

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

Part II Basic Plan Information —enter all requested information		
1a Name of plan <u>ROBSON COMMUNITIES, INC. & PARTICIPATING COMPANIES 401K RETIREMENT PLAN & TRUST</u>	1b	Three-digit plan number (PN) ▶ <u>001</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>ROBSON COMMUNITIES, INC.</u> <u>9532 EAST RIGGS ROAD</u> <u>SUN LAKES, AZ 85248</u>	1c	Effective date of plan <u>01/01/1988</u>
	2b	Employer Identification Number (EIN) <u>86-0665522</u>
	2c	Plan Sponsor's telephone number <u>480-895-4329</u>
	2d	Business code (see instructions) <u>531390</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.	10/16/2023	AUDREY FIORE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name ROBSON COMMUNITIES, INC. c Plan Name ROBSON COMMUNITIES, INC. & PARTICIPATING COMPANIES 401K RETIREMENT PLAN & TRUST		4b EIN 86-0576813 4d PN 001
5 Total number of participants at the beginning of the plan year		5 997
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) 878
a(2) Total number of active participants at the end of the plan year		6a(2) 868
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits.....		6c 171
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 1039
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 5
f Total. Add lines 6d and 6e		6f 1044
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 981
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 68
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3D 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan ROBSON COMMUNITIES, INC. & PARTICIPATING COMPANIES 401K RETIREMENT PLAN & TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ROBSON COMMUNITIES, INC.	D Employer Identification Number (EIN) 86-0665522	

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
CHARLES SCHWAB & CO. INC. AND AFFIL

94-1737782

(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)

SCHWAB RETIREMENT PLAN SERVICES, INC

34-1479833

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 26 50 64	NONE	72928	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 2022 This Form is Open to Public Inspection.
	For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	

A Name of plan ROBSON COMMUNITIES, INC. & PARTICIPATING COMPANIES 401K RETIREMENT PLAN & TRUST		B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 ROBSON COMMUNITIES, INC.		D Employer Identification Number (EIN) 86-0665522	

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)		
a Name of MTIA, CCT, PSA, or 103-12 IE: RELIANCE TR CO SVF-METLIF GAC 25053			
b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY			
c EIN-PN	46-6625485-001	d Entity code	C 3925068
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)			
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)			
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)			
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)			
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)			
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)			

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)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**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)

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
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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 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>ROBSON COMMUNITIES, INC. & PARTICIPATING COMPANIES 401K RETIREMENT PLAN & TRUST</u>	B Three-digit plan number (PN) ► 	
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ROBSON COMMUNITIES, INC.</u>	D Employer Identification Number (EIN) <u>86-0665522</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	33487	16762
(2) Participant contributions.....	1b(2)	90808	0
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	2360250	3925068
(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)	50001061	41349003
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	52485606	45290833

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	52485606	45290833
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	867289	
(B) Participants	2a(1)(B)	3758089	
(C) Others (including rollovers)	2a(1)(C)	23063	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4648441
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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(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)	1969824	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1969824
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		86544
(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)		-9875563
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-3170754
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3945026	
(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)		3945026
f Corrective distributions (see instructions)	2f		6015
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	72978	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		72978
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4024019
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-7194773
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **BARRY AND MOORE CPAS,PLC**

(2) EIN: **82-4082608**

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan ROBSON COMMUNITIES, INC. & PARTICIPATING COMPANIES 401K RETIREMENT PLAN & TRUST		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 ROBSON COMMUNITIES, INC.		D Employer Identification Number (EIN) 86-0665522
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 82-3967259		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....		☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?.....		☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....		☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?.....		☐ Yes ☐ No
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

**ROBSON COMMUNITIES, INC.
AND PARTICIPATING COMPANIES
401(K) RETIREMENT PLAN AND TRUST**

FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

Together with Independent Auditors' Report

ROBSON COMMUNITIES, INC. AND PARTICIPATING COMPANIES
401(K) RETIREMENT PLAN AND TRUST

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INDEPENDENT AUDITORS' REPORT

To the Management and 401(k) Oversight Committee of the Robson Communities, Inc. and Participating Companies 401(k) Retirement Plan and Trust:

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

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

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2022 and 2021, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Robson Communities, Inc. and Participating Companies 401(k) Retirement Plan and Trust'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.

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 the Robson Communities, Inc. and Participating Companies 401(k) Retirement Plan and Trust's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Robson Communities, Inc. and Participating Companies 401(k) Retirement Plan and Trust's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedule Required by ERISA

The supplemental Schedule H, line 4i - Schedule of Assets (Held at End of Year) 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 its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental 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).

Barry & Moore CPAs, PLC
Phoenix, Arizona
October 12, 2023

Barry & Moore CPAs, PLLC

ROBSON COMMUNITIES, INC. AND PARTICIPATING
COMPANIES 401(K) RETIREMENT PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
ASSETS		
Investments		
Mutual funds	\$ 41,349,003	\$ 50,001,061
Collective investment trust	<u>3,925,068</u>	<u>2,360,250</u>
Total investments	<u>45,274,071</u>	<u>52,361,311</u>
Receivables		
Employer contributions	16,762	38,994
Participant contributions	<u>-</u>	<u>90,808</u>
Total receivables	<u>16,762</u>	<u>129,802</u>
Total assets	<u><u>\$ 45,290,833</u></u>	<u><u>\$ 52,491,113</u></u>
LIABILITIES		
Administrative expenses payable	\$ 17,591	\$ 17,898
Corrective distributions payable	<u>845</u>	<u>6,015</u>
Total liabilities	<u>18,436</u>	<u>23,913</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 45,272,397</u></u>	<u><u>\$ 52,467,200</u></u>

See accompanying notes and independent auditors' report.

ROBSON COMMUNITIES, INC. AND PARTICIPATING
COMPANIES 401(K) RETIREMENT PLAN AND TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
ADDITIONS TO NET ASSETS		
Investment income		
Net appreciation (depreciation)		
in fair value of investments	\$ (9,821,376)	\$ 3,646,402
Investment income	<u>2,002,181</u>	<u>1,749,373</u>
Net investment income (loss)	<u>(7,819,195)</u>	<u>5,395,775</u>
Contributions		
Participant	3,758,089	3,682,675
Employer, net of forfeitures used	861,782	855,365
Rollovers	<u>23,063</u>	<u>76,583</u>
Total contributions	<u>4,642,934</u>	<u>4,614,623</u>
Total additions	<u>(3,176,261)</u>	<u>10,010,398</u>
DEDUCTIONS FROM NET ASSETS		
Benefits paid to participants	3,945,026	3,053,118
Administrative expenses	72,671	74,585
Corrective distributions	<u>845</u>	<u>18,594</u>
Total deductions	<u>4,018,542</u>	<u>3,146,297</u>
NET INCREASE (DECREASE)	(7,194,803)	6,864,101
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>52,467,200</u>	<u>45,603,099</u>
End of year	<u><u>\$ 45,272,397</u></u>	<u><u>\$ 52,467,200</u></u>

See accompanying notes and independent auditors' report.

ROBSON COMMUNITIES, INC. AND PARTICIPATING
COMPANIES 401(K) RETIREMENT PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

(1) DESCRIPTION OF THE PLAN

The following description of the Robson Communities, Inc. and Participating Companies 401(k) Retirement Plan and Trust (the “Plan”) provides only general information. Participants should refer to the Summary Plan Description for a complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan covering all eligible employees of Robson Communities, Inc. and the affiliated companies (collectively, the “Company”) for which Robson Communities, Inc. provides human resources services. As of December 31, 2022, there were 45 affiliated companies of Robson Communities, Inc. that were adopting employers of the Plan. The Plan was established effective January 1, 1988. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan is a profit-sharing plan, which qualifies under Sections 401 and 401(k) of the Internal Revenue Code of 1986. The Plan provides for retirement, disability, and death benefits for eligible employees.

Effective January 1 and February 1, 2021, the Plan was amended to remove several dissolved affiliated companies and add several new affiliated companies.

Effective January 1, 2022, the Plan was restated and amended to incorporate all amendments, update changes required by law, and add new sections for changes in provisions since the previous restatement.

On December 29, 2022, the SECURE Act 2.0 was signed into law. This legislation builds on the 2019 Setting Every Community Up for Retirement Enhancement Act (the “SECURE Act”) and includes several provisions that may impact the Plan. These provisions include changes to contribution limits, catch-up contributions, hardship distributions, and required minimum distributions, as well as new rules for part-time employees and student loan borrowers. The Company is currently evaluating the impact of the SECURE Act 2.0 on the Plan and will implement any necessary changes in accordance with the law.

Effective December 31, 2022, the five affiliated homeowners associations terminated their adoption of the Plan. Effective January 1, 2023, Robson Communities, Inc. established a new plan named the Robson Communities, Inc. Homeowners Associations 401(k) Retirement Plan (the “HOA Plan”). Concurrently, the five affiliated homeowners associations adopted the HOA Plan and a total of \$5,068,000 of investments was transferred from the Plan to the HOA Plan. This amount comprised the account balances of all participants either currently or previously employed by these affiliated homeowner associations. The financial position of the Plan remained unchanged as of December 31, 2022. The subsequent year's financial statements will reflect this as a transfer out of the Plan.

(1) DESCRIPTION OF THE PLAN (Continued)

General (Continued)

Effective January 1, 2023, the Plan was amended to include Roth contribution options, reduce the minimum age for participation from 21 to 18 years old, and modify the service requirement for eligibility from 1 year to 60 days. Furthermore, entry dates to the Plan were adjusted to the first day of the month following the completion of the service requirement, as opposed to the previous provision of the first day of the following quarter.

Effective January 1, 2023, the Plan was amended to correct an administrative error related to the Plan's Employer Identification Number ("EIN"). The Plan's previously reported EIN was identified as inaccurate and has since been updated to reflect the correct EIN. The amendment had no impact on the participants' accounts, benefits, or the financial position of the Plan.

Administration

The Plan is sponsored by Robson Communities, Inc. and administered by the 401(k) Oversight Committee (the "Plan Administrator").

Charles Schwab Trust Bank, the Plan's custodian, holds the Plan's investment assets and executes investment transactions.

Charles Schwab Retirement Services Inc. performs record keeping and administrative services for the Plan. Included in these services, Charles Schwab Retirement Services Inc. maintains the participants' accounts and prepares the Plan's Form 5500.

CAPTRUST Financial Advisors is the Plan's investment advisor.

Eligibility

Employees of the Company who are at least age 21 and have 1,000 hours of service or more during the 12 months starting with their date of hire are eligible to participate in the Plan.

Contributions

Eligible employees are automatically enrolled in the Plan with a contribution rate of 4% of compensation, unless the respective employees elect otherwise. Each year, participants may contribute 1% to 100% of pre-tax annual compensation, not to exceed \$20,500 and \$19,500 in 2022 and 2021, respectively, as an elective deferral. Employees at least 50 years old may contribute a maximum of \$27,000 and \$26,000 in 2022 and 2021, respectively.

(1) DESCRIPTION OF THE PLAN (Continued)

Contributions (Continued)

The Company contributes to the account of each participant a matching contribution of 25% of each participant's elective deferral up to the first 15% of their elective deferral. The Company may also make a profit-sharing contribution to the Plan in an amount which it shall determine at its sole discretion. There were no profit-sharing contributions during 2022 or 2021.

Excess Contributions Refundable

Corrective distributions of \$845 and \$6,015 related to 2022 and 2021, respectively, were made to certain active participants to return to them excess deferral contributions as required to satisfy the relevant non-discrimination provisions of the Plan. These amounts, plus interim investment income or less interim investment loss, are refunded in the year following the respective excess deferral contributions.

Vesting

Participants are immediately vested in their elective deferral contributions. Vesting on the employer contributions, and income allocable to these contributions, is based on qualifying years of service and is determined as follows:

<u>Years of Service</u>	<u>Vested Percentage</u>
< 1	0%
1	20%
2	40%
3	60%
4	80%
5	100%

Additionally, a participant is 100% vested upon the attainment of normal retirement age, total and permanent disability, or death.

Participant Accounts

Each participant's account is credited for his or her contributions on a cash basis when received by the Plan's custodian. In addition, each participant's account is credited with an allocation of the employer contributions and investment earnings thereon. The employer contributions are allocated to the investment funds in the same manner as the employee elective deferral contributions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(1) DESCRIPTION OF THE PLAN (Continued)

Investment Options

The Plan Administrator, with consultation from CAPTRUST Financial Advisors, provides investment funds for the participants to invest their contributions. The available options include funds with varying allocations between equity and debt. Participants may elect to have their elective deferral contribution invested in any fund or combination of funds provided by the Plan. Participants may change their investment options at any time.

Forfeited Accounts

Non-vested portions of participant accounts are forfeited upon termination of employment. The Plan allows for forfeited amounts to be used: 1) to reduce the employer contribution; 2) to pay plan administrative expenses; or 3) to restore forfeited amounts to employees who return to the Plan within a designated period of time. During 2022 and 2021, forfeitures representing the value of non-vested benefits of terminated participants were \$23,796 and \$25,024, respectively.

The amount of the forfeitures used to reduce employer contributions for 2022 and 2021 was \$24,500 and \$23,300, respectively. The cumulative amount of forfeited balances, including net earnings, at December 31, 2022 and 2021 was \$5,562 and \$5,071, respectively.

Benefit Payments

A participant may receive in one lump sum or rollover distribution, the vested portion of their account upon termination of employment or due to death, disability, retirement, attainment of age 65, or under certain hardships.

(2) SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

(2) SUMMARY OF ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Shares of registered investment companies are valued at quoted market prices available on active markets. Units of the collective investment trust are stated at net asset value based upon the quoted prices of the underlying investments.

The Plan presents in the accompanying statements of changes in net assets available for benefits the net appreciation or depreciation in the value of its investments which consists of the realized gains or losses, the unrealized appreciation or depreciation on those investments, and capital gain distributions.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payments of Benefits

Benefits are recorded when paid. At December 31, 2022 and 2021, all benefits requested had been paid.

Risk and Uncertainties

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

(3) PLAN EXPENSES

The Company incurs a portion of the expenses pertaining to the administration of the Plan. Costs included accounting personnel, the value of which is undetermined, and investment advisory, audit, and consulting fees of \$97,483 and \$73,429 in 2022 and 2021, respectively. The expenses incurred and charged to the Plan for record keeping and distribution fees totaled \$72,671 and \$74,585 in 2022 and 2021, respectively.

The investment funds are also subject to asset-based fees. These fees are taken out of the investment funds' assets, which lower the returns generated by the investment funds. A portion of these fees on certain funds are paid to the Plan's service providers. The remaining portion is used to pay investment fund operating costs and the various fund managers.

(4) INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

The Plan Administrator has elected the method of annual reporting compliance as permitted by 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. Accordingly, Charles Schwab Trust Bank, a qualified institution, has certified the following investment information included in the accompanying financial statements and ERISA-required supplemental schedule is complete and accurate to the best of their knowledge and belief.

- Investments as shown in the statements of net assets available for benefits and related disclosures as of December 31, 2022 and 2021.
- Investment income (loss) as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2022 and 2021.
- Investment information included in the supplemental Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2022.

The Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedule.

(5) PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer matching contributions and the administrator shall distribute the assets in the same manner as benefits are distributed.

(6) TAX STATUS

The Plan obtained its latest determination letter on September 21, 2020, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan has not taken, nor expects to take, any uncertain income tax positions that would require recognition of a liability or disclosure in the Plan's financial statements. The Plan may be subject to routine audits by tax authorities but is not currently under audit. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2019.

(7) RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The Plan's financial statements are prepared on the accrual basis of accounting, whereas the Plan's Form 5500 is prepared using a modified cash basis of accounting.

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

	<u>2022</u>	<u>2021</u>
Net assets available for benefits per the financial statements	\$ 45,272,397	\$ 52,467,200
Adjustment for employer contributions receivable	-	(5,507)
Adjustment for administrative expenses payable	17,591	17,898
Adjustment for corrective distributions payable	<u>845</u>	<u>6,015</u>
Net assets available for benefits per the Form 5500	<u>\$ 45,290,833</u>	<u>\$ 52,485,606</u>

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

	<u>2022</u>	<u>2021</u>
Change in net assets available for benefits per the financial statements	\$ (7,194,803)	\$ 6,864,101
Change in the adjustment for employer contributions receivable	5,507	(5,507)
Change in the adjustment for administrative expenses payable	(307)	(384)
Change in the adjustment for corrective distributions payable	<u>(5,170)</u>	<u>998</u>
Change in net assets available for benefits per the Form 5500	<u>\$ (7,194,773)</u>	<u>\$ 6,859,208</u>

(8) COLLECTIVE INVESTMENT TRUST

The Plan invests in the MetLife Stable Value Fund Trust, which is a collective investment trust of Metropolitan Life Insurance Company and for which Reliance Trust Company serves as the trustee and investment manager. The purpose of this investment is to maintain principal value, protect against market price volatility, obtain consistent income return, and provide liquidity for benefit payments and withdrawals. The fund is included in the statements of net assets available for benefits at net asset value (“NAV”) as determined by Reliance Trust Company based upon the quoted market prices of the underlying investments. NAV is used as a practical expedient to estimate fair value.

There are no unfunded commitments or restrictions on redemptions by participants of the collective investment trust. The Plan is required to provide a sixty-day redemption notice to liquidate its entire share in the collective investment trust.

(9) FAIR VALUE OF FINANCIAL INSTRUMENTS

Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three level of inputs that may be used to measure fair value:

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

As discussed in Note 8, the Plan’s investment in the collective investment trust is measured at NAV and has not been classified in the fair value hierarchy.

(9) FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

At December 31, 2022 and 2021, the Plan's portfolio investments were classified as follows, based on fair values:

<u>Financial Instrument</u>	<u>Fair Value Hierarchy</u>	<u>2022</u>	<u>2021</u>
Investments measured at fair value			
Mutual funds	Level 1	\$ 41,349,003	\$ 50,001,061
Investments measured at net asset value			
Collective investment trust		<u>3,925,068</u>	<u>2,360,250</u>
Total		<u>\$ 45,274,071</u>	<u>\$ 52,361,311</u>

There were no investments utilizing Level 2 or Level 3 inputs as of December 31, 2022 and 2021, and there were no transfers between levels of the fair value hierarchy during 2022.

(10) PARTY-IN-INTEREST TRANSACTIONS

As discussed in Note 3, the Plan incurs administrative expenses to Charles Schwab Retirement Services Inc., the Plan's record keeper. Therefore, these transactions qualify as exempt party-in-interest transactions.

(11) SUBSEQUENT EVENTS

Management has evaluated all subsequent events through the date the financial statements were available to be issued on October 12, 2023. No subsequent events occurred during this period which require adjustment to or disclosure in the financial statements, except as discussed in Note 1.

ROBSON COMMUNITIES, INC. AND PARTICIPATING
COMPANIES 401(K) RETIREMENT PLAN AND TRUST
EIN# 86-0576813 PLAN: 001
ANNUAL REPORT SCHEDULE
AS OF AND FOR THE YEAR ENDED DECEMBER 31, 2022

(1) Schedule H, line 4a - Schedule of Delinquent Participant Contributions

None.

(2) Schedule H, line 4b - Obligations in Default

None.

(3) Schedule H, line 4c - Leases in Default

None.

(4) Schedule H, line 4d - Nonexempt with Party-in-Interest Transactions

None.

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

See attached schedule.

(6) Schedule H, line 4j - Schedule of Reportable Transactions

None.

See accompanying independent auditors' report.

ROBSON COMMUNITIES, INC. AND PARTICIPATING
COMPANIES 401(K) RETIREMENT PLAN AND TRUST
EIN# 86-0576813 PLAN: 001
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2022

(a)	(b) Identity	(c) Description of Investment	(d) Cost	(e) Current Value
	DFA Global Real Estate Securities 17,395 shares	Mutual Fund	*	\$ 168,915
	DFA US Large Cap Value 35,553 shares	Mutual Fund	*	1,475,440
	DFA US Targeted Value 15,722 shares	Mutual Fund	*	430,628
	Europacific Growth R6 18,006 shares	Mutual Fund	*	882,849
	Fidelity 500 16,223 shares	Mutual Fund	*	2,159,567
	Fidelity Emerging Markets Index Fund 36,856 shares	Mutual Fund	*	347,558
	Metropolitan West Total Return Bond I 31,235 shares	Mutual Fund	*	282,360
	PIMCO Income Institutional 37,968 shares	Mutual Fund	*	392,970
	PIMCO RAE Fundamental Plus Inst. 67,094 shares	Mutual Fund	*	360,967
	TIAA-CREF Large-Cap Growth 37,154 shares	Mutual Fund	*	1,376,943
	Vanguard Growth 11,043 shares	Mutual Fund	*	971,153
	Vanguard Target Retirement Income 670,682 shares	Mutual Fund	*	8,209,140

See accompanying independent auditors' report.

ROBSON COMMUNITIES, INC. AND PARTICIPATING
COMPANIES 401(K) RETIREMENT PLAN AND TRUST
EIN# 86-0576813 PLAN: 001
SCHEDULE H, LINE 4i - (Continued)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2022

(a)	(b) Identity	(c) Description of Investment	(d) Cost	(e) Current Value
	Vanguard Target Retirement 2020 258,462 shares	Mutual Fund	*	\$ 6,554,581
	Vanguard Target Retirement 2025 96,745 shares	Mutual Fund	*	1,613,714
	Vanguard Target Retirement 2030 86,982 shares	Mutual Fund	*	2,728,602
	Vanguard Target Retirement 2035 73,429 shares	Mutual Fund	*	1,420,859
	Vanguard Target Retirement 2040 162,355 shares	Mutual Fund	*	5,520,057
	Vanguard Target Retirement 2045 91,705 shares	Mutual Fund	*	2,092,694
	Vanguard Target Retirement 2050 75,548 shares	Mutual Fund	*	2,855,704
	Vanguard Target Retirement 2055 19,254 shares	Mutual Fund	*	811,939
	Vanguard Target Retirement 2060 12,664 shares	Mutual Fund	*	491,746
	Vanguard Target Retirement 2065 7,886 shares	Mutual Fund	*	200,617
	MetLife Stable Value Fund 20,607 shares	Collective Investment Trust	*	3,925,068
				<u>\$ 45,274,071</u>

* Cost of information is not required as all assets are participant-directed.

See accompanying independent auditors' report.

Multiple-Employer Plan Participating Employer Information

NAME OF PLAN: Robson Communities, Inc. & Participating Companies 401k Retirement Plan & Trust
EIN: 86-0665522
PLAN NUMBER: 001

[illegible]

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

NAME OF PLAN SPONSOR:	Robson Communities, Inc.
NAME OF PLAN:	Robson Communities, Inc. & Participating Companies 401k Retirement Plan & Trust
EIN:	86-0576813
PLAN NUMBER:	001

(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
	RELIANCE SVF - METGAC25053 0	Common Collective Trust Fund		3,925,068
	DFA GLOBAL REAL ESTATE SEC	Registered Investment Company		168,915
	DFA U.S. LARGE CAP VALUE	Registered Investment Company		1,475,440
	DFA U.S. TARGETED VALUE CL I	Registered Investment Company		430,628
	EUROPACIFIC GROWTH R6	Registered Investment Company		882,849
	FIDELITY 500 INDEX	Registered Investment Company		2,159,567
	FIDELITY EMERG MARKETS IDX	Registered Investment Company		347,558
	METROPOLITAN WEST TTL RTN BD I	Registered Investment Company		282,360
	PIMCO INCOME INSTITUTIONAL	Registered Investment Company		392,970
	PIMCO RAE PLUS INSTL	Registered Investment Company		360,967
	TIAA-CREF LARGE-CAP GR IDX INS	Registered Investment Company		1,376,943
	VANGUARD SMALL CAP INDEX ADMRL	Registered Investment Company		971,153
	VANGUARD TARGET RETIREMNT 2020	Registered Investment Company		6,554,581
	VANGUARD TARGET RETIREMNT 2025	Registered Investment Company		1,613,714
	VANGUARD TARGET RETIREMNT 2030	Registered Investment Company		2,728,602
	VANGUARD TARGET RETIREMNT 2035	Registered Investment Company		1,420,859
	VANGUARD TARGET RETIREMNT 2040	Registered Investment Company		5,520,057
	VANGUARD TARGET RETIREMNT 2045	Registered Investment Company		2,092,694
	VANGUARD TARGET RETIREMNT 2050	Registered Investment Company		2,855,704
	VANGUARD TARGET RETIREMNT 2055	Registered Investment Company		811,939
	VANGUARD TARGET RETIREMNT 2060	Registered Investment Company		491,746
	VANGUARD TARGET RETIREMNT 2065	Registered Investment Company		200,617
	VANGUARD TARGET RETMT INCOME	Registered Investment Company		8,209,140

* Party-in-interest