

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

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan STAN JOHNSON COMPANY 401(K) PLAN	1b	Three-digit plan number (PN) ▶ 001
		1c	Effective date of plan 01/01/1992
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) NORTHEND ASSOCIATES LLC 6120 SOUTH YALE AVE SUITE 1200 TULSA, OK 74136	2b	Employer Identification Number (EIN) 87-3598906
		2c	Plan Sponsor's telephone number 918-494-2690
		2d	Business code (see instructions) 531210

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.	02/28/2024	JOSHUA CAMPBELL
	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

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 STAN JOHNSON SERVICES, INC. c Plan Name STAN JOHNSON COMPANY 401(K) PLAN		4b EIN 73-1443333 4d PN 001																												
5 Total number of participants at the beginning of the plan year		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center; border: 1px solid black;">5</td> <td style="width: 90%; text-align: right; border: 1px solid black;">144</td> </tr> </table>	5	144																										
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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).		<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="background-color: #cccccc; height: 20px;"></td> </tr> <tr> <td style="width: 10%; text-align: center; border: 1px solid black;">6a(1)</td> <td style="width: 90%; text-align: right; border: 1px solid black;">101</td> </tr> <tr> <td style="text-align: center; border: 1px solid black;">6a(2)</td> <td style="text-align: right; border: 1px solid black;">63</td> </tr> <tr> <td style="text-align: center; border: 1px solid black;">6b</td> <td style="text-align: right; border: 1px solid black;">2</td> </tr> <tr> <td style="text-align: center; border: 1px solid black;">6c</td> <td style="text-align: right; border: 1px solid black;">24</td> </tr> <tr> <td style="text-align: center; border: 1px solid black;">6d</td> <td style="text-align: right; border: 1px solid black;">89</td> </tr> <tr> <td style="text-align: center; border: 1px solid black;">6e</td> <td style="text-align: right; border: 1px solid black;">0</td> </tr> <tr> <td style="text-align: center; border: 1px solid black;">6f</td> <td style="text-align: right; border: 1px solid black;">89</td> </tr> <tr> <td style="text-align: center; border: 1px solid black;">6g</td> <td style="text-align: right; border: 1px solid black;">37</td> </tr> <tr> <td style="text-align: center; border: 1px solid black;">6h</td> <td style="text-align: right; border: 1px solid black;">34</td> </tr> </table>			6a(1)	101	6a(2)	63	6b	2	6c	24	6d	89	6e	0	6f	89	6g	37	6h	34								
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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.....																														
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center; border: 1px solid black;">7</td> <td style="width: 90%; text-align: right; border: 1px solid black;"></td> </tr> </table>	7																											
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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 2F 2G 2J 2K 2R 2T 3D 3H																														
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) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">(1)</td> <td style="width: 5%; text-align: center;">☐</td> <td style="width: 90%;">Insurance</td> </tr> <tr> <td style="text-align: center;">(2)</td> <td style="text-align: center;">☐</td> <td>Code section 412(e)(3) insurance contracts</td> </tr> <tr> <td style="text-align: center;">(3)</td> <td style="text-align: center;">☒</td> <td>Trust</td> </tr> <tr> <td style="text-align: center;">(4)</td> <td style="text-align: center;">☐</td> <td>General assets of the sponsor</td> </tr> </table>	(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) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">(1)</td> <td style="width: 5%; text-align: center;">☐</td> <td style="width: 90%;">Insurance</td> </tr> <tr> <td style="text-align: center;">(2)</td> <td style="text-align: center;">☐</td> <td>Code section 412(e)(3) insurance contracts</td> </tr> <tr> <td style="text-align: center;">(3)</td> <td style="text-align: center;">☒</td> <td>Trust</td> </tr> <tr> <td style="text-align: center;">(4)</td> <td style="text-align: center;">☐</td> <td>General assets of the sponsor</td> </tr> </table>		(1)	☐	Insurance	(2)	☐	Code section 412(e)(3) insurance contracts	(3)	☒	Trust	(4)	☐	General assets of the sponsor				
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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 <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">(1)</td> <td style="width: 5%; text-align: center;">☒</td> <td style="width: 90%;">R (Retirement Plan Information)</td> </tr> <tr> <td style="text-align: center;">(2)</td> <td style="text-align: center;">☐</td> <td>MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</td> </tr> <tr> <td style="text-align: center;">(3)</td> <td style="text-align: center;">☐</td> <td>SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</td> </tr> </table>		(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 <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">(1)</td> <td style="width: 5%; text-align: center;">☒</td> <td style="width: 90%;">H (Financial Information)</td> </tr> <tr> <td style="text-align: center;">(2)</td> <td style="text-align: center;">☐</td> <td>I (Financial Information – Small Plan)</td> </tr> <tr> <td style="text-align: center;">(3)</td> <td style="text-align: center;">☐</td> <td>0 A (Insurance Information)</td> </tr> <tr> <td style="text-align: center;">(4)</td> <td style="text-align: center;">☒</td> <td>C (Service Provider Information)</td> </tr> <tr> <td style="text-align: center;">(5)</td> <td style="text-align: center;">☐</td> <td>D (DFE/Participating Plan Information)</td> </tr> <tr> <td style="text-align: center;">(6)</td> <td style="text-align: center;">☐</td> <td>G (Financial Transaction Schedules)</td> </tr> </table>		(1)	☒	H (Financial Information)	(2)	☐	I (Financial Information – Small Plan)	(3)	☐	0 A (Insurance Information)	(4)	☒	C (Service Provider Information)	(5)	☐	D (DFE/Participating Plan Information)	(6)	☐	G (Financial Transaction Schedules)
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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 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 STAN JOHNSON COMPANY 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHEND ASSOCIATES LLC	D Employer Identification Number (EIN) 87-3598906	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

UBS FINANCIAL SERVICES INC.

315 DEADERICK ST 5TH FL
STEVE BRATTON
NASHVILLE, TN 37238

(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	INVESTMENT ADVISOR	23430	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BEASLEY & COMPANY

2626 E 21ST ST. STE 1
TULSA, OK 74114

(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?
13	CONTRACT ADMIN	19475	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAPITAL GROUP RETIREMENT PLAN SERVI

6455 IRVINE CENTER DRIVE
IRVINE, CA 92618

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	12222	Yes ☒ No ☐	Yes ☒ No ☐	0	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
(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:
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Explanation:

a Name:	b EIN:
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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>STAN JOHNSON COMPANY 401(K) 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>NORTHEND ASSOCIATES LLC</u>	D Employer Identification Number (EIN) <u>87-3598906</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	39018	6412
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	104946	13035
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	250000	78311
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	2764799	8669611
(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)	5205943	4601976
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)	13549	0
(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)	7983520	1289114
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	20248752	13025473

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	36610527	27683932

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	156937
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	156937

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	36610527	27526995
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	116713	
(B) Participants	2a(1)(B)	347304	
(C) Others (including rollovers)	2a(1)(C)	40000	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		504017
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)	554	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		554
(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)	427029	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		427029
(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)	-1865801	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-1865801

		(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)		-3394540
c Other income	2c		1756819
d Total income. Add all income amounts in column (b) and enter total	2d		-2571922
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6423641	
(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)		6423641
f Corrective distributions (see instructions)	2f		10061
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	73203	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	4705	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		77908
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6511610
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-9083532
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: CONKLIN GILPIN WERTZ, PLLC

(2) EIN: 27-1439588

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		1046

	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 STAN JOHNSON COMPANY 401(K) PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHEND ASSOCIATES LLC		D Employer Identification Number (EIN) 87-3598906
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): 95-6817943		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....		☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?.....		☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....		☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?.....		☐ Yes ☐ No
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

STAN JOHNSON COMPANY 401(k) PLAN

EIN: 73-1443333 PN: 001

INDEPENDENT AUDITOR'S REPORT AND FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021



CONKLIN • GILPIN • WERTZ PLLC
CERTIFIED PUBLIC ACCOUNTANTS

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Independent Auditor's Report

To the Plan Administrator of
Stan Johnson Company 401(k) Plan

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

We have performed audits of the financial statements of Stan Johnson Company 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

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

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of 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 the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

Our audits did not extend to the certified investment information, except for obtaining and reading the 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 audits, significant audit findings, and certain internal control-related matters that we identified during the audits.

Other Matter – Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets Held (At End of Year) and Schedule of Delinquent Participant Contributions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementation 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 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to 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).

Conklin, Gilpin & Wertz, P.L.L.C.

CONKLIN, GILPIN, & WERTZ, P.L.L.C.

Certified Public Accountants

Tulsa, Oklahoma

October 12, 2023

Federal Employer Identification Number: 27-1439588

STAN JOHNSON COMPANY 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
ASSETS		
Investments, at fair value	\$ 27,586,174	\$ 36,203,014
Receivables:		
Employer's contributions	13,035	104,946
Other receivable	10,580	250,000
Notes receivable from participants	-	13,549
Investment income	<u>67,731</u>	<u>-</u>
Total receivables	<u>91,346</u>	<u>368,495</u>
Cash	<u>6,412</u>	<u>39,018</u>
TOTAL ASSETS	<u>27,683,932</u>	<u>36,610,527</u>
LIABILITIES		
Cash payable to broker	17,961	-
Other liabilities	<u>138,976</u>	<u>-</u>
TOTAL LIABILITIES	<u>156,937</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 27,526,995</u></u>	<u><u>\$ 36,610,527</u></u>

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

STAN JOHNSON COMPANY 401(k) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
ADDITIONS		
Investment (loss) income:		
Net (depreciation) appreciation in fair value of investments	\$ (3,503,522)	\$ 5,500,393
Interest and dividends	<u>427,029</u>	<u>753,441</u>
Net investment (loss) income	<u>(3,076,493)</u>	<u>6,253,834</u>
Interest income on notes receivable from participants	<u>554</u>	<u>2,218</u>
Contributions:		
Participants	347,304	306,592
Employer	116,713	104,946
Rollover	<u>40,000</u>	<u>128,041</u>
Total contributions	<u>504,017</u>	<u>539,579</u>
TOTAL ADDITIONS	<u>(2,571,922)</u>	<u>6,795,631</u>
DEDUCTIONS		
Benefits paid directly to participants	6,433,702	3,551,366
Administrative expenses	<u>77,908</u>	<u>28,218</u>
TOTAL DEDUCTIONS	<u>6,511,610</u>	<u>3,579,584</u>
NET (DECREASE) INCREASE	(9,083,532)	3,216,047
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>36,610,527</u>	<u>33,394,480</u>
End of year	<u><u>\$ 27,526,995</u></u>	<u><u>\$ 36,610,527</u></u>

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

STAN JOHNSON COMPANY 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 and 2021

A. DESCRIPTION OF THE PLAN

The following description of the Stan Johnson Company 401(k) Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan sponsored by Stan Johnson Services, Inc. (the Company) through September 30, 2022, for the benefit of its employees who have at least two months of service and are age 21 or older. Effective October 1, 2022, NorthEnd Associates LLC replaced Stan Johnson Services, Inc. as the Plan Sponsor as part of the acquisition described in Note F. A related employer who also participates in the Plan includes SJCO-Holdings, LLC. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). Stan L. Johnson serves as the trustee of the Plan. Capital Bank and Trust Company and UBS Financial Services, Inc., serve as custodians of the Plan.

Contributions

The Plan permits eligible employees through a salary deferral election to have the Company make annual contributions of up to 100% of eligible compensation. Employee Roth and rollover contributions are also permitted. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Employer-matching and profit-sharing contributions are discretionary as determined by the Company's executives. Employees must be employed on the last day of the year to receive employer-matching and profit-sharing contributions. Additionally, one year of service is required to receive profit-sharing contributions. Contributions are subject to certain limitations. See Note F regarding the effect of the acquisition on contributions.

Participant Investment Account Options

Each participant has the option of directing his or her contribution into either mutual funds or self-directed brokerage accounts. Within the self-directed brokerage accounts, certain participants have invested in real estate investments.

These real estate investments are generally made in partnerships with other investors through a limited liability company (Special Purpose Entities, or "SPE") for the purpose of acquiring an interest in properties or property-related investments. Each SPE typically holds a minority interest in an investment; although, in some cases, it may hold a majority share. These SPEs have limitations on when funds can be withdrawn. Unfunded commitments of \$977,586 and \$1,307,208 existed for certain SPE investments at December 31, 2022 and 2021, respectively.

Participants may change the allocation of their investments daily except for investments in the SPEs described above.

Participant Accounts

Each participant's account is credited with the participant's contributions, employer contributions and plan earnings and is charged with an allocation of administrative expenses. Allocations are

A. DESCRIPTION OF THE PLAN – CONTINUED

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 earnings thereon. Vesting in the Company's contribution portion of their accounts plus earnings thereon is based on years of continuous service. A participant is fully vested after six years of continuous service. See Note F regarding the effect of the acquisition on vesting.

Notes Receivable from Participants

Participants may borrow from their participant accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account. The loan interest rate is set at 2% above the Wall Street Journal prime rate, as defined. Principal and interest are paid ratably through payroll deductions or paid directly by the participant. All loans are covered by promissory notes and are repayable over a period not to exceed five years (except for loans for the purchase of a principal residence).

Payment of Benefits

On termination of service, reaching the age of 65 or becoming disabled, a participant is eligible for a distribution of his or her vested account balance. Additionally, in-service distributions are allowed from a participant's rollover contribution account.

Forfeited Accounts

At December 31, 2022 and 2021, forfeited nonvested accounts totaled \$26,127 and \$10,407, respectively. These accounts will be used to reduce future employer contributions or to pay expenses of the Plan. In 2022 and 2021, the Plan used \$5,800 and \$3,245, respectively, of forfeitures to pay expenses.

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual basis of accounting.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets and changes in net assets and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

B. SUMMARY OF THE SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Investment Valuation and Income Recognition

Quoted market prices, if available, are used to value investments. Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year-end.

SPE valuations are outlined in *Note E*.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net (depreciation) appreciation in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Administrative expense may be paid by the Company or the Plan at the Company's discretion.

C. CERTIFICATION OF PLAN CUSTODIAN

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Capital Bank and Trust Company has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Notes receivable from participants as shown in the accompanying statements of net assets available for benefits as of December 31, 2022 and 2021.
- Certain investments of \$1,289,114 and \$7,983,520 as shown in the accompanying statements of net assets available for benefits as of December 31, 2022 and 2021, respectively.
- Certain net depreciation of \$1,846,086 and net appreciation \$508,821 as shown in the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2022 and 2021, respectively.
- Certain dividends of \$99,815 and \$553,259 as shown in the accompanying statements of changes in net assets are available for benefits for the years ended December 31, 2022 and 2021, respectively.

C. CERTIFICATION OF PLAN CUSTODIAN - CONTINUED

- Interest income on notes receivable from participants as shown in the accompanying statements of change in net assets available for benefits for the years ended December 31, 2022 and 2021.
- Certain investment information (American Funds mutual funds) included in the accompanying schedule of assets (held at end of year) as of December 31, 2022.

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

D. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association, or relatives of such persons.

Certain investments are shares of mutual funds managed by American Funds, a related party to a custodian of the Plan; therefore, these transactions qualify as party-in-interest transactions. Certain plan investments are money market mutual funds managed by UBS Asset Management (Americas) Inc., a related party to a custodian of the Plan; therefore, these transactions qualify as party-in-interest transactions. Certain plan investments are SPE investments that are managed by employees of the Company; therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net (depreciation) appreciation in fair value of investments as they are paid through revenue-sharing rather than a direct payment.

The Plan incurs administration fees to USI Insurance Services, formerly known as Beasley & Company prior to October 31, 2022, the Plan's third-party administrator, and such fees are included with administrative expenses on the Statements of Changes in Net Assets Available for Benefits.

The Company provides certain administrative services at no cost to the Plan.

E. DISCLOSURES ABOUT FAIR VALUE OF PLAN ASSETS

Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs.

STAN JOHNSON COMPANY 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 and 2021

E. DISCLOSURES ABOUT FAIR VALUE OF PLAN ASSETS – CONTINUED

There is a hierarchy of three levels of inputs that may be used to measure fair value:

Level 1	Quoted prices in active markets for identical assets
Level 2	Observable inputs other than Level 1 prices, such as quoted prices for similar assets; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets
Level 3	Unobservable inputs supported by little or no market activity and significant to the fair value of the assets

Recurring Measurements

The following table presents the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31:

	Fair Value	Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
2022				
Mutual funds	\$ 1,289,114	\$ 1,289,114	\$ -	\$ -
Self-directed brokerage accounts - non-real estate	21,695,084	13,527,179	8,167,905	-
Self-directed brokerage accounts - real estate	4,601,976	-	-	4,601,976
	<u>\$ 27,586,174</u>	<u>\$ 14,816,293</u>	<u>\$ 8,167,905</u>	<u>\$ 4,601,976</u>
2021				
Mutual funds	\$ 7,983,520	\$ 7,983,520	\$ -	\$ -
Self-directed brokerage accounts - non-real estate	23,013,551	22,622,621	390,930	-
Self-directed brokerage accounts - real estate	5,205,943	-	-	5,205,943
	<u>\$ 36,203,014</u>	<u>\$ 30,606,141</u>	<u>\$ 390,930</u>	<u>\$ 5,205,943</u>

E. DISCLOSURES ABOUT FAIR VALUE OF PLAN ASSETS – CONTINUED

Recurring Measurements - Continued

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying financial statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the years ended December 31, 2022 and 2021. For assets classified within Level 3 of the fair value hierarchy, the process used to develop the reported fair value is described below.

Investments

Where quoted market prices are available in an active market, investments are classified within Level 1 of the valuation hierarchy and include mutual funds and self-directed brokerage accounts containing equity securities, mutual funds and mutual money market funds. If quoted market prices are not available, then fair values are estimated by using quoted prices of investments with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such investments are classified in Level 2 of the valuation hierarchy and include self-directed brokerage accounts containing investments in certain debt-securities and certificates of deposit. In certain cases where Level 1 or Level 2 inputs are not available, investments are classified within Level 3 of the hierarchy and include self-directed brokerage accounts containing real estate investments.

Unobservable (Level 3) Inputs

The unobservable inputs used in recurring Level 3 fair value measurements were primarily capitalization rates and lack of control and marketability discounts. Capitalization rates utilized ranged from 5.9% to 10.0% in 2022 and 2021. Average capitalization rates were 7.9% in 2022 and 2021. Lack of control and marketability discounts were also applied on the valuations of SPEs at 40% for the years ended December 31, 2022 and 2021.

F. PARTIAL PLAN TERMINATION

As part of an acquisition by Northmarq Capital LLC, effective October 1, 2022, NorthEnd Associates LLC replaced Stan Johnson Services, Inc. as the Plan Sponsor. At this time Stan Johnson Services, Inc. and SJCO-Holdings, LLC were removed as participating employers in the Plan and their employees were no longer eligible for participation in the Plan for the purposes of elective deferrals, Roth, matching, and non-elective contributions. The Plan balances of the affected participants became 100% vested in their employer contributions at this time. Following the acquisition date, a majority of the participants rolled out of the Plan into a plan sponsored by the acquirer.

G. TAX STATUS

The Plan operates under a non-standardized adoption agreement in connection with a prototype 401(k) profit-sharing plan and trust sponsored by USI Insurance Services. This prototype plan document has been filed with the appropriate agency and has obtained an advisory letter from the Internal Revenue Service stating that the prototype constitutes a qualified plan under Section 401 of the Internal Revenue Code. The plan administrator believes that the Plan and the related trust are currently designed and being operated in compliance with applicable requirements of the Internal Revenue Code.

H. RISKS AND UNCERTAINTIES

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

I. SUBSEQUENT EVENTS

Subsequent events have been evaluated through the date of the independent auditor's report, which is the date the financial statements were available to be issued.

Effective June 1, 2023, the Plan Sponsor adopted resolutions to change the name of the Plan to the NorthEnd Associates LLC 401(k) Plan and to change the name of the Trust to the NorthEnd Associates LLC 401(k) Plan Trust Agreement.

SUPPLEMENTAL SCHEDULES

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

Part II Basic Plan Information—enter all requested information					
1a Name of plan STAN JOHNSON COMPANY 401(K) PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/1992</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 01/01/1992	
1b Three-digit plan number (PN) ▶	001				
1c Effective date of plan 01/01/1992					
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) NORTHEND ASSOCIATES LLC 6120 South Yale Ave Suite 300 ¹²⁰⁰ Tulsa OK 74136	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 87-3598906</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 918-494-2690</td> </tr> <tr> <td>2d Business code (see instructions) 531210</td> </tr> </table>	2b Employer Identification Number (EIN) 87-3598906	2c Plan Sponsor's telephone number 918-494-2690	2d Business code (see instructions) 531210	
2b Employer Identification Number (EIN) 87-3598906					
2c Plan Sponsor's telephone number 918-494-2690					
2d Business code (see instructions) 531210					

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		12/13/2023	JOSHUA CAMPBELL
	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

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 STAN JOHNSON SERVICES, INC. c Plan Name 73-1443333		4b EIN 87-3598906 4d PN 001	
5 Total number of participants at the beginning of the plan year		5	144
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	101
a(2) Total number of active participants at the end of the plan year		6a(2)	63
b Retired or separated participants receiving benefits		6b	2
c Other retired or separated participants entitled to future benefits		6c	24
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	89
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	0
f Total. Add lines 6d and 6e		6f	89
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	37
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	34
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 2F 2G 2J 2K 2R 2T 3D 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) ☐ Insurance		(1) ☐ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts		(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust		(3) ☒ Trust	
(4) ☐ General assets of the sponsor		(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		b General Schedules	
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information - Small Plan)	
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☐ 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 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 STAN JOHNSON COMPANY 401(K) PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHEEND ASSOCIATES LLC	D Employer Identification Number (EIN) 87-3598906	

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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(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)

UBS Financial Services Inc.
315 Deaderick St 5th FL
Steve Bratton
Nashville TN 37238

(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	Investment Advisor	23,430	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

Beasley & Company
2626 E 21st St. Ste 1
Tulsa OK 74114

(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?
13	Contract Admin	19,475	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

Capital Group Retirement Plan Servi
6455 Irvine Center Drive
Irvine CA 92618

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	Recordkeeper	12,222	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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)

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) 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 STAN JOHNSON COMPANY 401(K) PLAN		B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHEND ASSOCIATES LLC		D Employer Identification Number (EIN) 87-3598906

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.....	39,018	6,412
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	104,946	13,035
(2) Participant contributions.....		
(3) Other	250,000	78,311
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	2,764,799	8,669,611
(2) U.S. Government securities		
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred		
(B) All other.....		
(4) Corporate stocks (other than employer securities):		
(A) Preferred		
(B) Common		
(5) Partnership/joint venture interests		
(6) Real estate (other than employer real property)	5,205,943	4,601,976
(7) Loans (other than to participants).....		
(8) Participant loans	13,549	0
(9) Value of interest in common/collective trusts		
(10) Value of interest in pooled separate accounts		
(11) Value of interest in master trust investment accounts		
(12) Value of interest in 103-12 investment entities		
(13) Value of interest in registered investment companies (e.g., mutual funds)	7,983,520	1,289,114
(14) Value of funds held in insurance company general account (unallocated contracts).....		
(15) Other.....	20,248,752	13,025,473

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(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	36,610,527 27,683,932
Liabilities			
g	Benefit claims payable.....	1g	
h	Operating payables.....	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	0 156,937
k	Total liabilities (add all amounts in lines 1g through 1j).....	1k	0 156,937
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	36,610,527 27,526,995

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers.....	2a(1)(A)	116,713
	(B) Participants.....	2a(1)(B)	347,304
	(C) Others (including rollovers).....	2a(1)(C)	40,000
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)	504,017
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)	554
	(F) Other.....	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	554
(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)	427,029
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)	427,029
(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)	-1,865,801
	(B) Other.....	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)	-1,865,801

		(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)		-3,394,540
c Other income.....	2c		1,756,819
d Total income. Add all income amounts in column (b) and enter total.....	2d		-2,571,922
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	6,423,641	
(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)		6,423,641
f Corrective distributions (see instructions).....	2f		10,061
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	73,203	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	4,705	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		77,908
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		6,511,610
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-9,083,532
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: CONKLIN GILPIN WERTZ, PLLC

(2) EIN: 27-1439588

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		1,046

	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.)		X	
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.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		500,000
4e	X		500,000
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?		X	
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?		X	
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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.
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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 STAN JOHNSON COMPANY 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHEND ASSOCIATES LLC	D Employer Identification Number (EIN) 87-3598906

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): 95-6817943	
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		c	Dollar amount contributed by employer
b	EIN			
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		c	Dollar amount contributed by employer
b	EIN			
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		c	Dollar amount contributed by employer
b	EIN			
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		c	Dollar amount contributed by employer
b	EIN			
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		c	Dollar amount contributed by employer
b	EIN			
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 _____

STAN JOHNSON COMPANY 401(k) PLAN

EIN: 73-1443333 PN: 001

INDEPENDENT AUDITOR'S REPORT AND FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021



CONKLIN • GILPIN • WERTZ PLLC
CERTIFIED PUBLIC ACCOUNTANTS

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Independent Auditor's Report

To the Plan Administrator of
Stan Johnson Company 401(k) Plan

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

We have performed audits of the financial statements of Stan Johnson Company 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

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

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of 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 the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

Our audits did not extend to the certified investment information, except for obtaining and reading the 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 audits, significant audit findings, and certain internal control-related matters that we identified during the audits.

Other Matter – Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets Held (At End of Year) and Schedule of Delinquent Participant Contributions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementation 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 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to 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).

Conklin, Gilpin & Wertz, P.L.L.C.

CONKLIN, GILPIN, & WERTZ, P.L.L.C.
Certified Public Accountants

Tulsa, Oklahoma
October 12, 2023

Federal Employer Identification Number: 27-1439588

STAN JOHNSON COMPANY 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
ASSETS		
Investments, at fair value	\$ 27,586,174	\$ 36,203,014
Receivables:		
Employer's contributions	13,035	104,946
Other receivable	10,580	250,000
Notes receivable from participants	-	13,549
Investment income	<u>67,731</u>	<u>-</u>
Total receivables	<u>91,346</u>	<u>368,495</u>
Cash	<u>6,412</u>	<u>39,018</u>
TOTAL ASSETS	<u>27,683,932</u>	<u>36,610,527</u>
LIABILITIES		
Cash payable to broker	17,961	-
Other liabilities	<u>138,976</u>	<u>-</u>
TOTAL LIABILITIES	<u>156,937</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 27,526,995</u></u>	<u><u>\$ 36,610,527</u></u>

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

STAN JOHNSON COMPANY 401(k) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
ADDITIONS		
Investment (loss) income:		
Net (depreciation) appreciation in fair value of investments	\$ (3,503,522)	\$ 5,500,393
Interest and dividends	<u>427,029</u>	<u>753,441</u>
Net investment (loss) income	<u>(3,076,493)</u>	<u>6,253,834</u>
Interest income on notes receivable from participants	<u>554</u>	<u>2,218</u>
Contributions:		
Participants	347,304	306,592
Employer	116,713	104,946
Rollover	<u>40,000</u>	<u>128,041</u>
Total contributions	<u>504,017</u>	<u>539,579</u>
TOTAL ADDITIONS	<u>(2,571,922)</u>	<u>6,795,631</u>
DEDUCTIONS		
Benefits paid directly to participants	6,433,702	3,551,366
Administrative expenses	<u>77,908</u>	<u>28,218</u>
TOTAL DEDUCTIONS	<u>6,511,610</u>	<u>3,579,584</u>
NET (DECREASE) INCREASE	(9,083,532)	3,216,047
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>36,610,527</u>	<u>33,394,480</u>
End of year	<u><u>\$ 27,526,995</u></u>	<u><u>\$ 36,610,527</u></u>

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

STAN JOHNSON COMPANY 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 and 2021

A. DESCRIPTION OF THE PLAN

The following description of the Stan Johnson Company 401(k) Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan sponsored by Stan Johnson Services, Inc. (the Company) through September 30, 2022, for the benefit of its employees who have at least two months of service and are age 21 or older. Effective October 1, 2022, NorthEnd Associates LLC replaced Stan Johnson Services, Inc. as the Plan Sponsor as part of the acquisition described in Note F. A related employer who also participates in the Plan includes SJCO-Holdings, LLC. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). Stan L. Johnson serves as the trustee of the Plan. Capital Bank and Trust Company and UBS Financial Services, Inc., serve as custodians of the Plan.

Contributions

The Plan permits eligible employees through a salary deferral election to have the Company make annual contributions of up to 100% of eligible compensation. Employee Roth and rollover contributions are also permitted. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Employer-matching and profit-sharing contributions are discretionary as determined by the Company's executives. Employees must be employed on the last day of the year to receive employer-matching and profit-sharing contributions. Additionally, one year of service is required to receive profit-sharing contributions. Contributions are subject to certain limitations. See Note F regarding the effect of the acquisition on contributions.

Participant Investment Account Options

Each participant has the option of directing his or her contribution into either mutual funds or self-directed brokerage accounts. Within the self-directed brokerage accounts, certain participants have invested in real estate investments.

These real estate investments are generally made in partnerships with other investors through a limited liability company (Special Purpose Entities, or "SPE") for the purpose of acquiring an interest in properties or property-related investments. Each SPE typically holds a minority interest in an investment; although, in some cases, it may hold a majority share. These SPEs have limitations on when funds can be withdrawn. Unfunded commitments of \$977,586 and \$1,307,208 existed for certain SPE investments at December 31, 2022 and 2021, respectively.

Participants may change the allocation of their investments daily except for investments in the SPEs described above.

Participant Accounts

Each participant's account is credited with the participant's contributions, employer contributions and plan earnings and is charged with an allocation of administrative expenses. Allocations are

A. DESCRIPTION OF THE PLAN – CONTINUED

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 earnings thereon. Vesting in the Company's contribution portion of their accounts plus earnings thereon is based on years of continuous service. A participant is fully vested after six years of continuous service. See Note F regarding the effect of the acquisition on vesting.

Notes Receivable from Participants

Participants may borrow from their participant accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account. The loan interest rate is set at 2% above the Wall Street Journal prime rate, as defined. Principal and interest are paid ratably through payroll deductions or paid directly by the participant. All loans are covered by promissory notes and are repayable over a period not to exceed five years (except for loans for the purchase of a principal residence).

Payment of Benefits

On termination of service, reaching the age of 65 or becoming disabled, a participant is eligible for a distribution of his or her vested account balance. Additionally, in-service distributions are allowed from a participant's rollover contribution account.

Forfeited Accounts

At December 31, 2022 and 2021, forfeited nonvested accounts totaled \$26,127 and \$10,407, respectively. These accounts will be used to reduce future employer contributions or to pay expenses of the Plan. In 2022 and 2021, the Plan used \$5,800 and \$3,245, respectively, of forfeitures to pay expenses.

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual basis of accounting.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets and changes in net assets and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

B. SUMMARY OF THE SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Investment Valuation and Income Recognition

Quoted market prices, if available, are used to value investments. Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year-end.

SPE valuations are outlined in *Note E*.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net (depreciation) appreciation in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Administrative expense may be paid by the Company or the Plan at the Company's discretion.

C. CERTIFICATION OF PLAN CUSTODIAN

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Capital Bank and Trust Company has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Notes receivable from participants as shown in the accompanying statements of net assets available for benefits as of December 31, 2022 and 2021.
- Certain investments of \$1,289,114 and \$7,983,520 as shown in the accompanying statements of net assets available for benefits as of December 31, 2022 and 2021, respectively.
- Certain net depreciation of \$1,846,086 and net appreciation \$508,821 as shown in the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2022 and 2021, respectively.
- Certain dividends of \$99,815 and \$553,259 as shown in the accompanying statements of changes in net assets are available for benefits for the years ended December 31, 2022 and 2021, respectively.

C. CERTIFICATION OF PLAN CUSTODIAN - CONTINUED

- Interest income on notes receivable from participants as shown in the accompanying statements of change in net assets available for benefits for the years ended December 31, 2022 and 2021.
- Certain investment information (American Funds mutual funds) included in the accompanying schedule of assets (held at end of year) as of December 31, 2022.

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

D. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association, or relatives of such persons.

Certain investments are shares of mutual funds managed by American Funds, a related party to a custodian of the Plan; therefore, these transactions qualify as party-in-interest transactions. Certain plan investments are money market mutual funds managed by UBS Asset Management (Americas) Inc., a related party to a custodian of the Plan; therefore, these transactions qualify as party-in-interest transactions. Certain plan investments are SPE investments that are managed by employees of the Company; therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net (depreciation) appreciation in fair value of investments as they are paid through revenue-sharing rather than a direct payment.

The Plan incurs administration fees to USI Insurance Services, formerly known as Beasley & Company prior to October 31, 2022, the Plan's third-party administrator, and such fees are included with administrative expenses on the Statements of Changes in Net Assets Available for Benefits.

The Company provides certain administrative services at no cost to the Plan.

E. DISCLOSURES ABOUT FAIR VALUE OF PLAN ASSETS

Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs.

STAN JOHNSON COMPANY 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 and 2021

E. DISCLOSURES ABOUT FAIR VALUE OF PLAN ASSETS – CONTINUED

There is a hierarchy of three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets
- Level 3** Unobservable inputs supported by little or no market activity and significant to the fair value of the assets

Recurring Measurements

The following table presents the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31:

	Fair Value	Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
2022				
Mutual funds	\$ 1,289,114	\$ 1,289,114	\$ -	\$ -
Self-directed brokerage accounts - non-real estate	21,695,084	13,527,179	8,167,905	-
Self-directed brokerage accounts - real estate	4,601,976	-	-	4,601,976
	<u>\$ 27,586,174</u>	<u>\$ 14,816,293</u>	<u>\$ 8,167,905</u>	<u>\$ 4,601,976</u>
2021				
Mutual funds	\$ 7,983,520	\$ 7,983,520	\$ -	\$ -
Self-directed brokerage accounts - non-real estate	23,013,551	22,622,621	390,930	-
Self-directed brokerage accounts - real estate	5,205,943	-	-	5,205,943
	<u>\$ 36,203,014</u>	<u>\$ 30,606,141</u>	<u>\$ 390,930</u>	<u>\$ 5,205,943</u>

E. DISCLOSURES ABOUT FAIR VALUE OF PLAN ASSETS – CONTINUED

Recurring Measurements - Continued

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying financial statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the years ended December 31, 2022 and 2021. For assets classified within Level 3 of the fair value hierarchy, the process used to develop the reported fair value is described below.

Investments

Where quoted market prices are available in an active market, investments are classified within Level 1 of the valuation hierarchy and include mutual funds and self-directed brokerage accounts containing equity securities, mutual funds and mutual money market funds. If quoted market prices are not available, then fair values are estimated by using quoted prices of investments with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such investments are classified in Level 2 of the valuation hierarchy and include self-directed brokerage accounts containing investments in certain debt-securities and certificates of deposit. In certain cases where Level 1 or Level 2 inputs are not available, investments are classified within Level 3 of the hierarchy and include self-directed brokerage accounts containing real estate investments.

Unobservable (Level 3) Inputs

The unobservable inputs used in recurring Level 3 fair value measurements were primarily capitalization rates and lack of control and marketability discounts. Capitalization rates utilized ranged from 5.9% to 10.0% in 2022 and 2021. Average capitalization rates were 7.9% in 2022 and 2021. Lack of control and marketability discounts were also applied on the valuations of SPEs at 40% for the years ended December 31, 2022 and 2021.

F. PARTIAL PLAN TERMINATION

As part of an acquisition by Northmarq Capital LLC, effective October 1, 2022, NorthEnd Associates LLC replaced Stan Johnson Services, Inc. as the Plan Sponsor. At this time Stan Johnson Services, Inc. and SJCO-Holdings, LLC were removed as participating employers in the Plan and their employees were no longer eligible for participation in the Plan for the purposes of elective deferrals, Roth, matching, and non-elective contributions. The Plan balances of the affected participants became 100% vested in their employer contributions at this time. Following the acquisition date, a majority of the participants rolled out of the Plan into a plan sponsored by the acquirer.

G. TAX STATUS

The Plan operates under a non-standardized adoption agreement in connection with a prototype 401(k) profit-sharing plan and trust sponsored by USI Insurance Services. This prototype plan document has been filed with the appropriate agency and has obtained an advisory letter from the Internal Revenue Service stating that the prototype constitutes a qualified plan under Section 401 of the Internal Revenue Code. The plan administrator believes that the Plan and the related trust are currently designed and being operated in compliance with applicable requirements of the Internal Revenue Code.

H. RISKS AND UNCERTAINTIES

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

I. SUBSEQUENT EVENTS

Subsequent events have been evaluated through the date of the independent auditor's report, which is the date the financial statements were available to be issued.

Effective June 1, 2023, the Plan Sponsor adopted resolutions to change the name of the Plan to the NorthEnd Associates LLC 401(k) Plan and to change the name of the Trust to the NorthEnd Associates LLC 401(k) Plan Trust Agreement.

SUPPLEMENTAL SCHEDULES

STAN JOHNSON COMPANY 401(k) PLAN

EIN: 73-1443333

Plan Number: 001

Schedule H, line 4i – Schedule of Assets (Held at End of Year)

December 31, 2022

Identity of Issuer	Description of Investment	Current Value
Mutual Funds		
* AMERICAN FUNDS 2030 TARGET DATE FUND R6	Mutual funds	\$ 309,263
* AMERICAN FUNDS 2025 TARGET DATE FUND R6	Mutual funds	298,035
* AMERICAN FUNDS GROWTH FUND OF AMER R6	Mutual funds	150,296
* AMERICAN FUNDS 2055 TARGET DATE FUND R6	Mutual funds	87,491
* AMERICAN FUNDS 2045 TARGET DATE FUND R6	Mutual funds	68,803
* AMERICAN FUNDS BOND FUND OF AMER R6	Mutual funds	65,731
* AMERICAN FUNDS NEW PERSPECTIVE R6	Mutual funds	44,291
* AMERICAN FUNDS EUROPACIFIC GR R6	Mutual funds	37,711
VANGUARD TOTAL INTL STOCK INDEX ADMIRAL	Mutual funds	35,527
* AMERICAN FUNDS AMERICAN BALANCED R6	Mutual funds	34,336
* AMERICAN FUNDS 2060 TARGET DATE FUND R6	Mutual funds	34,108
* AMERICAN FUNDS 2035 TARGET DATE FUND R6	Mutual funds	19,865
VANGUARD SMALL CAP INDEX FUND - ADMIRAL	Mutual funds	19,547
VANGUARD MID CAP INDEX ADM	Mutual funds	17,556
VANGUARD DIVIDEND GROWTH INV	Mutual funds	13,055
* AMERICAN FUNDS SMALLCAP WORLD R6	Mutual funds	9,001
T. ROWE PRICE LARGE CAP GROWTH I	Mutual funds	8,121
* AMERICAN FUNDS 2040 TARGET DATE FUND R6	Mutual funds	3,873
* AMERICAN FUNDS 2050 TARGET DATE FUND R6	Mutual funds	2,375
FIDELITY ADVISOR BALANCED Z	Mutual funds	1,585
* AMERICAN FUNDS US GOVT MONEY MARKET R6	Mutual funds	27,279
* AMERICAN FUNDS CAPITAL WORLD BOND R6	Mutual funds	920
* AMERICAN FUNDS CAPITAL WORLD G/I R6	Mutual funds	279
* AMERICAN FUNDS AMERICAN HI INC TR R6	Mutual funds	66
Total mutual funds		1,289,114
Self Directed Brokerage - Non Real Estate		
Equity		
APPLE INC	Equity	818,559
BERKSHIRE HATHAWAY INC NEW CL B	Equity	787,695
ALPHABET INC CL C	Equity	417,031
VANGUARD HEALTH CARE ETF	Equity	365,874
MICROSOFT CORP	Equity	351,336
CHEVRON CORP	Equity	269,235
STARBUCKS CORP	Equity	248,000
SCHWAB CHARLES CORP NEW	Equity	241,454
COMCAST CORP NEW CL A	Equity	209,820
MASTERCARD INC CL A	Equity	199,945
NIKE INC CL B	Equity	194,237
NOVO NORDISK ADR DENMARK ADR	Equity	179,326
NESTLE S A SPONSORED ADR REPSTG REG SHS SWITZ ADR	Equity	178,777
ABBOTT LABS	Equity	172,919
COSTCO WHOLESALE CORP	Equity	171,188
TJX COS INC NEW	Equity	169,548
EXPEDITORS INTL WASH INC	Equity	166,272
MCDONALDS CORP	Equity	158,118
VERIZON COMMUNICATIONS INC	Equity	157,600
BECTON DICKINSON & CO	Equity	152,580
RAYTHEON TECHNOLOGIES CORP	Equity	151,380
UNILEVER PLC AMER SHS NEW SPONADR	Equity	151,050
LOCKHEED MARTIN CORP	Equity	145,947
ACCENTURE PLC IRELAND CL A	Equity	140,091
AMAZON.COM INC	Equity	109,200
WALT DISNEY CO (HOLDING CO) DISNEY COM	Equity	104,256
PEPSICO INC	Equity	103,880
BANK OF AMER CORP	Equity	99,360
ENTERPRISE PRODUCTS PARTNER LPMLP	Equity	89,244
UNION PACIFIC CORP	Equity	72,475
JACOBS SOLUTIONS INC	Equity	60,035
SIMON PPTY GROUP INC SBI	Equity	58,740
HOME DEPOT INC	Equity	31,586
INVESCO QQQ TRUST ETF	Equity	19,172
KINDER MORGAN INC	Equity	5,695
MPLX LP MLP	Equity	3,580
MARTIN MIDSTREAM PARTNERS LP MLP	Equity	300
		6,955,505

STAN JOHNSON COMPANY 401(k) PLAN
EIN: 73-1443333
Plan Number: 001
Schedule H, line 4i – Schedule of Assets (Held at End of Year)
December 31, 2022

Identity of Issuer	Description of Investment	Current Value
Corporate Bond		
BOEING CO NTS B/E CALL@MW+50BP RATE 04.508% MATURES 05/01/23 CALLABLE	Corporate bond	\$ 299,442
WELLS FARGO & CO NTS B/E RATE 06.000% MATURES 10/28/25 INTEREST EARNED FROM 10/28/22 1ST INTEREST PAYMENT 04/28/23 CALLABLE	Corporate bond	251,835
ROYAL BK OF CANADA MED TERM NTS RATE 04.100% MATURES 08/29/24 CALLABLE	Corporate bond	243,800
GOLDMAN SACHS GROUP INC NTS B/E RATE 05.000% MATURES 07/06/27 INTEREST EARNED FROM 07/06/22 1ST INTEREST PAYMENT 01/06/23 CALLABLE	Corporate bond	241,380
KELLOGG CO B/E CALL@MW+15BP RATE 02.750% MATURES 03/01/23	Corporate bond	9,962
UNION PAC CORP NTS B/E CALL@MW+15BP RATE 03.250% MATURES 01/15/25 CALLABLE	Corporate bond	9,719
PROCTER & GAMBLE CO B/E CALL@MW+15BP RATE 02.700% MATURES 02/02/26	Corporate bond	9,489
UNITED TECHNOLOGIES CORP CALL@MW+15BP RATE 03.125% MATURES 05/04/27 CALLABLE	Corporate bond	9,326
TOYOTA MOTOR CREDIT CORP CALL@MW+12.5BP RATE 02.625% MATURES 01/10/23	Corporate bond	4,998
ABBVIE INC NTS B/E CALL@MW+20BP RATE 02.850% MATURES 05/14/23 CALLABLE	Corporate bond	4,964
APPLE INC CALL@MW+15BP NTS B/E RATE 02.400% MATURES 05/03/23	Corporate bond	4,960
SOUTHERN CO NTS B/E CALL@MW+20BP RATE 02.950% MATURES 07/01/23	Corporate bond	4,952
MASTERCARD INC NTS B/E CALL@MW+15BP RATE 03.375% MATURES 04/01/24	Corporate bond	4,910
AON PLC B/E CALL@MW+15BP RATE 03.500% MATURES 06/14/24 CALLABLE	Corporate bond	4,882
AMERICAN EXPRESS CO NTS B/E RATE 03.625% MATURES 12/05/24 CALLABLE	Corporate bond	4,870
AETNA INC NTS B/E CALL@MW+20BP RATE 03.500% MATURES 11/15/24	Corporate bond	4,863
GOLDMAN SACHS GROUP INC NTS B/E RATE 03.500% MATURES 01/23/25 CALLABLE	Corporate bond	4,833
CONOCOPHILLIPS CO NTS CALL@MW+17.5BP RATE 03.350% MATURES 05/15/25 CALLABLE	Corporate bond	4,810
O REILLY AUTOMOTIVE INC NEW B/E RATE 03.550% MATURES 03/15/26 CALLABLE	Corporate bond	4,807
WELLS FARGO & CO NTS B/E RATE 03.000% MATURES 02/19/25	Corporate bond	4,793
CBOE HLDGS INC COM NTS CALL@MW+20BP RATE 03.650% MATURES 01/12/27 CALLABLE	Corporate bond	4,781
MOLSON COORS BREWING CO 3.000% 071526 DTD070716 FC011517 CALL@MW+25BP	Corporate bond	4,646
REALTY INCOME CORP B/E RATE 03.000% MATURES 01/15/27 CALLABLE	Corporate bond	4,630
UNDER ARMOUR INC B/E CALL@MW+25BP RATE 03.250% MATURES 06/15/26 CALLABLE	Corporate bond	4,448
TEVA PHARMACEUTICAL NE CALL@MW+25BP RATE 03.150% MATURES 10/01/26	Corporate bond	4,373
		<u>1,156,473</u>
Money Market Mutual Fund		
UBS SELECT TREASURY INSTITUTIONAL FUND (90262Y802)	Money market mutual fund	4,891,086
UBS PRIME INVESTOR FUND (90262Y810)	Money market mutual fund	22,409
		<u>4,913,495</u>
Certificates of Deposit		
MANUFACTURERS & TR NY US RATE 04.9000% MAT 12/09/2024 FIXED RATE CD	Certificates of deposit	241,310
POPULAR BK NY US RATE 04.7500% MAT 11/07/2024 FIXED RATE CD	Certificates of deposit	240,612
MINEOLA CMNTY BK TX US RATE 04.8500% MAT 11/10/2025 FIXED RATE CD	Certificates of deposit	240,578
KEY BANK NA OH US RATE 04.8000% MAT 02/20/2024 FIXED RATE CD	Certificates of deposit	240,451
PNC BK NA DELAWARE PA US RATE 04.7500% MAT 05/15/2024 FIXED RATE CD	Certificates of deposit	240,391
TEXAS EXCHANGE BK TX US RATE 04.8000% MAT 08/30/2024 FIXED RATE CD	Certificates of deposit	240,360
CHARLES SCHWAB BAN NV US RATE 04.7000% MAT 11/29/2023 FIXED RATE CD	Certificates of deposit	240,156
BANC OF CALIFORNIA TX US RATE 04.6500% MAT 11/22/2023 FIXED RATE CD	Certificates of deposit	240,055
WELLS FARGO BK NA SD US RATE 04.0000% MAT 06/30/2023 FIXED RATE CD	Certificates of deposit	239,621
FIRST SOURCE BANK IN US RATE 04.4000% MAT 11/08/2023 FIXED RATE CD	Certificates of deposit	239,563
FIRST CITIZENS B&T NC US RATE 04.5000% MAT 10/21/2024 FIXED RATE CD	Certificates of deposit	239,544
CUSTOMERS BANK PA US RATE 03.7000% MAT 06/23/2023 FIXED RATE CD	Certificates of deposit	239,311
GREAT STHN BK MO US RATE 04.4000% MAT 10/21/2024 FIXED RATE CD	Certificates of deposit	239,148
FIFTH THIRD BANKOF OH US RATE 04.1000% MAT 10/05/2023 FIXED RATE CD	Certificates of deposit	239,098
BMO HARRIS BK NA IL US RATE 04.0000% MAT 09/22/2023 FIXED RATE CD	Certificates of deposit	238,992
MORGAN STANLEY PRI NY US RATE 04.2000% MAT 03/28/2024 FIXED RATE CD	Certificates of deposit	238,762
ISRAEL DISCOUNT BK NY US RATE 04.2500% MAT 06/28/2024 FIXED RATE CD	Certificates of deposit	238,733
AMER EXPRESS NATL UT US RATE 02.6000% MAT 06/22/2023 FIXED RATE CD	Certificates of deposit	238,174
VERITEX CMNTY BK N TX US RATE 03.0000% MAT 08/09/2023 FIXED RATE CD	Certificates of deposit	237,977
JP MORGAN CHASE BA NY US RATE 03.0000% MAT 08/31/2023 FIXED RATE CD	Certificates of deposit	237,686
BANK HAPOALIM BM NY US RATE 03.0500% MAT 12/26/2023 FIXED RATE CD	Certificates of deposit	236,350
ALLY BK UT US RATE 03.3500% MAT 08/12/2024 FIXED RATE CD	Certificates of deposit	235,308
BEAL BANK USA NV US RATE 03.1500% MAT 06/26/2024 FIXED RATE CD	Certificates of deposit	234,938
CFG COMMUNITY BANK MD US RATE 03.8000% MAT 03/11/2026 FIXED RATE CD	Certificates of deposit	234,540
SALLIE MAE BANK UT US RATE 03.4500% MAT 08/04/2025 FIXED RATE CD	Certificates of deposit	233,386
SYNCHRONY BANK UT US RATE 03.3500% MAT 08/12/2025 FIXED RATE CD	Certificates of deposit	232,747
BANKNEWPORT RHODE RI US RATE 03.5000% MAT 08/03/2026 FIXED RATE CD	Certificates of deposit	231,502
CAPITAL ONE BK USA VA US RATE 03.5000% MAT 08/03/2026 FIXED RATE CD	Certificates of deposit	231,468
GOLDMAN SACHS BANK NY US RATE 02.9500% MAT 02/13/2023 FIXED RATE CD	Certificates of deposit	49,930
AMER EXPRESS NATL UT US RATE 02.8500% MAT 05/20/2024 FIXED RATE CD	Certificates of deposit	48,818
DISCOVER BANK DE US RATE 02.5000% MAT 09/13/2024 FIXED RATE CD	Certificates of deposit	9,658
GOLDMAN SACHS BANK NY US RATE 02.6500% MAT 09/13/2027 FIXED RATE CD	Certificates of deposit	9,184
		<u>7,011,432</u>

STAN JOHNSON COMPANY 401(k) PLAN
EIN: 73-1443333
Plan Number: 001
Schedule H, line 4i – Schedule of Assets (Held at End of Year)
December 31, 2022

Identity of Issuer	Description of Investment	Current Value
Interest-Bearing Cash		
* UBS BANK USA DEPOSIT ACCOUNT	Cash	\$ 1,286,634
* UBS BANK USA CORE SAVINGS	Cash	371,545
		<u>1,658,179</u>
Total self-directed brokerage accounts - non-real estate		<u>21,695,084</u>
Self Directed Brokerage Account - Real Estate		
* SJCO - RCG FUND VI	Real estate investment	482,983
ROLLINGS WAVES (DUNMORE)	Real estate investment	428,668
COLLETT CAPITAL FUND II	Real estate investment	420,000
* SJCO - RCG FUND VII	Real estate investment	365,268
BKRI - LENNOX, LLC	Real estate investment	255,020
CARDINAL FENWAY	Real estate investment	244,176
CARDINAL LENNOX	Real estate investment	240,960
CARDINAL LEANDER HOLDINGS, LP	Real estate investment	240,000
CANDY FACTORY OKC PSP, LLC	Real estate investment	232,369
* SJCO - UNIVERSITY PLAZA	Real estate investment	227,893
* SJCO - RCG FUND III INVESTORS, LLC	Real estate investment	177,129
* SJCO - CC FUND I, LLC	Real estate investment	168,000
* SJCO - RCG FUND V	Real estate investment	157,015
TCIH - PARKER VILLAGE, LLC	Real estate investment	155,944
* SJCO - RCG FUND IV	Real estate investment	154,838
CROSSROADS/COLLETT CAPITAL FUND I	Real estate investment	120,000
BKRI - M GROUP VESTA, LLC (SHORELINE/LAKEVIEW)	Real estate investment	81,455
PERIMETER SQUARE	Real estate investment	75,000
* BKRI - CC Fund II, LLC	Real estate investment	63,337
* SJCO - RK DEVELOPMENT PSP, LLC	Real estate investment	59,961
* SJCO - ONE BETHANY WEST I - PSP, LLC	Real estate investment	57,192
COLONIAL/CHERRY STREET	Real estate investment	50,000
* SJCO - RED ROCK INDUSTRIAL PSP, LLC	Real estate investment	48,734
* GARNER GROUP FUND I, LLC	Real estate investment	36,275
TCIH - MID AMERICA	Real estate investment	25,000
BKRI - FENWAY, LLC	Real estate investment	21,504
* SJCO - RCG FUND II INVESTORS, LLC	Real estate investment	8,755
* GARNER GROUP FUND II, LLC	Real estate investment	4,500
Total self directed brokerage account - real estate		<u>4,601,976</u>
Non-interest bearing cash		<u>6,412</u>
		<u>\$ 27,592,586</u>

*Party-in-interest

Note: Disclosure of the investments' cost is not required because the investments are participant-directed.

STAN JOHNSON COMPANY 401(k) PLAN**EIN: 73-1443333****Plan Number: 001****Schedule H, line 4a – Schedule of Delinquent Participant Contributions****December 31, 2022**

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are Included: ☐				

\$ 1,046 \$ 1,046 \$ - \$ - \$ -

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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 STAN JOHNSON COMPANY 401(K) PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/1992
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) NORTHEND ASSOCIATES LLC 6120 South Yale Ave Suite 1200 Tulsa OK 74136	2b Employer Identification Number (EIN) 87-3598906
	2c Plan Sponsor's telephone number 918-494-2690
	2d Business code (see instructions) 531210

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		02/28/24	JOSHUA CAMPBELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN 3c Administrator's telephone number 	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name STAN JOHNSON SERVICES, INC. c Plan Name STAN JOHNSON COMPANY 401(K) PLAN		4b EIN 73-1443333 4d PN 001	
5 Total number of participants at the beginning of the plan year		5	144
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	101
a(2) Total number of active participants at the end of the plan year		6a(2)	63
b Retired or separated participants receiving benefits		6b	2
c Other retired or separated participants entitled to future benefits		6c	24
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	89
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	89
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	37
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	34
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 2F 2G 2J 2K 2R 2T 3D 3H			
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) ☐ 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 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 STAN JOHNSON COMPANY 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHEND ASSOCIATES LLC	D Employer Identification Number (EIN) 87 - 3598906	

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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(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)

UBS Financial Services Inc.
315 Deaderick St 5th FL
Steve Bratton
Nashville TN 37238

(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	Investment Advisor	23,430	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

Beasley & Company
2626 E 21st St. Ste 1
Tulsa OK 74114

(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?
13	Contract Admin	19,475	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

Capital Group Retirement Plan Servi
6455 Irvine Center Drive
Irvine CA 92618

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	Recordkeeper	12,222	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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)

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) 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 01/01/2022 and ending 12/31/2022		
A Name of plan STAN JOHNSON COMPANY 401(K) PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHEND ASSOCIATES LLC		D Employer Identification Number (EIN) 87 - 3598906

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	39, 018	6, 412
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	104, 946	13, 035
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	250, 000	78, 311
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2, 764, 799	8, 669, 611
(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)	5, 205, 943	4, 601, 976
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	13, 549	0
(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)	7, 983, 520	1, 289, 114
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	20, 248, 752	13, 025, 473

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	36,610,527	27,683,932

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	0	156,937
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	156,937

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	36,610,527	27,526,995
--	-----------	------------	------------

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)	116,713	
(B) Participants	2a(1)(B)	347,304	
(C) Others (including rollovers).....	2a(1)(C)	40,000	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		504,017
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)	554	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		554
(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)	427,029	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		427,029
(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)	-1,865,801	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-1,865,801

		(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)		-3,394,540
c Other income.....	2c		1,756,819
d Total income. Add all income amounts in column (b) and enter total.....	2d		-2,571,922
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	6,423,641	
(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)		6,423,641
f Corrective distributions (see instructions).....	2f		10,061
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	73,203	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	4,705	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		77,908
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		6,511,610
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-9,083,532
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: CONKLIN GILPIN WERTZ, PLLC

(2) EIN: 27-1439588

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		1,046

	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.)		X	
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.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		500,000
4e	X		500,000
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?		X	
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?		X	
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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 STAN JOHNSON COMPANY 401(K) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHEND ASSOCIATES LLC		D Employer Identification Number (EIN) 87-3598906
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): 95-6817943		
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 _____

STAN JOHNSON COMPANY 401(k) PLAN

EIN: 73-1443333 PN: 001

INDEPENDENT AUDITOR'S REPORT AND FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021



CONKLIN • GILPIN • WERTZ PLLC
CERTIFIED PUBLIC ACCOUNTANTS

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Independent Auditor's Report

To the Plan Administrator of
Stan Johnson Company 401(k) Plan

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

We have performed audits of the financial statements of Stan Johnson Company 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

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

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of 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 the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

Our audits did not extend to the certified investment information, except for obtaining and reading the 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 audits, significant audit findings, and certain internal control-related matters that we identified during the audits.

Other Matter – Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets Held (At End of Year) and Schedule of Delinquent Participant Contributions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementation 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 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to 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).

Conklin, Gilpin & Wertz, P.L.L.C.

CONKLIN, GILPIN, & WERTZ, P.L.L.C.

Certified Public Accountants

Tulsa, Oklahoma

October 12, 2023

Federal Employer Identification Number: 27-1439588

STAN JOHNSON COMPANY 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
ASSETS		
Investments, at fair value	\$ 27,586,174	\$ 36,203,014
Receivables:		
Employer's contributions	13,035	104,946
Other receivable	10,580	250,000
Notes receivable from participants	-	13,549
Investment income	<u>67,731</u>	<u>-</u>
Total receivables	<u>91,346</u>	<u>368,495</u>
Cash	<u>6,412</u>	<u>39,018</u>
TOTAL ASSETS	<u><u>27,683,932</u></u>	<u><u>36,610,527</u></u>
LIABILITIES		
Cash payable to broker	17,961	-
Other liabilities	<u>138,976</u>	<u>-</u>
TOTAL LIABILITIES	<u><u>156,937</u></u>	<u><u>-</u></u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 27,526,995</u></u>	<u><u>\$ 36,610,527</u></u>

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

STAN JOHNSON COMPANY 401(k) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
ADDITIONS		
Investment (loss) income:		
Net (depreciation) appreciation in fair value of investments	\$ (3,503,522)	\$ 5,500,393
Interest and dividends	<u>427,029</u>	<u>753,441</u>
Net investment (loss) income	<u>(3,076,493)</u>	<u>6,253,834</u>
Interest income on notes receivable from participants	<u>554</u>	<u>2,218</u>
Contributions:		
Participants	347,304	306,592
Employer	116,713	104,946
Rollover	<u>40,000</u>	<u>128,041</u>
Total contributions	<u>504,017</u>	<u>539,579</u>
TOTAL ADDITIONS	<u>(2,571,922)</u>	<u>6,795,631</u>
DEDUCTIONS		
Benefits paid directly to participants	6,433,702	3,551,366
Administrative expenses	<u>77,908</u>	<u>28,218</u>
TOTAL DEDUCTIONS	<u>6,511,610</u>	<u>3,579,584</u>
NET (DECREASE) INCREASE	(9,083,532)	3,216,047
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>36,610,527</u>	<u>33,394,480</u>
End of year	<u><u>\$ 27,526,995</u></u>	<u><u>\$ 36,610,527</u></u>

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

STAN JOHNSON COMPANY 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 and 2021

A. DESCRIPTION OF THE PLAN

The following description of the Stan Johnson Company 401(k) Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan sponsored by Stan Johnson Services, Inc. (the Company) through September 30, 2022, for the benefit of its employees who have at least two months of service and are age 21 or older. Effective October 1, 2022, NorthEnd Associates LLC replaced Stan Johnson Services, Inc. as the Plan Sponsor as part of the acquisition described in Note F. A related employer who also participates in the Plan includes SJCO-Holdings, LLC. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). Stan L. Johnson serves as the trustee of the Plan. Capital Bank and Trust Company and UBS Financial Services, Inc., serve as custodians of the Plan.

Contributions

The Plan permits eligible employees through a salary deferral election to have the Company make annual contributions of up to 100% of eligible compensation. Employee Roth and rollover contributions are also permitted. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Employer-matching and profit-sharing contributions are discretionary as determined by the Company's executives. Employees must be employed on the last day of the year to receive employer-matching and profit-sharing contributions. Additionally, one year of service is required to receive profit-sharing contributions. Contributions are subject to certain limitations. See Note F regarding the effect of the acquisition on contributions.

Participant Investment Account Options

Each participant has the option of directing his or her contribution into either mutual funds or self-directed brokerage accounts. Within the self-directed brokerage accounts, certain participants have invested in real estate investments.

These real estate investments are generally made in partnerships with other investors through a limited liability company (Special Purpose Entities, or "SPE") for the purpose of acquiring an interest in properties or property-related investments. Each SPE typically holds a minority interest in an investment; although, in some cases, it may hold a majority share. These SPEs have limitations on when funds can be withdrawn. Unfunded commitments of \$977,586 and \$1,307,208 existed for certain SPE investments at December 31, 2022 and 2021, respectively.

Participants may change the allocation of their investments daily except for investments in the SPEs described above.

Participant Accounts

Each participant's account is credited with the participant's contributions, employer contributions and plan earnings and is charged with an allocation of administrative expenses. Allocations are

A. DESCRIPTION OF THE PLAN – CONTINUED

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 earnings thereon. Vesting in the Company's contribution portion of their accounts plus earnings thereon is based on years of continuous service. A participant is fully vested after six years of continuous service. See Note F regarding the effect of the acquisition on vesting.

Notes Receivable from Participants

Participants may borrow from their participant accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account. The loan interest rate is set at 2% above the Wall Street Journal prime rate, as defined. Principal and interest are paid ratably through payroll deductions or paid directly by the participant. All loans are covered by promissory notes and are repayable over a period not to exceed five years (except for loans for the purchase of a principal residence).

Payment of Benefits

On termination of service, reaching the age of 65 or becoming disabled, a participant is eligible for a distribution of his or her vested account balance. Additionally, in-service distributions are allowed from a participant's rollover contribution account.

Forfeited Accounts

At December 31, 2022 and 2021, forfeited nonvested accounts totaled \$26,127 and \$10,407, respectively. These accounts will be used to reduce future employer contributions or to pay expenses of the Plan. In 2022 and 2021, the Plan used \$5,800 and \$3,245, respectively, of forfeitures to pay expenses.

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual basis of accounting.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets and changes in net assets and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

B. SUMMARY OF THE SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Investment Valuation and Income Recognition

Quoted market prices, if available, are used to value investments. Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year-end.

SPE valuations are outlined in *Note E*.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net (depreciation) appreciation in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Administrative expense may be paid by the Company or the Plan at the Company's discretion.

C. CERTIFICATION OF PLAN CUSTODIAN

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Capital Bank and Trust Company has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Notes receivable from participants as shown in the accompanying statements of net assets available for benefits as of December 31, 2022 and 2021.
- Certain investments of \$1,289,114 and \$7,983,520 as shown in the accompanying statements of net assets available for benefits as of December 31, 2022 and 2021, respectively.
- Certain net depreciation of \$1,846,086 and net appreciation \$508,821 as shown in the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2022 and 2021, respectively.
- Certain dividends of \$99,815 and \$553,259 as shown in the accompanying statements of changes in net assets are available for benefits for the years ended December 31, 2022 and 2021, respectively.

C. CERTIFICATION OF PLAN CUSTODIAN - CONTINUED

- Interest income on notes receivable from participants as shown in the accompanying statements of change in net assets available for benefits for the years ended December 31, 2022 and 2021.
- Certain investment information (American Funds mutual funds) included in the accompanying schedule of assets (held at end of year) as of December 31, 2022.

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

D. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association, or relatives of such persons.

Certain investments are shares of mutual funds managed by American Funds, a related party to a custodian of the Plan; therefore, these transactions qualify as party-in-interest transactions. Certain plan investments are money market mutual funds managed by UBS Asset Management (Americas) Inc., a related party to a custodian of the Plan; therefore, these transactions qualify as party-in-interest transactions. Certain plan investments are SPE investments that are managed by employees of the Company; therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net (depreciation) appreciation in fair value of investments as they are paid through revenue-sharing rather than a direct payment.

The Plan incurs administration fees to USI Insurance Services, formerly known as Beasley & Company prior to October 31, 2022, the Plan's third-party administrator, and such fees are included with administrative expenses on the Statements of Changes in Net Assets Available for Benefits.

The Company provides certain administrative services at no cost to the Plan.

E. DISCLOSURES ABOUT FAIR VALUE OF PLAN ASSETS

Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs.

STAN JOHNSON COMPANY 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 and 2021

E. DISCLOSURES ABOUT FAIR VALUE OF PLAN ASSETS – CONTINUED

There is a hierarchy of three levels of inputs that may be used to measure fair value:

Level 1	Quoted prices in active markets for identical assets
Level 2	Observable inputs other than Level 1 prices, such as quoted prices for similar assets; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets
Level 3	Unobservable inputs supported by little or no market activity and significant to the fair value of the assets

Recurring Measurements

The following table presents the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31:

	Fair Value	Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
2022				
Mutual funds	\$ 1,289,114	\$ 1,289,114	\$ -	\$ -
Self-directed brokerage accounts - non-real estate	21,695,084	13,527,179	8,167,905	-
Self-directed brokerage accounts - real estate	4,601,976	-	-	4,601,976
	<u>\$ 27,586,174</u>	<u>\$ 14,816,293</u>	<u>\$ 8,167,905</u>	<u>\$ 4,601,976</u>
2021				
Mutual funds	\$ 7,983,520	\$ 7,983,520	\$ -	\$ -
Self-directed brokerage accounts - non-real estate	23,013,551	22,622,621	390,930	-
Self-directed brokerage accounts - real estate	5,205,943	-	-	5,205,943
	<u>\$ 36,203,014</u>	<u>\$ 30,606,141</u>	<u>\$ 390,930</u>	<u>\$ 5,205,943</u>

E. DISCLOSURES ABOUT FAIR VALUE OF PLAN ASSETS – CONTINUED

Recurring Measurements - Continued

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying financial statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the years ended December 31, 2022 and 2021. For assets classified within Level 3 of the fair value hierarchy, the process used to develop the reported fair value is described below.

Investments

Where quoted market prices are available in an active market, investments are classified within Level 1 of the valuation hierarchy and include mutual funds and self-directed brokerage accounts containing equity securities, mutual funds and mutual money market funds. If quoted market prices are not available, then fair values are estimated by using quoted prices of investments with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such investments are classified in Level 2 of the valuation hierarchy and include self-directed brokerage accounts containing investments in certain debt-securities and certificates of deposit. In certain cases where Level 1 or Level 2 inputs are not available, investments are classified within Level 3 of the hierarchy and include self-directed brokerage accounts containing real estate investments.

Unobservable (Level 3) Inputs

The unobservable inputs used in recurring Level 3 fair value measurements were primarily capitalization rates and lack of control and marketability discounts. Capitalization rates utilized ranged from 5.9% to 10.0% in 2022 and 2021. Average capitalization rates were 7.9% in 2022 and 2021. Lack of control and marketability discounts were also applied on the valuations of SPEs at 40% for the years ended December 31, 2022 and 2021.

F. PARTIAL PLAN TERMINATION

As part of an acquisition by Northmarq Capital LLC, effective October 1, 2022, NorthEnd Associates LLC replaced Stan Johnson Services, Inc. as the Plan Sponsor. At this time Stan Johnson Services, Inc. and SJCO-Holdings, LLC were removed as participating employers in the Plan and their employees were no longer eligible for participation in the Plan for the purposes of elective deferrals, Roth, matching, and non-elective contributions. The Plan balances of the affected participants became 100% vested in their employer contributions at this time. Following the acquisition date, a majority of the participants rolled out of the Plan into a plan sponsored by the acquirer.

G. TAX STATUS

The Plan operates under a non-standardized adoption agreement in connection with a prototype 401(k) profit-sharing plan and trust sponsored by USI Insurance Services. This prototype plan document has been filed with the appropriate agency and has obtained an advisory letter from the Internal Revenue Service stating that the prototype constitutes a qualified plan under Section 401 of the Internal Revenue Code. The plan administrator believes that the Plan and the related trust are currently designed and being operated in compliance with applicable requirements of the Internal Revenue Code.

H. RISKS AND UNCERTAINTIES

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

I. SUBSEQUENT EVENTS

Subsequent events have been evaluated through the date of the independent auditor's report, which is the date the financial statements were available to be issued.

Effective June 1, 2023, the Plan Sponsor adopted resolutions to change the name of the Plan to the NorthEnd Associates LLC 401(k) Plan and to change the name of the Trust to the NorthEnd Associates LLC 401(k) Plan Trust Agreement.

SUPPLEMENTAL SCHEDULES

STAN JOHNSON COMPANY 401(k) PLAN
EIN: 73-1443333
Plan Number: 001
Schedule H, line 4i – Schedule of Assets (Held at End of Year)
December 31, 2022

Identity of Issuer	Description of Investment	Current Value
Mutual Funds		
* AMERICAN FUNDS 2030 TARGET DATE FUND R6	Mutual funds	\$ 309,263
* AMERICAN FUNDS 2025 TARGET DATE FUND R6	Mutual funds	298,035
* AMERICAN FUNDS GROWTH FUND OF AMER R6	Mutual funds	150,296
* AMERICAN FUNDS 2055 TARGET DATE FUND R6	Mutual funds	87,491
* AMERICAN FUNDS 2045 TARGET DATE FUND R6	Mutual funds	68,803
* AMERICAN FUNDS BOND FUND OF AMER R6	Mutual funds	65,731
* AMERICAN FUNDS NEW PERSPECTIVE R6	Mutual funds	44,291
* AMERICAN FUNDS EUROPACIFIC GR R6	Mutual funds	37,711
VANGUARD TOTAL INTL STOCK INDEX ADMIRAL	Mutual funds	35,527
* AMERICAN FUNDS AMERICAN BALANCED R6	Mutual funds	34,336
* AMERICAN FUNDS 2060 TARGET DATE FUND R6	Mutual funds	34,108
* AMERICAN FUNDS 2035 TARGET DATE FUND R6	Mutual funds	19,865
VANGUARD SMALL CAP INDEX FUND - ADMIRAL	Mutual funds	19,547
VANGUARD MID CAP INDEX ADM	Mutual funds	17,556
VANGUARD DIVIDEND GROWTH INV	Mutual funds	13,055
* AMERICAN FUNDS SMALLCAP WORLD R6	Mutual funds	9,001
T. ROWE PRICE LARGE CAP GROWTH I	Mutual funds	8,121
* AMERICAN FUNDS 2040 TARGET DATE FUND R6	Mutual funds	3,873
* AMERICAN FUNDS 2050 TARGET DATE FUND R6	Mutual funds	2,375
FIDELITY ADVISOR BALANCED Z	Mutual funds	1,585
* AMERICAN FUNDS US GOVT MONEY MARKET R6	Mutual funds	27,279
* AMERICAN FUNDS CAPITAL WORLD BOND R6	Mutual funds	920
* AMERICAN FUNDS CAPITAL WORLD G/I R6	Mutual funds	279
* AMERICAN FUNDS AMERICAN HI INC TR R6	Mutual funds	66
Total mutual funds		1,289,114
Self Directed Brokerage - Non Real Estate		
Equity		
APPLE INC	Equity	818,559
BERKSHIRE HATHAWAY INC NEW CL B	Equity	787,695
ALPHABET INC CL C	Equity	417,031
VANGUARD HEALTH CARE ETF	Equity	365,874
MICROSOFT CORP	Equity	351,336
CHEVRON CORP	Equity	269,235
STARBUCKS CORP	Equity	248,000
SCHWAB CHARLES CORP NEW	Equity	241,454
COMCAST CORP NEW CL A	Equity	209,820
MASTERCARD INC CL A	Equity	199,945
NIKE INC CL B	Equity	194,237
NOVO NORDISK ADR DENMARK ADR	Equity	179,326
NESTLE S A SPONSORED ADR REPSTG REG SHS SWITZ ADR	Equity	178,777
ABBOTT LABS	Equity	172,919
COSTCO WHOLESALE CORP	Equity	171,188
TJX COS INC NEW	Equity	169,548
EXPEDITORS INTL WASH INC	Equity	166,272
MCDONALDS CORP	Equity	158,118
VERIZON COMMUNICATIONS INC	Equity	157,600
BECTON DICKINSON & CO	Equity	152,580
RAYTHEON TECHNOLOGIES CORP	Equity	151,380
UNILEVER PLC AMER SHS NEW SPONADR	Equity	151,050
LOCKHEED MARTIN CORP	Equity	145,947
ACCENTURE PLC IRELAND CL A	Equity	140,091
AMAZON.COM INC	Equity	109,200
WALT DISNEY CO (HOLDING CO) DISNEY COM	Equity	104,256
PEPSICO INC	Equity	103,880
BANK OF AMER CORP	Equity	99,360
ENTERPRISE PRODUCTS PARTNER LPMLP	Equity	89,244
UNION PACIFIC CORP	Equity	72,475
JACOBS SOLUTIONS INC	Equity	60,035
SIMON PPTY GROUP INC SBI	Equity	58,740
HOME DEPOT INC	Equity	31,586
INVESCO QQQ TRUST ETF	Equity	19,172
KINDER MORGAN INC	Equity	5,695
MPLX LP MLP	Equity	3,580
MARTIN MIDSTREAM PARTNERS LP MLP	Equity	300
		6,955,505

STAN JOHNSON COMPANY 401(k) PLAN
EIN: 73-1443333
Plan Number: 001
Schedule H, line 4i – Schedule of Assets (Held at End of Year)
December 31, 2022

Identity of Issuer	Description of Investment	Current Value
Corporate Bond		
BOEING CO NTS B/E CALL@MW+50BP RATE 04.508% MATURES 05/01/23 CALLABLE	Corporate bond	\$ 299,442
WELLS FARGO & CO NTS B/E RATE 06.000% MATURES 10/28/25 INTEREST EARNED FROM 10/28/22 1ST INTEREST PAYMENT 04/28/23 CALLABLE	Corporate bond	251,835
ROYAL BK OF CANADA MED TERM NTS RATE 04.100% MATURES 08/29/24 CALLABLE	Corporate bond	243,800
GOLDMAN SACHS GROUP INC NTS B/E RATE 05.000% MATURES 07/06/27 INTEREST EARNED FROM 07/06/22 1ST INTEREST PAYMENT 01/06/23 CALLABLE	Corporate bond	241,380
KELLOGG CO B/E CALL@MW+15BP RATE 02.750% MATURES 03/01/23	Corporate bond	9,962
UNION PAC CORP NTS B/E CALL@MW+15BP RATE 03.250% MATURES 01/15/25 CALLABLE	Corporate bond	9,719
PROCTER & GAMBLE CO B/E CALL@MW+15BP RATE 02.700% MATURES 02/02/26	Corporate bond	9,489
UNITED TECHNOLOGIES CORP CALL@MW+15BP RATE 03.125% MATURES 05/04/27 CALLABLE	Corporate bond	9,326
TOYOTA MOTOR CREDIT CORP CALL@MW+12.5BP RATE 02.625% MATURES 01/10/23	Corporate bond	4,998
ABBVIE INC NTS B/E CALL@MW+20BP RATE 02.850% MATURES 05/14/23 CALLABLE	Corporate bond	4,964
APPLE INC CALL@MW+15BP NTS B/E RATE 02.400% MATURES 05/03/23	Corporate bond	4,960
SOUTHERN CO NTS B/E CALL@MW+20BP RATE 02.950% MATURES 07/01/23	Corporate bond	4,952
MASTERCARD INC NTS B/E CALL@MW+15BP RATE 03.375% MATURES 04/01/24	Corporate bond	4,910
AON PLC B/E CALL@MW+15BP RATE 03.500% MATURES 06/14/24 CALLABLE	Corporate bond	4,882
AMERICAN EXPRESS CO NTS B/E RATE 03.625% MATURES 12/05/24 CALLABLE	Corporate bond	4,870
AETNA INC NTS B/E CALL@MW+20BP RATE 03.500% MATURES 11/15/24	Corporate bond	4,863
GOLDMAN SACHS GROUP INC NTS B/E RATE 03.500% MATURES 01/23/25 CALLABLE	Corporate bond	4,833
CONOCOPHILLIPS CO NTS CALL@MW+17.5BP RATE 03.350% MATURES 05/15/25 CALLABLE	Corporate bond	4,810
O REILLY AUTOMOTIVE INC NEW B/E RATE 03.550% MATURES 03/15/26 CALLABLE	Corporate bond	4,807
WELLS FARGO & CO NTS B/E RATE 03.000% MATURES 02/19/25	Corporate bond	4,793
CBOE HLDGS INC COM NTS CALL@MW+20BP RATE 03.650% MATURES 01/12/27 CALLABLE	Corporate bond	4,781
MOLSON COORS BREWING CO 3.000% 071526 DTD070716 FC011517 CALL@MW+25BP	Corporate bond	4,646
REALTY INCOME CORP B/E RATE 03.000% MATURES 01/15/27 CALLABLE	Corporate bond	4,630
UNDER ARMOUR INC B/E CALL@MW+25BP RATE 03.250% MATURES 06/15/26 CALLABLE	Corporate bond	4,448
TEVA PHARMACEUTICAL NE CALL@MW+25BP RATE 03.150% MATURES 10/01/26	Corporate bond	4,373
		1,156,473
Money Market Mutual Fund		
UBS SELECT TREASURY INSTITUTIONAL FUND (90262Y802)	Money market mutual fund	4,891,086
UBS PRIME INVESTOR FUND (90262Y810)	Money market mutual fund	22,409
		4,913,495
Certificates of Deposit		
MANUFACTURERS & TR NY US RATE 04.9000% MAT 12/09/2024 FIXED RATE CD	Certificates of deposit	241,310
POPULAR BK NY US RATE 04.7500% MAT 11/07/2024 FIXED RATE CD	Certificates of deposit	240,612
MINEOLA CMNTY BK TX US RATE 04.8500% MAT 11/10/2025 FIXED RATE CD	Certificates of deposit	240,578
KEY BANK NA OH US RATE 04.8000% MAT 02/20/2024 FIXED RATE CD	Certificates of deposit	240,451
PNC BK NA DELAWARE PA US RATE 04.7500% MAT 05/15/2024 FIXED RATE CD	Certificates of deposit	240,391
TEXAS EXCHANGE BK TX US RATE 04.8000% MAT 08/30/2024 FIXED RATE CD	Certificates of deposit	240,360
CHARLES SCHWAB BAN NV US RATE 04.7000% MAT 11/29/2023 FIXED RATE CD	Certificates of deposit	240,156
BANC OF CALIFORNIA TX US RATE 04.6500% MAT 11/22/2023 FIXED RATE CD	Certificates of deposit	240,055
WELLS FARGO BK NA SD US RATE 04.0000% MAT 06/30/2023 FIXED RATE CD	Certificates of deposit	239,621
FIRST SOURCE BANK IN US RATE 04.4000% MAT 11/08/2023 FIXED RATE CD	Certificates of deposit	239,563
FIRST CITIZENS B&T NC US RATE 04.5000% MAT 10/21/2024 FIXED RATE CD	Certificates of deposit	239,544
CUSTOMERS BANK PA US RATE 03.7000% MAT 06/23/2023 FIXED RATE CD	Certificates of deposit	239,311
GREAT STHN BK MO US RATE 04.4000% MAT 10/21/2024 FIXED RATE CD	Certificates of deposit	239,148
FIFTH THIRD BANKOF OH US RATE 04.1000% MAT 10/05/2023 FIXED RATE CD	Certificates of deposit	239,098
BMO HARRIS BK NA IL US RATE 04.0000% MAT 09/22/2023 FIXED RATE CD	Certificates of deposit	238,992
MORGAN STANLEY PRI NY US RATE 04.2000% MAT 03/28/2024 FIXED RATE CD	Certificates of deposit	238,762
ISRAEL DISCOUNT BK NY US RATE 04.2500% MAT 06/28/2024 FIXED RATE CD	Certificates of deposit	238,733
AMER EXPRESS NATL UT US RATE 02.6000% MAT 06/22/2023 FIXED RATE CD	Certificates of deposit	238,174
VERITEX CMNTY BK N TX US RATE 03.0000% MAT 08/09/2023 FIXED RATE CD	Certificates of deposit	237,977
JP MORGAN CHASE BA NY US RATE 03.0000% MAT 08/31/2023 FIXED RATE CD	Certificates of deposit	237,686
BANK HAPOLIM BM NY US RATE 03.0500% MAT 12/26/2023 FIXED RATE CD	Certificates of deposit	236,350
ALLY BK UT US RATE 03.3500% MAT 08/12/2024 FIXED RATE CD	Certificates of deposit	235,308
BEAL BANK USA NV US RATE 03.1500% MAT 06/26/2024 FIXED RATE CD	Certificates of deposit	234,938
CFG COMMUNITY BANK MD US RATE 03.8000% MAT 03/11/2026 FIXED RATE CD	Certificates of deposit	234,540
SALLIE MAE BANK UT US RATE 03.4500% MAT 08/04/2025 FIXED RATE CD	Certificates of deposit	233,386
SYNCHRONY BANK UT US RATE 03.3500% MAT 08/12/2025 FIXED RATE CD	Certificates of deposit	232,747
BANKNEWPORT RHODE RI US RATE 03.5000% MAT 08/03/2026 FIXED RATE CD	Certificates of deposit	231,502
CAPITAL ONE BK USA VA US RATE 03.5000% MAT 08/03/2026 FIXED RATE CD	Certificates of deposit	231,468
GOLDMAN SACHS BANK NY US RATE 02.9500% MAT 02/13/2023 FIXED RATE CD	Certificates of deposit	49,930
AMER EXPRESS NATL UT US RATE 02.8500% MAT 05/20/2024 FIXED RATE CD	Certificates of deposit	48,818
DISCOVER BANK DE US RATE 02.5000% MAT 09/13/2024 FIXED RATE CD	Certificates of deposit	9,658
GOLDMAN SACHS BANK NY US RATE 02.6500% MAT 09/13/2027 FIXED RATE CD	Certificates of deposit	9,184
		7,011,432

STAN JOHNSON COMPANY 401(k) PLAN**EIN: 73-1443333****Plan Number: 001****Schedule H, line 4i – Schedule of Assets (Held at End of Year)****December 31, 2022**

Identity of Issuer	Description of Investment	Current Value
Interest-Bearing Cash		
* UBS BANK USA DEPOSIT ACCOUNT	Cash	\$ 1,286,634
* UBS BANK USA CORE SAVINGS	Cash	371,545
		<u>1,658,179</u>
Total self-directed brokerage accounts - non-real estate		<u>21,695,084</u>
Self Directed Brokerage Account - Real Estate		
* SJCO - RCG FUND VI	Real estate investment	482,983
ROLLINGS WAVES (DUNMORE)	Real estate investment	428,668
COLLETT CAPITAL FUND II	Real estate investment	420,000
* SJCO - RCG FUND VII	Real estate investment	365,268
BKRI - LENNOX, LLC	Real estate investment	255,020
CARDINAL FENWAY	Real estate investment	244,176
CARDINAL LENNOX	Real estate investment	240,960
CARDINAL LEANDER HOLDINGS, LP	Real estate investment	240,000
CANDY FACTORY OKC PSP, LLC	Real estate investment	232,369
* SJCO - UNIVERSITY PLAZA	Real estate investment	227,893
* SJCO - RCG FUND III INVESTORS, LLC	Real estate investment	177,129
* SJCO - CC FUND I, LLC	Real estate investment	168,000
* SJCO - RCG FUND V	Real estate investment	157,015
TCIH - PARKER VILLAGE, LLC	Real estate investment	155,944
* SJCO - RCG FUND IV	Real estate investment	154,838
CROSSROADS/COLLETT CAPITAL FUND I	Real estate investment	120,000
BKRI - M GROUP VESTA, LLC (SHORELINE/LAKEVIEW)	Real estate investment	81,455
PERIMETER SQUARE	Real estate investment	75,000
* BKRI - CC Fund II, LLC	Real estate investment	63,337
* SJCO - RK DEVELOPMENT PSP, LLC	Real estate investment	59,961
* SJCO - ONE BETHANY WEST I - PSP, LLC	Real estate investment	57,192
COLONIAL/CHERRY STREET	Real estate investment	50,000
* SJCO - RED ROCK INDUSTRIAL PSP, LLC	Real estate investment	48,734
* GARNER GROUP FUND I, LLC	Real estate investment	36,275
TCIH - MID AMERICA	Real estate investment	25,000
BKRI - FENWAY, LLC	Real estate investment	21,504
* SJCO - RCG FUND II INVESTORS, LLC	Real estate investment	8,755
* GARNER GROUP FUND II, LLC	Real estate investment	4,500
Total self directed brokerage account - real estate		<u>4,601,976</u>
Non-interest bearing cash		<u>6,412</u>
		<u><u>\$ 27,592,586</u></u>

*Party-in-interest

Note: Disclosure of the investments' cost is not required because the investments are participant-directed.

STAN JOHNSON COMPANY 401(k) PLAN**EIN: 73-1443333****Plan Number: 001****Schedule H, line 4a – Schedule of Delinquent Participant Contributions****December 31, 2022**

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are Included: ☐				

\$ 1,046 \$ 1,046 \$ - \$ - \$ -

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

Part II Basic Plan Information —enter all requested information		
1a Name of plan STAN JOHNSON COMPANY 401(K) PLAN	1b Three-digit plan number (PN) ▶	001
	1c Effective date of plan	01/01/1992
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) NORTHEND ASSOCIATES LLC 6120 South Yale Ave Suite 300 ¹²⁰⁰ Tulsa OK 74136	2b Employer Identification Number (EIN) 87-3598906	
	2c Plan Sponsor's telephone number	918-494-2690
	2d Business code (see instructions)	531210

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		19/13/2023	JOSHUA CAMPBELL
	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

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 STAN JOHNSON SERVICES, INC. c Plan Name 73-1443333		4b EIN 87-3598906 4d PN 001	
5 Total number of participants at the beginning of the plan year		5	144
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	101
a(2) Total number of active participants at the end of the plan year		6a(2)	63
b Retired or separated participants receiving benefits		6b	2
c Other retired or separated participants entitled to future benefits		6c	24
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	89
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	0
f Total. Add lines 6d and 6e		6f	89
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	37
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	34
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 2F 2G 2J 2K 2R 2T 3D 3H			
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) ☐ 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 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 STAN JOHNSON COMPANY 401(K) PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHEND ASSOCIATES LLC	D Employer Identification Number (EIN) 87-3598906	

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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(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)

UBS Financial Services Inc.
315 Deaderick St 5th FL
Steve Bratton
Nashville TN 37238

(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	Investment Advisor	23,430	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

Beasley & Company
2626 E 21st St. Ste 1
Tulsa OK 74114

(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?
13	Contract Admin	19,475	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

Capital Group Retirement Plan Servi
6455 Irvine Center Drive
Irvine CA 92618

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	Recordkeeper	12,222	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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)

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) 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 STAN JOHNSON COMPANY 401(K) PLAN		B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHEND ASSOCIATES LLC		D Employer Identification Number (EIN) 87-3598906

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	39,018	6,412
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	104,946	13,035
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	250,000	78,311
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2,764,799	8,669,611
(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)	5,205,943	4,601,976
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans	1c(8)	13,549	0
(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)	7,983,520	1,289,114
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	20,248,752	13,025,473

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(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	36,610,527 27,683,932
Liabilities			
g	Benefit claims payable.....	1g	
h	Operating payables.....	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	0 156,937
k	Total liabilities (add all amounts in lines 1g through 1j).....	1k	0 156,937
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	36,610,527 27,526,995

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers.....	2a(1)(A)	116,713
	(B) Participants.....	2a(1)(B)	347,304
	(C) Others (including rollovers).....	2a(1)(C)	40,000
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)	504,017
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)	554
	(F) Other.....	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	554
(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)	427,029
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)	427,029
(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)	-1,865,801
	(B) Other.....	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)	-1,865,801

		(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)		-3,394,540
c Other income.....	2c		1,756,819
d Total income. Add all income amounts in column (b) and enter total.....	2d		-2,571,922
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	6,423,641	
(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)		6,423,641
f Corrective distributions (see instructions).....	2f		10,061
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	73,203	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	4,705	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		77,908
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		6,511,610
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-9,083,532
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: CONKLIN GILPIN WERTZ, PLLC

(2) EIN: 27-1439588

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		1,046

	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.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500,000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) 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.
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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 STAN JOHNSON COMPANY 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHEND ASSOCIATES LLC	D Employer Identification Number (EIN) 87-3598906

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): 95-6817943		
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
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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		c	Dollar amount contributed by employer
b	EIN			
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		c	Dollar amount contributed by employer
b	EIN			
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		c	Dollar amount contributed by employer
b	EIN			
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		c	Dollar amount contributed by employer
b	EIN			
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		c	Dollar amount contributed by employer
b	EIN			
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 _____

STAN JOHNSON COMPANY 401(k) PLAN

EIN: 73-1443333 PN: 001

INDEPENDENT AUDITOR'S REPORT AND FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021



CONKLIN • GILPIN • WERTZ PLLC
CERTIFIED PUBLIC ACCOUNTANTS

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Independent Auditor's Report

To the Plan Administrator of
Stan Johnson Company 401(k) Plan

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

We have performed audits of the financial statements of Stan Johnson Company 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

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

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of 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 the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

Our audits did not extend to the certified investment information, except for obtaining and reading the 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 audits, significant audit findings, and certain internal control-related matters that we identified during the audits.

Other Matter – Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets Held (At End of Year) and Schedule of Delinquent Participant Contributions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementation 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 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to 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).

Conklin, Gilpin & Wertz, P.L.L.C.

CONKLIN, GILPIN, & WERTZ, P.L.L.C.
Certified Public Accountants

Tulsa, Oklahoma
October 12, 2023

Federal Employer Identification Number: 27-1439588

STAN JOHNSON COMPANY 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
ASSETS		
Investments, at fair value	\$ 27,586,174	\$ 36,203,014
Receivables:		
Employer's contributions	13,035	104,946
Other receivable	10,580	250,000
Notes receivable from participants	-	13,549
Investment income	<u>67,731</u>	<u>-</u>
Total receivables	<u>91,346</u>	<u>368,495</u>
Cash	<u>6,412</u>	<u>39,018</u>
TOTAL ASSETS	<u>27,683,932</u>	<u>36,610,527</u>
LIABILITIES		
Cash payable to broker	17,961	-
Other liabilities	<u>138,976</u>	<u>-</u>
TOTAL LIABILITIES	<u>156,937</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 27,526,995</u></u>	<u><u>\$ 36,610,527</u></u>

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

STAN JOHNSON COMPANY 401(k) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
ADDITIONS		
Investment (loss) income:		
Net (depreciation) appreciation in fair value of investments	\$ (3,503,522)	\$ 5,500,393
Interest and dividends	<u>427,029</u>	<u>753,441</u>
Net investment (loss) income	<u>(3,076,493)</u>	<u>6,253,834</u>
Interest income on notes receivable from participants	<u>554</u>	<u>2,218</u>
Contributions:		
Participants	347,304	306,592
Employer	116,713	104,946
Rollover	<u>40,000</u>	<u>128,041</u>
Total contributions	<u>504,017</u>	<u>539,579</u>
TOTAL ADDITIONS	<u>(2,571,922)</u>	<u>6,795,631</u>
DEDUCTIONS		
Benefits paid directly to participants	6,433,702	3,551,366
Administrative expenses	<u>77,908</u>	<u>28,218</u>
TOTAL DEDUCTIONS	<u>6,511,610</u>	<u>3,579,584</u>
NET (DECREASE) INCREASE	(9,083,532)	3,216,047
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>36,610,527</u>	<u>33,394,480</u>
End of year	<u><u>\$ 27,526,995</u></u>	<u><u>\$ 36,610,527</u></u>

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

STAN JOHNSON COMPANY 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 and 2021

A. DESCRIPTION OF THE PLAN

The following description of the Stan Johnson Company 401(k) Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan sponsored by Stan Johnson Services, Inc. (the Company) through September 30, 2022, for the benefit of its employees who have at least two months of service and are age 21 or older. Effective October 1, 2022, NorthEnd Associates LLC replaced Stan Johnson Services, Inc. as the Plan Sponsor as part of the acquisition described in Note F. A related employer who also participates in the Plan includes SJCO-Holdings, LLC. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). Stan L. Johnson serves as the trustee of the Plan. Capital Bank and Trust Company and UBS Financial Services, Inc., serve as custodians of the Plan.

Contributions

The Plan permits eligible employees through a salary deferral election to have the Company make annual contributions of up to 100% of eligible compensation. Employee Roth and rollover contributions are also permitted. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Employer-matching and profit-sharing contributions are discretionary as determined by the Company's executives. Employees must be employed on the last day of the year to receive employer-matching and profit-sharing contributions. Additionally, one year of service is required to receive profit-sharing contributions. Contributions are subject to certain limitations. See Note F regarding the effect of the acquisition on contributions.

Participant Investment Account Options

Each participant has the option of directing his or her contribution into either mutual funds or self-directed brokerage accounts. Within the self-directed brokerage accounts, certain participants have invested in real estate investments.

These real estate investments are generally made in partnerships with other investors through a limited liability company (Special Purpose Entities, or "SPE") for the purpose of acquiring an interest in properties or property-related investments. Each SPE typically holds a minority interest in an investment; although, in some cases, it may hold a majority share. These SPEs have limitations on when funds can be withdrawn. Unfunded commitments of \$977,586 and \$1,307,208 existed for certain SPE investments at December 31, 2022 and 2021, respectively.

Participants may change the allocation of their investments daily except for investments in the SPEs described above.

Participant Accounts

Each participant's account is credited with the participant's contributions, employer contributions and plan earnings and is charged with an allocation of administrative expenses. Allocations are

A. DESCRIPTION OF THE PLAN – CONTINUED

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 earnings thereon. Vesting in the Company's contribution portion of their accounts plus earnings thereon is based on years of continuous service. A participant is fully vested after six years of continuous service. See Note F regarding the effect of the acquisition on vesting.

Notes Receivable from Participants

Participants may borrow from their participant accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account. The loan interest rate is set at 2% above the Wall Street Journal prime rate, as defined. Principal and interest are paid ratably through payroll deductions or paid directly by the participant. All loans are covered by promissory notes and are repayable over a period not to exceed five years (except for loans for the purchase of a principal residence).

Payment of Benefits

On termination of service, reaching the age of 65 or becoming disabled, a participant is eligible for a distribution of his or her vested account balance. Additionally, in-service distributions are allowed from a participant's rollover contribution account.

Forfeited Accounts

At December 31, 2022 and 2021, forfeited nonvested accounts totaled \$26,127 and \$10,407, respectively. These accounts will be used to reduce future employer contributions or to pay expenses of the Plan. In 2022 and 2021, the Plan used \$5,800 and \$3,245, respectively, of forfeitures to pay expenses.

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual basis of accounting.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets and changes in net assets and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

B. SUMMARY OF THE SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Investment Valuation and Income Recognition

Quoted market prices, if available, are used to value investments. Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year-end.

SPE valuations are outlined in *Note E*.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net (depreciation) appreciation in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Administrative expense may be paid by the Company or the Plan at the Company's discretion.

C. CERTIFICATION OF PLAN CUSTODIAN

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Capital Bank and Trust Company has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Notes receivable from participants as shown in the accompanying statements of net assets available for benefits as of December 31, 2022 and 2021.
- Certain investments of \$1,289,114 and \$7,983,520 as shown in the accompanying statements of net assets available for benefits as of December 31, 2022 and 2021, respectively.
- Certain net depreciation of \$1,846,086 and net appreciation \$508,821 as shown in the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2022 and 2021, respectively.
- Certain dividends of \$99,815 and \$553,259 as shown in the accompanying statements of changes in net assets are available for benefits for the years ended December 31, 2022 and 2021, respectively.

C. CERTIFICATION OF PLAN CUSTODIAN - CONTINUED

- Interest income on notes receivable from participants as shown in the accompanying statements of change in net assets available for benefits for the years ended December 31, 2022 and 2021.
- Certain investment information (American Funds mutual funds) included in the accompanying schedule of assets (held at end of year) as of December 31, 2022.

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

D. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association, or relatives of such persons.

Certain investments are shares of mutual funds managed by American Funds, a related party to a custodian of the Plan; therefore, these transactions qualify as party-in-interest transactions. Certain plan investments are money market mutual funds managed by UBS Asset Management (Americas) Inc., a related party to a custodian of the Plan; therefore, these transactions qualify as party-in-interest transactions. Certain plan investments are SPE investments that are managed by employees of the Company; therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net (depreciation) appreciation in fair value of investments as they are paid through revenue-sharing rather than a direct payment.

The Plan incurs administration fees to USI Insurance Services, formerly known as Beasley & Company prior to October 31, 2022, the Plan's third-party administrator, and such fees are included with administrative expenses on the Statements of Changes in Net Assets Available for Benefits.

The Company provides certain administrative services at no cost to the Plan.

E. DISCLOSURES ABOUT FAIR VALUE OF PLAN ASSETS

Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs.

E. DISCLOSURES ABOUT FAIR VALUE OF PLAN ASSETS – CONTINUED

There is a hierarchy of three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets
- Level 3** Unobservable inputs supported by little or no market activity and significant to the fair value of the assets

Recurring Measurements

The following table presents the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31:

	Fair Value	Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
2022				
Mutual funds	\$ 1,289,114	\$ 1,289,114	\$ -	\$ -
Self-directed brokerage accounts - non-real estate	21,695,084	13,527,179	8,167,905	-
Self-directed brokerage accounts - real estate	4,601,976	-	-	4,601,976
	<u>\$ 27,586,174</u>	<u>\$ 14,816,293</u>	<u>\$ 8,167,905</u>	<u>\$ 4,601,976</u>
2021				
Mutual funds	\$ 7,983,520	\$ 7,983,520	\$ -	\$ -
Self-directed brokerage accounts - non-real estate	23,013,551	22,622,621	390,930	-
Self-directed brokerage accounts - real estate	5,205,943	-	-	5,205,943
	<u>\$ 36,203,014</u>	<u>\$ 30,606,141</u>	<u>\$ 390,930</u>	<u>\$ 5,205,943</u>

E. DISCLOSURES ABOUT FAIR VALUE OF PLAN ASSETS – CONTINUED

Recurring Measurements - Continued

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying financial statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the years ended December 31, 2022 and 2021. For assets classified within Level 3 of the fair value hierarchy, the process used to develop the reported fair value is described below.

Investments

Where quoted market prices are available in an active market, investments are classified within Level 1 of the valuation hierarchy and include mutual funds and self-directed brokerage accounts containing equity securities, mutual funds and mutual money market funds. If quoted market prices are not available, then fair values are estimated by using quoted prices of investments with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such investments are classified in Level 2 of the valuation hierarchy and include self-directed brokerage accounts containing investments in certain debt-securities and certificates of deposit. In certain cases where Level 1 or Level 2 inputs are not available, investments are classified within Level 3 of the hierarchy and include self-directed brokerage accounts containing real estate investments.

Unobservable (Level 3) Inputs

The unobservable inputs used in recurring Level 3 fair value measurements were primarily capitalization rates and lack of control and marketability discounts. Capitalization rates utilized ranged from 5.9% to 10.0% in 2022 and 2021. Average capitalization rates were 7.9% in 2022 and 2021. Lack of control and marketability discounts were also applied on the valuations of SPEs at 40% for the years ended December 31, 2022 and 2021.

F. PARTIAL PLAN TERMINATION

As part of an acquisition by Northmarq Capital LLC, effective October 1, 2022, NorthEnd Associates LLC replaced Stan Johnson Services, Inc. as the Plan Sponsor. At this time Stan Johnson Services, Inc. and SJCO-Holdings, LLC were removed as participating employers in the Plan and their employees were no longer eligible for participation in the Plan for the purposes of elective deferrals, Roth, matching, and non-elective contributions. The Plan balances of the affected participants became 100% vested in their employer contributions at this time. Following the acquisition date, a majority of the participants rolled out of the Plan into a plan sponsored by the acquirer.

G. TAX STATUS

The Plan operates under a non-standardized adoption agreement in connection with a prototype 401(k) profit-sharing plan and trust sponsored by USI Insurance Services. This prototype plan document has been filed with the appropriate agency and has obtained an advisory letter from the Internal Revenue Service stating that the prototype constitutes a qualified plan under Section 401 of the Internal Revenue Code. The plan administrator believes that the Plan and the related trust are currently designed and being operated in compliance with applicable requirements of the Internal Revenue Code.

H. RISKS AND UNCERTAINTIES

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

I. SUBSEQUENT EVENTS

Subsequent events have been evaluated through the date of the independent auditor's report, which is the date the financial statements were available to be issued.

Effective June 1, 2023, the Plan Sponsor adopted resolutions to change the name of the Plan to the NorthEnd Associates LLC 401(k) Plan and to change the name of the Trust to the NorthEnd Associates LLC 401(k) Plan Trust Agreement.

SUPPLEMENTAL SCHEDULES

STAN JOHNSON COMPANY 401(k) PLAN
EIN: 73-1443333
Plan Number: 001
Schedule H, line 4i – Schedule of Assets (Held at End of Year)
December 31, 2022

Identity of Issuer	Description of Investment	Current Value
Mutual Funds		
* AMERICAN FUNDS 2030 TARGET DATE FUND R6	Mutual funds	\$ 309,263
* AMERICAN FUNDS 2025 TARGET DATE FUND R6	Mutual funds	298,035
* AMERICAN FUNDS GROWTH FUND OF AMER R6	Mutual funds	150,296
* AMERICAN FUNDS 2055 TARGET DATE FUND R6	Mutual funds	87,491
* AMERICAN FUNDS 2045 TARGET DATE FUND R6	Mutual funds	68,803
* AMERICAN FUNDS BOND FUND OF AMER R6	Mutual funds	65,731
* AMERICAN FUNDS NEW PERSPECTIVE R6	Mutual funds	44,291
* AMERICAN FUNDS EUROPACIFIC GR R6	Mutual funds	37,711
VANGUARD TOTAL INTL STOCK INDEX ADMIRAL	Mutual funds	35,527
* AMERICAN FUNDS AMERICAN BALANCED R6	Mutual funds	34,336
* AMERICAN FUNDS 2060 TARGET DATE FUND R6	Mutual funds	34,108
* AMERICAN FUNDS 2035 TARGET DATE FUND R6	Mutual funds	19,865
VANGUARD SMALL CAP INDEX FUND - ADMIRAL	Mutual funds	19,547
VANGUARD MID CAP INDEX ADM	Mutual funds	17,556
VANGUARD DIVIDEND GROWTH INV	Mutual funds	13,055
* AMERICAN FUNDS SMALLCAP WORLD R6	Mutual funds	9,001
T. ROWE PRICE LARGE CAP GROWTH I	Mutual funds	8,121
* AMERICAN FUNDS 2040 TARGET DATE FUND R6	Mutual funds	3,873
* AMERICAN FUNDS 2050 TARGET DATE FUND R6	Mutual funds	2,375
FIDELITY ADVISOR BALANCED Z	Mutual funds	1,585
* AMERICAN FUNDS US GOVT MONEY MARKET R6	Mutual funds	27,279
* AMERICAN FUNDS CAPITAL WORLD BOND R6	Mutual funds	920
* AMERICAN FUNDS CAPITAL WORLD G/I R6	Mutual funds	279
* AMERICAN FUNDS AMERICAN HI INC TR R6	Mutual funds	66
Total mutual funds		1,289,114
Self Directed Brokerage - Non Real Estate		
Equity		
APPLE INC	Equity	818,559
BERKSHIRE HATHAWAY INC NEW CL B	Equity	787,695
ALPHABET INC CL C	Equity	417,031
VANGUARD HEALTH CARE ETF	Equity	365,874
MICROSOFT CORP	Equity	351,336
CHEVRON CORP	Equity	269,235
STARBUCKS CORP	Equity	248,000
SCHWAB CHARLES CORP NEW	Equity	241,454
COMCAST CORP NEW CL A	Equity	209,820
MASTERCARD INC CL A	Equity	199,945
NIKE INC CL B	Equity	194,237
NOVO NORDISK ADR DENMARK ADR	Equity	179,326
NESTLE S A SPONSORED ADR REPSTG REG SHS SWITZ ADR	Equity	178,777
ABBOTT LABS	Equity	172,919
COSTCO WHOLESALE CORP	Equity	171,188
TJX COS INC NEW	Equity	169,548
EXPEDITORS INTL WASH INC	Equity	166,272
MCDONALDS CORP	Equity	158,118
VERIZON COMMUNICATIONS INC	Equity	157,600
BECTON DICKINSON & CO	Equity	152,580
RAYTHEON TECHNOLOGIES CORP	Equity	151,380
UNILEVER PLC AMER SHS NEW SPONADR	Equity	151,050
LOCKHEED MARTIN CORP	Equity	145,947
ACCENTURE PLC IRELAND CL A	Equity	140,091
AMAZON.COM INC	Equity	109,200
WALT DISNEY CO (HOLDING CO) DISNEY COM	Equity	104,256
PEPSICO INC	Equity	103,880
BANK OF AMER CORP	Equity	99,360
ENTERPRISE PRODUCTS PARTNER LPMLP	Equity	89,244
UNION PACIFIC CORP	Equity	72,475
JACOBS SOLUTIONS INC	Equity	60,035
SIMON PPTY GROUP INC SBI	Equity	58,740
HOME DEPOT INC	Equity	31,586
INVESCO QQQ TRUST ETF	Equity	19,172
KINDER MORGAN INC	Equity	5,695
MPLX LP MLP	Equity	3,580
MARTIN MIDSTREAM PARTNERS LP MLP	Equity	300
		6,955,505

STAN JOHNSON COMPANY 401(k) PLAN
EIN: 73-1443333
Plan Number: 001
Schedule H, line 4i – Schedule of Assets (Held at End of Year)
December 31, 2022

Identity of Issuer	Description of Investment	Current Value
Corporate Bond		
BOEING CO NTS B/E CALL@MW+50BP RATE 04.508% MATURES 05/01/23 CALLABLE	Corporate bond	\$ 299,442
WELLS FARGO & CO NTS B/E RATE 06.000% MATURES 10/28/25 INTEREST EARNED FROM 10/28/22 1ST INTEREST PAYMENT 04/28/23 CALLABLE	Corporate bond	251,835
ROYAL BK OF CANADA MED TERM NTS RATE 04.100% MATURES 08/29/24 CALLABLE	Corporate bond	243,800
GOLDMAN SACHS GROUP INC NTS B/E RATE 05.000% MATURES 07/06/27 INTEREST EARNED FROM 07/06/22 1ST INTEREST PAYMENT 01/06/23 CALLABLE	Corporate bond	241,380
KELLOGG CO B/E CALL@MW+15BP RATE 02.750% MATURES 03/01/23	Corporate bond	9,962
UNION PAC CORP NTS B/E CALL@MW+15BP RATE 03.250% MATURES 01/15/25 CALLABLE	Corporate bond	9,719
PROCTER & GAMBLE CO B/E CALL@MW+15BP RATE 02.700% MATURES 02/02/26	Corporate bond	9,489
UNITED TECHNOLOGIES CORP CALL@MW+15BP RATE 03.125% MATURES 05/04/27 CALLABLE	Corporate bond	9,326
TOYOTA MOTOR CREDIT CORP CALL@MW+12.5BP RATE 02.625% MATURES 01/10/23	Corporate bond	4,998
ABBVIE INC NTS B/E CALL@MW+20BP RATE 02.850% MATURES 05/14/23 CALLABLE	Corporate bond	4,964
APPLE INC CALL@MW+15BP NTS B/E RATE 02.400% MATURES 05/03/23	Corporate bond	4,960
SOUTHERN CO NTS B/E CALL@MW+20BP RATE 02.950% MATURES 07/01/23	Corporate bond	4,952
MASTERCARD INC NTS B/E CALL@MW+15BP RATE 03.375% MATURES 04/01/24	Corporate bond	4,910
AON PLC B/E CALL@MW+15BP RATE 03.500% MATURES 06/14/24 CALLABLE	Corporate bond	4,882
AMERICAN EXPRESS CO NTS B/E RATE 03.625% MATURES 12/05/24 CALLABLE	Corporate bond	4,870
AETNA INC NTS B/E CALL@MW+20BP RATE 03.500% MATURES 11/15/24	Corporate bond	4,863
GOLDMAN SACHS GROUP INC NTS B/E RATE 03.500% MATURES 01/23/25 CALLABLE	Corporate bond	4,833
CONOCOPHILLIPS CO NTS CALL@MW+17.5BP RATE 03.350% MATURES 05/15/25 CALLABLE	Corporate bond	4,810
O REILLY AUTOMOTIVE INC NEW B/E RATE 03.550% MATURES 03/15/26 CALLABLE	Corporate bond	4,807
WELLS FARGO & CO NTS B/E RATE 03.000% MATURES 02/19/25	Corporate bond	4,793
CBOE HLDGS INC COM NTS CALL@MW+20BP RATE 03.650% MATURES 01/12/27 CALLABLE	Corporate bond	4,781
MOLSON COORS BREWING CO 3.000% 071526 DTD070716 FC011517 CALL@MW+25BP	Corporate bond	4,646
REALTY INCOME CORP B/E RATE 03.000% MATURES 01/15/27 CALLABLE	Corporate bond	4,630
UNDER ARMOUR INC B/E CALL@MW+25BP RATE 03.250% MATURES 06/15/26 CALLABLE	Corporate bond	4,448
TEVA PHARMACEUTICAL NE CALL@MW+25BP RATE 03.150% MATURES 10/01/26	Corporate bond	4,373
		<u>1,156,473</u>
Money Market Mutual Fund		
UBS SELECT TREASURY INSTITUTIONAL FUND (90262Y802)	Money market mutual fund	4,891,086
UBS PRIME INVESTOR FUND (90262Y810)	Money market mutual fund	22,409
		<u>4,913,495</u>
Certificates of Deposit		
MANUFACTURERS & TR NY US RATE 04.9000% MAT 12/09/2024 FIXED RATE CD	Certificates of deposit	241,310
POPULAR BK NY US RATE 04.7500% MAT 11/07/2024 FIXED RATE CD	Certificates of deposit	240,612
MINEOLA CMNTY BK TX US RATE 04.8500% MAT 11/10/2025 FIXED RATE CD	Certificates of deposit	240,578
KEY BANK NA OH US RATE 04.8000% MAT 02/20/2024 FIXED RATE CD	Certificates of deposit	240,451
PNC BK NA DELAWARE PA US RATE 04.7500% MAT 05/15/2024 FIXED RATE CD	Certificates of deposit	240,391
TEXAS EXCHANGE BK TX US RATE 04.8000% MAT 08/30/2024 FIXED RATE CD	Certificates of deposit	240,360
CHARLES SCHWAB BAN NV US RATE 04.7000% MAT 11/29/2023 FIXED RATE CD	Certificates of deposit	240,156
BANC OF CALIFORNIA TX US RATE 04.6500% MAT 11/22/2023 FIXED RATE CD	Certificates of deposit	240,055
WELLS FARGO BK NA SD US RATE 04.0000% MAT 06/30/2023 FIXED RATE CD	Certificates of deposit	239,621
FIRST SOURCE BANK IN US RATE 04.4000% MAT 11/08/2023 FIXED RATE CD	Certificates of deposit	239,563
FIRST CITIZENS B&T NC US RATE 04.5000% MAT 10/21/2024 FIXED RATE CD	Certificates of deposit	239,544
CUSTOMERS BANK PA US RATE 03.7000% MAT 06/23/2023 FIXED RATE CD	Certificates of deposit	239,311
GREAT STHN BK MO US RATE 04.4000% MAT 10/21/2024 FIXED RATE CD	Certificates of deposit	239,148
FIFTH THIRD BANKOF OH US RATE 04.1000% MAT 10/05/2023 FIXED RATE CD	Certificates of deposit	239,098
BMO HARRIS BK NA IL US RATE 04.0000% MAT 09/22/2023 FIXED RATE CD	Certificates of deposit	238,992
MORGAN STANLEY PRI NY US RATE 04.2000% MAT 03/28/2024 FIXED RATE CD	Certificates of deposit	238,762
ISRAEL DISCOUNT BK NY US RATE 04.2500% MAT 06/28/2024 FIXED RATE CD	Certificates of deposit	238,733
AMER EXPRESS NATL UT US RATE 02.6000% MAT 06/22/2023 FIXED RATE CD	Certificates of deposit	238,174
VERITEX CMNTY BK N TX US RATE 03.0000% MAT 08/09/2023 FIXED RATE CD	Certificates of deposit	237,977
JP MORGAN CHASE BA NY US RATE 03.0000% MAT 08/31/2023 FIXED RATE CD	Certificates of deposit	237,686
BANK HAPOALIM BM NY US RATE 03.0500% MAT 12/26/2023 FIXED RATE CD	Certificates of deposit	236,350
ALLY BK UT US RATE 03.3500% MAT 08/12/2024 FIXED RATE CD	Certificates of deposit	235,308
BEAL BANK USA NV US RATE 03.1500% MAT 06/26/2024 FIXED RATE CD	Certificates of deposit	234,938
CFG COMMUNITY BANK MD US RATE 03.8000% MAT 03/11/2026 FIXED RATE CD	Certificates of deposit	234,540
SALLIE MAE BANK UT US RATE 03.4500% MAT 08/04/2025 FIXED RATE CD	Certificates of deposit	233,386
SYNCHRONY BANK UT US RATE 03.3500% MAT 08/12/2025 FIXED RATE CD	Certificates of deposit	232,747
BANKNEWPORT RHODE RI US RATE 03.5000% MAT 08/03/2026 FIXED RATE CD	Certificates of deposit	231,502
CAPITAL ONE BK USA VA US RATE 03.5000% MAT 08/03/2026 FIXED RATE CD	Certificates of deposit	231,468
GOLDMAN SACHS BANK NY US RATE 02.9500% MAT 02/13/2023 FIXED RATE CD	Certificates of deposit	49,930
AMER EXPRESS NATL UT US RATE 02.8500% MAT 05/20/2024 FIXED RATE CD	Certificates of deposit	48,818
DISCOVER BANK DE US RATE 02.5000% MAT 09/13/2024 FIXED RATE CD	Certificates of deposit	9,658
GOLDMAN SACHS BANK NY US RATE 02.6500% MAT 09/13/2027 FIXED RATE CD	Certificates of deposit	9,184
		<u>7,011,432</u>

STAN JOHNSON COMPANY 401(k) PLAN
EIN: 73-1443333
Plan Number: 001
Schedule H, line 4i – Schedule of Assets (Held at End of Year)
December 31, 2022

Identity of Issuer	Description of Investment	Current Value
Interest-Bearing Cash		
* UBS BANK USA DEPOSIT ACCOUNT	Cash	\$ 1,286,634
* UBS BANK USA CORE SAVINGS	Cash	371,545
		<u>1,658,179</u>
Total self-directed brokerage accounts - non-real estate		<u>21,695,084</u>
Self Directed Brokerage Account - Real Estate		
* SJCO - RCG FUND VI	Real estate investment	482,983
ROLLINGS WAVES (DUNMORE)	Real estate investment	428,668
COLLETT CAPITAL FUND II	Real estate investment	420,000
* SJCO - RCG FUND VII	Real estate investment	365,268
BKRI - LENNOX, LLC	Real estate investment	255,020
CARDINAL FENWAY	Real estate investment	244,176
CARDINAL LENNOX	Real estate investment	240,960
CARDINAL LEANDER HOLDINGS, LP	Real estate investment	240,000
CANDY FACTORY OKC PSP, LLC	Real estate investment	232,369
* SJCO - UNIVERSITY PLAZA	Real estate investment	227,893
* SJCO - RCG FUND III INVESTORS, LLC	Real estate investment	177,129
* SJCO - CC FUND I, LLC	Real estate investment	168,000
* SJCO - RCG FUND V	Real estate investment	157,015
TCIH - PARKER VILLAGE, LLC	Real estate investment	155,944
* SJCO - RCG FUND IV	Real estate investment	154,838
CROSSROADS/COLLETT CAPITAL FUND I	Real estate investment	120,000
BKRI - M GROUP VESTA, LLC (SHORELINE/LAKEVIEW)	Real estate investment	81,455
PERIMETER SQUARE	Real estate investment	75,000
* BKRI - CC Fund II, LLC	Real estate investment	63,337
* SJCO - RK DEVELOPMENT PSP, LLC	Real estate investment	59,961
* SJCO - ONE BETHANY WEST I - PSP, LLC	Real estate investment	57,192
COLONIAL/CHERRY STREET	Real estate investment	50,000
* SJCO - RED ROCK INDUSTRIAL PSP, LLC	Real estate investment	48,734
* GARNER GROUP FUND I, LLC	Real estate investment	36,275
TCIH - MID AMERICA	Real estate investment	25,000
BKRI - FENWAY, LLC	Real estate investment	21,504
* SJCO - RCG FUND II INVESTORS, LLC	Real estate investment	8,755
* GARNER GROUP FUND II, LLC	Real estate investment	4,500
Total self directed brokerage account - real estate		<u>4,601,976</u>
Non-interest bearing cash		<u>6,412</u>
		<u>\$ 27,592,586</u>

*Party-in-interest

Note: Disclosure of the investments' cost is not required because the investments are participant-directed.

STAN JOHNSON COMPANY 401(k) PLAN**EIN: 73-1443333****Plan Number: 001****Schedule H, line 4a – Schedule of Delinquent Participant Contributions****December 31, 2022**

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are Included: ☐				

\$ 1,046 \$ 1,046 \$ - \$ - \$ -

STAN JOHNSON COMPANY 401(k) PLAN**EIN: 73-1443333****Plan Number: 001****Schedule H, line 4a – Schedule of Delinquent Participant Contributions****December 31, 2022**

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are Included: ☐				

\$ 1,046 \$ 1,046 \$ - \$ - \$ -

STAN JOHNSON COMPANY 401(k) PLAN**EIN: 73-1443333****Plan Number: 001****Schedule H, line 4i – Schedule of Assets (Held at End of Year)****December 31, 2022**

Identity of Issuer	Description of Investment	Current Value
Mutual Funds		
* AMERICAN FUNDS 2030 TARGET DATE FUND R6	Mutual funds	\$ 309,263
* AMERICAN FUNDS 2025 TARGET DATE FUND R6	Mutual funds	298,035
* AMERICAN FUNDS GROWTH FUND OF AMER R6	Mutual funds	150,296
* AMERICAN FUNDS 2055 TARGET DATE FUND R6	Mutual funds	87,491
* AMERICAN FUNDS 2045 TARGET DATE FUND R6	Mutual funds	68,803
* AMERICAN FUNDS BOND FUND OF AMER R6	Mutual funds	65,731
* AMERICAN FUNDS NEW PERSPECTIVE R6	Mutual funds	44,291
* AMERICAN FUNDS EUROPACIFIC GR R6	Mutual funds	37,711
VANGUARD TOTAL INTL STOCK INDEX ADMIRAL	Mutual funds	35,527
* AMERICAN FUNDS AMERICAN BALANCED R6	Mutual funds	34,336
* AMERICAN FUNDS 2060 TARGET DATE FUND R6	Mutual funds	34,108
* AMERICAN FUNDS 2035 TARGET DATE FUND R6	Mutual funds	19,865
VANGUARD SMALL CAP INDEX FUND - ADMIRAL	Mutual funds	19,547
VANGUARD MID CAP INDEX ADM	Mutual funds	17,556
VANGUARD DIVIDEND GROWTH INV	Mutual funds	13,055
* AMERICAN FUNDS SMALLCAP WORLD R6	Mutual funds	9,001
T. ROWE PRICE LARGE CAP GROWTH I	Mutual funds	8,121
* AMERICAN FUNDS 2040 TARGET DATE FUND R6	Mutual funds	3,873
* AMERICAN FUNDS 2050 TARGET DATE FUND R6	Mutual funds	2,375
FIDELITY ADVISOR BALANCED Z	Mutual funds	1,585
* AMERICAN FUNDS US GOVT MONEY MARKET R6	Mutual funds	27,279
* AMERICAN FUNDS CAPITAL WORLD BOND R6	Mutual funds	920
* AMERICAN FUNDS CAPITAL WORLD G/I R6	Mutual funds	279
* AMERICAN FUNDS AMERICAN HI INC TR R6	Mutual funds	66
Total mutual funds		1,289,114
Self Directed Brokerage - Non Real Estate		
Equity		
APPLE INC	Equity	818,559
BERKSHIRE HATHAWAY INC NEW CL B	Equity	787,695
ALPHABET INC CL C	Equity	417,031
VANGUARD HEALTH CARE ETF	Equity	365,874
MICROSOFT CORP	Equity	351,336
CHEVRON CORP	Equity	269,235
STARBUCKS CORP	Equity	248,000
SCHWAB CHARLES CORP NEW	Equity	241,454
COMCAST CORP NEW CL A	Equity	209,820
MASTERCARD INC CL A	Equity	199,945
NIKE INC CL B	Equity	194,237
NOVO NORDISK ADR DENMARK ADR	Equity	179,326
NESTLE S A SPONSORED ADR REPSTG REG SHS SWITZ ADR	Equity	178,777
ABBOTT LABS	Equity	172,919
COSTCO WHOLESALE CORP	Equity	171,188
TJX COS INC NEW	Equity	169,548
EXPEDITORS INTL WASH INC	Equity	166,272
MCDONALDS CORP	Equity	158,118
VERIZON COMMUNICATIONS INC	Equity	157,600
BECTON DICKINSON & CO	Equity	152,580
RAYTHEON TECHNOLOGIES CORP	Equity	151,380
UNILEVER PLC AMER SHS NEW SPONADR	Equity	151,050
LOCKHEED MARTIN CORP	Equity	145,947
ACCENTURE PLC IRELAND CL A	Equity	140,091
AMAZON.COM INC	Equity	109,200
WALT DISNEY CO (HOLDING CO) DISNEY COM	Equity	104,256
PEPSICO INC	Equity	103,880
BANK OF AMER CORP	Equity	99,360
ENTERPRISE PRODUCTS PARTNER LPMLP	Equity	89,244
UNION PACIFIC CORP	Equity	72,475
JACOBS SOLUTIONS INC	Equity	60,035
SIMON PPTY GROUP INC SBI	Equity	58,740
HOME DEPOT INC	Equity	31,586
INVESCO QQQ TRUST ETF	Equity	19,172
KINDER MORGAN INC	Equity	5,695
MPLX LP MLP	Equity	3,580
MARTIN MIDSTREAM PARTNERS LP MLP	Equity	300
		6,955,505

STAN JOHNSON COMPANY 401(k) PLAN
EIN: 73-1443333
Plan Number: 001
Schedule H, line 4i – Schedule of Assets (Held at End of Year)
December 31, 2022

Identity of Issuer	Description of Investment	Current Value
Corporate Bond		
BOEING CO NTS B/E CALL@MW+50BP RATE 04.508% MATURES 05/01/23 CALLABLE	Corporate bond	\$ 299,442
WELLS FARGO & CO NTS B/E RATE 06.000% MATURES 10/28/25 INTEREST EARNED FROM 10/28/22 1ST INTEREST PAYMENT 04/28/23 CALLABLE	Corporate bond	251,835
ROYAL BK OF CANADA MED TERM NTS RATE 04.100% MATURES 08/29/24 CALLABLE	Corporate bond	243,800
GOLDMAN SACHS GROUP INC NTS B/E RATE 05.000% MATURES 07/06/27 INTEREST EARNED FROM 07/06/22 1ST INTEREST PAYMENT 01/06/23 CALLABLE	Corporate bond	241,380
KELLOGG CO B/E CALL@MW+15BP RATE 02.750% MATURES 03/01/23	Corporate bond	9,962
UNION PAC CORP NTS B/E CALL@MW+15BP RATE 03.250% MATURES 01/15/25 CALLABLE	Corporate bond	9,719
PROCTER & GAMBLE CO B/E CALL@MW+15BP RATE 02.700% MATURES 02/02/26	Corporate bond	9,489
UNITED TECHNOLOGIES CORP CALL@MW+15BP RATE 03.125% MATURES 05/04/27 CALLABLE	Corporate bond	9,326
TOYOTA MOTOR CREDIT CORP CALL@MW+12.5BP RATE 02.625% MATURES 01/10/23	Corporate bond	4,998
ABBVIE INC NTS B/E CALL@MW+20BP RATE 02.850% MATURES 05/14/23 CALLABLE	Corporate bond	4,964
APPLE INC CALL@MW+15BP NTS B/E RATE 02.400% MATURES 05/03/23	Corporate bond	4,960
SOUTHERN CO NTS B/E CALL@MW+20BP RATE 02.950% MATURES 07/01/23	Corporate bond	4,952
MASTERCARD INC NTS B/E CALL@MW+15BP RATE 03.375% MATURES 04/01/24	Corporate bond	4,910
AON PLC B/E CALL@MW+15BP RATE 03.500% MATURES 06/14/24 CALLABLE	Corporate bond	4,882
AMERICAN EXPRESS CO NTS B/E RATE 03.625% MATURES 12/05/24 CALLABLE	Corporate bond	4,870
AETNA INC NTS B/E CALL@MW+20BP RATE 03.500% MATURES 11/15/24	Corporate bond	4,863
GOLDMAN SACHS GROUP INC NTS B/E RATE 03.500% MATURES 01/23/25 CALLABLE	Corporate bond	4,833
CONOCOPHILLIPS CO NTS CALL@MW+17.5BP RATE 03.350% MATURES 05/15/25 CALLABLE	Corporate bond	4,810
O REILLY AUTOMOTIVE INC NEW B/E RATE 03.550% MATURES 03/15/26 CALLABLE	Corporate bond	4,807
WELLS FARGO & CO NTS B/E RATE 03.000% MATURES 02/19/25	Corporate bond	4,793
CBOE HLDGS INC COM NTS CALL@MW+20BP RATE 03.650% MATURES 01/12/27 CALLABLE	Corporate bond	4,781
MOLSON COORS BREWING CO 3.000% 071526 DTD070716 FC011517 CALL@MW+25BP	Corporate bond	4,646
REALTY INCOME CORP B/E RATE 03.000% MATURES 01/15/27 CALLABLE	Corporate bond	4,630
UNDER ARMOUR INC B/E CALL@MW+25BP RATE 03.250% MATURES 06/15/26 CALLABLE	Corporate bond	4,448
TEVA PHARMACEUTICAL NE CALL@MW+25BP RATE 03.150% MATURES 10/01/26	Corporate bond	4,373
		1,156,473
Money Market Mutual Fund		
UBS SELECT TREASURY INSTITUTIONAL FUND (90262Y802)	Money market mutual fund	4,891,086
UBS PRIME INVESTOR FUND (90262Y810)	Money market mutual fund	22,409
		4,913,495
Certificates of Deposit		
MANUFACTURERS & TR NY US RATE 04.9000% MAT 12/09/2024 FIXED RATE CD	Certificates of deposit	241,310
POPULAR BK NY US RATE 04.7500% MAT 11/07/2024 FIXED RATE CD	Certificates of deposit	240,612
MINEOLA CMNTY BK TX US RATE 04.8500% MAT 11/10/2025 FIXED RATE CD	Certificates of deposit	240,578
KEY BANK NA OH US RATE 04.8000% MAT 02/20/2024 FIXED RATE CD	Certificates of deposit	240,451
PNC BK NA DELAWARE PA US RATE 04.7500% MAT 05/15/2024 FIXED RATE CD	Certificates of deposit	240,391
TEXAS EXCHANGE BK TX US RATE 04.8000% MAT 08/30/2024 FIXED RATE CD	Certificates of deposit	240,360
CHARLES SCHWAB BAN NV US RATE 04.7000% MAT 11/29/2023 FIXED RATE CD	Certificates of deposit	240,156
BANC OF CALIFORNIA TX US RATE 04.6500% MAT 11/22/2023 FIXED RATE CD	Certificates of deposit	240,055
WELLS FARGO BK NA SD US RATE 04.0000% MAT 06/30/2023 FIXED RATE CD	Certificates of deposit	239,621
FIRST SOURCE BANK IN US RATE 04.4000% MAT 11/08/2023 FIXED RATE CD	Certificates of deposit	239,563
FIRST CITIZENS B&T NC US RATE 04.5000% MAT 10/21/2024 FIXED RATE CD	Certificates of deposit	239,544
CUSTOMERS BANK PA US RATE 03.7000% MAT 06/23/2023 FIXED RATE CD	Certificates of deposit	239,311
GREAT STHN BK MO US RATE 04.4000% MAT 10/21/2024 FIXED RATE CD	Certificates of deposit	239,148
FIFTH THIRD BANKOF OH US RATE 04.1000% MAT 10/05/2023 FIXED RATE CD	Certificates of deposit	239,098
BMO HARRIS BK NA IL US RATE 04.0000% MAT 09/22/2023 FIXED RATE CD	Certificates of deposit	238,992
MORGAN STANLEY PRI NY US RATE 04.2000% MAT 03/28/2024 FIXED RATE CD	Certificates of deposit	238,762
ISRAEL DISCOUNT BK NY US RATE 04.2500% MAT 06/28/2024 FIXED RATE CD	Certificates of deposit	238,733
AMER EXPRESS NATL UT US RATE 02.6000% MAT 06/22/2023 FIXED RATE CD	Certificates of deposit	238,174
VERITEX CMNTY BK N TX US RATE 03.0000% MAT 08/09/2023 FIXED RATE CD	Certificates of deposit	237,977
JP MORGAN CHASE BA NY US RATE 03.0000% MAT 08/31/2023 FIXED RATE CD	Certificates of deposit	237,686
BANK HAPOALIM BM NY US RATE 03.0500% MAT 12/26/2023 FIXED RATE CD	Certificates of deposit	236,350
ALLY BK UT US RATE 03.3500% MAT 08/12/2024 FIXED RATE CD	Certificates of deposit	235,308
BEAL BANK USA NV US RATE 03.1500% MAT 06/26/2024 FIXED RATE CD	Certificates of deposit	234,938
CFG COMMUNITY BANK MD US RATE 03.8000% MAT 03/11/2026 FIXED RATE CD	Certificates of deposit	234,540
SALLIE MAE BANK UT US RATE 03.4500% MAT 08/04/2025 FIXED RATE CD	Certificates of deposit	233,386
SYNCHRONY BANK UT US RATE 03.3500% MAT 08/12/2025 FIXED RATE CD	Certificates of deposit	232,747
BANKNEWPORT RHODE RI US RATE 03.5000% MAT 08/03/2026 FIXED RATE CD	Certificates of deposit	231,502
CAPITAL ONE BK USA VA US RATE 03.5000% MAT 08/03/2026 FIXED RATE CD	Certificates of deposit	231,468
GOLDMAN SACHS BANK NY US RATE 02.9500% MAT 02/13/2023 FIXED RATE CD	Certificates of deposit	49,930
AMER EXPRESS NATL UT US RATE 02.8500% MAT 05/20/2024 FIXED RATE CD	Certificates of deposit	48,818
DISCOVER BANK DE US RATE 02.5000% MAT 09/13/2024 FIXED RATE CD	Certificates of deposit	9,658
GOLDMAN SACHS BANK NY US RATE 02.6500% MAT 09/13/2027 FIXED RATE CD	Certificates of deposit	9,184
		7,011,432

STAN JOHNSON COMPANY 401(k) PLAN**EIN: 73-1443333****Plan Number: 001****Schedule H, line 4i – Schedule of Assets (Held at End of Year)****December 31, 2022**

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