

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ 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 RFMBG LINCOLNSHIRE LLC 401K PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/2016
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) RFMBG LINCOLNSHIRE LLC 1250 FEEHANVILLE DRIVE STE 200 MT PROSPECT, IL 60056
2b	Employer Identification Number (EIN) 37-1794875
2c	Plan Sponsor's telephone number 563-580-2434
2d	Business code (see instructions) 721110

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.	10/14/2024	CONNIE GROULX
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 201
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 158 6a(2) 175 6b 0 6c 40 6d 215 6e 0 6f 215 6g(1) 133 6g(2) 148 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2T 3D 3B

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
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (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
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan RFMBG LINCOLNSHIRE LLC 401K PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 RFMBG LINCOLNSHIRE LLC	D Employer Identification Number (EIN) 37-1794875	

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

T. ROWE PRICE RPS, INC.

52-1309931

(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 21 25 28 37 38 49 50 52 57 59 62 63 64 65	NONE	13017	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

PRUDENTIAL JENNISON

22-3703799

(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?
28 59	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

PIMCO FUNDS

33-0629048

(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?
28 59	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

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

AMERICAN FUNDS

95-1411037

(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?
28 59	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

DODGE & COX

94-1441976

(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?
28 59	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

VANGUARD GROUP

23-1945930

(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?
28 59	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

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

FIDELITY

04-2647786

(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?
28 59	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

FRANKLIN TEMPLETON

13-2670991

(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?
28 59	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

ALLIANCE BERNSTEIN

13-4064930

(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?
28 59	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
T ROWE PRICE RPS, INC	15 21 25 28 37 38 49 50 52 57 59 62 63 64 65	0
(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.	
FIDELITY ADV INTL GROWTH Z 04-2647786	FEE FOR SHAREHOLDER SERVICING BASED UPON 0.00%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
T ROWE PRICE RPS, INC	15 21 25 28 37 38 49 50 52 57 59 62 63 64 65	0
(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.	
PIMCO INCOME INST 33-0629048	FEE FOR SHAREHOLDER SERVICING BASED UPON 0.00%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
T ROWE PRICE RPS, INC	15 21 25 28 37 38 49 50 52 57 59 62 63 64 65	0
(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.	
AMERICAN NEW WORLD R6 95-1411037	FEE FOR SHAREHOLDER SERVICING BASED UPON 0.00%	

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
T ROWE PRICE RPS, INC	15 21 25 28 37 38 49 50 52 57 59 62 63 64 65	0
(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.	
DODGE & COX STOCK FUND I 94-1441976	FEE FOR SHAREHOLDER SERVICING BASED UPON 0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
T ROWE PRICE RPS, INC	15 21 25 28 37 38 49 50 52 57 59 62 63 64 65	0
(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.	
VANGUARD TTL BOND MKT IDX ADM 23-1945930	FEE FOR SHAREHOLDER SERVICING BASED UPON 0.00%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
T ROWE PRICE RPS, INC	15 21 25 28 37 38 49 50 52 57 59 62 63 64 65	0
(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.	
FIDELITY MID CAP INDEX FUND 04-2647786	FEE FOR SHAREHOLDER SERVICING BASED UPON 0.00%	

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
T ROWE PRICE RPS, INC	15 21 25 28 37 38 49 50 52 57 59 62 63 64 65	0
(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.	
FRANKLIN SMALL CAP VALUE R6 13-2670991	FEE FOR SHAREHOLDER SERVICING BASED UPON 0.00%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
T ROWE PRICE RPS, INC	15 21 25 28 37 38 49 50 52 57 59 62 63 64 65	0
(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.	
FIDELITY REAL ESTATE INDEX FUND 04-2647786	FEE FOR SHAREHOLDER SERVICING BASED UPON 0.00%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
T ROWE PRICE RPS, INC	15 21 25 28 37 38 49 50 52 57 59 62 63 64 65	0
(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.	
FIDELITY 500 INDEX FUND 04-2647786	FEE FOR SHAREHOLDER SERVICING BASED UPON 0.00%	

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
T ROWE PRICE RPS, INC	15 21 25 28 37 38 49 50 52 57 59 62 63 64 65	0
(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.	
AB SMALL CAP GROWTH Z 13-4064930	FEE FOR SHAREHOLDER SERVICING BASED UPON 0.00%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
T ROWE PRICE RPS, INC	15 21 25 28 37 38 49 50 52 57 59 62 63 64 65	0
(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.	
FIDELITY SMALL CAP INDEX FUND 04-2647786	FEE FOR SHAREHOLDER SERVICING BASED UPON 0.00%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
T ROWE PRICE RPS, INC	15 21 25 28 37 38 49 50 52 57 59 62 63 64 65	0
(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.	
FIDELITY TOTAL INTL INDEX FUND 04-2647786	FEE FOR SHAREHOLDER SERVICING BASED UPON 0.00%	

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
T ROWE PRICE RPS, INC	15 21 25 28 37 38 49 50 52 57 59 62 63 64 65	0
(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.	
DODGE & COX INCOME X 94-1441976	FEE FOR SHAREHOLDER SERVICING BASED UPON 0.00%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
T ROWE PRICE RPS, INC	15 21 25 28 37 38 49 50 52 57 59 62 63 64 65	0
(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.	
DODGE & COX STOCK X 94-1441976	FEE FOR SHAREHOLDER SERVICING BASED UPON 0.00%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PIMCO FUNDS	28 59	0
(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.	
PIMCO INCOME INST 33-0629048	INVESTMENT MANAGEMENT FEE BASED UPON 0.51%	

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
AMERICAN FUNDS	28 59	0
(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.	
AMERICAN NEW WORLD R6 95-1411037	INVESTMENT MANAGEMENT FEE BASED UPON 0.57%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DODGE & COX	28 59	0
(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.	
DODGE & COX STOCK FUND I 94-1441976	INVESTMENT MANAGEMENT FEE BASED UPON 0.51%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD GROUP	28 59	0
(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.	
VANGUARD TTL BOND MKT IDX ADM 23-1945930	INVESTMENT MANAGEMENT FEE BASED UPON 0.05%	

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
FRANKLIN TEMPLETON	28 59	0
(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.	
FRANKLIN SMALL CAP VALUE R6 13-2670991	INVESTMENT MANAGEMENT FEE BASED UPON 0.60%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan RFMBG LINCOLNSHIRE LLC 401K PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 RFMBG LINCOLNSHIRE LLC	D Employer Identification Number (EIN) 37-1794875	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	69899	36056
(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)	19691	22662
(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)	2262033	3064046
(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	2351623	3122764
Liabilities			
g Benefit claims payable	1g	0	0
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	2351623	3122764

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)	122520	
(B) Participants	2a(1)(B)	424131	
(C) Others (including rollovers)	2a(1)(C)	7290	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		553941
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4318	
(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)	1759	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6077
(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)	99857	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		99857
(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)		351174
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1011049

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	221155	
(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)		221155
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		3699
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	15054	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		15054
j Total expenses. Add all expense amounts in column (b) and enter total	2j		239908

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		771141
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: MICHELLE HECKERT CPA LLC

(2) EIN: 26-1231461

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan RFMBG LINCOLNSHIRE LLC 401K PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 RFMBG LINCOLNSHIRE LLC	D Employer Identification Number (EIN) 37-1794875	

Part I	Distributions
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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): 04-3157927		
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.)
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4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.				
5	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6	a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
	b Enter the amount contributed by the employer to the plan for this plan year	6b		
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.				
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☐ Decrease	☐ Both	☐ No
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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.
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10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ 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) and (b):

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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. _____

Part VII	IRS Compliance Questions
-----------------	---------------------------------

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702763A.

RFMBG LINCOLNSHIRE LLC
401(k) PLAN

AUDITED FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION

December 31, 2023 and 2022

MICHELLE L HECKERT CPA LLC

RFMBG LINCOLNSHIRE LLC
401(k) PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Administrator of RFMBG Lincolnshire LLC 401(k) Plan

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

We have performed an audit of the accompanying financial statements of RFMBG Lincolnshire LLC 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of RFMBG Lincolnshire LLC 401(k) 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, 2023, stating that the certified investment information, as described in Note I to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about RFMBG Lincolnshire LLC 401(k) 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 judgement made by a reasonable user based on the financial statements.

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

- exercise professional judgement and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of RFMBG Lincolnshire LLC 401(k) 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 judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about RFMBG Lincolnshire LLC 401(k) 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.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedule, Schedule of Assets Held at End of Year as of December 31, 2023, is presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental 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, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Prior Period Financial Statements

The financial statements of RFMBG Lincolnshire LLC 401(k) Plan as of and for the year ended December 31, 2022, were audited by other auditors whose report dated October 3, 2023 expressed an unmodified opinion on those statements.

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).

Michelle Heckert CPA LLC

Michelle Heckert CPA LLC
Nashville, IL 62263
September 27, 2024

RFMBG Lincolnshire LLC 401(k) Plan
Statement of Net Assets Available for Benefits
December 31, 2023 and 2022

	<u>As of December 31</u>	
	<u>2023</u>	<u>2022</u>
ASSETS		
Investments at fair value:		
Cash and cash equivalents	\$ 36,056	\$ 69,899
Mutual funds	<u>3,064,046</u>	<u>2,262,033</u>
Total Investments at fair value	<u>\$3,100,102</u>	<u>\$2,331,932</u>
Receivables:		
Notes receivable from participants	<u>22,662</u>	<u>19,691</u>
Total Receivables	<u>\$ 22,662</u>	<u>\$ 19,691</u>
 LIABILITIES	 \$ 0	 \$ 0
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$3,122,764</u>	 <u>\$2,351,623</u>

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

RFMBG Lincolnshire LLC 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
For Years Ended December 31, 2023 and 2022

ADDITIONS:	<u>Year Ended December 31</u>	
	<u>2023</u>	<u>2022</u>
Additions to net assets attributed to:		
Investment income:		
Dividends and interest	\$ 104,175	\$ 137,212
Net appreciation in fair value of investments	<u>351,174</u>	<u>0</u>
Total Investment Income	<u>\$ 455,349</u>	<u>\$ 137,212</u>
Interest income on notes receivable from participants:	<u>\$ 1,759</u>	<u>\$ 471</u>
Contributions:		
Employer	\$ 122,520	\$ 94,044
Participants	424,131	313,438
Participant rollovers	<u>7,290</u>	<u>7,152</u>
Total Contributions	<u>\$ 553,941</u>	<u>\$ 414,634</u>
TOTAL ADDITIONS	<u>\$1,011,049</u>	<u>\$ 552,317</u>
DEDUCTIONS:		
Deductions from net assets attributed to:		
Net depreciation in fair value of investments	\$ 0	\$ 662,890
Benefits paid to participants	\$ 224,854	\$ 690,571
Administrative expenses	<u>15,054</u>	<u>11,421</u>
TOTAL DEDUCTIONS	<u>\$ 239,908</u>	<u>\$1,364,882</u>
NET INCREASE (DECREASE)	<u>\$ 771,141</u>	<u>\$(812,565)</u>
NET ASSETS AVAILABLE FOR BENEFITS		
BEGINNING OF YEAR	<u>\$2,351,623</u>	<u>\$3,164,188</u>
END OF YEAR	<u>\$3,122,764</u>	<u>\$2,351,623</u>

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

RFMBG Lincolnshire LLC
401(k) Plan

Notes to Financial Statements

NOTE A – DESCRIPTION OF PLAN

The following description of the RFMBG Lincolnshire LLC 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General: The Plan is a qualified defined contribution plan sponsored by RFMBG Lincolnshire LLC (the “Company”). The Plan covers all non-union full-time employees who have completed three months of service, and non-union part-time employees who have completed at least 1,000 hours of service in a twelve-month period, and who have reached 21 years of age. Employees may enter the Plan on the first day of the month following the date eligibility requirements are met. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Contributions: Participants may contribute up to the maximum dollar amount allowable as established by the Internal Revenue Service, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the plan. The Plan offers investment choices through T. Rowe Price Retirement Plan Services, Inc. (“T. Rowe Price”), the custodian of the Plan’s investments, which include mutual funds through various registered investment companies. The Plan allows for a discretionary matching contribution determined by the Company each year in addition to discretionary profit-sharing contributions. The Company made \$122,520 of discretionary matching contributions for the year ended December 31, 2023.

Participant Accounts: Each participant’s account is credited with the participant’s contribution; qualified rollover contributions; allocations of the Company’s contributions (if any), and Plan earnings or losses, and charged with an allocation of administrative expenses. Allocations are based upon participant earnings (losses) or account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Vesting: Participants are immediately vested in their contributions plus actual earnings (losses) thereon. Vesting in discretionary employer matching and profit-sharing contributions allocated to individual participants, plus actual earnings (losses) thereon, is based upon years of continual service as defined in the Plan. A participant is 100% vested after five years of service. In the event of death, disability, or retirement at designated ages, participants become fully vested.

NOTE A – DESCRIPTION OF PLAN (continued)

Notes Receivable from Participants: Participants may borrow from their fund accounts up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms range from 1 to 5 years, or the administrator may permit a longer repayment term for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at the current prime rate plus 1% on the date of issuance. Interest rates ranged from 4.25% to 9.25% at December 31, 2023. Principal and interest are paid ratably through regular payroll deductions.

Payment of Benefits: On termination of service due to death, disability, retirement, or any other reason, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. In addition, hardship withdrawals and in-service distributions at age 59 ½ are permitted if certain criteria are met. The Plan document also requires post-severance mandatory force-out distributions for account balances under \$5,000.

Forfeited Accounts: Forfeited balances of terminated participants' non-vested accounts are used to reduce the Company's future contributions to the Plan or pay Plan administrative expenses. As of December 31, 2023 and 2022, there were \$626 and \$1,739, respectively, of forfeited non-vested accounts. During the year ended December 31, 2023, forfeitures of \$0 were used to reduce employer matching contributions and forfeitures of \$2,037 were used to pay Plan administration expenses.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Date of Management's Review: Subsequent events were evaluated through September 27, 2024, which is the date the financial statements were available to be issued.

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

Cash and Cash Equivalents: Cash and cash equivalents include deposits in financial institutions and short-term investments with original maturities of 90 days or less.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

Investment Valuation and Income Recognition: The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The plan administrator determines the Plan's valuation policies utilizing information provided by the custodian. See Note C for discussion of fair value measurements.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

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

Management fees and operating expenses charged to the Plan for investments in mutual funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

Notes Receivable from Participants: Notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest with no allowance for credit losses. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for loan losses has been recorded as of December 31, 2023 and 2022. If a participant ceases to make loan repayments and the plan administrator deems the note receivable to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits: Benefits are recorded when paid.

Administrative Expenses: Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants and participant distributions are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included as a reduction in net appreciation or an increase in net depreciation of fair value of investments. The Plan made direct payments for administration fees of \$15,054 for the year ended December 31, 2023.

CARES Act Provisions: Effective January 1, 2020, the Plan adopted the special Coronavirus-related distributions ("CRD") in accordance with the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") for the period beginning January 1, 2020 and ending December 31, 2020. Qualified participants were permitted to take a CRD of up to \$100,000 from the Plan. Participants who took a CRD have the option to have the distribution taxed over a three-year period, with the ability to recontribute up to the full amount of the distribution within three years and not be subject to federal income tax as a result. The Plan also waived minimum distribution requirements for any distribution required to be made in 2020.

The Plan also adopted the participant loan provisions under the CARES Act. Through September 22, 2020, qualifying participants could elect to receive a loan at an increased maximum amount that did not exceed the lesser of \$100,000 or 100% of the participant's vested account balance. Qualified participants could also suspend all loan repayments through December 31, 2020, with repayments beginning again in January 2021.

The Company intends to formally amend the Plan for the CARES Act provisions that were adopted prior to December 31, 2025.

NOTE C – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board Accounting Standards Codification 820, *Fair Value Measurements and Disclosures* (FASB ASC 820”) provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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 the following:

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

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at December 31, 2023 and 2022.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (“NAV”) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

NOTE C – FAIR VALUE MEASUREMENTS (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023 and 2022:

	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
<u>December 31, 2023</u>				
Cash and cash equivalents	\$ 36,056	\$ 36,056	\$ 0	\$ 0
Mutual funds	<u>\$ 3,064,046</u>	<u>\$ 3,064,046</u>	<u>\$ 0</u>	<u>\$ 0</u>
Total investments at fair value	<u>\$ 3,100,102</u>	<u>\$ 3,100,102</u>	<u>\$ 0</u>	<u>\$ 0</u>

	<u>Fair Value</u>	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>
<u>December 31, 2022</u>				
Cash and cash equivalents	\$ 69,899	\$ 69,899	\$ 0	\$ 0
Mutual funds	<u>\$ 2,262,033</u>	<u>\$ 2,262,033</u>	<u>\$ 0</u>	<u>\$ 0</u>
Total investments at fair value	<u>\$ 2,331,932</u>	<u>\$ 2,331,932</u>	<u>\$ 0</u>	<u>\$ 0</u>

NOTE D – TAX STATUS

On June 30, 2020, the Internal Revenue Service stated that the non-standardized pre-approved plan document adopted by the Plan, as then designed, qualified under Section 401(a) of the Internal Revenue Code ("IRC"). Although the Plan has not received a determination letter specific to the Plan itself, and the Plan has been amended since the pre-approved plan was adopted, the Plan administrator believes that the Plan is designed and is being operated in compliance with the applicable requirements of the IRC. Therefore, the plan administrator believes that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. No assets or liabilities relative to uncertain tax positions are recorded as of December 31, 2023 or 2022. The Plan is subject to routine audits by taxing jurisdictions. However, as of December 31, 2023, there were no audits in progress for any open tax periods.

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

The Plan's investments are managed by T. Rowe Price, the custodian of the Plan. Therefore, these transactions qualify as party-in-interest transactions under ERISA. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each investment.

As described in Note B, the Company may pay certain administrative expenses relating to Plan operations to various service providers. In addition, employees of the Company provide administrative services to the Plan for which no fees are charged. These transactions are party-in-interest transactions under ERISA.

Notes receivable from participants also reflect party-in-interest transactions under ERISA.

NOTE F – PLAN TERMINATION

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

NOTE G – RISKS AND UNCERTAINTIES

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

NOTE H – PLAN RESTATEMENT AND AMENDMENT

Effective November 1, 2021, the Plan was amended and restated under a Cycle 3 Restatement to bring the Plan into compliance with legislative and regulatory changes as set forth in IRS Notice 2017-37 and to appoint Reliance Trust Company as the Plan's Trustee. Significant provisions of the amended plan document are consistent with those of the current plan document. Interested parties should refer to the plan document for a more complete description of the Plan's provisions.

NOTE I – CERTIFICATION OF INVESTMENT INFORMATION

The Plan received from Reliance Trust Company a certification of financial information and data as being complete and accurate in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The data certified includes financial information reflected in the Statements of Net Assets Available for Benefits at December 31, 2023 and 2022 and the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2023 and 2022, as summarized below:

NOTE I – CERTIFICATION OF INVESTMENT INFORMATION (continued)

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	<u>As of December 31</u>	
	<u>2023</u>	<u>2022</u>
Investments at fair value:		
Cash and cash equivalents	\$ 36,056	\$ 69,899
Mutual funds	\$3,064,046	\$2,062,033

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	<u>Year Ended December 31</u>	
	<u>2023</u>	<u>2022</u>
Sources of net assets:		
Interest and dividend income	\$ 104,175	\$ 137,212
Net appreciation (depreciation) in fair value of investments	\$ 351,174	\$ (662,890)

NOTE J – INVESTMENTS

All assets of the Plan at December 31, 2023 and 2022 are held and administered by T. Rowe Price Retirement Services, Inc. The following table presents investments at December 31, 2023 and 2022.

Investments at fair value as reported by T. Rowe Price Retirement Services, Inc.:

	<u>As of December 31</u>	
	<u>2023</u>	<u>2022</u>
T. Rowe Price – Government Money I	\$ 36,056	\$ 69,899
T. Rowe Price – Blue Chip Growth Inv	\$ 143,735	\$ 83,516
T. Rowe Price – Retirement 2005 Inv	\$ 4,509	\$ 128
T. Rowe Price – Retirement 2015 Inv	\$ 73,341	\$ 141,637
T. Rowe Price – Retirement 2020 Inv	\$ 297,496	\$ 245,350
T. Rowe Price – Retirement 2025 Inv	\$ 446,284	\$ 312,816
T. Rowe Price – Retirement 2030 Inv	\$ 398,983	\$ 291,626
T. Rowe Price – Retirement 2035 Inv	\$ 167,759	\$ 107,897
T. Rowe Price – Retirement 2040 Inv	\$ 269,589	\$ 207,530
T. Rowe Price – Retirement 2045 Inv	\$ 230,410	\$ 154,063
T. Rowe Price – Retirement 2050 Inv	\$ 202,414	\$ 152,076
T. Rowe Price – Retirement 2055 Inv	\$ 304,933	\$ 190,367
T. Rowe Price – Retirement 2060 Inv	\$ 66,334	\$ 38,986
T. Rowe Price – Retirement 2065 Inv	\$ 12,513	\$ 1,179
Dodge & Cox – Dodge & Cox Stock X	\$ 40,006	\$ 32,889
Pimco – Pimco Income Instl Fund	\$ 60,561	\$ 54,327
American Funds – American Funds New World Fund Class R6	\$ 4,985	\$ 6,632

NOTE J – INVESTMENTS (continued)

Vanguard – Vanguard Total Bond Mkt Index	\$ 20,318	\$ 15,127
Fidelity Investments – Fidelity Mid Cap Index	\$ 80,283	\$ 59,420
Fidelity Investments – Fidelity Real Estate Index	\$ 13,044	\$ 8,463
Fidelity Investments – Fidelity 500 Index Fund	\$ 151,714	\$ 97,348
Alliance Bernstein Investments – AB Small Cap Growth Z	\$ 11,584	\$ 7,562
Fidelity Investments – Fidelity Small Cap Index	\$ 33,821	\$ 29,436
Fidelity Investments – Fidelity Advisor International Growth Z	\$ 4,246	\$ 6,952
Fidelity Investments – Fidelity Total International Index	\$ 13,248	\$ 5,040
Dodge & Cox – Dodge & Cox Income X	<u>\$ 11,936</u>	<u>\$ 11,666</u>
Total Investments at Fair Value	<u>\$ 3,100,102</u>	<u>\$ 2,331,932</u>

*Investments representing 5% or more of assets available for benefits

NOTE K – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per financial statements at December 31, 2023 to Form 5500:

Net Assets available for benefits per financial statements	\$3,122,764
Employer contributions receivable at financial statement date	\$ 0
Employee contributions receivable at financial statement date	\$ 0
Net Assets available for benefits per Form 5500	\$3,122,764

The following is a reconciliation of benefits paid to participants per financial statements at December 31, 2023 to Form 5500:

Benefits paid to participants per financial statements	\$ 224,584
Benefits paid to participants per Form 5500	\$ 222,584

NOTE L – ERISA SECTION 103(a)(3)(C) AUDIT

Reliance Trust Company has certified to the accuracy of investment assets, transactions and income for the purpose of an ERISA Section 103(a)(3)(C) audit.

NOTE M – SUBSEQUENT EVENTS

No events have occurred subsequent to December 31, 2023 that are required to be disclosed in these financial statements. This evaluation was made as of September 27, 2024, the date these financial statements were available to be issued.

RFMBG LINCOLNSHIRE LLC 401(K) PLAN
EMPLOYER IDENTIFICATION NUMBER 37-1794875
PLAN NUMBER 001
FORM 5500, SCHEDULE H, PART IV, LINE 4I
SCHEDULE OF ASSETS HELD FOR INVESTMENT AT END OF YEAR
DECEMBER 31, 2023

(a)	(b)	I	(d)	I
		Description of Investment,		
Party-in-		Including Maturity Date,		
Interest	Identity of Issue, Borrower,	Rate of Interest, Collateral,		Current
Identification	Lessor or Similar Party	Par of Maturity Value	Cost	Value
*	T. Rowe Price	Government Money I	**	\$ 36,056
*	T. Rowe Price	Blue Chip Growth Inv	**	\$ 143,735
*	T. Rowe Price	Retirement 2005 Inv	**	\$ 4,509
*	T. Rowe Price	Retirement 2015 Inv	**	\$ 73,341
*	T. Rowe Price	Retirement 2020 Inv	**	\$ 297,496
*	T. Rowe Price	Retirement 2025 Inv	**	\$ 446,284
*	T. Rowe Price	Retirement 2030 Inv	**	\$ 398,983
*	T. Rowe Price	Retirement 2035 Inv	**	\$ 167,759
*	T. Rowe Price	Retirement 2040 Inv	**	\$ 269,589
*	T. Rowe Price	Retirement 2045 Inv	**	\$ 230,410
*	T. Rowe Price	Retirement 2050 Inv	**	\$ 202,414
*	T. Rowe Price	Retirement 2055 Inv	**	\$ 304,933
*	T. Rowe Price	Retirement 2060 Inv	**	\$ 66,334
*	T. Rowe Price	Retirement 2065 Inv	**	\$ 12,513
	Dodge & Cox	Dodge & Cox Stock X	**	\$ 40,006
	Pimco	Pimco Income Instl Fund	**	\$ 60,561
	American Funds	Am Funds New World Fund R6	**	\$ 4,985
	Vanguard	Vanguard Total Bond Mkt Index	**	\$ 20,318
	Fidelity Investments	Fidelity Mid Cap Index	**	\$ 80,283
	Fidelity Investments	Fidelity Real Estate Index	**	\$ 13,044
	Fidelity Investments	Fidelity 500 Index Fund	**	\$ 151,714
	Alliance Bernstein Investments	AB Small Cap Growth Z	**	\$ 11,584
	Fidelity Investments	Fidelity Small Cap Index	**	\$ 33,821
	Fidelity Investments	Fidelity Advisor Intl Growth Z	**	\$ 4,246
	Fidelity Investments	Fidelity Total Intl Index	**	\$ 13,248
	Dodge & Cox	Dodge & Cox Income X	**	\$ 11,936
*		Participant Loans 4.25% - 9.25%	**	\$ 22,662
TOTALS				\$3,122,764

* Indicates a party-in-interest

** Cost omitted for participant-directed investments

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

Name of Plan:

► RFMBG LINCOLNSHIRE LLC 401(K) PLAN

Employer Identification Number: ►

37-1794875

For plan year (beginning/ending): ►

01/01/23 - 12/31/23

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
*	T. ROWE PRICE RETIREMENT I 2005	MUTUAL FUND		\$4,509.00
*	T. ROWE PRICE RETIREMENT I 2015	MUTUAL FUND		\$73,341.00
*	T. ROWE PRICE RETIREMENT I 2020	MUTUAL FUND		\$297,496.00
*	T. ROWE PRICE RETIREMENT I 2025	MUTUAL FUND		\$446,284.00
*	T. ROWE PRICE RETIREMENT I 2030	MUTUAL FUND		\$398,983.00
*	T. ROWE PRICE RETIREMENT I 2035	MUTUAL FUND		\$167,759.00
*	T. ROWE PRICE RETIREMENT I 2040	MUTUAL FUND		\$269,589.00
*	T. ROWE PRICE RETIREMENT I 2045	MUTUAL FUND		\$230,410.00
*	T. ROWE PRICE RETIREMENT I 2050	MUTUAL FUND		\$202,414.00
*	T. ROWE PRICE RETIREMENT I 2055	MUTUAL FUND		\$304,933.00
*	T. ROWE PRICE RETIREMENT I 2060	MUTUAL FUND		\$66,334.00
*	T. ROWE PRICE BLUE CHIP GROWTH I	MUTUAL FUND		\$143,735.00
*	T. ROWE PRICE GOVERNMENT MONEY I	MUTUAL FUND		\$36,056.00
*	T. ROWE PRICE RETIREMENT I 2065	MUTUAL FUND		\$12,513.00
	PIMCO INCOME INSTL	MUTUAL FUND		\$60,561.00
	AMERICAN FUNDS NEW WORLD R6	MUTUAL FUND		\$4,985.00
	VANGUARD TOTAL BOND MKT INDEX	MUTUAL FUND		\$20,318.00
	FIDELITY MID CAP INDEX	MUTUAL FUND		\$80,283.00
	FIDELITY REAL ESTATE INDEX	MUTUAL FUND		\$13,044.00
	FIDELITY 500 INDEX	MUTUAL FUND		\$151,714.00
	AB SMALL CAP GROWTH Z	MUTUAL FUND		\$11,584.00
	FIDELITY SMALL CAP INDEX	MUTUAL FUND		\$33,821.00
	FIDELITY ADVISOR INTERNATIONAL GROWTH Z	MUTUAL FUND		\$4,246.00
	FIDELITY TOTAL INTL INDEX	MUTUAL FUND		\$13,248.00
	DODGE & COX INCOME X	MUTUAL FUND		\$11,936.00
	DODGE & COX STOCK X	MUTUAL FUND		\$40,006.00
	PARTICIPANT LOANS	LOW-HIGH INTEREST RATE 4.25% - 9.25%		\$22,662.00

RFMBG LINCOLNSHIRE LLC
401(k) PLAN

AUDITED FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION

December 31, 2023 and 2022

MICHELLE L HECKERT CPA LLC

RFMBG LINCOLNSHIRE LLC
401(k) PLAN

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Michelle L Heckert
Certified Public Accountant LLC

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Office (618) 327-4801
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INDEPENDENT AUDITOR'S REPORT

To the Administrator of RFMBG Lincolnshire LLC 401(k) Plan

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

We have performed an audit of the accompanying financial statements of RFMBG Lincolnshire LLC 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of RFMBG Lincolnshire LLC 401(k) 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, 2023, stating that the certified investment information, as described in Note I to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about RFMBG Lincolnshire LLC 401(k) 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 judgement made by a reasonable user based on the financial statements.

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

- exercise professional judgement and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of RFMBG Lincolnshire LLC 401(k) 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 judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about RFMBG Lincolnshire LLC 401(k) 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.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedule, Schedule of Assets Held at End of Year as of December 31, 2023, is presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental 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, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Prior Period Financial Statements

The financial statements of RFMBG Lincolnshire LLC 401(k) Plan as of and for the year ended December 31, 2022, were audited by other auditors whose report dated October 3, 2023 expressed an unmodified opinion on those statements.

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).

Michelle Heckert CPA LLC

Michelle Heckert CPA LLC
Nashville, IL 62263
September 27, 2024

RFMBG Lincolnshire LLC 401(k) Plan
Statement of Net Assets Available for Benefits
December 31, 2023 and 2022

	<u>As of December 31</u>	
	<u>2023</u>	<u>2022</u>
ASSETS		
Investments at fair value:		
Cash and cash equivalents	\$ 36,056	\$ 69,899
Mutual funds	<u>3,064,046</u>	<u>2,262,033</u>
Total Investments at fair value	<u>\$3,100,102</u>	<u>\$2,331,932</u>
Receivables:		
Notes receivable from participants	<u>22,662</u>	<u>19,691</u>
Total Receivables	<u>\$ 22,662</u>	<u>\$ 19,691</u>
 LIABILITIES	 \$ 0	 \$ 0
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$3,122,764</u>	 <u>\$2,351,623</u>

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

RFMBG Lincolnshire LLC 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
For Years Ended December 31, 2023 and 2022

ADDITIONS:	<u>Year Ended December 31</u>	
	<u>2023</u>	<u>2022</u>
Additions to net assets attributed to:		
Investment income:		
Dividends and interest	\$ 104,175	\$ 137,212
Net appreciation in fair value of investments	<u>351,174</u>	<u>0</u>
Total Investment Income	<u>\$ 455,349</u>	<u>\$ 137,212</u>
Interest income on notes receivable from participants:	<u>\$ 1,759</u>	<u>\$ 471</u>
Contributions:		
Employer	\$ 122,520	\$ 94,044
Participants	424,131	313,438
Participant rollovers	<u>7,290</u>	<u>7,152</u>
Total Contributions	<u>\$ 553,941</u>	<u>\$ 414,634</u>
 TOTAL ADDITIONS	 <u>\$1,011,049</u>	 <u>\$ 552,317</u>
 DEDUCTIONS:		
Deductions from net assets attributed to:		
Net depreciation in fair value of investments	\$ 0	\$ 662,890
Benefits paid to participants	\$ 224,854	\$ 690,571
Administrative expenses	<u>15,054</u>	<u>11,421</u>
 TOTAL DEDUCTIONS	 <u>\$ 239,908</u>	 <u>\$1,364,882</u>
 NET INCREASE (DECREASE)	 <u>\$ 771,141</u>	 <u>\$(812,565)</u>
 NET ASSETS AVAILABLE FOR BENEFITS		
BEGINNING OF YEAR	<u>\$2,351,623</u>	<u>\$3,164,188</u>
END OF YEAR	<u>\$3,122,764</u>	<u>\$2,351,623</u>

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

RFMBG Lincolnshire LLC
401(k) Plan

Notes to Financial Statements

NOTE A – DESCRIPTION OF PLAN

The following description of the RFMBG Lincolnshire LLC 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General: The Plan is a qualified defined contribution plan sponsored by RFMBG Lincolnshire LLC (the “Company”). The Plan covers all non-union full-time employees who have completed three months of service, and non-union part-time employees who have completed at least 1,000 hours of service in a twelve-month period, and who have reached 21 years of age. Employees may enter the Plan on the first day of the month following the date eligibility requirements are met. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Contributions: Participants may contribute up to the maximum dollar amount allowable as established by the Internal Revenue Service, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the plan. The Plan offers investment choices through T. Rowe Price Retirement Plan Services, Inc. (“T. Rowe Price”), the custodian of the Plan’s investments, which include mutual funds through various registered investment companies. The Plan allows for a discretionary matching contribution determined by the Company each year in addition to discretionary profit-sharing contributions. The Company made \$122,520 of discretionary matching contributions for the year ended December 31, 2023.

Participant Accounts: Each participant’s account is credited with the participant’s contribution; qualified rollover contributions; allocations of the Company’s contributions (if any), and Plan earnings or losses, and charged with an allocation of administrative expenses. Allocations are based upon participant earnings (losses) or account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Vesting: Participants are immediately vested in their contributions plus actual earnings (losses) thereon. Vesting in discretionary employer matching and profit-sharing contributions allocated to individual participants, plus actual earnings (losses) thereon, is based upon years of continual service as defined in the Plan. A participant is 100% vested after five years of service. In the event of death, disability, or retirement at designated ages, participants become fully vested.

NOTE A – DESCRIPTION OF PLAN (continued)

Notes Receivable from Participants: Participants may borrow from their fund accounts up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms range from 1 to 5 years, or the administrator may permit a longer repayment term for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at the current prime rate plus 1% on the date of issuance. Interest rates ranged from 4.25% to 9.25% at December 31, 2023. Principal and interest are paid ratably through regular payroll deductions.

Payment of Benefits: On termination of service due to death, disability, retirement, or any other reason, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. In addition, hardship withdrawals and in-service distributions at age 59 ½ are permitted if certain criteria are met. The Plan document also requires post-severance mandatory force-out distributions for account balances under \$5,000.

Forfeited Accounts: Forfeited balances of terminated participants' non-vested accounts are used to reduce the Company's future contributions to the Plan or pay Plan administrative expenses. As of December 31, 2023 and 2022, there were \$626 and \$1,739, respectively, of forfeited non-vested accounts. During the year ended December 31, 2023, forfeitures of \$0 were used to reduce employer matching contributions and forfeitures of \$2,037 were used to pay Plan administration expenses.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Date of Management's Review: Subsequent events were evaluated through September 27, 2024, which is the date the financial statements were available to be issued.

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

Cash and Cash Equivalents: Cash and cash equivalents include deposits in financial institutions and short-term investments with original maturities of 90 days or less.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

Investment Valuation and Income Recognition: The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The plan administrator determines the Plan's valuation policies utilizing information provided by the custodian. See Note C for discussion of fair value measurements.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

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

Management fees and operating expenses charged to the Plan for investments in mutual funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

Notes Receivable from Participants: Notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest with no allowance for credit losses. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for loan losses has been recorded as of December 31, 2023 and 2022. If a participant ceases to make loan repayments and the plan administrator deems the note receivable to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits: Benefits are recorded when paid.

Administrative Expenses: Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants and participant distributions are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included as a reduction in net appreciation or an increase in net depreciation of fair value of investments. The Plan made direct payments for administration fees of \$15,054 for the year ended December 31, 2023.

CARES Act Provisions: Effective January 1, 2020, the Plan adopted the special Coronavirus-related distributions ("CRD") in accordance with the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") for the period beginning January 1, 2020 and ending December 31, 2020. Qualified participants were permitted to take a CRD of up to \$100,000 from the Plan. Participants who took a CRD have the option to have the distribution taxed over a three-year period, with the ability to recontribute up to the full amount of the distribution within three years and not be subject to federal income tax as a result. The Plan also waived minimum distribution requirements for any distribution required to be made in 2020.

The Plan also adopted the participant loan provisions under the CARES Act. Through September 22, 2020, qualifying participants could elect to receive a loan at an increased maximum amount that did not exceed the lesser of \$100,000 or 100% of the participant's vested account balance. Qualified participants could also suspend all loan repayments through December 31, 2020, with repayments beginning again in January 2021.

The Company intends to formally amend the Plan for the CARES Act provisions that were adopted prior to December 31, 2025.

NOTE C – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board Accounting Standards Codification 820, *Fair Value Measurements and Disclosures* (FASB ASC 820”) provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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 the following:

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

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at December 31, 2023 and 2022.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (“NAV”) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

NOTE C – FAIR VALUE MEASUREMENTS (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023 and 2022:

	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
<u>December 31, 2023</u>				
Cash and cash equivalents	\$ 36,056	\$ 36,056	\$ 0	\$ 0
Mutual funds	\$ 3,064,046	\$ 3,064,046	\$ 0	\$ 0
Total investments at fair value	<u>\$ 3,100,102</u>	<u>\$ 3,100,102</u>	<u>\$ 0</u>	<u>\$ 0</u>

	<u>Fair Value</u>	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>
<u>December 31, 2022</u>				
Cash and cash equivalents	\$ 69,899	\$ 69,899	\$ 0	\$ 0
Mutual funds	\$ 2,262,033	\$ 2,262,033	\$ 0	\$ 0
Total investments at fair value	<u>\$ 2,331,932</u>	<u>\$ 2,331,932</u>	<u>\$ 0</u>	<u>\$ 0</u>

NOTE D – TAX STATUS

On June 30, 2020, the Internal Revenue Service stated that the non-standardized pre-approved plan document adopted by the Plan, as then designed, qualified under Section 401(a) of the Internal Revenue Code ("IRC"). Although the Plan has not received a determination letter specific to the Plan itself, and the Plan has been amended since the pre-approved plan was adopted, the Plan administrator believes that the Plan is designed and is being operated in compliance with the applicable requirements of the IRC. Therefore, the plan administrator believes that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. No assets or liabilities relative to uncertain tax positions are recorded as of December 31, 2023 or 2022. The Plan is subject to routine audits by taxing jurisdictions. However, as of December 31, 2023, there were no audits in progress for any open tax periods.

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

The Plan's investments are managed by T. Rowe Price, the custodian of the Plan. Therefore, these transactions qualify as party-in-interest transactions under ERISA. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each investment.

As described in Note B, the Company may pay certain administrative expenses relating to Plan operations to various service providers. In addition, employees of the Company provide administrative services to the Plan for which no fees are charged. These transactions are party-in-interest transactions under ERISA.

Notes receivable from participants also reflect party-in-interest transactions under ERISA.

NOTE F – PLAN TERMINATION

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

NOTE G – RISKS AND UNCERTAINTIES

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

NOTE H – PLAN RESTATEMENT AND AMENDMENT

Effective November 1, 2021, the Plan was amended and restated under a Cycle 3 Restatement to bring the Plan into compliance with legislative and regulatory changes as set forth in IRS Notice 2017-37 and to appoint Reliance Trust Company as the Plan's Trustee. Significant provisions of the amended plan document are consistent with those of the current plan document. Interested parties should refer to the plan document for a more complete description of the Plan's provisions.

NOTE I – CERTIFICATION OF INVESTMENT INFORMATION

The Plan received from Reliance Trust Company a certification of financial information and data as being complete and accurate in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The data certified includes financial information reflected in the Statements of Net Assets Available for Benefits at December 31, 2023 and 2022 and the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2023 and 2022, as summarized below:

NOTE I – CERTIFICATION OF INVESTMENT INFORMATION (continued)

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	<u>As of December 31</u>	
	<u>2023</u>	<u>2022</u>
Investments at fair value:		
Cash and cash equivalents	\$ 36,056	\$ 69,899
Mutual funds	\$3,064,046	\$2,062,033

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	<u>Year Ended December 31</u>	
	<u>2023</u>	<u>2022</u>
Sources of net assets:		
Interest and dividend income	\$ 104,175	\$ 137,212
Net appreciation (depreciation) in fair value of investments	\$ 351,174	\$ (662,890)

NOTE J – INVESTMENTS

All assets of the Plan at December 31, 2023 and 2022 are held and administered by T. Rowe Price Retirement Services, Inc. The following table presents investments at December 31, 2023 and 2022.

Investments at fair value as reported by T. Rowe Price Retirement Services, Inc.:

	<u>As of December 31</u>	
	<u>2023</u>	<u>2022</u>
T. Rowe Price – Government Money I	\$ 36,056	\$ 69,899
T. Rowe Price – Blue Chip Growth Inv	\$ 143,735	\$ 83,516
T. Rowe Price – Retirement 2005 Inv	\$ 4,509	\$ 128
T. Rowe Price – Retirement 2015 Inv	\$ 73,341	\$ 141,637
T. Rowe Price – Retirement 2020 Inv	\$ 297,496	\$ 245,350
T. Rowe Price – Retirement 2025 Inv	\$ 446,284	\$ 312,816
T. Rowe Price – Retirement 2030 Inv	\$ 398,983	\$ 291,626
T. Rowe Price – Retirement 2035 Inv	\$ 167,759	\$ 107,897
T. Rowe Price – Retirement 2040 Inv	\$ 269,589	\$ 207,530
T. Rowe Price – Retirement 2045 Inv	\$ 230,410	\$ 154,063
T. Rowe Price – Retirement 2050 Inv	\$ 202,414	\$ 152,076
T. Rowe Price – Retirement 2055 Inv	\$ 304,933	\$ 190,367
T. Rowe Price – Retirement 2060 Inv	\$ 66,334	\$ 38,986
T. Rowe Price – Retirement 2065 Inv	\$ 12,513	\$ 1,179
Dodge & Cox – Dodge & Cox Stock X	\$ 40,006	\$ 32,889
Pimco – Pimco Income Instl Fund	\$ 60,561	\$ 54,327
American Funds – American Funds New World Fund Class R6	\$ 4,985	\$ 6,632

NOTE J – INVESTMENTS (continued)

Vanguard – Vanguard Total Bond Mkt Index	\$ 20,318	\$ 15,127
Fidelity Investments – Fidelity Mid Cap Index	\$ 80,283	\$ 59,420
Fidelity Investments – Fidelity Real Estate Index	\$ 13,044	\$ 8,463
Fidelity Investments – Fidelity 500 Index Fund	\$ 151,714	\$ 97,348
Alliance Bernstein Investments – AB Small Cap Growth Z	\$ 11,584	\$ 7,562
Fidelity Investments – Fidelity Small Cap Index	\$ 33,821	\$ 29,436
Fidelity Investments – Fidelity Advisor International Growth Z	\$ 4,246	\$ 6,952
Fidelity Investments – Fidelity Total International Index	\$ 13,248	\$ 5,040
Dodge & Cox – Dodge & Cox Income X	<u>\$ 11,936</u>	<u>\$ 11,666</u>
Total Investments at Fair Value	<u>\$ 3,100,102</u>	<u>\$ 2,331,932</u>

*Investments representing 5% or more of assets available for benefits

NOTE K – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per financial statements at December 31, 2023 to Form 5500:

Net Assets available for benefits per financial statements	\$3,122,764
Employer contributions receivable at financial statement date	\$ 0
Employee contributions receivable at financial statement date	\$ 0
Net Assets available for benefits per Form 5500	\$3,122,764

The following is a reconciliation of benefits paid to participants per financial statements at December 31, 2023 to Form 5500:

Benefits paid to participants per financial statements	\$ 224,584
Benefits paid to participants per Form 5500	\$ 222,584

NOTE L – ERISA SECTION 103(a)(3)(C) AUDIT

Reliance Trust Company has certified to the accuracy of investment assets, transactions and income for the purpose of an ERISA Section 103(a)(3)(C) audit.

NOTE M – SUBSEQUENT EVENTS

No events have occurred subsequent to December 31, 2023 that are required to be disclosed in these financial statements. This evaluation was made as of September 27, 2024, the date these financial statements were available to be issued.

RFMBG LINCOLNSHIRE LLC 401(K) PLAN
EMPLOYER IDENTIFICATION NUMBER 37-1794875
PLAN NUMBER 001
FORM 5500, SCHEDULE H, PART IV, LINE 4I
SCHEDULE OF ASSETS HELD FOR INVESTMENT AT END OF YEAR
DECEMBER 31, 2023

(a)	(b)	I	(d)	I
		Description of Investment,		
Party-in-		Including Maturity Date,		
Interest	Identity of Issue, Borrower,	Rate of Interest, Collateral,		Current
Identification	Lessor or Similar Party	Par of Maturity Value	Cost	Value
*	T. Rowe Price	Government Money I	**	\$ 36,056
*	T. Rowe Price	Blue Chip Growth Inv	**	\$ 143,735
*	T. Rowe Price	Retirement 2005 Inv	**	\$ 4,509
*	T. Rowe Price	Retirement 2015 Inv	**	\$ 73,341
*	T. Rowe Price	Retirement 2020 Inv	**	\$ 297,496
*	T. Rowe Price	Retirement 2025 Inv	**	\$ 446,284
*	T. Rowe Price	Retirement 2030 Inv	**	\$ 398,983
*	T. Rowe Price	Retirement 2035 Inv	**	\$ 167,759
*	T. Rowe Price	Retirement 2040 Inv	**	\$ 269,589
*	T. Rowe Price	Retirement 2045 Inv	**	\$ 230,410
*	T. Rowe Price	Retirement 2050 Inv	**	\$ 202,414
*	T. Rowe Price	Retirement 2055 Inv	**	\$ 304,933
*	T. Rowe Price	Retirement 2060 Inv	**	\$ 66,334
*	T. Rowe Price	Retirement 2065 Inv	**	\$ 12,513
	Dodge & Cox	Dodge & Cox Stock X	**	\$ 40,006
	Pimco	Pimco Income Instl Fund	**	\$ 60,561
	American Funds	Am Funds New World Fund R6	**	\$ 4,985
	Vanguard	Vanguard Total Bond Mkt Index	**	\$ 20,318
	Fidelity Investments	Fidelity Mid Cap Index	**	\$ 80,283
	Fidelity Investments	Fidelity Real Estate Index	**	\$ 13,044
	Fidelity Investments	Fidelity 500 Index Fund	**	\$ 151,714
	Alliance Bernstein Investments	AB Small Cap Growth Z	**	\$ 11,584
	Fidelity Investments	Fidelity Small Cap Index	**	\$ 33,821
	Fidelity Investments	Fidelity Advisor Intl Growth Z	**	\$ 4,246
	Fidelity Investments	Fidelity Total Intl Index	**	\$ 13,248
	Dodge & Cox	Dodge & Cox Income X	**	\$ 11,936
*		Participant Loans 4.25% - 9.25%	**	\$ 22,662
TOTALS				\$3,122,764

* Indicates a party-in-interest

** Cost omitted for participant-directed investments