, LLC 401k Profit Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, 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 LaCalle Group, LLC 401k Profit Sharing 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 LaCalle Group, LLC 401k Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of 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.

Supplemental Schedules Required by ERISA

The supplemental Schedule H, Line 4i- Schedule of Assets (Held at End of Year) and Schedule H, Line 4a – Schedule of Delinquent Participant Contributions as of and for the year ended December 31, 2022, are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 schedules, 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 generally accepted auditing standards. For information included in the supplemental schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are 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 schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules 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).

Sol Schwartz & Associates, P.C.

San Antonio, TX
October 6, 2023

LACALLE GROUP, LLC 401K PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2022 AND 2021

	December 31,	
	2022	2021
<u>Assets</u>		
Investments, at fair value		
Guaranteed investment contract	\$ 371,038	\$ 169,939
Investment shares in registered investment companies	11,338,483	12,755,018
Total investments	11,709,521	12,924,957
Receivables		
Participants' contributions receivable	-	32,514
Employer contributions receivable	17,848	24,156
Notes receivable from participants	64,191	72,872
Total assets	11,791,560	13,054,499
<u>Liabilities</u>		
Excess contributions payable	-	-
Total liabilities	-	-
Net assets available for benefits	\$ 11,791,560	\$ 13,054,499

The accompanying notes are an integral part of these financial statements

LACALLE GROUP, LLC 401K PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
Additions		
Investment income		
Net appreciation (depreciation) in fair value of investments	\$ (2,313,670)	1,723,153
Interest on notes receivable from participants	3,342	2,653
Interest and dividends	<u>3,773</u>	<u>2,811</u>
Net investment income (loss)	<u>(2,306,555)</u>	<u>1,728,617</u>
Contributions		
Employer	344,898	319,533
Employee	962,218	862,737
Other - rollovers	<u>14,524</u>	<u>671,632</u>
Total contributions	<u>1,321,640</u>	<u>1,853,902</u>
Net change	<u>(984,915)</u>	<u>3,582,519</u>
Deductions from net assets attributed to:		
Benefits paid to participants	166,463	233,701
Corrective distribution	-	-
Administrative expenses	107,413	107,511
Deemed distributions	<u>4,148</u>	<u>-</u>
Total deductions	<u>278,024</u>	<u>341,212</u>
Net increase (decrease) in net assets available for benefits	(1,262,939)	3,241,307
Net assets available for benefits at beginning of year	<u>13,054,499</u>	<u>9,813,192</u>
Net assets available for benefits at end of year	<u><u>\$ 11,791,560</u></u>	<u><u>\$ 13,054,499</u></u>

The accompanying notes are an integral part of these financial statements

NOTE 1 – DESCRIPTION OF PLAN

The following description of LaCalle Group, LLC 401k Profit Sharing Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. Prior to an amendment made on December 9, 2019, the Plan's name was Allied Health Media 401k Plan.

General

The Plan is a defined contribution plan covering all employees of the company who are age eighteen (18) or older. The Plan is designed to meet the requirements of Internal Revenue Code Section 401(a) and is subject to provisions of the Employment Retirement and Income Security Act of 1974 (ERISA). Entry dates for participants is the date in which the eligibility requirement is satisfied.

Contributions

Participants may elect to contribute to the Plan a percentage of their compensation; however, total deferrals in any taxable year may not exceed a certain dollar amount which is set by law. The employer may make discretionary matching and/or profit sharing contributions each year. Participants who reach the age of 50 before the close of a calendar year are eligible to make catch-up elective deferral contributions to the Plan. Participants may designate part or all of their salary deferral contributions as Roth after-tax contributions.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocation of the Company's contribution and Plan earnings. Participant accounts are also 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.

Vesting

Participants are immediately vested in their voluntary contributions, plus actual earnings thereon. Vesting in the Company's discretionary profit sharing contributions portion of their accounts, plus earnings thereon have a five-year graded vesting period as follows:

<u>Complete Years of Service</u>	<u>Vested Percentage</u>
1 year	20%
2 years	40%
3 years	60%
4 years	80%
5 years	100%

NOTE 1 – DESCRIPTION OF PLAN (CONTINUED)

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant with an account balance of \$5,000 or less will receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum payment as soon as administratively feasible. Participants with account balances larger than \$5,000 can elect to receive the balance in a lump-sum payment or in installments over a period not to exceed their life expectancy or that of their beneficiary, determined at the time of the distribution. In addition, a participant may withdraw their elective deferrals for financial hardships. Discretionary profit sharing contributions may only be withdrawn upon termination of employment, disability, death or plan termination.

Notes receivable from participants

Participants may borrow, subject to certain conditions, from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

Administrative Expenses

Administrative expenses for the plan custodial fees are charged against each participant's account. Other expenses such as audit fees are paid by the plan sponsor.

Basis of Accounting

The financial statements are prepared using the accrual method of accounting and present the net assets available for the benefit of the participants and changes in those net assets.

Use of Estimates

The preparation of the financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain amounts reported in the financial statements and accompanying notes and disclosures. Actual results could differ from those estimates.

Payment of Benefits

Benefits are recorded when paid.

Forfeitures

The Employer may use forfeitures to pay Plan expenses or to reduce amounts otherwise required to be contributed to the Plan.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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 8 for discussion of fair value measurements.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for plan 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. The Statement of Net Assets Available for Plan Benefits presents fair value of the investment contract, as well as the adjustment of the fully benefit-responsive investment contract from fair value to contract value. The Statement of Changes in Net Assets Available for Plan Benefits is prepared using contract value for the fully benefit-responsive investment contract.

Purchases and sales are recorded as of the trade date. Interest is recorded on an accrual basis. Dividends are recorded on the ex-dividend date.

NOTE 3 – CERTIFIED FINANCIAL INFORMATION

The following is a summary of the Plan's asset information as of December 31, 2022 and 2021, and for the years then ended, included throughout the Plan's financial statements and supplemental schedules that was prepared by or derived from information provided by the custodian and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the custodian that the information provided to the Plan Administrator by the custodian related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information which appears throughout the financial statements and the supplemental schedules related to the following assets:

	December 31,	
	2022	2021
Investments at fair value:		
Guaranteed investment contracts	\$ 371,038	\$ 169,939
Investment shares in registered investment companies	11,338,483	12,755,018
	11,709,521	12,924,957
Notes receivable from participants	64,191	72,872
	<u>\$ 11,773,712</u>	<u>\$ 12,997,829</u>

NOTE 3 – CERTIFIED FINANCIAL INFORMATION (CONTINUED)

Nationwide Financial Services, Inc. has certified to the completeness and accuracy of the (\$2,313,670) of the net appreciation (depreciation) in fair value of investments and \$3,773 of the interest and dividends for the year ended December 31, 2022. Nationwide Financial Services, Inc. also certified the \$3,342 of interest income from participant loans for the year ending December 31, 2022.

Nationwide Financial Services, Inc. has certified to the completeness and accuracy of the 1,723,153 of the net appreciation in fair value of investments and \$2,811 of the interest and dividends for the year ended December 31, 2021. Nationwide Financial Services, Inc. also certified the \$2,653 of interest income from participant loans for the year ending December 31, 2021.

NOTE 4 – TAX STATUS

The Internal Revenue Service has determined that the prototype plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (“IRC”) in a letter dated March 31, 2014. Although the Plan has been amended since receiving the determination letter, the Plan administrator and its tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC, and therefore, believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. The plan administrator has analyzed tax positions taken by the Plan and has concluded that there are no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or that would require disclosure in the financial statements.

The Plan is subject to routine audits by taxing jurisdictions. However, currently no audits for any tax periods are in progress. The plan administrator believes that the Plan is no longer subject to income tax examination for years ending prior to December 31, 2019.

NOTE 5 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

NOTE 6 – CONCENTRATIONS OF CREDIT RISK

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 statement of net assets available for benefits.

NOTE 7 – RELATED-PARTY AND PARTY-IN INTEREST TRANSACTIONS

The Plan paid administrative fees to parties-in-interest (Custodian and other service providers) totaling \$107,413 and \$107,511 for the years ended December 31, 2022 and 2021, respectively.

NOTE 8 - FAIR VALUE MEASUREMENTS

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

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

LACALLE GROUP, LLC 401K PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 8 - FAIR VALUE MEASUREMENTS (CONTINUED)

The following is a description of the valuation methodologies used for assets measured at fair value used by the Plan.

Investment shares in registered investment companies: Valued at quoted market prices which represent the net asset value (NAV) of shares held by the plan at year end.

Guaranteed investment contract: The guaranteed account is fully benefit responsive and is therefore reported at fair value (see Note 2). The guaranteed account is measured at contract value which approximates fair value. Fair value, as reported to the Plan, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. The methods above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The Plan's assets and liabilities recorded at fair value have been categorized based upon the fair value hierarchy in accordance with FASB ASC 820. The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022 and 2021:

Assets at Fair Value as of December 31, 2022				
Investments	Total	Level 1	Level 2	Level 3
Guaranteed investment (GIC at contract value)	\$ 371,038	\$ -	\$ -	\$ 371,038
Total Investments in the fair value hierarchy	<u>\$ 371,038</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 371,038</u>
Investment shares in registered investment companies (NAV)	11,338,483			
Total investment assets	<u>\$ 11,709,521</u>			
Assets at Fair Value as of December 31, 2021				
Investments	Total	Level 1	Level 2	Level 3
Guaranteed investment (GIC at contract value)	\$ 169,939	\$ -	\$ -	\$ 169,939
Total Investments in the fair value hierarchy	<u>\$ 169,939</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 169,939</u>
Investment shares in registered investment companies (NAV)	12,755,018			
Total investment assets	<u>\$ 12,924,957</u>			

Transfers between levels

For the years ended December 31, 2022 and 2021, there were no significant transfers between Levels 1 and 3 and no transfers in or out of Level 2.

LACALLE GROUP, LLC 401K PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 8 - FAIR VALUE MEASUREMENTS (CONTINUED)

Net Asset Value Per Share

The following tables set forth information related to investment assets held by the Plan for which fair value is measured using net asset value per share as a practical expedient for the years ended December 31, 2022 and 2021, respectively.

	As of December 31, 2022			
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Note Period
Vngrd Trgt Rtrmt 2040 Inv	\$ 1,518,150	N/A	Daily	None
Aggregate SDBA Assets	1,342,621	N/A	Daily	None
DFA US Trgt Val Inst	568,503	N/A	Daily	None
Vngrd 500 Index Fd AS	393,045	N/A	Daily	None
VTINX	369,781	N/A	Daily	None
DFA US Cor Eq I	332,282	N/A	Daily	None
Vngrd Trgt Rtrmt 2035 Inv	312,124	N/A	Daily	None
JPMorgan USRsrchEnhcdEq R6	303,499	N/A	Daily	None
FidAdv Enrgy I	292,171	N/A	Daily	None
AmFds Am Bal R6	279,127	N/A	Daily	None
JnsHndrsn Triton T	271,717	N/A	Daily	None
TRowePr Hlth Scnc	235,687	N/A	Daily	None
TRowePr Blue Chip Gr	233,084	N/A	Daily	None
LrdAbt MdCap Stk I	225,622	N/A	Daily	None
Vngrd Trgt Rtrmt 2050 Inv	223,904	N/A	Daily	None
JPM Val Advtg L	223,159	N/A	Daily	None
Invsco Eq Inc R5	215,298	N/A	Daily	None
Vngrd Trgt Rtrmt 2055 Inv	194,612	N/A	Daily	None
NW Dest 2050 R6	191,738	N/A	Daily	None
Vngrd US Gr Adml	190,415	N/A	Daily	None
Invsco Opp Intl SmMdCo Y	183,573	N/A	Daily	None
PIMCO StkPlus Ttl Rtn Inst	176,781	N/A	Daily	None
DFA Glbl Eq Inst	175,548	N/A	Daily	None
Ivy Scnc Tech I	158,687	N/A	Daily	None
Fed Kaufman LgCap Inst	150,559	N/A	Daily	None
PGIM Jnism Util Z	145,347	N/A	Daily	None
Vngrd Intl Explr Inv	144,085	N/A	Daily	None
Gdmn Scs SmMDCap Gr Inst	135,308	N/A	Daily	None
FidAdv MdCap Val I	125,909	N/A	Daily	None
Vngrd Trgt Rtrmt 2030 Inv	119,378	N/A	Daily	None
Vngrd MdCap Gr Inv	118,442	N/A	Daily	None
Vngrd Strat Eq Inv	118,083	N/A	Daily	None
Hssman Strat Ttl Rtn	104,950	N/A	Daily	None
Vngrd Trgt Rtrmt 2045 Inv	103,029	N/A	Daily	None
Ptnm Ultra Shrt Dur Inc Y	87,342	N/A	Daily	None
VirtusSeixUSGvScUltShdBd I	87,219	N/A	Daily	None
DFA RealEst Sec	85,348	N/A	Daily	None
Vngrd Wlsly Inc Adml	79,654	N/A	Daily	None
PIMCO Stk Plus Sm Inst	74,446	N/A	Daily	None
Vngrd Strat SmCap Eq Inv	72,068	N/A	Daily	None

LACALLE GROUP, LLC 401K PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 8 - FAIR VALUE MEASUREMENTS (CONTINUED)

	As of December 31, 2022			
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Note Period
Vngrd Divd Gr Inv	\$ 70,103	N/A	Daily	None
Cohen Strs Real Est Sec Inst	66,984	N/A	Daily	None
Wlm Blr Lg Cap Gr I	66,733	N/A	Daily	None
PIMCO StkPLSIntDlrHdg	64,965	N/A	Daily	None
FidAdv China Reg Inst	61,740	N/A	Daily	None
Vngrd Trgt Rtrmt 2065 Inv	53,544	N/A	Daily	None
PIMCO Inc Inst	51,843	N/A	Daily	None
WF Prec Mtls Inst	50,870	N/A	Daily	None
Fed Inst Hi Yld Bd Inst	47,445	N/A	Daily	None
Ivy Hi Inc I	44,541	N/A	Daily	None
NW Dest 2060 R6	34,847	N/A	Daily	None
Vngrd MdCap Gr Indx Adml	32,936	N/A	Daily	None
DFA Intl Cor Eq Inst	32,088	N/A	Daily	None
Pionr Sel MdCap	30,175	N/A	Daily	None
NW Dest 2055 R6	27,630	N/A	Daily	None
Vngrd Trgt Rtrmt 2060 Inv	25,874	N/A	Daily	None
Vngrd Util Indx Adml	22,881	N/A	Daily	None
AmFds New Econ R6	22,307	N/A	Daily	None
MetWest Ttl Rtn Bd I	19,869	N/A	Daily	None
Fnkln DynaTech Adv	15,263	N/A	Daily	None
TIAA-CREF Intl Opp Fund Adv	14,823	N/A	Daily	None
TCW Ttl Rtn Bd I	14,230	N/A	Daily	None
Vngrd Trgt Rtrmt 2020 Inv	12,678	N/A	Daily	None
Fnkln Until Ser Adv	12,285	N/A	Daily	None
Fid 500 Indx	11,446	N/A	Daily	None
Col Glbl Tech Adv	11,338	N/A	Daily	None
FidAdv Hlth Care I	10,440	N/A	Daily	None
NW Dest 2040 R6	10,162	N/A	Daily	None
MSIF Inst Gr I	8,492	N/A	Daily	None
NW Dest 2025 R6	7,765	N/A	Daily	None
NW Dest 2030 R6	7,577	N/A	Daily	None
Vngrd LT Invmt Grd Adml	3,892	N/A	Daily	None
Prncpl Real Est Sec Inst	2,828	N/A	Daily	None
Ivy Secnc Tech N	1,885	N/A	Daily	None
NW Dest 2045 R6	1,605	N/A	Daily	None
PIMCO Intl BdUSDlrHdg Inst	1,171	N/A	Daily	None
JPM Sm Cap Gr R6	813	N/A	Daily	None
BlkRk McCap Gr Eq Inst	99	N/A	Daily	None
Vngrd various miscellaneous	21	N/A	Daily	None
Total investment shares in registered investment companies	<u>\$ 11,338,483</u>			

LACALLE GROUP, LLC 401K PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 8 - FAIR VALUE MEASUREMENTS (CONTINUED)

	As of December 31, 2021			
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Note Period
Vngrd Trgt Rtrmt 2040 Inv	\$ 1,889,648	N/A	Daily	None
Aggregate SDBA Assets	1,540,086	N/A	Daily	None
DFA US Trgt Val Inst	483,688	N/A	Daily	None
TRowePr Blue Chip Gr	392,206	N/A	Daily	None
Invsco Opp Intl SmMdCo Y	368,677	N/A	Daily	None
DFA US Cor Eq I	368,297	N/A	Daily	None
TRowePr Hlth Senc	357,506	N/A	Daily	None
Pionr Sel MdCap	328,294	N/A	Daily	None
JPMorgan USRschrEnhcdEq R6	319,166	N/A	Daily	None
Ivy Senc Tech I	317,648	N/A	Daily	None
AmFds Am Bal R6	308,325	N/A	Daily	None
Vngrd Trgt Rtrmt 2035 Inv	307,058	N/A	Daily	None
Vngrd US Gr Adml	291,817	N/A	Daily	None
Fed Kaufman LgCap Inst	275,259	N/A	Daily	None
NW Dest 2045 R6	269,761	N/A	Daily	None
JnsHndrsn Triton T	248,819	N/A	Daily	None
LrdAbt MdCap Stk I	228,020	N/A	Daily	None
PIMCO StkPlus Tlrl Rtn Inst	220,941	N/A	Daily	None
Vngrd Trgt Rtrmt 2020 Inv	218,316	N/A	Daily	None
Vngrd 500 Index Fd AS	203,147	N/A	Daily	None
DFA Glbl Eq Inst	201,398	N/A	Daily	None
NW Dest 2050 R6	192,054	N/A	Daily	None
Gdmn Scs SmMDCap Gr Inst	173,215	N/A	Daily	None
Vngrd Divd Gr Inv	161,303	N/A	Daily	None
VFFVX	152,427	N/A	Daily	None
Vngrd MdCap Gr Inv	149,755	N/A	Daily	None
FidAdv MdCap Val I	144,698	N/A	Daily	None
Invsco Eq Inc R5	144,651	N/A	Daily	None
Vngrd Strat SmCap Eq Inv	134,968	N/A	Daily	None
Vngrd Trgt Rtrmt 2065 Inv	133,814	N/A	Daily	None
Vngrd Strat Eq Inv	132,719	N/A	Daily	None
Vngrd Trgt Rtrmt 2030 Inv	120,618	N/A	Daily	None
DFA RealEst Sec	104,277	N/A	Daily	None
PGIM Jnlsn Util Z	101,590	N/A	Daily	None
Ptnm Ultra Shrt Dur Inc Y	90,402	N/A	Daily	None
VirtusSeixUSGvScUltShdBd I	90,386	N/A	Daily	None
PIMCO Stk Plus Sm Inst	88,398	N/A	Daily	None
MSIF Inst Gr I	87,183	N/A	Daily	None
FidAdv China Reg Inst	81,843	N/A	Daily	None

LACALLE GROUP, LLC 401K PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 8 - FAIR VALUE MEASUREMENTS (CONTINUED)

	As of December 31, 2021			
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Note Period
Wlm Blr Lg Cap Gr I	\$ 81,815	N/A	Daily	None
Vngrd Wlsly Inc Adml	80,381	N/A	Daily	None
Vngrd Intl Explr Inv	79,823	N/A	Daily	None
JPM Val Advtg L	79,530	N/A	Daily	None
Cohen Strs Real Est Sec Inst	78,084	N/A	Daily	None
PIMCO StkPLSIntDlrHdg	73,845	N/A	Daily	None
BlkRk McCap Gr Eq Inst	64,907	N/A	Daily	None
Vngrd Trgt Rtrmt 2045 Inv	63,065	N/A	Daily	None
FidAdv Enrgy I	56,527	N/A	Daily	None
Fed Inst Hi Yld Bd Inst	53,997	N/A	Daily	None
WF Prec Mtls Inst	53,232	N/A	Daily	None
Ivy Hi Inc I	50,574	N/A	Daily	None
PIMCO Inc Inst	50,526	N/A	Daily	None
MetWest Ttl Rtn Bd I	44,442	N/A	Daily	None
Hssman Strat Ttl Rtn	42,730	N/A	Daily	None
NW Dest 2060 R6	39,410	N/A	Daily	None
Vngrd MdCap Gr Indx Adml	38,829	N/A	Daily	None
Col Glbl Tech Adv	31,627	N/A	Daily	None
DFA Intl Cor Eq Inst	30,132	N/A	Daily	None
Vngrd Trgt Rtrmt 2050 Inv	28,270	N/A	Daily	None
AmFds New Econ R6	28,019	N/A	Daily	None
Vngrd Util Indx Adml	25,747	N/A	Daily	None
Fed Intl Ldrs Inst	21,323	N/A	Daily	None
NW Dest 2040 R6	21,259	N/A	Daily	None
Nuvn Intl Gr I	19,408	N/A	Daily	None
TCW Ttl Rtn Bd I	15,647	N/A	Daily	None
NW Dest 2055 R6	14,861	N/A	Daily	None
Fnkln DynaTech Adv	13,800	N/A	Daily	None
Allspr Util Telcom Inst	8,225	N/A	Daily	None
NW Dest 2030 R6	7,402	N/A	Daily	None
Fid 500 Indx	7,027	N/A	Daily	None
FidAdv Hlth Care I	6,308	N/A	Daily	None
Vngrd Trgt Rtrmt 2060 Inv	4,314	N/A	Daily	None
Ivy Secnc Tech N	4,247	N/A	Daily	None
VTINX	2,537	N/A	Daily	None
Vngrd Trgt Rtrmt 2025 Inv	2,376	N/A	Daily	None
Vngrd LT Invmt Grd Adml	1,914	N/A	Daily	None
Prncpl Real Est Sec Inst	1,574	N/A	Daily	None
Fed Gov Oblgtns Prmr	1,446	N/A	Daily	None
Vngrd Trgt Rtrmt 2015 Inv	1,357	N/A	Daily	None
PIMCO Intl BdUSDlrHdg Inst	1,214	N/A	Daily	None
NW Dest 2025 R6	1,187	N/A	Daily	None
JPM Sm Cap Gr R6	465	N/A	Daily	None
Total investment shares in registered investment companies	<u>\$ 12,755,018</u>			

LACALLE GROUP, LLC 401K PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 9 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits as of December 31, 2021 and 2020, per the financial statements to Form 5500:

	2022	2021
Net assets available for benefits per the financial statements	\$ 11,791,560	\$ 13,054,499
Less employer contributions receivable difference	(3,847)	-
Net assets available for benefits per the Form 5500	<u>\$ 11,787,713</u>	<u>\$ 13,054,499</u>

The following is a reconciliation of the net increase in net assets available for benefits for the years ended December 31, 2021 and 2020, per the financial statements to Form 5500:

	2022	2021
Net increase (decrease) in net assets available for benefits per the financial statements	\$ (1,262,939)	\$ 3,241,307
Less employer contributions receivable difference	(3,847)	-
Less excess contributions payable at the beginning of the year	-	(125)
Net income (loss) per the Form 5500	<u>\$ (1,266,786)</u>	<u>\$ 3,241,182</u>

NOTE 10 – GUARANTEED INVESTMENT CONTRACT

During 2022 and 2021, the Plan had a benefit-responsive guaranteed investment contract, the Nationwide Fixed Select Option Account, with Nationwide Financial Services, Inc. Nationwide Financial Services, Inc. maintained the contributions to the Fixed Select Option Account in a general account. The account was credited with earnings on the underlying investment and charged for participant withdrawals and administrative expenses. The issuer of the guaranteed investment contract is contractually obligated to repay the principal and specified interest rates that are guaranteed to the Plan.

As described in Note 2, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for plan benefits attributable to the guaranteed investment contract. Participants ordinarily directed the withdrawal or transfer of all or a portion of their investment at contract value.

NOTE 10 – GUARANTEED INVESTMENT CONTRACT (CONTINUED)

Certain events limited the ability of the Plan to transact at contract value with the issuer, including termination of the guaranteed investment contracts. The Plan administrator believes that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, was not probable. The guaranteed investment contract does not permit the custodian to terminate the agreement prior to the scheduled maturity date.

There were no valuation reserves recorded to adjust contract amounts at December 31, 2022 and 2021. The average yield and declared interest rate of the guaranteed account was 1.39% and 1.30% as of December 31, 2022 and 2021, respectively. On a quarterly basis, Nationwide Financial Services, Inc. declares a guaranteed interest rate that shall apply for a three-month period. The guaranteed rate of interest shall not change during the three month period for which it is effective. There is no minimum guaranteed interest rate under this contract.

NOTE 11 – BONDING REQUIREMENT

The Plan was in compliance with the bonding requirement by ERISA, Title I, Section 412 as of January 1, 2022 and 2021.

NOTE 12 – OPERATIONAL ERROR

During 2023, the Plan discovered an operational error concerning the incorrect exclusion of part-time employees in the Plan. The Plan has computed the amount due to correct this error to be \$3,847, and has included this amount under employer contributions receivable and employer contributions in the accompanying financial statements. The aforementioned amount was submitted to the Plan subsequent to December 31, 2022. The Plan amended the Plan Document to exclude part-time employees beginning June 30, 2023.

NOTE 13 - SUBSEQUENT EVENTS

Subsequent events have been evaluated by the Plan through October 6, 2023, the date the financial statements were available to be issued.



CERTIFICATION OF SCHEDULE A

Plan Number: 180-80853
Contract Number(s): GAP-CP-HL1U

ATTACHMENT TO SCHEDULE A (Form 5500)

For Plan Year Date Range:

January 01, 2022 through December 31, 2022

Nationwide Life Insurance Company hereby certifies that the information supplied in this schedule is complete and accurate to the best of our knowledge.

Signature:

A handwritten signature in black ink, appearing to be 'A. G. J.' followed by a horizontal line.

Date:

January 20, 2023

INSURANCE INFORMATION FOR PRODUCING FORM 5500 - SCHEDULE A

Plan year beginning 01/01/2022 and ending 12/31/2022

CASE: 180-80853

(A) Name of plan sponsor: LACALLE GROUP, LLC
 (C) Address: LACALLE GROUP, LLC
 ASHER PRIMROSE
 12333 Sowden Rd.
 Houston, TX 77080
 (D) EIN: 27-2950709

(1) (a) Coverage: Nationwide Life Insurance Company
 (b) EIN: 31-4156830
 (c) NAIC: 66869

(2)	GAP-CP-HL1U	(a)	LPL FINANCIAL LLC ATTN: COMMISSIONS DEPT. 4707 EXECUTIVE DR SAN DIEGO CA 92121	(b)	698.02	(c)	0.00
			LPL FINANCIAL LLC ATTN: COMMISSIONS DEPT. 4707 EXECUTIVE DR SAN DIEGO CA 92121		698.02		
(4)	Separate accts: Current value at year end					0.00	
(6)	(a) Type of Contract: Guaranteed Investment						
	(b) Balance at end of previous policy year						169,938.75
	(c) Additions:						
		(i)	Contributions		81,293.45		
		(ii)	Dividends and Credits		0.00		
		(iii)	Interest credited during year		3,773.44		
		(iv)	Transferred from separate acct		193,554.28		
		(v)	Other (specify)				
		(vi)	Total Additions			278,621.17	

(d)	Total of balance and additions (Add (b) and (c) (vi))						448,559.92
(e)	Deductions:						
		(i)	Disbursed from fund to pay benefits and purchase annuities		0.00		
		(ii)	Administration charge made by carrier		10,094.07		
		(iii)	Transferred to separate acct		67,428.19		
		(iv)	Other (specify)				
		(v)	Total Deductions			77,522.26	

(f)	Balance at end of current policy year (Subtract (e) (v) from (d))						371,037.66

(Plan no. 180-80853)

LACALLE GROUP, LLC 401K PROFIT SHARING PLAN
 EMPLOYER IDENTIFICATION NUMBER 74-2953381, PLAN. 001
 SCHEDULE H, LINE 4a –SCHEDULE OF DELINQUENT
 PARTICIPANT CONTRIBUTIONS

Participant Contributions Transferred Late to Plan		Total that Constitute Nonexempt Prohibited Transactions		Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☒		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction In VFCP
\$	39,787	106 days late		\$ 39,787

LACALLE GROUP, LLC 401K PROFIT SHARING PLAN
EMPLOYER IDENTIFICATION NUMBER 27-2950709, PLAN. 001
SCHEDULE H, LINE 4i –SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2022

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value
*	Nationwide	Vngrd Trgt Rtrmt 2040 Inv	-	\$ 1,518,150
*	Nationwide	Aggregate SDBA Assets	-	1,342,621
*	Nationwide	DFA US Trgt Val Inst	-	568,503
*	Nationwide	Vngrd 500 Index Fd AS	-	393,045
*	Nationwide	NW Fxd Sel Optn	-	371,038
*	Nationwide	VTINX	-	369,781
*	Nationwide	DFA US Cor Eq I	-	332,282
*	Nationwide	Vngrd Trgt Rtrmt 2035 Inv	-	312,124
*	Nationwide	JPMorgan USRsrchEnhcdEq R6	-	303,499
*	Nationwide	FidAdv Enrgy I	-	292,171
*	Nationwide	AmFds Am Bal R6	-	279,127
*	Nationwide	JnsHndrsn Triton T	-	271,717
*	Nationwide	TRowePr Hlth Scnc	-	235,687
*	Nationwide	TRowePr Blue Chip Gr	-	233,084
*	Nationwide	LrdAbt MdCap Stk I	-	225,622
*	Nationwide	Vngrd Trgt Rtrmt 2050 Inv	-	223,904
*	Nationwide	JPM Val Advtg L	-	223,159
*	Nationwide	Invsco Eq Inc R5	-	215,298
*	Nationwide	Vngrd Trgt Rtrmt 2055 Inv	-	194,612
*	Nationwide	NW Dest 2050 R6	-	191,738
*	Nationwide	Vngrd US Gr Adml	-	190,415
*	Nationwide	Invsco Opp Intl SmMdCo Y	-	183,573
*	Nationwide	PIMCO StkPlus Tlrl Rtn Inst	-	176,781
*	Nationwide	DFA Glbl Eq Inst	-	175,548
*	Nationwide	Ivy Scnc Tech I	-	158,687
*	Nationwide	Fed Kaufman LgCap Inst	-	150,559
*	Nationwide	PGIM Jnlsn Util Z	-	145,347
*	Nationwide	Vngrd Intl Explr Inv	-	144,085
*	Nationwide	Gdmn Scs SmMDCap Gr Inst	-	135,308
*	Nationwide	FidAdv MdCap Val I	-	125,909

LACALLE GROUP, LLC 401K PROFIT SHARING PLAN
EMPLOYER IDENTIFICATION NUMBER 27-2950709, PLAN. 001
SCHEDULE H, LINE 4i –SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2022 (CONTINUED)

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value
*	Nationwide	Vngrd Trgt Rtrmt 2030 Inv	-	\$ 119,378
*	Nationwide	Vngrd MdCap Gr Inv	-	118,442
*	Nationwide	Vngrd Strat Eq Inv	-	118,083
*	Nationwide	Hssman Strat Ttl Rtn	-	104,950
*	Nationwide	Vngrd Trgt Rtrmt 2045 Inv	-	103,029
*	Nationwide	Ptnm Ultra Shrt Dur Inc Y	-	87,342
*	Nationwide	VirtusSeixUSGvScUltShdBd I	-	87,219
*	Nationwide	DFA RealEst Sec	-	85,348
*	Nationwide	Vngrd Wlsly Inc Adml	-	79,654
*	Nationwide	PIMCO Stk Plus Sm Inst	-	74,446
*	Nationwide	Vngrd Strat SmCap Eq Inv	-	72,068
*	Nationwide	Vngrd Divd Gr Inv	-	70,103
*	Nationwide	Cohen Strs Real Est Sec Inst	-	66,984
*	Nationwide	Wlm Blr Lg Cap Gr I	-	66,733
*	Nationwide	PIMCO StkPLSIntDlrHdg	-	64,965
*	Nationwide	FidAdv China Reg Inst	-	61,740
*	Nationwide	Vngrd Trgt Rtrmt 2065 Inv	-	53,544
*	Nationwide	PIMCO Inc Inst	-	51,843
*	Nationwide	WF Prec Mtls Inst	-	50,870
*	Nationwide	Fed Inst Hi Yld Bd Inst	-	47,445
*	Nationwide	Ivy Hi Inc I	-	44,541
*	Nationwide	NW Dest 2060 R6	-	34,847
*	Nationwide	Vngrd MdCap Gr Indx Adml	-	32,936
*	Nationwide	DFA Intl Cor Eq Inst	-	32,088
*	Nationwide	Pionr Sel MdCap	-	30,175
*	Nationwide	NW Dest 2055 R6	-	27,630
*	Nationwide	Vngrd Trgt Rtrmt 2060 Inv	-	25,874
*	Nationwide	Vngrd Util Indx Adml	-	22,881
*	Nationwide	AmFds New Econ R6	-	22,307

LACALLE GROUP, LLC 401K PROFIT SHARING PLAN
EMPLOYER IDENTIFICATION NUMBER 27-2950709, PLAN. 001
SCHEDULE H, LINE 4i –SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2022 (CONTINUED)

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value
*	Nationwide	MetWest Ttl Rtn Bd I	-	\$ 19,869
*	Nationwide	Fnkln DynaTech Adv	-	15,263
*	Nationwide	TIAA-CREF Intl Opp Fund Adv	-	14,823
*	Nationwide	TCW Ttl Rtn Bd I	-	14,230
*	Nationwide	Vngrd Trgt Rtrmt 2020 Inv	-	12,678
*	Nationwide	Fnkln Until Ser Adv	-	12,285
*	Nationwide	Fid 500 Indx	-	11,446
*	Nationwide	Col Glbl Tech Adv	-	11,338
*	Nationwide	FidAdv Hlth Care I	-	10,440
*	Nationwide	NW Dest 2040 R6	-	10,162
*	Nationwide	MSIF Inst Gr I	-	8,492
*	Nationwide	NW Dest 2025 R6	-	7,765
*	Nationwide	NW Dest 2030 R6	-	7,577
*	Nationwide	Vngrd LT Invmt Grd Adml	-	3,892
*	Nationwide	Prncpl Real Est Sec Inst	-	2,828
*	Nationwide	Ivy Secnc Tech N	-	1,885
*	Nationwide	NW Dest 2045 R6	-	1,605
*	Nationwide	PIMCO Intl BdUSDlrHdg Inst	-	1,171
*	Nationwide	JPM Sm Cap Gr R6	-	813
*	Nationwide	BlkRk McCap Gr Eq Inst	-	99
*	Nationwide	Vngrd various miscellaneous	-	21