

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 01/01/2022 and ending 12/31/2022

- A** This return/report is for:
 - a multiemployer plan
 - a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
 - a single-employer plan
 - a DFE (specify) _____
- B** This return/report is:
 - the first return/report
 - the final return/report
 - an amended return/report
 - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under:
 - Form 5558
 - automatic extension
 - the DFVC program
 - special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>TRG 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶ <u>005</u>
	1c Effective date of plan <u>01/01/2021</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>TRG FIDUCIARY SERVICES, LLC</u> <u>8470 ENTERPRISE CIRCLE</u> <u>SUITE 110</u> <u>LAKEWOOD RANCH, FL 34202</u>	2b Employer Identification Number (EIN) <u>82-3095168</u>
	2c Plan Sponsor's telephone number <u>877-514-5600</u>
	2d Business code (see instructions) <u>523900</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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/16/2023</u>	<u>RICHARD ORTIZ</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 376
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) 309 6a(2) 943 6b 19 6c 212 6d 1174 6e 1 6f 1175 6g 6 6h 27
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2J 2K 2F 2G 3D 2W 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) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> ¹ A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

<p align="center">SCHEDULE A (Form 5500)</p> <p align="center">Department of the Treasury Internal Revenue Service</p> <hr/> <p align="center">Department of Labor Employee Benefits Security Administration</p> <hr/> <p align="center">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2022</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **12/31/2022**

<p>A Name of plan TRG 401(K) PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>005</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 TRG FIDUCIARY SERVICES, LLC</p>	<p>D Employer Identification Number (EIN) 82-3095168</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE CO.

(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
35-0472300	65676	GP-69552	5	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.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">1848</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

LINCOLN FINANCIAL ADVISORS **1301 S HARRISON STREET, STE 150**
FORT WAYNE, IN 46802

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1848			4

(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	

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(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	199694
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ GROUP VAR ANNUITY W/ GUAR FUND

b Balance at the end of the previous year **7b** 0

c Additions: (1) Contributions deposited during the year	7c(1)	0
(2) Dividends and credits.....	7c(2)	0
(3) Interest credited during the year.....	7c(3)	499
(4) Transferred from separate account.....	7c(4)	0
(5) Other (specify below)	7c(5)	199589

▶ TRANSFER FROM HOPE CLINIC 401(K) PLAN

(6) Total additions..... **7c(6)** 200088

d Total of balance and additions (add lines **7b** and **7c(6)**)..... **7d** 200088

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)	394
(3) Transferred to separate account.....	7e(3)	0
(4) Other (specify below)	7e(4)	0

(5) Total deductions..... **7e(5)** 394

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 199694

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

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	
10	Nonexperience-rated contracts:			
a	Total premiums or subscription charges paid to carrier		10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.		10b	

Part IV Provision of Information

- 11** Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No
- 12** If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>TRG 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRG FIDUCIARY SERVICES, LLC</u>	D Employer Identification Number (EIN) <u>82-3095168</u>	

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

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

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

TRG FIDUCIARY SERVICES

82-3095168

(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 50	ADVISORY	61800	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ISC ADVISORS, INC.

3500 OAK LAWN AVE., STE 400
DALLAS, TX 75219

(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?
26 27 28	INVESTMENT ADVISOR	13614	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HALL WEALTH MANAGEMENT

2914 TELEGRAPH HILL TRAIL
CARROLLTON, TX 75007

(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?
26 27 28	INVESTMENT ADVISOR	9299	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

TOUCHSTONE RETIREMENT GROUP, LLC

45-3210377

(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 37 50 64	TPA	7472	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TRIAD ADVISORS

5155 PEACHTREE PKWY, STE 3220
NORCROSS, GA 30092

(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?
26 27 28	INVESTMENT ADVISOR	6357	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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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:

<p>SCHEDULE H (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <p>Department of Labor Employee Benefits Security Administration</p> <p>Pension Benefit Guaranty Corporation</p>	<p>Financial Information</p> <p>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).</p> <p>► File as an attachment to Form 5500.</p>	<p>OMB No. 1210-0110</p> <p>2022</p> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **12/31/2022**

<p>A Name of plan TRG 401(K) PLAN</p>	<p>B Three-digit plan number (PN) ►</p>	<p>005</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 TRG FIDUCIARY SERVICES, LLC</p>	<p>D Employer Identification Number (EIN) 82-3095168</p>	

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)	
(2) Participant contributions.....	1b(2)	
(3) Other.....	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	13975 14168
(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)	109160 411107
(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)	4409487 17309810
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0 199694
(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	4532622	17934779

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	4532622	17934779
---	----	---------	----------

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)	551247	
(B) Participants.....	2a(1)(B)	1297347	
(C) Others (including rollovers).....	2a(1)(C)	65793	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		1914387
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(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)	22858	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		22858
(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)	131978	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		131978
(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)		
(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)		-1723351
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		345872
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1785698	
(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)		1785698
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	95752	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		95752
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1881450
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-1535578
l Transfers of assets:			
(1) To this plan	2l(1)		14937735
(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: CAPIN CROUSE, LLP

(2) EIN: 36-3990892

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		13973

		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?.....	4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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.).....	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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>TRG 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRG FIDUCIARY SERVICES, LLC</u>	D Employer Identification Number (EIN) <u>82-3095168</u>	

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

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

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

1	0
---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 27-3169253

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

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

3	
---	--

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

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

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

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

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

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

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

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

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... Yes No

11 a Does the ESOP hold any preferred stock?..... Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

TRG 401(K) PLAN

Financial Statements
With Independent Auditors' Report

December 31, 2022 and 2021
EIN: 82-3095168, Plan Number: 005

TRG 401(K) PLAN

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INDEPENDENT AUDITORS' REPORT

Plan Administrator and Plan Participants
TRG 401(k) Plan
Lakewood Ranch, Florida

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2022 Financial Statements

We have performed an audit of the financial statements of the TRG 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statement of net assets available for benefits as of December 31, 2022, the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2022 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained a certification from qualified institutions as of December 31, 2022, and for the year then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2022 Financial Statements

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

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

Basis for Opinion on the 2022 Financial Statements

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

Responsibilities of Management for the 2022 Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the 2022 Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2022 Financial Statements* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

Plan Administrator and Plan Participants
TRG 401(k) Plan
Lakewood Ranch, Florida

Auditors' Responsibilities for the Audit of the 2022 Financial Statements, continued

In performing an audit in accordance with GAAS, we, continued:

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter—Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i—Schedule of Delinquent Participant Contributions and Schedule H, Line 4i—Schedule of Assets Held at End of Year as of 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental 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 GAAS. 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.

Plan Administrator and Plan Participants
TRG 401(k) Plan
Lakewood Ranch, Florida

Other Matter –Supplemental Schedules Required by ERISA, continued

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 DOL’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, is presented, in all material respects, in conformity with the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA.
- the certified investment information in the supplemental schedules agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Other Matter –2021 Financial Statements

Management is responsible for the statement of net assets available for benefits as of December 31, 2021, and the related notes to the financial statements (2021 financial statements) in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the 2021 financial statements nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly do not express an opinion, a conclusion, nor provide any form of assurance on the financial statements as of December 31, 2021.

Capin Crouse LLP

Lawrenceville, Georgia
October 16, 2023

TRG 401(K) PLAN

Statements of Net Assets Available for Benefits

	December 31,	
	2022	2021
	(audited)	(compiled)
ASSETS:		
Cash	\$ 14,168	\$ 13,975
Investments, at fair value	17,509,504	4,409,487
Receivables:		
Employer contributions receivable	64,280	-
Employee contributions receivable	29,246	-
Notes receivable from participants	411,107	109,160
Net Assets Available for Benefits	<u>\$ 18,028,305</u>	<u>\$ 4,532,622</u>

See notes to financial statements

TRG 401(K) PLAN

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2022

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment income:

Interest and dividends	\$ 131,978
Net depreciation in fair value of investments	(1,723,351)
	<u>(1,591,373)</u>

Contributions:

Participant	1,326,593
Employer	615,527
Rollover	65,793
	<u>2,007,913</u>

Interest on notes receivable from participants	<u>22,858</u>
--	---------------

Total Additions	<u>439,398</u>
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DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Distributions and benefits paid to participants	1,785,698
Administrative expenses	95,752
Total Deductions	<u>1,881,450</u>

Net Change in Net Assets Available for Benefits Before Transfers	(1,442,052)
--	-------------

Transfers into the plan from new participating employers	14,937,735
--	------------

Net Assets Available for Benefits, Beginning of Year	<u>4,532,622</u>
--	------------------

Net Assets Available for Benefits, End of Year	<u>\$ 18,028,305</u>
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See notes to financial statements

TRG 401(K) PLAN

Notes to Financial Statements

December 31, 2022 (Audited) and 2021 (Compiled)

1. DESCRIPTION OF PLAN:

The following brief description of the TRG 401(k) Plan (the Plan) is provided for general informational purposes only. Participants should refer to the Plan document and applicable joinder agreement related to their employer for a more complete description of the Plan's provisions.

GENERAL

The Plan, established January 1, 2021, is a pooled employer defined contribution employee benefit plan providing retirement benefits to eligible employees of participating employers (employers) under section 401(k) of the Internal Revenue Code. Each participating employer elects their own provisions related to eligibility, contributions, participant loans, and payment of benefits. TRG Fiduciary Services, LLC is the Pooled Plan Provider (PPP) and is responsible for oversight of the Plan. As of December 31, 2022, there were 10 employers participating in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

PARTICIPATION

Employees of an employer, who are designated by the employer in its participation agreement as eligible employees, shall be eligible to participate in the Plan. Employers may define eligibility requirements based on factors such as age, months or years of service, or employee type. Eligible employees shall be eligible to make participant contributions and receive allocations of employer contributions as specified in the applicable joinder agreement or otherwise provided by the Plan.

Each year eligible participants may make pre-tax and Roth contributions of their eligible compensation, as defined by the Plan and participating employer participation agreement, subject to applicable limits established by law. Employers may elect employer contribution provisions as well as compensation definitions. Participants may make rollover contributions to the Plan representing distributions from other defined benefit or defined contribution plans. Participants direct their contributions into various investment options offered by the Plan.

PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contribution, their employer's contribution, and an allocation of plan earnings. Plan earnings are allocated to each participant based on participant account balances as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

PARTICIPANT LOANS

Dependent upon their employer's joinder agreement, certain participants may borrow from their accounts up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the PPP. Principal and interest are paid ratably through payroll deductions.

TRG 401(K) PLAN

Notes to Financial Statements

December 31, 2022 (Audited) and 2021 (Compiled)

1. DESCRIPTION OF PLAN, continued:

VESTING

Employees are immediately vested in their account balance of any elective deferral and safe harbor contributions. Other employer contributions vest on a 6-year graded schedule. However, each employer may elect different vesting provisions through their joinder agreement.

FORFEITURES

Forfeited nonvested accounts can be used to pay administrative expenses and to reduce future employer contributions, as elected by each employer. Forfeited nonvested accounts as of December 31, 2022 and 2021, totaled \$52,100 and \$49,613, respectively. There were no forfeitures used to offset employer contributions or to pay administrative expenses for the year ended December 31, 2022.

BENEFIT PAYMENTS

The Plan provides that a participant may begin receiving normal retirement benefits upon termination of employment, death or reaching age 59 1/2. Rollover balances may be withdrawn at any time. The Plan allows for hardship withdrawals if proper qualifications are met and if the employer allows for hardships in the joinder agreement. Participants may elect a lump sum payment or partial payment of the vested interest in the participant's account.

2. SIGNIFICANT ACCOUNTING POLICIES:

BASIS OF ACCOUNTING

The financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP). Significant accounting policies adopted by the Plan are described below.

USE OF ESTIMATES

The preparation of financial statements in conformity with GAAP requires the Plan's management to use estimates and assumptions that affect the accompanying financial statements and disclosures. Actual results could differ from these estimates.

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 4 for a discussion of fair value measurements.

Purchases and sales of investments are recorded on the trade date. Interest income is recorded when earned. Dividends are recorded on the ex-dividend date. Net depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

TRG 401(K) PLAN

Notes to Financial Statements

December 31, 2022 (Audited) and 2021 (Compiled)

2. SIGNIFICANT ACCOUNTING POLICIES, continued:

PAYMENT OF BENEFITS

Benefits are recorded when paid.

ADMINISTRATIVE EXPENSES

All expenses of maintaining the Plan are paid by the employers or by the PPP. Investment related expenses are included in net depreciation of fair value of investments.

3. INFORMATION PREPARED AND CERTIFIED BY THE QUALIFIED INSTITUTIONS:

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, investments and related investment income included in the accompanying financial statements as of December 31, 2022, and for the year then ended, and supplemental schedules as of December 31, 2022, have been compiled from statements certified as complete and accurate by Matrix Trust Company and Mid Atlantic Trust Company, the qualified institutions, in accordance with DOL regulations.

	As of December 31, 2022
Investments:	
Matrix Trust Company	\$ 15,906,502
Mid-Atlantic Trust Company	1,403,308
	<u>\$ 17,309,810</u>
	Year Ended December 31, 2022
Investment income:	
Matrix Trust Company	\$ (1,360,702)
Mid-Atlantic Trust Company	(237,469)
	<u>\$ (1,598,171)</u>

TRG 401(K) PLAN

Notes to Financial Statements

December 31, 2022 (Audited) and 2021 (Compiled)

4. FAIR VALUE MEASUREMENTS:

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. The Plan measures fair value using Level 1 inputs because they generally provide the most evidence of fair value. Level 3 inputs are only used when Level 1 or Level 2 inputs are not available. Fair values of assets measured on a recurring basis are as follows:

	Fair Value Measurements Using:			
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
As of December 31, 2022 (audited):				
Investments:				
Mutual funds	\$ 11,921,855	\$ 11,921,855	\$ -	\$ -
Collective trust funds	5,387,955	5,387,955	-	-
Guaranteed account	199,694	-	-	199,694
	\$ 17,509,504	\$ 17,309,810	\$ -	\$ 199,694

As of December 31, 2021 (compiled):

Investments:				
Mutual funds	\$ 4,409,487	\$ 4,409,487	\$ -	\$ -
	\$ 4,409,487	\$ 4,409,487	\$ -	\$ -

TRG 401(K) PLAN

Notes to Financial Statements

December 31, 2022 (Audited) and 2021 (Compiled)

4. FAIR VALUE MEASUREMENTS, continued:

VALUATION TECHNIQUES

Mutual funds are valued using Level 1 inputs and are primarily valued using market quotations. The fair value of the collective trust funds is principally derived from the market value of the underlying mutual funds.

The guaranteed account provides a guarantee of principal and a guaranteed minimum rate of interest. Fair value is based on discounted cash flows. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are reviewed on a quarterly basis for resetting. The fixed rate annuity may generally be redeemed up to 20% of the value within a 365-day period; however, may vary depending on the nature of the contract option chosen by the participant. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 1%. Such interest rates are reviewed for resetting. For the year ended December 31, 2022, the crediting interest rate was 1.0%. For the year ended December 31, 2021, there were no purchases or sales in or out of the Level 3 investments. The balance was transferred into the Plan upon the employer adopting the Plan.

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

Changes in valuation techniques: There were no changes in valuation techniques during the year.

5. RISK AND UNCERTAINTIES:

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

TRG 401(K) PLAN

Notes to Financial Statements

December 31, 2022 (Audited) and 2021 (Compiled)

6. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500:

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2022 and 2021, to Form 5500:

	December 31,	
	2022	2021
Net assets available for benefits per the financial statements	\$ 18,028,305	\$ 4,532,622
Less contributions receivable	(93,526)	-
Net assets available for benefits per the Form 5500	<u>\$ 17,934,779</u>	<u>\$ 4,532,622</u>

The following is a reconciliation of contributions per the financial statements for the year ended December 31, 2022, to Form 5500:

Contributions per the financial statements	\$ 2,007,913
Less employer contribution receivable at end of year	(64,280)
Less employee contribution receivable at end of year	(29,246)
Plus employer contribution receivable at beginning of year	-
Plus employee contribution receivable at beginning of year	-
Contributions per the Form 5500	<u>\$ 1,914,387</u>

Contributions per the financial statements are recorded when they are withheld from participants' compensation. Contributions per the Form 5500 are recorded when they are received.

7. PLAN TERMINATION:

Although it has not expressed any intent to do so, TRG Fiduciary Services, LLC has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants' accounts will become fully vested.

8. TAX STATUS:

The Plan has adopted a volume submitter plan document sponsored by The Retirement Plan Company LLC. The volume submitter plan document has obtained an opinion letter from the Internal Revenue Service (IRS) dated June 30, 2020, which states that the volume submitter document satisfies the applicable provisions of the Internal Revenue Code (IRC). The plan administrator timely adopted the volume submitter plan. The Plan has not received a determination letter specific to the Plan itself; however, the plan administrator believes that the Plan was designed, and is being operated, in compliance with the applicable requirements of the IRC.

TRG 401(K) PLAN

Notes to Financial Statements

December 31, 2022 (Audited) and 2021 (Compiled)

9. PARTIES-IN-INTEREST:

TRG Fiduciary Services, LLC (TRGF) is the Plan administrator and pooled plan provider. During the year ended December 31, 2022, TRGF received \$49,967 in administrative expenses paid directly from participant accounts.

10. SUBSEQUENT EVENTS:

Subsequent to December 31, 2022, two additional employers elected to join the Plan. As a result, they transferred approximately \$600,000 in assets to the Plan during the period January 1, 2023 to October 16, 2023. Subsequent events have been evaluated through October 16, 2023, which represents the date the financial statements were available to be issued. Subsequent events after that date have not been evaluated.

SUPPLEMENTAL SCHEDULE

TRG 401(K) PLAN

Schedule H, Line 4a–Schedule of Delinquent Participant Contributions

Employer Identification Number 82-3095168, Plan Number 005

Year Ended December 31, 2022

Participant Contributions Transferred Late to Plan: \$13,973	Total that Constitute Nonexempt Prohibited Transactions: \$13,973			
<input checked="" type="checkbox"/> Check here if Late Participant Loan Repayments are included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2022	\$ -	\$ 13,973	\$ -	\$ -

TRG 401(K) PLAN

Schedule H, Line 4i–Schedule of Assets (Held At End of Year)

December 31, 2022

Employer Identification Number 82-3095168, Plan Number 005

(a)	(b)	(c)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current value	
<u>Mutual funds:</u>			
AB	Government Money Market A	\$ 92,624	
American Century	Mid Cap Value R6	17,619	
American Funds	American Balanced R6	2,157,743	
American Funds	New Perspective R6	343,785	
Blackrock	Mid-Cap Growth Equity K	23,488	
Capital Preservation	Income Fund 1	1,731,776	
Cohen & Steers	Real Estate Securities Z	19,948	
DFA	Inflation-Protected Securities I	9,117	
DFA	Emerging Markets Portfolio Institutional Class	6,684	
DFA	Emerging Markets Small Cap Portfolio Instl Class	8,852	
DFA	Emerging Markets Value Portfolio Instl Class	8,327	
DFA	Five-Year Global Fixed Income Portfolio Instl Class	3,103	
DFA	Global Core Plus Fixed Income Portfolio Instl Class	8,248	
DFA	Intermediate Govt Fixed Income Portfolio Instl Class	8,035	
DFA	International Small Cap Value Portfolio Instl Class	13,579	
DFA	International Small Company Portfolio Instl Class	12,804	
DFA	International Value Portfolio Institutional Class	11,922	
DFA	Investment Grade Portfolio Institutional Class	22,564	
DFA	Real Estate Securities Portfolio Institutional Class	8,291	
DFA	U.S. Large Cap Value Portfolio Institutional Class	24,537	
DFA	U.S. Small Cap Portfolio Institutional Class	36,831	
DFA	U.S. Targeted Value Portfolio Institutional Class	35,896	
Fidelity	500 Index	473,460	
Fidelity	Freedom Index 2010 Instl Prem	290	
Fidelity	Freedom Index 2015 Instl Prem	72	
Fidelity	Freedom Index 2020 Instl Prem	347,733	
Fidelity	Freedom Index 2025 Instl Prem	472,605	
Fidelity	Freedom Index 2030 Instl Prem	513,693	
Fidelity	Freedom Index 2035 Instl Prem	1,067,732	
Fidelity	Freedom Index 2040 Instl Prem	605,815	
Fidelity	Freedom Index 2045 Instl Prem	448,612	
Fidelity	Freedom Index 2050 Instl Prem	371,708	

(continued)

TRG 401(K) PLAN

Schedule H, Line 4i–Schedule of Assets (Held At End of Year)

December 31, 2022

Employer Identification Number 82-3095168, Plan Number 005

(a)	(b)	(c)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current value	
<u>Mutual funds, continued:</u>			
Fidelity	Freedom Index 2055 Instl Prem	546,947	
Fidelity	Freedom Index 2060 Instl Prem	320,573	
Fidelity	Freedom Index 2065 Instl Prem	79,707	
Fidelity	Freedom Index Inc Instl Prem	35,919	
Fidelity	International Index	39,454	
Fidelity	Mid Cap Index	132,059	
Fidelity	Small Cap Index	20,164	
Fidelity	US Bond Index	28,023	
Franklin	Dynatech R6	206,311	
JPMorgan	Emerging Markets Equity R6	51,570	
JPMorgan	Equity Income R6	110,627	
Lord Abbett	Developing Growth R6	124,982	
PGIM	Global Total Return R6	9,975	
PGIM	High Yield R6	31,487	
PGIM	Total Return Bond R6	84,167	
Schwab	S&P 500 Index	23,001	
Vanguard	Wellesley Income Admiral	3,614	
Vanguard	Target Retirement Income Fund	66,785	
Vanguard	Target Retirement 2025 Fund	47,723	
Vanguard	Target Retirement 2035 Fund	101,027	
Vanguard	Target Retirement 2045 Fund	353,995	
Vanguard	Target Retirement 2020 Fund	33,585	
Vanguard	Target Retirement 2060 Fund	1,168	
Vanguard	Target Retirement 2055 Fund	81,489	
Vanguard	Target Retirement 2050 Fund	78,075	
Vanguard	Target Retirement 2040 Fund	401,935	
			<u>11,921,855</u>

(continued)

TRG 401(K) PLAN

Schedule H, Line 4i—Schedule of Assets (Held At End of Year)

December 31, 2022

Employer Identification Number 82-3095168, Plan Number 005

(a)	(b)	(c)	(e)
<u>Identity of issue, borrower, lessor or similar party</u>	<u>Description of investment including maturity date, rate of interest, collateral, par or maturity value</u>	<u>Current value</u>	
<u>Collective trust funds:</u>			
CLS	ETF Strategy Aggressive 100	48,002	
CLS	ETF Strategy Aggressive 90	504,275	
CLS	ETF Strategy Conservative 30	8,792	
CLS	ETF Strategy Moderate Growth 60	1,518,883	
CLS	ETF Strategy Moderate Growth 70	1,810,113	
CLS	ETF Strategy Moderately Aggressive	1,151,178	
CLS	ETF Strategy Moderately Conservative	343,609	
CLS	ETF Target Date 2030	3,103	
		<u>5,387,955</u>	
<u>Guaranteed account:</u>			
Lincoln Financial Group	Guaranteed Account	199,694	
<u>Notes receivable from participants</u>			
*	Participant Loans	Interest at 4.25%-8.25%	<u>411,107</u>
			<u>\$ 17,920,611</u>

* Denotes party-in-interest

Attachment to 2022 Form 5500
Pooled Employer Plan/Pooled Plan Provider Information

PLAN NAME: TRG 401(k) Plan
PLAN SPONSOR NAME: TRG FIDUCIARY SERVICES, LLC
EIN: 82-3095168
PN: 005

1a. Is the pooled plan provider currently in compliance with the requirements for filing the Form PR (Pooled Plan Provider Registration Statement)? (See Form PR Instructions and 29 CFR 2510.3-44.)

Yes No

b. If "Yes" is checked in line 1a, enter the AckID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid AckID will subject the Form 5500 filing to rejection as incomplete.)

Form PR Ack ID: f7beb64d-66a9-4673-8abf-8c36551eba79

Attachment to 2022 Form 5500
Form 5500 Multiple Employer Plan Participating Employer Information

PLAN NAME: TRG 401(k) Plan
PLAN SPONSOR NAME: TRG FIDUCIARY SERVICES, LLC
EIN: 82-3095168
PN: 005

NAME OF PARTICIPATING EMPLOYER	EIN	PERCENT OF TOTAL CONTRIBUTIONS	AGGREGATE ACCOUNT BALANCE
Petri Electric, Inc.	75-1701962	24%	4,056,931
Burkett Enterprises, Inc./Zack Burkett Co.	75-1101948	24%	5,274,145
PI on Hillview, LLC dba Origin Craft Beer & Pizza Cafe	81-0925759	2%	32,511
Piedmont Residential, LLC	26-0442342	4%	689,255
TrueLogic Company, LLC	75-2670655	4%	259,461
Overflow Energy, LLC	26-1361944	29%	1,752,056
Dixien, LLC	01-0566778	1%	1,094,782
Ellis County Coalition For Health Options	75-2813621	2%	863,273
The Covenant Knight School d/b/a The Covenant School	75-2642656	8%	2,546,499
Holbrook Heating & Air Conditioning, Inc.	16-1373331	2%	1,415,569

TRG 401(K) PLAN

Schedule H, Line 4i–Schedule of Assets (Held At End of Year)

December 31, 2022

Employer Identification Number 82-3095168, Plan Number 005

(a)	(b)	(c)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current value	
<u>Mutual funds:</u>			
AB	Government Money Market A	\$ 92,624	
American Century	Mid Cap Value R6	17,619	
American Funds	American Balanced R6	2,157,743	
American Funds	New Perspective R6	343,785	
Blackrock	Mid-Cap Growth Equity K	23,488	
Capital Preservation	Income Fund 1	1,731,776	
Cohen & Steers	Real Estate Securities Z	19,948	
DFA	Inflation-Protected Securities I	9,117	
DFA	Emerging Markets Portfolio Institutional Class	6,684	
DFA	Emerging Markets Small Cap Portfolio Instl Class	8,852	
DFA	Emerging Markets Value Portfolio Instl Class	8,327	
DFA	Five-Year Global Fixed Income Portfolio Instl Class	3,103	
DFA	Global Core Plus Fixed Income Portfolio Instl Class	8,248	
DFA	Intermediate Govt Fixed Income Portfolio Instl Class	8,035	
DFA	International Small Cap Value Portfolio Instl Class	13,579	
DFA	International Small Company Portfolio Instl Class	12,804	
DFA	International Value Portfolio Institutional Class	11,922	
DFA	Investment Grade Portfolio Institutional Class	22,564	
DFA	Real Estate Securities Portfolio Institutional Class	8,291	
DFA	U.S. Large Cap Value Portfolio Institutional Class	24,537	
DFA	U.S. Small Cap Portfolio Institutional Class	36,831	
DFA	U.S. Targeted Value Portfolio Institutional Class	35,896	
Fidelity	500 Index	473,460	
Fidelity	Freedom Index 2010 Instl Prem	290	
Fidelity	Freedom Index 2015 Instl Prem	72	
Fidelity	Freedom Index 2020 Instl Prem	347,733	
Fidelity	Freedom Index 2025 Instl Prem	472,605	
Fidelity	Freedom Index 2030 Instl Prem	513,693	
Fidelity	Freedom Index 2035 Instl Prem	1,067,732	
Fidelity	Freedom Index 2040 Instl Prem	605,815	
Fidelity	Freedom Index 2045 Instl Prem	448,612	
Fidelity	Freedom Index 2050 Instl Prem	371,708	

(continued)

TRG 401(K) PLAN

Schedule H, Line 4i–Schedule of Assets (Held At End of Year)

December 31, 2022

Employer Identification Number 82-3095168, Plan Number 005

(a)	(b)	(c)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current value	
<u>Mutual funds, continued:</u>			
Fidelity	Freedom Index 2055 Instl Prem	546,947	
Fidelity	Freedom Index 2060 Instl Prem	320,573	
Fidelity	Freedom Index 2065 Instl Prem	79,707	
Fidelity	Freedom Index Inc Instl Prem	35,919	
Fidelity	International Index	39,454	
Fidelity	Mid Cap Index	132,059	
Fidelity	Small Cap Index	20,164	
Fidelity	US Bond Index	28,023	
Franklin	Dynatech R6	206,311	
JPMorgan	Emerging Markets Equity R6	51,570	
JPMorgan	Equity Income R6	110,627	
Lord Abbett	Developing Growth R6	124,982	
PGIM	Global Total Return R6	9,975	
PGIM	High Yield R6	31,487	
PGIM	Total Return Bond R6	84,167	
Schwab	S&P 500 Index	23,001	
Vanguard	Wellesley Income Admiral	3,614	
Vanguard	Target Retirement Income Fund	66,785	
Vanguard	Target Retirement 2025 Fund	47,723	
Vanguard	Target Retirement 2035 Fund	101,027	
Vanguard	Target Retirement 2045 Fund	353,995	
Vanguard	Target Retirement 2020 Fund	33,585	
Vanguard	Target Retirement 2060 Fund	1,168	
Vanguard	Target Retirement 2055 Fund	81,489	
Vanguard	Target Retirement 2050 Fund	78,075	
Vanguard	Target Retirement 2040 Fund	401,935	
			<u>11,921,855</u>

(continued)

TRG 401(K) PLAN

Schedule H, Line 4i—Schedule of Assets (Held At End of Year)

December 31, 2022

Employer Identification Number 82-3095168, Plan Number 005

(a)	(b)	(c)	(e)
<u>Identity of issue, borrower, lessor or similar party</u>	<u>Description of investment including maturity date, rate of interest, collateral, par or maturity value</u>	<u>Current value</u>	
<u>Collective trust funds:</u>			
CLS	ETF Strategy Aggressive 100	48,002	
CLS	ETF Strategy Aggressive 90	504,275	
CLS	ETF Strategy Conservative 30	8,792	
CLS	ETF Strategy Moderate Growth 60	1,518,883	
CLS	ETF Strategy Moderate Growth 70	1,810,113	
CLS	ETF Strategy Moderately Aggressive	1,151,178	
CLS	ETF Strategy Moderately Conservative	343,609	
CLS	ETF Target Date 2030	3,103	
		<u>5,387,955</u>	
<u>Guaranteed account:</u>			
Lincoln Financial Group	Guaranteed Account	199,694	
<u>Notes receivable from participants</u>			
*	Participant Loans	Interest at 4.25%-8.25%	<u>411,107</u>
			<u>\$ 17,920,611</u>

* Denotes party-in-interest