

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>TFG 401(K) SAVINGS PLAN</u>	<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;"><u>333</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>04/01/1996</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>333</u>	1c Effective date of plan <u>04/01/1996</u>	
1b Three-digit plan number (PN) ▶	<u>333</u>				
1c Effective date of plan <u>04/01/1996</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>FG, LLC DBA THE FOUNDATION GROUP</u> <u>PO BOX 1210</u> <u>SIKESTON, MO 63801</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>81-4579176</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>573-471-1276</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>623000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>81-4579176</u>	2c Plan Sponsor's telephone number <u>573-471-1276</u>	2d Business code (see instructions) <u>623000</u>	
2b Employer Identification Number (EIN) <u>81-4579176</u>					
2c Plan Sponsor's telephone number <u>573-471-1276</u>					
2d Business code (see instructions) <u>623000</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2022	TODD BEAIRD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2022	TODD BEAIRD
	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 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	1527
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)	1489
a(2) Total number of active participants at the end of the plan year		6a(2)	1853
b Retired or separated participants receiving benefits.....		6b	3
c Other retired or separated participants entitled to future benefits		6c	49
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1905
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	1905
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	349
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	31
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: 2G 2J 2K 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> 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 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan TFG 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 FG, LLC DBA THE FOUNDATION GROUP	D Employer Identification Number (EIN) 81-4579176

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

(a) Name of insurance carrier
LINCOLN FINANCIAL GROUP

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	896517+087		01/01/2021	12/31/2021

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

(a) Total amount of commissions paid 905	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
905			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	325526
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	11293449

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

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

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

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

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

b	Balance at the end of the previous year	7b	354576
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c	Additions: (1) Contributions deposited during the year	7c(1)	24272	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	5442	
	(4) Transferred from separate account.....	7c(4)	5611	
	(5) Other (specify below)	7c(5)	8297	

(6) Total additions	7c(6)	43622
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	398198
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	66271	
	(2) Administration charge made by carrier.....	7e(2)	1814	
	(3) Transferred to separate account.....	7e(3)	0	
	(4) Other (specify below)	7e(4)	4588	

(5) Total deductions	7e(5)	72673
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	325525
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan TFG 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 FG, LLC DBA THE FOUNDATION GROUP	D Employer Identification Number (EIN) 81-4579176	

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
LINCOLN NATIONAL CORPORATION PO BOX 7877 FORT WAYNE, IN 46802 35-0472300
(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)

LINCOLN NATIONAL CORPORATION

35-0472300

(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?
	RECORDKEEPER	59770	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 ☐

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan 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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>TFG 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN)	<u>333</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>FG, LLC DBA THE FOUNDATION GROUP</u>	D Employer Identification Number (EIN) <u>81-4579176</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PIMCO REAL RETRN</u>				
b Name of sponsor of entity listed in (a): <u>LINCOLN FINANCIAL GROUP</u>				
c EIN-PN <u>35-0472300-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5112</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AM FDS THE GRWTH OF AMER</u>				
b Name of sponsor of entity listed in (a): <u>LINCOLN FINANCIAL GROUP</u>				
c EIN-PN <u>35-0472300-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>765120</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VNGRD 500 INDX</u>				
b Name of sponsor of entity listed in (a): <u>LINCOLN FINANCIAL GROUP</u>				
c EIN-PN <u>35-0472300-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>798722</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VNGRD REAL ESTAT INDX</u>				
b Name of sponsor of entity listed in (a): <u>LINCOLN FINANCIAL GROUP</u>				
c EIN-PN <u>35-0472300-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>47613</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VNGRD SMCP GRWTH INDX</u>				
b Name of sponsor of entity listed in (a): <u>LINCOLN FINANCIAL GROUP</u>				
c EIN-PN <u>35-0472300-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>243781</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AM FDS AMER BALNC</u>				
b Name of sponsor of entity listed in (a): <u>LINCOLN FINANCIAL GROUP</u>				
c EIN-PN <u>35-0472300-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>434830</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AM FDS NEW WRLD</u>				
b Name of sponsor of entity listed in (a): <u>LINCOLN FINANCIAL GROUP</u>				
c EIN-PN <u>35-0472300-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>206983</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: **AM FDS INTL GR INC**

b Name of sponsor of entity listed in (a): **LINCOLN FINANCIAL GROUP**

c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 830
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PIMCO INCM**

b Name of sponsor of entity listed in (a): **LINCOLN FINANCIAL GROUP**

c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 153520
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JPM SMCP VALUE**

b Name of sponsor of entity listed in (a): **LINCOLN FINANCIAL GROUP**

c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25131
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VNGRD DVPLD MRKTS INDX**

b Name of sponsor of entity listed in (a): **LINCOLN FINANCIAL GROUP**

c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61019
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MFS VALUE**

b Name of sponsor of entity listed in (a): **LINCOLN FINANCIAL GROUP**

c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36616
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a Name of MTIA, CCT, PSA, or 103-12 IE: **WSTRN ASST CORE BOND**

b Name of sponsor of entity listed in (a): **LINCOLN FINANCIAL GROUP**

c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 139633
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FEDRTD GVNMT ULTSHR DURTN**

b Name of sponsor of entity listed in (a): **LINCOLN FINANCIAL GROUP**

c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4460
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a Name of MTIA, CCT, PSA, or 103-12 IE: **CLRBRDGE MIDCP**

b Name of sponsor of entity listed in (a): **LINCOLN FINANCIAL GROUP**

c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 79889
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LINCOLN STABLE VALUE ACCOUNT-LNGPA**

b Name of sponsor of entity listed in (a): **LINCOLN FINANCIAL GROUP**

c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 325526
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a Name of MTIA, CCT, PSA, or 103-12 IE: **YOURPATH AMERICAN FUNDS 2045 MOD**

b Name of sponsor of entity listed in (a): **LINCOLN FINANCIAL GROUP**

c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 698504
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH AMERICAN FUNDS 2050 MOD

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 364381
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH AMERICAN FUNDS 2055 MOD

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 382121
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH AMERICAN FUNDS 2060 MOD

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 77729
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH AMERICAN FUNDS 2065 MOD

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11731
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH AMERICAN FUNDS INCM GRWTH

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2885
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH AMERICAN FUNDS 2010 GRWTH

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1376
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH AMERICAN FUNDS 2015 GRWTH

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28412
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH AMERICAN FUNDS 2020 GRWTH

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1783
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH AMERICAN FUNDS 2025 GRWTH

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35427
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH AMERICAN FUNDS 2035 GRWTH

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14173
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH AMERICAN FUNDS 2040		
b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP		
c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1728
a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH AMERICAN FUNDS 2050		
b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP		
c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 142347
a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH AMERICAN FUNDS 2055 GRWTH		
b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP		
c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2493
a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH AMERICAN FUNDS 2040 CNSRV		
b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP		
c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1540
a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH AMERICAN FUNDS 2055 CNSRV		
b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP		
c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2492
a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH AMERICAN FUNDS INCM MOD		
b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP		
c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37975
a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH AMERICAN FUNDS 2010 MOD		
b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP		
c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 125729
a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH AMERICAN FUNDS 2015 MOD		
b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP		
c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 478830
a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH AMERICAN FUNDS 2020 MOD		
b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP		
c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1423272
a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH AMERICAN FUNDS 2025 MOD		
b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP		
c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 764908

a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH AMERICAN FUNDS 2030 MOD

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1126847
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH AMERICAN FUNDS 2035 MOD

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1453080
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a Name of MTIA, CCT, PSA, or 103-12 IE: YOURPATH AMERICAN FUNDS 2040 MOD

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1110427
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan TFG 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ►	333
C Plan sponsor's name as shown on line 2a of Form 5500 FG, LLC DBA THE FOUNDATION GROUP		
D Employer Identification Number (EIN) 81-4579176		

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	42959	49067
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	38948	32039
(2) Participant contributions.....	1b(2)		-6000
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	173599	205716
(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)	10324163	11301251
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	354576	317724
(15) Other.....	1c(15)		

		(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	10934245 11899797
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	10934245 11899797

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
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	27390
	(B) Participants	2a(1)(B)	974882
	(C) Others (including rollovers).....	2a(1)(C)	76869
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	1079141
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)	7772
	(F) Other	2b(1)(F)	0
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	7772
(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)	0
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	

		(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)		1511175
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2598088
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1575102	
(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)		1575102
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	57434	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		57434
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1632536
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		965552
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		0

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: VAN DE VEN, LLC

(2) EIN: 20-1980733

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		1500000
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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan TFG 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ► 333
C Plan sponsor's name as shown on line 2a of Form 5500 FG, LLC DBA THE FOUNDATION GROUP	D Employer Identification Number (EIN) 81-4579176

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 39-0989781 35-0472300	
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) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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 _____

TFG 401(k) SAVINGS PLANSikeston, Missouri

December 31, 2021 and 2020

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Independent Auditor's Report

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Statement of Changes in Net Assets

Available for Benefits Exhibit B

Notes to Financial Statement

Supplemental Financial Schedule:

SCHEDULE H, Line 4i-Schedule of Assets

(Held at End of Year) Schedule 1



Van de Ven, LLC

Certified Public Accountants & Advisors

1020 North Kingshighway
Suite D • P.O. Box 1090
Cape Girardeau, MO 63702-1090
Phone: (573) 335-1231
Fax: (573) 339-0163
www.van-de-ven.com

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of the
TFG 401(k) Savings Plan

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audit of TFG 401(k) Savings Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information

prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and 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 TFG 401(k) Savings Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of TFG 401(k) Savings 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 TFG 401(k) Savings Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedules Required by ERISA

The supplemental Schedule H, Line 4i-Schedule of Assets (Held at End of Year), as of or for the year ended December 31, 2021, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

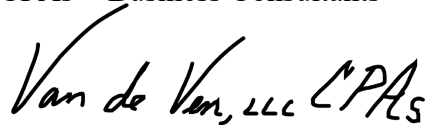
In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, is presented in conformity with the Department of Labor's Rules and Regulations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

In our opinion—

#

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

VAN DE VEN, LLC
CPAs + Business Consultants

A handwritten signature in black ink that reads "Van de Ven, LLC CPAs". The signature is written in a cursive, flowing style.

Cape Girardeau, Missouri
October 17, 2022



Van de Ven, LLC

Certified Public Accountants & Advisors

1020 North Kingshighway
Suite D • P.O. Box 1090
Cape Girardeau, MO 63702-1090
Phone: (573) 335-1231
Fax: (573) 339-0163
www.van-de-ven.com

INDEPENDENT AUDITOR'S REPORT

To the Plan Sponsor and Administrator of the
TFG 401(k) Savings Plan

We were engaged to audit the accompanying statement of net assets available for benefits of TFG 401(k) Savings Plan as of December 31, 2020, and the related notes to the financial statement.

Management's Responsibility for the Financial Statement

Management is responsible for the preparation and fair presentation of this financial statement in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of a financial statement that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the 2020 financial statement based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note F, which was certified by John Hancock Life Insurance Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statement. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2020, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2020 financial statement. Accordingly, we do not express an opinion on the 2020 financial statement.

Report on Form and Content in Compliance With DOL Rules and Regulations for 2020 Financial Statement

The form and content of the information included in the 2020 financial statement, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

VAN DE VEN, LLC
CPAs + Business Consultants

A handwritten signature in black ink that reads "Van de Ven, LLC CPAs". The signature is written in a cursive, flowing style.

Cape Girardeau, Missouri
October 17, 2022

TFG 401(k) SAVINGS PLAN
Sikeston, Missouri

Exhibit A

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2021 and 2020

	#	2021	2020
		<u>2021</u>	<u>2020</u>
Cash		<u>\$ 49,067</u>	<u>\$ 42,959</u>
Investments (at fair value)		<u>\$ 11,618,975</u>	<u>\$ 10,678,739</u>
<u>RECEIVABLES:</u>			
Employer's Contribution		\$ 32,039	\$ 38,948
Participants' Contributions		(6,000)	-
Notes Receivable from Participants		205,716	173,599
Total Receivables		<u>\$ 231,755</u>	<u>\$ 212,547</u>
TOTAL ASSETS		<u>\$ 11,899,797</u>	<u>\$ 10,934,245</u>
NET ASSETS AVAILABLE FOR BENEFITS		<u>\$ 11,899,797</u>	<u>\$ 10,934,245</u>

The Accompanying Notes are an Integral Part
of these Financial Statements.

TFG 401(k) SAVINGS PLAN
Sikeston, Missouri

Exhibit B

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Plan Year Ended December 31, 2021

ADDITIONS:

Additions to Net Assets Attributed to:

Investment Income:

Participant Loan Interest	\$ 7,772
Net Appreciation in Fair Value of Investments	1,511,175
Total Investment Income	<u>\$ 1,518,947</u>

Contributions:

Participants	\$ 974,882
Employer	27,390
Rollovers	76,869
Total Contributions	<u>\$ 1,079,141</u>

TOTAL ADDITIONS	<u>\$ 2,598,088</u>
-----------------	---------------------

DEDUCTIONS:

Deductions from Net Assets Attributed to:

Benefits Paid to Participants	\$ 1,575,102
Administrative Expenses	57,434

TOTAL DEDUCTIONS	<u>\$ 1,632,536</u>
------------------	---------------------

NET INCREASE	\$ 965,552
--------------	------------

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of Year	<u>10,934,245</u>
End of Year	<u><u>\$ 11,899,797</u></u>

The Accompanying Notes are an Integral Part
of these Financial Statements.

TFG 401(k) SAVINGS PLAN
Sikeston, Missouri

NOTES TO FINANCIAL STATEMENTS

For the Plan Years Ended December 31, 2021 and 2020

A. Description of Plan:

The following description of the TFG ("Company") 401(k) Savings Plan ("Plan"), formerly Health Facilities Management Corporation, Inc. 401(k) Savings Plan, provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. *General* - The Plan is a defined contribution plan. Employees of the Company are eligible to participate in the Plan after ninety days of service and an attained age of 21. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was renamed, effective January 1, 2017, to TFG 401(k) Savings Plan. This change did not affect the operation or administration of the Plan.
2. *Contributions* - Upon meeting the eligibility requirements, participants may contribute up to 100% of their eligible compensation, as defined by the Plan, not to exceed \$19,500 for 2021, subject to certain discrimination tests prescribed by the Internal Revenue Code. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions.

The Plan allows the Company to make discretionary matching contributions. For the years ended December 31, 2021 and 2020, the Company matched 10% of the first 3% of plan compensation that a participant contributed to the Plan. The Company matching contributions are invested as directed by the participant. During the year ended December 31, 2021, the Company made matching contributions of \$27,390.

Participants may also contribute certain rollover amounts representing distributions from other qualified defined benefit or contribution plans. Contributions are subject to certain limitations.

3. *Participant Accounts* - Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.
4. *Vesting* - Participants are immediately vested in their contributions. Vesting in the Company's matching contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after six years of credited service.
5. *Investment Options* - Upon enrollment in the Plan, a participant may direct the investment of their contributions into various investment options available through the Lincoln Financial Group. Plan participants are able to change their investment allocations daily.

TFG 401(k) SAVINGS PLAN
Sikeston, Missouri

NOTES TO FINANCIAL STATEMENTS

For the Plan Years Ended December 31, 2021 and 2020

A. Description of Plan - (Continued):

6. *Payment of Benefits* - On termination of service, a participant will receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. If the vested balance is less than \$5,000, a distribution will occur as soon as administratively feasible following the participant's separation from service. If the vested balance is greater than \$1,000 but less than \$5,000, the participant may elect to receive the distribution or to roll the distribution to another retirement plan. If no election is made the distribution will be rolled over to an IRA. The IRA provider will invest the rollover funds in a type of investment to preserve principal and provide a reasonable rate of return and liquidity. The IRA provider will charge the account for any expenses associated with the establishment and maintenance of the IRA and with the IRA investments. If the vested balance is greater than \$5,000, participant consent must be obtained before a distribution can be made. At December 31, 2021 and 2020, \$3,221,799 and \$1,334,739, respectively, is allocated to terminated persons, but has not been paid. Benefits are recorded when paid.
7. *Forfeitures* - At December 31, 2021, forfeited non-vested accounts totaled \$5,304. Forfeited accounts will be used to reduce the administrative expenses of the Plan and then to reduce employer matching contributions. In 2021, \$4,531 of forfeitures were applied to the employer matching contributions.
8. *Notes Receivable from Participants* - Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of 50% of their vested account balance or \$50,000 less the highest outstanding loan balance during the previous twelve-month period. Loan terms range from six months to five years for general purpose or hardship and up to ten years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate of prime plus 1%. The interest rate in effect at the origination of the loan will remain in effect for the duration of the loan. Principal and interest is paid ratably through monthly payroll deductions.
9. *Administrative Expenses* - All administrative fees and recordkeeping expenses are paid by the employer.

TFG 401(k) SAVINGS PLAN
Sikeston, Missouri

NOTES TO FINANCIAL STATEMENTS

For the Plan Years Ended December 31, 2021 and 2020

A. Description of Plan - (Continued):

10. *Coronavirus Aid, Relief and Economic Security (CARES) Act* – The Coronavirus Aid, Relief and Economic Security (CARES) Act was passed in March 2020 to provide various forms of temporary relief from economic damage stemming from the COVID-19 pandemic. In accordance with the CARES Act, the Plan permitted, through December 31, 2020, the suspension of required minimum distributions and allowed eligible Plan participants to elect penalty-free distributions of up to \$100,000 for qualifying coronavirus-related reasons. In addition, through September 22, 2020, qualifying participants could elect to receive a loan at an increased maximum amount that did not exceed the lesser of: (1) \$100,000 minus the highest outstanding loan balance during the last twelve-consecutive-month period and the outstanding loan balance on the date the loan is made; or (2) 100% of the participant's vested account balance.

In addition, the Plan also adopted the temporary loan repayment deferral provision of the CARES Act that allowed qualified participants who had Plan loan payments due between March 27, 2020 and December 31, 2020, to defer such payments for up to one year. The Plan administrator re-amortized the impacted loan to account for any payments that were suspended in 2020.

B. Summary of Accounting Policies:

Use of Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Basis of Accounting - The financial statements of the Plan are prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America, except that benefits paid to Plan participants are recorded on a cash basis.

Notes Receivable from Participants – Notes receivable from participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Related fees are recorded as administrative fees and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021.

Investment Valuation and Income Recognition - The Plan's investments are stated at fair value as certified by Lincoln Financial Group. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded when declared. Dividends and capital gains paid by pooled separate accounts are reinvested. The change in market value from year-to-year is reported as gains (losses) for the pooled separate account. Investment income exclusive of net appreciation or depreciation is not provided by the investment company and is not presented.

TFG 401(k) SAVINGS PLAN
Sikeston, Missouri

NOTES TO FINANCIAL STATEMENTS

For the Plan Years Ended December 31, 2021 and 2020

C. Fair Value Measurements:

Fair value measurements in accordance with current accounting standards, establishes a framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

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

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets and liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by the correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

Following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2021 and 2020.

Pooled Separate Accounts: Are offered through a group annuity contract and are valued daily by the annuity provider using the quoted net asset value of the shares of the underlying mutual funds adjusted for any dividends or distributions received by Lincoln Financial Group and the daily equivalent of any fee charged by Lincoln Financial Group pursuant to the contract. The Lincoln Financial Group PSA unit prices are not traded in the public exchange market. Therefore, the PSA unit prices and resulting valuation of their investment cannot be verified against quoted prices publicly available. From this perspective, a practical expedient is being used when using the NAV equivalent of the underlying mutual funds or securities.

TFG 401(k) SAVINGS PLAN
Sikeston, Missouri

NOTES TO FINANCIAL STATEMENTS

For the Plan Years Ended December 31, 2021 and 2020

C. Fair Value Measurements (Continued):

Stable Value: The stable value fund is backed by the general account of Lincoln Financial. The issuer declares rates and back the principal and interest of the stable value fund, and guarantees are subject to the claims paying ability of the insurance company. The stable value fund is valued at fair value by the insurance company by discounting the related cash flows based on current yields of similar instruments

with comparable durations considering the creditworthiness of the issuer.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's investment assets at the fair value as of December 31, 2021 and 2020:

		Fair Value Measurements at the End of the Reporting Period Using:	
		Level 1	Level 2
December 31, 2021	Total		
Investments Measured at Net Asset Value	\$ 11,301,251	\$ 11,301,251	\$ -
Stable Value Investment Option	317,724	-	317,724
Total Investments	<u>\$ 11,618,975</u>	<u>\$ 11,301,251</u>	<u>\$ 317,724</u>
		Fair Value Measurements at the End of the Reporting Period Using:	
		Level 1	Level 2
December 31, 2020	Total		
Investments Measured at Net Asset Value	\$ 10,324,163	\$ 10,324,163	\$ -
Stable Value Investment Option	354,576	-	354,576
Total	<u>\$ 10,678,739</u>	<u>\$ 10,324,163</u>	<u>\$ 354,576</u>

Gains and losses in changes in net assets available for benefits for the year ended December 31, 2021 are reported in net appreciation(depreciation) in fair value of investments.

D. Plan Termination:

Although it has not expressed any intent to do so, the Company has the right under the Plan to amend or discontinue the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

TFG 401(k) SAVINGS PLAN
Sikeston, Missouri

NOTES TO FINANCIAL STATEMENTS

For the Plan Years Ended December 31, 2021 and 2020

E. Federal Income Tax Status:

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

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2015.

F. Information Provided by Investment Manager:

Lincoln Financial Group provided the Plan with periodic statements which report all transactions and assets held at the end of the period. The Plan administrator has obtained certification from the investment manager that the information in such statements is complete and accurate. The certification applies to all investment assets, investment transactions, investment income and the supplementary schedules.

G. Risks and Uncertainties:

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

TFG 401(k) SAVINGS PLAN
Sikeston, Missouri

NOTES TO FINANCIAL STATEMENTS

For the Plan Years Ended December 31, 2021 and 2020

H. Investment Contracts with Insurance Companies:

The Plan has entered into an investment contract with Lincoln Financial Group. The contract includes pooled separate account funds and a fully benefit-responsive fund option in the insurance company's investment offerings. The fees and commissions paid to this company's agents totaled \$905 during the year ended December 31, 2021.

The pooled separate account fund is valued daily using quoted market prices with the participants bearing the investment risks. The pooled separate account fund is reported at market value.

The fully benefit-responsive funds are reported at contract value, because this fund has no stated maturity and the interest rates are reset monthly, the contract value is also the fair market value.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (a) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investments options or deletion of equity wash provisions, (c) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestures on spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction under the Employee Retirement Income Security Act of 1974. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants are probable of occurring.

The fully benefit-responsive funds have no stated maturity and cannot be terminated by the insurance companies. Average yields for the years ended December 31, 2021 and 2020 are as follows:

	<u>2021</u>	<u>2020</u>
Average Yields:		
Based on Actual Earnings:		
Stable Value Investment Option	1.75%	1.87%
Based on Interest Rate Credited to Participants:		
Stable Value Investment Option	1.75%	1.87%
Investments:		
Pooled Separate Accounts	\$ 11,301,251	\$ 10,324,163
Stable Value Investment Option	317,724	354,576
Total	<u>\$ 11,618,975</u>	<u>\$ 10,678,739</u>

TFG 401(k) SAVINGS PLAN
Sikeston, Missouri

NOTES TO FINANCIAL STATEMENTS

For the Plan Years Ended December 31, 2021 and 2020

I. Reconciliation of Financial Statements to Schedule H of Form 5500:

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

	December 31,	
	2021	2020
Net assets available for benefits per the financial statements	<u>\$ 11,899,797</u>	<u>\$ 10,934,245</u>
Net assets available for benefits per Schedule H of the Form 5500	<u>\$ 11,899,797</u>	<u>\$ 10,934,245</u>

The following is a reconciliation of benefits paid to participants and notes receivable from participants per the financial statements for the year ended December 31, 2021, to Form 5500:

	2021
Benefits paid to participants per the financial statements	<u>\$ 1,575,102</u>
Benefits paid to participants per Form 5500	<u>\$ 1,575,102</u>
Notes receivable from participants per financial statements	<u>\$ 205,716</u>
Notes receivable from participants per Form 5500	<u>\$ 205,716</u>

J. Related Party Transactions:

The Plan sponsor provides certain accounting and administrative services to the Plan for which no fees are charged. These transactions are exempt party-in-interest transactions.

The Plan auditors are considered a party-in-interest. All audit fees are paid by the Plan sponsor.

Lincoln Financial Group administers the contract, provides investments to the plan participants and receives fees and commissions which totaled \$57,434 for the year ended December 31, 2021. These fees and commissions were included as a reduction of the return earned on each investment. These transactions qualify as party-in-interest transactions.

Plan participants may borrow from their account balances. These loans are classified as notes receivable from participants in the statement of net assets available for benefits. Notes receivable from participants totaled \$205,716 and \$173,599 for the years ended December 31, 2021 and 2020, respectively.

All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

TFG 401(k) SAVINGS PLAN
Sikeston, Missouri

NOTES TO FINANCIAL STATEMENTS

For the Plan Years Ended December 31, 2021 and 2020

K. Subsequent Events:

For the year-ended December 31, 2021, the Company has evaluated subsequent events for potential recognition and disclosure through October 17, 2022, which is the date the financial statements were available to be issued.

On January 30, 2020, the World Health Organization (“WHO”) announced a global health emergency because of a new strain of coronavirus originating in Wuhan, China (the “COVID-19 outbreak”) and the risks to the international community as the virus spreads globally beyond its point of origin. In March 2020, the WHO classified the COVID-19 outbreak as a pandemic, based on the rapid increase in exposure globally. The full impact of the COVID-19 outbreak continues to evolve as of the date of this report. As a result, economic uncertainties have arisen which have resulted in significant volatility in the investment markets. There has been a substantial decline in the value of investments as a result of this event. The duration of these uncertainties and the ultimate financial effects cannot be reasonably estimated at this time.

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SUPPLEMENTAL FINANCIAL SCHEDULE

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TFG 401(k) SAVINGS PLAN
Sikeston, Missouri

Schedule 1
43-1356107
PLAN 333

SCHEDULE H, Line 4i-SCHEDULE OF ASSETS (Held At End of Year)

For the Year Ended December 31, 2021

#

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Participant Notes Receivable	4.25% to 6.50%	\$ -	\$ 205,716
	Pimco Real Rtn	Value of Interest in Registered Investment Company	See "Note"	5,112
	Am Fds The Grwth of Amer	Value of Interest in Registered Investment Company	Below	765,120
	Vngrd 500 Indx	Value of Interest in Registered Investment Company	-	798,722
	Vngrd Real Estat Indx	Value of Interest in Registered Investment Company	-	47,613
	Vngrd Smcp Grwth Indx	Value of Interest in Registered Investment Company	-	243,781
	Am Fds Amer Balnc	Value of Interest in Registered Investment Company	-	434,830
	Am Fds New Wrld	Value of Interest in Registered Investment Company	-	206,983
	Am Fds Intl Gr Inc	Value of Interest in Registered Investment Company	-	830
	Pimco Incm	Value of Interest in Registered Investment Company	-	153,520
	Jpm Smcp Value	Value of Interest in Registered Investment Company	-	25,131
	Vngrd Dvlpd Mrkts Indx	Value of Interest in Registered Investment Company	-	61,019
	MFS Value	Value of Interest in Registered Investment Company	-	36,616
	Wstrn Asst Core Bond	Value of Interest in Registered Investment Company	-	139,633
	Fedtrd Gvnmt Ultshr Durtn	Value of Interest in Registered Investment Company	-	4,460
	Clrbrdge Midcp	Value of Interest in Registered Investment Company	-	79,889
*	Lincoln Stable Value Account - LNGPA	Value of Interest in Co. General Account	-	317,724
*	Yourpath American Funds 2040 Cnsrv	Value of Interest in Pooled Separate Accounts	-	1,540
*	Yourpath American Funds 2055 Cnsrv	Value of Interest in Pooled Separate Accounts	-	2,492
*	Yourpath American Funds Income Mod	Value of Interest in Pooled Separate Accounts		37,975
*	Yourpath American Funds 2010 Mod	Value of Interest in Pooled Separate Accounts	-	125,729
*	Yourpath American Funds 2015 Mod	Value of Interest in Pooled Separate Accounts	-	478,830
*	Yourpath American Funds 2020 Mod	Value of Interest in Pooled Separate Accounts	-	1,423,272
*	Yourpath American Funds 2025 Mod	Value of Interest in Pooled Separate Accounts	-	764,908
*	Yourpath American Funds 2030 Mod	Value of Interest in Pooled Separate Accounts	-	1,126,847
*	Yourpath American Funds 2035 Mod	Value of Interest in Pooled Separate Accounts	-	1,453,080
*	Yourpath American Funds 2040 Mod	Value of Interest in Pooled Separate Accounts	-	1,110,427
*	Yourpath American Funds 2045 Mod	Value of Interest in Pooled Separate Accounts	-	698,504
*	Yourpath American Funds 2050 Mod	Value of Interest in Pooled Separate Accounts	-	364,381
*	Yourpath American Funds 2055 Mod	Value of Interest in Pooled Separate Accounts	-	382,121
*	Yourpath American Funds 2060 Mod	Value of Interest in Pooled Separate Accounts	-	77,729
*	Yourpath American Funds 2065 Mod	Value of Interest in Pooled Separate Accounts	-	11,731
*	Yourpath American Funds Incm Grwth	Value of Interest in Pooled Separate Accounts	-	2,885
*	Yourpath American Funds 2010 Grwth	Value of Interest in Pooled Separate Accounts	-	1,376
*	Yourpath American Funds 2015 Grwth	Value of Interest in Pooled Separate Accounts	-	28,412
*	Yourpath American Funds 2020 Grwth	Value of Interest in Pooled Separate Accounts	-	1,783
*	Yourpath American Funds 2025 Grwth	Value of Interest in Pooled Separate Accounts	-	35,427
*	Yourpath American Funds 2035 Grwth	Value of Interest in Pooled Separate Accounts	-	14,173
*	Yourpath American Funds 2040 Grwth	Value of Interest in Pooled Separate Accounts	-	1,728
*	Yourpath American Funds 2050 Grwth	Value of Interest in Pooled Separate Accounts	-	142,347
*	Yourpath American Funds 2055 Grwth	Value of Interest in Pooled Separate Accounts	-	2,493
	TOTAL		\$ -	\$ 11,816,889

Note: Cost information is omitted due to all investments being participant directed.

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 2021 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan; ☐ a DFE (specify) _____ B This return/report is: ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months). C If the plan is a collectively-bargained plan, check here ☐ D Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description) _____ E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐

Part II Basic Plan Information --- enter all requested information											
1a Name of plan TFG 401 (k) SAVINGS PLAN 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (If foreign, see instructions) FG, LLC dba The Foundation Group PO BOX 1210 US SIKESTON MO 63801	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #f2f2f2;">1b Three-digit plan number (PN) ►</td> <td style="text-align: center;">333</td> </tr> <tr> <td style="background-color: #f2f2f2;">1c Effective date of plan</td> <td style="text-align: center;">04/01/1996</td> </tr> <tr> <td style="background-color: #f2f2f2;">2b Employer Identification Number (EIN)</td> <td style="text-align: center;">81-4579176</td> </tr> <tr> <td style="background-color: #f2f2f2;">2c Plan Sponsor's telephone number</td> <td style="text-align: center;">(573) 471-1276</td> </tr> <tr> <td style="background-color: #f2f2f2;">2d Business code (see instructions)</td> <td style="text-align: center;">623000</td> </tr> </table>	1b Three-digit plan number (PN) ►	333	1c Effective date of plan	04/01/1996	2b Employer Identification Number (EIN)	81-4579176	2c Plan Sponsor's telephone number	(573) 471-1276	2d Business code (see instructions)	623000
1b Three-digit plan number (PN) ►	333										
1c Effective date of plan	04/01/1996										
2b Employer Identification Number (EIN)	81-4579176										
2c Plan Sponsor's telephone number	(573) 471-1276										
2d Business code (see instructions)	623000										

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			Todd Beaird
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			Todd Beaird
	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

E-SIGNATURE AUTHORIZATION

for

TFG 401(k) SAVINGS PLAN

81-4579176/333

For Plan Year 01/01/2021 through 12/31/2021

I/We, the undersigned, understand that a 5500 Series filing for the plan listed above must be prepared, electronically signed and electronically transmitted to the EBSA Electronic Filing Acceptance System (EFAST).

I/We authorize Van de Ven, LLC to electronically sign the 5500 Series filing on my/our behalf and to transmit that signed form to EFAST on or before the filing due date.

I/We understand that by granting this authority:

- A manually signed and dated Form 5500 that has been provided must be returned to Van de Ven, LLC before they can begin the electronic filing process. I/We will retain a copy of this manually signed form and any schedules and attachments in the plan records.
 - Van de Ven, LLC will not be responsible for any late filing penalty assessed under ERISA should I/we not return the manually signed and dated Form 5500 prior to the filing due date.
- An electronic copy of the manually signed and dated Form 5500 showing my/our signatures will be included in the electronic filing and will be posted by the EBSA to the Internet for public disclosure.
- Van de Ven, LLC will maintain a copy of this written authorization in its records.
- Van de Ven, LLC will notify all signers about any inquiries and correspondence it receives about this filing from EFAST, EBSA, IRS or PBGC.
- Van de Ven, LLC shall not be deemed to be a plan fiduciary with respect to this plan solely on account of providing the electronic signature and filing of the 5500 for the plan year listed above.



Plan Administrator



Plan Sponsor

Date

Date

Schedule H, line 4i

Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2021 and ending 12/31/2021

Name of plan

TFG 401(k) SAVINGS PLAN

Employer Identification Number

81-4579176

Three-digit
plan number

333

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Participant Notes Receivable	4.25% to 6.50%	0	205,716
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*	Lincoln Stable Value Account L	Value of Interest in Co. Gener	0	317,724
*			0	0
*	Yourpath American Funds 2040 C	Value of Interest in Pooled Se	0	1,540
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	Yourpath American Funds 2005 G	Value of Interest in Pooled Se	0	
	Yourpath American Funds 2010 G	Value of Interest in Pooled Se	0	1,376
	Yourpath American Funds 2015 G	Value of Interest in Pooled Se	0	28,412
	Yourpath American Funds 2020 G	Value of Interest in Pooled Se	0	1,783
	Yourpath American Funds 2025 G	Value of Interest in Pooled Se	0	35,427

[illegible]