

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

Complete all entries in accordance with the instructions to the Form 5500.

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: BATON ROUGE COUNTRY CLUB EMPLOYEES' RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1998
2a Plan sponsor's name (employer, if for a single-employer plan): BATON ROUGE COUNTRY CLUB, INC.
2b Employer Identification Number (EIN): 72-0373255
2c Plan Sponsor's telephone number: 225-925-5466
2d Business code (see instructions): 713900

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	152
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)	152
	6a(2)	170
	6b	2
	6c	13
	6d	185
	6e	0
	6f	185
	6g(1)	128
	6g(2)	180
h	6h	1
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:
3D 2E 2F 2G 2J 2K 2S 2T

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules

- (1) **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 2
- (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan BATON ROUGE COUNTRY CLUB EMPLOYEES' RETIREMENT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BATON ROUGE COUNTRY CLUB, INC.</p>	<p>D Employer Identification Number (EIN) 72-0373255</p>	

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	GP 946AD / H4G3	197	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">12917</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

RETIREMENT STRATEGIES GROUP LLC **800 WEST COMMERCE ROAD**
STE. 105
NEW ORLEANS, LA 70123

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	12917	TPA FEES/PAYMENTS	5

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	17756
5	Current value of plan's interest under this contract in separate accounts at year end.....	5176151
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ GROUP VAR ANNUITY W/GUAR FUND	
b	Balance at the end of the previous year	7b 0
c	(1) Contributions deposited during the year	7c(1) 906
	(2) Dividends and credits.....	7c(2) 0
	(3) Interest credited during the year.....	7c(3) 2942
	(4) Transferred from separate account	7c(4) 0
	(5) Other (specify below)..... ▶ LOAN REPAYMENT/FORFEITURES/TAKEOVER ADJUSTMENTS	7c(5) 20765
	(6) Total additions	7c(6) 24613
d	Total of balance and additions (add lines 7b and 7c(6))	7d 24613
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 6069
	(2) Administration charge made by carrier.....	7e(2) 4
	(3) Transferred to separate account	7e(3) 427
	(4) Other (specify below)..... ▶ LOAN ISSUES/FORFEITURES/FEES CORRECTIONS/ADJUSTMENTS	7e(4) 358
(5) Total deductions	7e(5) 6858	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 17755

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan BATON ROUGE COUNTRY CLUB EMPLOYEES' RETIREMENT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BATON ROUGE COUNTRY CLUB, INC.</p>	<p>D Employer Identification Number (EIN) 72-0373255</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
STANDARD INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0242990	69019	800139	157	01/01/2024	10/31/2024

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year **7b** 1536699

c Additions: (1) Contributions deposited during the year	7c(1)	138832	
	7c(2)		
	7c(3)	29780	
	7c(4)	66193	
	7c(5)	7733	
▶ LOAN PAYMENTS			

(6) Total additions **7c(6)** 242538

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 1779237

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	129542	
(2) Administration charge made by carrier.....	7e(2)	633	
(3) Transferred to separate account	7e(3)		
(4) Other (specify below).....	7e(4)	1649062	

▶ LOAN ISSUES, TRANSFERS OUT

(5) Total deductions **7e(5)** 1779237

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan BATON ROUGE COUNTRY CLUB EMPLOYEES' RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BATON ROUGE COUNTRY CLUB, INC.	D Employer Identification Number (EIN) 72-0373255	

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

LINCOLN NATIONAL CORPORATION

35-1140070

(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)

STAN CORP FINANCIAL GROUP

93-1253576

(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?
12 15 18 50	NONE	25309	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LINCOLN NATIONAL CORPORATION

35-1140070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	SERVICE PROVIDER	1093	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

RETIREMENT STRATEGIES GROUP LLC

800 WEST COMMERCE RD
STE 105
NEW ORLEANS, LA 70123

(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	TPA	300	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

(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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>BATON ROUGE COUNTRY CLUB EMPLOYEES' RETIREMENT PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BATON ROUGE COUNTRY CLUB, INC.</u>	D Employer Identification Number (EIN) <u>72-0373255</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LINCOLN LIFE SEPARATE ACCOUNT</u>		
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>		
c EIN-PN <u>35-0472300-402</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5176151</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan BATON ROUGE COUNTRY CLUB EMPLOYEES' RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BATON ROUGE COUNTRY CLUB, INC.	D Employer Identification Number (EIN) 72-0373255

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)	314
(2) Participant contributions	1b(2)	5666 57
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	30616 27980
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	2734893 5176151
(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)	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1536699 17756
(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	4308188	5221944
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	273	
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	273	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	4307915	5221944

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)	198420	
(B) Participants.....	2a(1)(B)	429409	
(C) Others (including rollovers).....	2a(1)(C)	99073	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		726902
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	2238	
(F) Other.....	2b(1)(F)	32722	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		34960
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		410663
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1172525

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	256238	
(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)		256238
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	2258	
(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)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2258
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		258496

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		914029
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: **HAWTHORN WAYMOUTH & CARROLL**

(2) EIN: **72-0464428**

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	246426
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	450000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>BATON ROUGE COUNTRY CLUB EMPLOYEES' RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BATON ROUGE COUNTRY CLUB, INC.</u>	D Employer Identification Number (EIN) <u>72-0373255</u>	

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

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 93-0242990 35-1140070

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

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

3	
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) 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 Q702977A.

**Baton Rouge Country Club
Employees' Retirement Plan
Baton Rouge, Louisiana
December 31, 2024**

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Independent Auditor's Report

To the Plan Administrator
Baton Rouge Country Club Employees' Retirement Plan
Baton Rouge, Louisiana

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

We have performed audits of the accompanying financial statements of Baton Rouge Country Club Employees' Retirement 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, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from The Lincoln National Insurance Company ("Lincoln") as of December 31, 2024, and for the period from September 12, 2024 to December 31, 2024, and Standard Insurance Company ("Standard") as of December 31, 2023 and for the period from January 1, 2024 to December 31, 2024 stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate. Assets were transferred from Standard to Lincoln effective November 1, 2024.

Opinion

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

- the amounts and disclosures in the financial statements 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 qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of delinquent participant contributions, assets (held at end of year), and reportable transactions as of or for the year ended December 31, 2024, are 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits 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 schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Hawthorn, Weymouth & Carroll, LLP.

October 15, 2025

Baton Rouge Country Club Employees' Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments:		
Investments at fair value	\$ 5,176,151	\$ 2,734,893
Investments at contract value	<u>17,756</u>	<u>1,536,699</u>
Total investments	<u>5,193,907</u>	<u>4,271,592</u>
Receivables:		
Participant contributions	57	5,666
Employer contributions	-	314
Notes receivable from participants	<u>27,980</u>	<u>30,616</u>
Total receivables	<u>28,037</u>	<u>36,596</u>
Total assets	5,221,944	4,308,188
Liabilities		
Accounts payable	<u>-</u>	<u>273</u>
Net Assets Available for Benefits	<u>\$ 5,221,944</u>	<u>\$ 4,307,915</u>

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

**Baton Rouge Country Club Employees' Retirement Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2024**

Additions

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 410,663
Interest	<u>32,722</u>

Net investment income	<u>443,385</u>
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Interest income on notes receivable from participants	<u>2,238</u>
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Contributions:

Employer	198,420
Participants	429,409
Rollover	<u>99,073</u>

Total contributions	<u>726,902</u>
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Net additions	<u>1,172,525</u>
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Deductions

Deductions from net assets attributed to:

Benefits paid to participants	256,238
Contract administrator fees	<u>2,258</u>

Total deductions	<u>258,496</u>
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Net increase	914,029
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Net Assets Available for Benefits

Beginning of year	<u>4,307,915</u>
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End of year	<u><u>\$ 5,221,944</u></u>
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The accompanying notes are an integral part of these financial statements.

Baton Rouge Country Club Employees' Retirement Plan
Notes to Financial Statements
December 31, 2024

Note 1-Description of Plan

The following description of the Baton Rouge Country Club Employees' Retirement Plan ("Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

A. General

The Plan is a defined contribution plan covering substantially all employees of Baton Rouge Country Club, Inc. ("Employer") who are age 21 or older with at least six months of service. The Plan is intended to be a qualified retirement plan under the Internal Revenue Code (IRC). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan was established to provide employees with an opportunity to accumulate funds for retirement.

During the year ended December 31, 2024, the Plan transitioned its custodial services from Standard Insurance Company ("Standard") to The Lincoln National Life Insurance Company ("Lincoln"). Effective November 1, 2024, the Plan's custodianship of assets was transferred from Standard to Lincoln. Prior to the transfer, Standard held and administered all Plan investments. Upon transfer, all Plan assets were moved to Lincoln, which serves as the current custodian. During 2024, recordkeeping services were provided by Retirement Strategies Group.

The Plan received a certification from Standard covering the period January 1, 2024 through December 31, 2024. The Plan also received certification from Lincoln covering the period beginning September 12, 2024, which corresponds to the date Lincoln established the Plan recordkeeping platform. However, no Plan assets were transferred to or held by Lincoln until November 1, 2024. Therefore, investment information prior to the transfer date is based on data certified by Standard, and information subsequent to the transfer date is based on data certified by Lincoln.

The Plan administrator has elected to have the financial statements audited pursuant to ERISA Section 103(a)(3)(C). Under this election, the auditor did not audit the investment information certified by either custodian, as permitted by ERISA and applicable regulations. The Plan administrator has determined that both custodians are qualified institutions and that the certifications meet the requirements of ERISA. The transition of assets between custodians was reviewed and reconciled by the Plan administrator, and no material discrepancies were identified.

B. Contributions

Participant Contributions

Participants may elect to have compensation deferred up to the maximum allowed by law. The Plan also permits designated Roth contributions. Participants may make catch-up contributions to the Plan, and these contributions will be taken into account in applying any matching contributions under the Plan.

The Plan has an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3% of eligible compensation and their contributions invested in a designated fund until elected otherwise by the participant. Contributions are automatically deducted based on the following schedule: Plan Years 1 & 2 (3%), Plan Year 3 (4%), Plan Year 4 (5%), and Plan Year 5 and thereafter (6%).

Baton Rouge Country Club Employees' Retirement Plan
Notes to Financial Statements
December 31, 2024

Note 1-Description of Plan (Continued)

B. Contributions (Continued)

Employer Matching Contributions

The Employer makes matching contributions to the account of each eligible participant in an amount equal to the sum of 100% of the amount of the Participant's Elective Deferrals that do not exceed 1% of the participant's compensation, plus 50% of the amount of the Participant's Elective Deferrals that exceed 1% of the participant's compensation but do not exceed 6% of the participant's compensation.

C. Participant Accounts

Each participant's account is credited with the participant's contributions and Employer matching contributions, as well as Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

D. Vesting

Participants are immediately vested in their contributions, plus actual earnings thereon. Vesting in the Employer's contribution portion of their accounts is based on years of continuous service. A participant is 100 percent vested after two years of credited service.

E. Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent (50%) of their account balance. Principal and interest are paid ratably through payroll deductions, over a period not to exceed five (5) years. A participant may have only one loan outstanding at any time unless one loan is a principal residence loan amortized for a period greater than five years. A participant may not initiate more than two loans in one calendar year. The loans are secured by the balance in the participant's account and bear interest at a fixed rate commensurate with local prevailing rates.

F. Payment of Benefits

Upon termination of service due to death, disability, or retirement, a participant, or their designated beneficiary in the case of death, may elect to receive benefits in a lump sum, in partial withdrawals, or in installment payments from the participant's account until the vested account balance is exhausted. Participants may also leave their funds in the Plan if the participant's account balance is greater than \$5,000 or they may request a direct rollover into an IRA or to another eligible plan that accepts direct rollovers. Distributions are made as soon as administratively possible to electing employees who terminate employment or retire, or to the beneficiaries of deceased participants. Withdrawals may also be made in the case of hardship as described in the Plan. Funds remaining in the Plan continue as tax deferred and are invested at the participant's direction. Active participants who have reached age 59½ years may elect to receive an in-service distribution from the vested portion of their accounts.

Baton Rouge Country Club Employees' Retirement Plan
Notes to Financial Statements
December 31, 2024

Note 1-Description of Plan (Continued)

G. Forfeitures

Forfeited non-vested accounts are used to reduce future matching contributions made by the Employer. At December 31, 2024 and 2023, there were no unused forfeitures. During 2024, \$672 of forfeited participant accounts were used to reduce the Employer's contributions.

H. SECURE 2.0 Act Implementation

In accordance with the SECURE 2.0 Act, the Plan implemented several required and optional provisions during the 2024 plan year to enhance participant access, streamline administration, and ensure regulatory compliance.

Required Provisions Effective January 1, 2024

- The required minimum distribution (RMD) age increased to 73 for applicable participants, in line with updated IRS regulations.
- Long-term part-time employees who worked at least 500 hours per year for three consecutive years (2021–2023) became eligible to participate in the Plan.
- The Plan expanded its use of self-correction procedures under the Employee Plans Compliance Resolution System (EPCRS).
- Annual notices to unenrolled participants were streamlined, with only eligibility reminders required.

The Plan has updated its procedures, systems, and participant communications to reflect these changes and remains committed to maintaining compliance with applicable federal regulations.

Note 2-Summary of Significant Accounting Policies

A. Basis of Accounting

The accompanying financial statements are presented using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

As described in FASB Accounting Standards Codification (ASC) 962, *Plan Accounting - Defined Contribution Pension Plans*, investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

B. 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 disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from plan net assets during the reporting period. Accordingly, actual results may differ from those estimates.

Baton Rouge Country Club Employees' Retirement Plan
Notes to Financial Statements
December 31, 2024

Note 2-Summary of Significant Accounting Policies (Continued)

C. Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurement.

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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

D. Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when incurred. No allowance for credit losses was recorded as of December 31, 2024 and 2023. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

E. Payment of Benefits

Benefits are recorded when paid.

F. Expenses

Certain expenses of maintaining the Plan are paid directly by the Employer and are excluded from these financial statements. Fees related to certain distributions and the administration of notes receivable from participants are charged directly to the participant's account and are included in contract administrator fees.

Note 3-Fair Value Measurement

FASB ASC 820, *Fair Value Measurement*, 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). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. 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.

Level 2 Inputs to the valuation methodology include:

- 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; and
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Baton Rouge Country Club Employees' Retirement Plan
Notes to Financial Statements
December 31, 2024

Note 3-Fair Value Measurement (Continued)

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Pooled separate accounts: Units held in pooled separate accounts are valued using the net asset value (NAV) practical expedient of the pooled separate accounts as reported by the account managers. The NAV practical expedient is based on the fair value of the underlying assets owned by the pooled separate accounts, minus its liabilities, and then divided by the number of participation units outstanding.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	Fair Value Measurement			
	Level 1	Level 2	Level 3	Total
December 31, 2024				
Investments measured at NAV:				
Pooled separate accounts (*)	\$ -	\$ -	\$ -	\$ 5,176,151
Investments at fair value	\$ -	\$ -	\$ -	\$ 5,176,151
 December 31, 2023				
Investments measured at NAV:				
Pooled separate accounts (*)	\$ -	\$ -	\$ -	\$ 2,734,893
Investments at fair value	\$ -	\$ -	\$ -	\$ 2,734,893

(*) In accordance with Topic 820, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Note 4-Deposit Administration Contract

In 1998, the Plan entered into a fully benefit-responsive investment contract ("FBRIC") with Standard and remained in that contract until November 1, 2024, when they transferred the Plan's assets to the new custodian, Lincoln. While the Plan was contracted with Standard, Standard maintained the contributions in a general account, which was credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract issuer was contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Baton Rouge Country Club Employees' Retirement Plan
Notes to Financial Statements
December 31, 2024

Note 4-Deposit Administration Contract (Continued)

The contract with Standard met the FBRIC criteria and, therefore, was reported at contract value. Contract value, as reported to the Plan by Standard, represents contributions made under the contract, plus earnings at guaranteed crediting rates, less participant withdrawals and administrative fees. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than three percent (3%). Such interest rates are reviewed on a quarterly basis for resetting. The crediting rate was 3.03% for 2023, and the contract value of the FBRIC with Standard was \$1,536,699 at December 31, 2023.

During the year ended December 31, 2024, the Plan entered into a FBRIC with Lincoln. Lincoln maintains the contributions in a guaranteed account, which is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

The contract met the FBRIC criteria and, therefore, was reported at contract value. Contract value, as reported to the Plan by Lincoln, represents the amount participants would receive if they were to initiate a transaction under the terms of the ongoing plan. Interest is credited daily at an interest rate not less than the guaranteed minimum interest rate of one percent (1.00%). The interest credit rating is declared on a quarterly basis and the crediting rate was 2.77% for 2024. The contract amount maintained in the guaranteed account is guaranteed against loss of principal, minus all withdrawals, including charges and adjustments. The guarantee is based on Lincoln's ability to meet its financial obligations from general assets. The contract value of the FBRIC was \$17,756 at December 31, 2024.

Certain events may limit the ability of the Plan to transact at contract value with Lincoln. Such events include premature terminations of the contracts by the plan, plant closings, layoffs, plan terminations, bankruptcies, mergers, and early retirement incentives. No events are probable of occurring that might limit the Plan's ability to transact at contract value with the contract issuer and that also would limit the ability of the Plan to transact at contract value with the participants.

Note 5-Tax Status

On June 30, 2020, the IRS stated that the prototype adopted by the Plan, as then designed, qualifies under Internal Revenue Code (IRC) Section 401(a). The Plan has not received a determination letter specific to the Plan itself; however, the plan administrator and the Plan's tax counsel believe that the Plan was designed and is being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods.

Baton Rouge Country Club Employees' Retirement Plan
Notes to Financial Statements
December 31, 2024

Note 6-Information Certified by the Plan's Custodians

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA. Accordingly, Standard Insurance Company, the custodian of the Plan through October 31, 2024, has certified the following information as being complete and accurate:

- Investments in the statement of net assets available for benefits as of December 31, 2023.
- Interest income and net appreciation in fair value of investments in the statement of changes in net assets available for benefits for January 1, 2024 through October 31, 2024.

The Lincoln National Life Insurance Company, the custodian of the Plan beginning November 1, 2024, has certified the following information as being complete and accurate:

- Investments in the statement of net assets available for benefits as of December 31, 2024.
- Interest income and net appreciation in fair value of investments in the statement of changes in net assets available for benefits for November 1, 2024 through December 31, 2024.
- Investments reflected on the schedule of assets (held at end of year) as of December 31, 2024.

Note 7-Plan Termination

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

Note 8-Transactions with Parties-in-Interest

The Plan engages in transactions with certain service providers who are considered parties-in-interest under ERISA. Investment management fees related to assets held by the Plan are generally included in net appreciation in fair value of investments, as these fees are not separately reported. In addition, fees paid to the contract administrator for recordkeeping and administrative services are separately presented in the accompanying financial statements. These transactions are exempt from the prohibited transaction rules under ERISA Section 408(b)(2) and are disclosed in accordance with FASB ASC 962.

The Employer provides certain accounting and administrative services to the Plan for which no fees are charged.

During 2024, the Employer failed to remit participant deferrals in the amount of \$246,426 to the Plan in a timely manner, as required under Department of Labor Regulations. The Employer intends to compute and remit the associated lost earnings to the Plan in 2025. This delay constitutes a nonexempt prohibited transaction under ERISA.

Note 9-Risks and Uncertainties

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

Baton Rouge Country Club Employees' Retirement Plan
Notes to Financial Statements
December 31, 2024

Note 10-Subsequent Events

Management of the Plan evaluated all subsequent events through October 15, 2025, the date the financial statements were available to be issued. As a result, management noted no subsequent events that required adjustment to, or disclosure in, these financial statements.

Supplemental Schedules

Baton Rouge Country Club Employees' Retirement Plan
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
EIN: 72-0373255
Plan Number 001
Year Ended December 31, 2024

Participant Contributions Transferred Late to Plan	Total that Constitutes Nonexempt Prohibited Transactions			
(Check here if late participant loan repayments are included <input type="checkbox"/>)	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2023 Contributions	\$ -	\$ 817	\$ -	\$ -
2024 Contributions*	\$ 246,426	\$ -	\$ -	\$ -

* Contributions have been remitted to the Plan. The Plan Sponsor is in the process of finalizing lost earnings.

Baton Rouge Country Club Employees' Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 72-0373255
Plan Number 001
December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
*	Lincoln National Life	American Funds EuroPacific Growth Fund SA6E	**	\$ 937
*	Lincoln National Life	Neuberger Berman Mid Cap Growth SA9R	**	5,772
*	Lincoln National Life	Prudential Jennison Small Company SAA6	**	5,566
*	Lincoln National Life	Vanguard Emerging Markets Stock Index SAAS	**	5,386
*	Lincoln National Life	Vanguard Small Cap Index SAB7	**	5,384
*	Lincoln National Life	Vanguard Target Retirement 2020 SABB	**	173,385
*	Lincoln National Life	Vanguard Target Retirement 2025 SABC	**	307,831
*	Lincoln National Life	Vanguard Target Retirement 2030 SABD	**	880,905
*	Lincoln National Life	Vanguard Target Retirement 2035 SABE	**	474,706
*	Lincoln National Life	Vanguard Target Retirement 2040 SABF	**	816,166
*	Lincoln National Life	Vanguard Target Retirement 2045 SABG	**	761,967
*	Lincoln National Life	Vanguard Target Retirement 2050 SABH	**	159,184
*	Lincoln National Life	Vanguard Target Retirement 2055 SABK	**	428,065
*	Lincoln National Life	Vanguard Target Retirement 2060 SABL	**	347,734
*	Lincoln National Life	Vanguard Target Retirement 2065 SAEN	**	68,046
*	Lincoln National Life	Vanguard Target Retirement 2070 AABX	**	2,258
*	Lincoln National Life	Vanguard Target Retirement Income SABM	**	689,706
*	Lincoln National Life	Franklin US Government Securities SACL	**	1,021
*	Lincoln National Life	Vanguard Energy SACN	**	5,989
*	Lincoln National Life	Vanguard Energy Index SACP	**	5,539
*	Lincoln National Life	Vanguard Global Capital Cycles SADD	**	5,832
*	Lincoln National Life	Vanguard Growth Index SAE4	**	985
*	Lincoln National Life	Vanguard Value Index SAE5	**	2,037
*	Lincoln National Life	Blackrock LifePath Index 2060 SAEL	**	210
*	Lincoln National Life	DFA Inflation Protected Securities SAQZ	**	1,020
*	Lincoln National Life	Fidelity 500 Index Fund SAWQ	**	<u>20,520</u>
		Total pooled separate accounts		5,176,151
*	Lincoln National Life	Guaranteed Stable Value	**	17,756
*	Participant Loans	Interest ranging from 3.50% to 8.50%, maturing through 2027	-0-	<u>27,980</u>
				<u><u>\$5,221,887</u></u>

* Represents party-in-interest transaction.

** Information is not required as investments are participant-directed.

This schedule has been prepared based on information certified as complete and accurate by
The Lincoln National Life Insurance Company, the custodian of the plan.

Baton Rouge Country Club Employees' Retirement Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 72-0373255
Plan Number 001
Year Ended December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction date	Net Gain (Loss)
Lincoln National Life	American Funds EuroPacific Growth Fund SA6E	\$ 995	\$ -	N/A	N/A	\$ 995	\$ 995	\$ -
Lincoln National Life	American Funds EuroPacific Growth Fund SA6E	-	37	N/A	N/A	38	-	(1)
Lincoln National Life	Neuberger Berman Mid Cap Growth SA9R	7,362	-	N/A	N/A	7,362	7,362	-
Lincoln National Life	Neuberger Berman Mid Cap Growth SA9R	-	1,378	N/A	N/A	1,369	-	9
Lincoln National Life	Prudential Jennison Small Company SAA6	6,989	-	N/A	N/A	6,989	6,989	-
Lincoln National Life	Prudential Jennison Small Company SAA6	-	1,240	N/A	N/A	1,237	-	3
Lincoln National Life	Vanguard Emerging Markets Stock Index SAAS	6,723	-	N/A	N/A	6,723	6,723	-
Lincoln National Life	Vanguard Emerging Markets Stock Index SAAS	-	1,286	N/A	N/A	1,291	-	(5)
Lincoln National Life	Vanguard Small Cap Index SAB7	6,786	-	N/A	N/A	6,786	6,786	-
Lincoln National Life	Vanguard Small Cap Index SAB8	-	1,178	N/A	N/A	1,174	-	4
Lincoln National Life	Vanguard Target Retirement 2020 SABB	191,051	-	N/A	N/A	191,051	191,051	-
Lincoln National Life	Vanguard Target Retirement 2020 SABB	-	16,887	N/A	N/A	16,955	-	(68)
Lincoln National Life	Vanguard Target Retirement 2025 SABC	543,867	-	N/A	N/A	543,867	543,867	-
Lincoln National Life	Vanguard Target Retirement 2025 SABC	-	236,750	N/A	N/A	234,048	-	2,702
Lincoln National Life	Vanguard Target Retirement 2030 SABD	910,764	-	N/A	N/A	910,764	910,764	-
Lincoln National Life	Vanguard Target Retirement 2030 SABD	-	22,069	N/A	N/A	22,260	-	(191)
Lincoln National Life	Vanguard Target Retirement 2030 SABD	225	-	N/A	N/A	225	225	-
Lincoln National Life	Vanguard Target Retirement 2035 SABE	503,779	-	N/A	N/A	503,779	503,779	-
Lincoln National Life	Vanguard Target Retirement 2035 SABE	-	21,789	N/A	N/A	22,136	-	(347)
Lincoln National Life	Vanguard Target Retirement 2035 SABE	712	-	N/A	N/A	712	712	-
Lincoln National Life	Vanguard Target Retirement 2040 SABF	906,796	-	N/A	N/A	906,796	906,796	-
Lincoln National Life	Vanguard Target Retirement 2040 SABF	-	81,236	N/A	N/A	81,620	-	(384)
Lincoln National Life	Vanguard Target Retirement 2045 SABG	785,024	-	N/A	N/A	785,024	785,024	-
Lincoln National Life	Vanguard Target Retirement 2045 SABG	-	13,197	N/A	N/A	13,360	-	(163)
Lincoln National Life	Vanguard Target Retirement 2050 SABH	163,380	-	N/A	N/A	163,380	163,380	-
Lincoln National Life	Vanguard Target Retirement 2050 SABH	-	1,959	N/A	N/A	1,985	-	(26)
Lincoln National Life	Vanguard Target Retirement 2055 SABK	439,002	-	N/A	N/A	439,002	439,002	-
Lincoln National Life	Vanguard Target Retirement 2055 SABK	-	5,278	N/A	N/A	5,349	-	(71)
Lincoln National Life	Vanguard Target Retirement 2055 SABK	357	-	N/A	N/A	357	357	-

This schedule has been prepared based on information certified as complete and accurate by
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Baton Rouge Country Club Employees' Retirement Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 72-0373255
Plan Number 001
Year Ended December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction date	Net Gain (Loss)
Lincoln National Life	Vanguard Target Retirement 2060 SABL	\$ 377,137	\$ -	N/A	N/A	\$ 377,137	\$ 377,137	\$ -
Lincoln National Life	Vanguard Target Retirement 2060 SABL	-	25,392	N/A	N/A	25,185	-	207
Lincoln National Life	Vanguard Target Retirement 2060 SABL	603	-	N/A	N/A	603	603	-
Lincoln National Life	Vanguard Target Retirement 2065 SAEN	73,117	-	N/A	N/A	73,117	73,117	-
Lincoln National Life	Vanguard Target Retirement 2065 SAEN	-	4,127	N/A	N/A	4,143	-	(16)
Lincoln National Life	Vanguard Target Retirement 2070 AABX	2,605	-	N/A	N/A	2,605	2,605	-
Lincoln National Life	Vanguard Target Retirement 2070 AABX	-	315	N/A	N/A	319	-	(4)
Lincoln National Life	Vanguard Target Retirement Income SABM	732,602	-	N/A	N/A	732,602	732,602	-
Lincoln National Life	Vanguard Target Retirement Income SABM	-	41,479	N/A	N/A	41,613	-	(134)
Lincoln National Life	Vanguard Target Retirement Income SABM	990	-	N/A	N/A	990	990	-
Lincoln National Life	Franklin US Government Securities SACL	1,049	-	N/A	N/A	1,049	1,049	-
Lincoln National Life	Franklin US Government Securities SACL	-	27	N/A	N/A	27	-	-
Lincoln National Life	Vanguard Energy SACN	7,622	-	N/A	N/A	7,622	7,622	-
Lincoln National Life	Vanguard Energy SACN	-	1,230	N/A	N/A	1,206	-	24
Lincoln National Life	Vanguard Energy Index SACP	6,933	-	N/A	N/A	6,933	6,933	-
Lincoln National Life	Vanguard Energy Index SACP	-	1,222	N/A	N/A	1,195	-	27
Lincoln National Life	Vanguard Global Capital Cycles SADD	7,178	-	N/A	N/A	7,178	7,178	-
Lincoln National Life	Vanguard Global Capital Cycles SADD	-	1,213	N/A	N/A	1,190	-	23
Lincoln National Life	Vanguard Growth Index SAE4	1,316	-	N/A	N/A	1,316	1,316	-
Lincoln National Life	Vanguard Growth Index SAE5	-	314	N/A	N/A	319	-	(5)
Lincoln National Life	Vanguard Value Index SAE5	2,446	-	N/A	N/A	2,446	2,446	-
Lincoln National Life	Vanguard Value Index SAE6	-	352	N/A	N/A	360	-	(8)
Lincoln National Life	Blackrock LifePath Index 2060 SAEL	274	-	N/A	N/A	274	274	-
Lincoln National Life	Blackrock LifePath Index 2060 SAEL	-	61	N/A	N/A	62	-	(1)
Lincoln National Life	DFA Inflation Protected Securities SAQZ	1,049	-	N/A	N/A	1,049	1,049	-
Lincoln National Life	DFA Inflation Protected Securities SAQZ	-	23	N/A	N/A	23	-	-
Lincoln National Life	Guaranteed Stable Value	5,191,372	-	N/A	N/A	5,191,372	5,191,372	-
Lincoln National Life	Guaranteed Stable Value	-	5,173,617	N/A	N/A	5,173,617	-	-
Lincoln National Life	Fidelity 500 Index Fund SAWQ	21,768	-	N/A	N/A	21,768	21,768	-
Lincoln National Life	Fidelity 500 Index Fund SAWQ	-	715	N/A	N/A	731	-	(16)

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Baton Rouge Country Club Employees' Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 72-0373255
Plan Number 001
December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
*	Lincoln National Life	American Funds EuroPacific Growth Fund SA6E	**	\$ 937
*	Lincoln National Life	Neuberger Berman Mid Cap Growth SA9R	**	5,772
*	Lincoln National Life	Prudential Jennison Small Company SAA6	**	5,566
*	Lincoln National Life	Vanguard Emerging Markets Stock Index SAAS	**	5,386
*	Lincoln National Life	Vanguard Small Cap Index SAB7	**	5,384
*	Lincoln National Life	Vanguard Target Retirement 2020 SABB	**	173,385
*	Lincoln National Life	Vanguard Target Retirement 2025 SABC	**	307,831
*	Lincoln National Life	Vanguard Target Retirement 2030 SABD	**	880,905
*	Lincoln National Life	Vanguard Target Retirement 2035 SABE	**	474,706
*	Lincoln National Life	Vanguard Target Retirement 2040 SABF	**	816,166
*	Lincoln National Life	Vanguard Target Retirement 2045 SABG	**	761,967
*	Lincoln National Life	Vanguard Target Retirement 2050 SABH	**	159,184
*	Lincoln National Life	Vanguard Target Retirement 2055 SABK	**	428,065
*	Lincoln National Life	Vanguard Target Retirement 2060 SABL	**	347,734
*	Lincoln National Life	Vanguard Target Retirement 2065 SAEN	**	68,046
*	Lincoln National Life	Vanguard Target Retirement 2070 AABX	**	2,258
*	Lincoln National Life	Vanguard Target Retirement Income SABM	**	689,706
*	Lincoln National Life	Franklin US Government Securities SACL	**	1,021
*	Lincoln National Life	Vanguard Energy SACN	**	5,989
*	Lincoln National Life	Vanguard Energy Index SACP	**	5,539
*	Lincoln National Life	Vanguard Global Capital Cycles SADD	**	5,832
*	Lincoln National Life	Vanguard Growth Index SAE4	**	985
*	Lincoln National Life	Vanguard Value Index SAE5	**	2,037
*	Lincoln National Life	Blackrock LifePath Index 2060 SAEL	**	210
*	Lincoln National Life	DFA Inflation Protected Securities SAQZ	**	1,020
*	Lincoln National Life	Fidelity 500 Index Fund SAWQ	**	<u>20,520</u>
		Total pooled separate accounts		5,176,151
*	Lincoln National Life	Guaranteed Stable Value	**	17,756
*	Participant Loans	Interest ranging from 3.50% to 8.50%, maturing through 2027	-0-	<u>27,980</u>
				<u><u>\$5,221,887</u></u>

* Represents party-in-interest transaction.

** Information is not required as investments are participant-directed.

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Baton Rouge Country Club Employees' Retirement Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 72-0373255
Plan Number 001
Year Ended December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction date	Net Gain (Loss)
Lincoln National Life	American Funds EuroPacific Growth Fund SA6E	\$ 995	\$ -	N/A	N/A	\$ 995	\$ 995	\$ -
Lincoln National Life	American Funds EuroPacific Growth Fund SA6E	-	37	N/A	N/A	38	-	(1)
Lincoln National Life	Neuberger Berman Mid Cap Growth SA9R	7,362	-	N/A	N/A	7,362	7,362	-
Lincoln National Life	Neuberger Berman Mid Cap Growth SA9R	-	1,378	N/A	N/A	1,369	-	9
Lincoln National Life	Prudential Jennison Small Company SAA6	6,989	-	N/A	N/A	6,989	6,989	-
Lincoln National Life	Prudential Jennison Small Company SAA6	-	1,240	N/A	N/A	1,237	-	3
Lincoln National Life	Vanguard Emerging Markets Stock Index SAAS	6,723	-	N/A	N/A	6,723	6,723	-
Lincoln National Life	Vanguard Emerging Markets Stock Index SAAS	-	1,286	N/A	N/A	1,291	-	(5)
Lincoln National Life	Vanguard Small Cap Index SAB7	6,786	-	N/A	N/A	6,786	6,786	-
Lincoln National Life	Vanguard Small Cap Index SAB8	-	1,178	N/A	N/A	1,174	-	4
Lincoln National Life	Vanguard Target Retirement 2020 SABB	191,051	-	N/A	N/A	191,051	191,051	-
Lincoln National Life	Vanguard Target Retirement 2020 SABB	-	16,887	N/A	N/A	16,955	-	(68)
Lincoln National Life	Vanguard Target Retirement 2025 SABC	543,867	-	N/A	N/A	543,867	543,867	-
Lincoln National Life	Vanguard Target Retirement 2025 SABC	-	236,750	N/A	N/A	234,048	-	2,702
Lincoln National Life	Vanguard Target Retirement 2030 SABD	910,764	-	N/A	N/A	910,764	910,764	-
Lincoln National Life	Vanguard Target Retirement 2030 SABD	-	22,069	N/A	N/A	22,260	-	(191)
Lincoln National Life	Vanguard Target Retirement 2030 SABD	225	-	N/A	N/A	225	225	-
Lincoln National Life	Vanguard Target Retirement 2035 SABE	503,779	-	N/A	N/A	503,779	503,779	-
Lincoln National Life	Vanguard Target Retirement 2035 SABE	-	21,789	N/A	N/A	22,136	-	(347)
Lincoln National Life	Vanguard Target Retirement 2035 SABE	712	-	N/A	N/A	712	712	-
Lincoln National Life	Vanguard Target Retirement 2040 SABF	906,796	-	N/A	N/A	906,796	906,796	-
Lincoln National Life	Vanguard Target Retirement 2040 SABF	-	81,236	N/A	N/A	81,620	-	(384)
Lincoln National Life	Vanguard Target Retirement 2045 SABG	785,024	-	N/A	N/A	785,024	785,024	-
Lincoln National Life	Vanguard Target Retirement 2045 SABG	-	13,197	N/A	N/A	13,360	-	(163)
Lincoln National Life	Vanguard Target Retirement 2050 SABH	163,380	-	N/A	N/A	163,380	163,380	-
Lincoln National Life	Vanguard Target Retirement 2050 SABH	-	1,959	N/A	N/A	1,985	-	(26)
Lincoln National Life	Vanguard Target Retirement 2055 SABK	439,002	-	N/A	N/A	439,002	439,002	-
Lincoln National Life	Vanguard Target Retirement 2055 SABK	-	5,278	N/A	N/A	5,349	-	(71)
Lincoln National Life	Vanguard Target Retirement 2055 SABK	357	-	N/A	N/A	357	357	-

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Baton Rouge Country Club Employees' Retirement Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 72-0373255
Plan Number 001
Year Ended December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction date	Net Gain (Loss)
Lincoln National Life	Vanguard Target Retirement 2060 SABL	\$ 377,137	\$ -	N/A	N/A	\$ 377,137	\$ 377,137	\$ -
Lincoln National Life	Vanguard Target Retirement 2060 SABL	-	25,392	N/A	N/A	25,185	-	207
Lincoln National Life	Vanguard Target Retirement 2060 SABL	603	-	N/A	N/A	603	603	-
Lincoln National Life	Vanguard Target Retirement 2065 SAEN	73,117	-	N/A	N/A	73,117	73,117	-
Lincoln National Life	Vanguard Target Retirement 2065 SAEN	-	4,127	N/A	N/A	4,143	-	(16)
Lincoln National Life	Vanguard Target Retirement 2070 AABX	2,605	-	N/A	N/A	2,605	2,605	-
Lincoln National Life	Vanguard Target Retirement 2070 AABX	-	315	N/A	N/A	319	-	(4)
Lincoln National Life	Vanguard Target Retirement Income SABM	732,602	-	N/A	N/A	732,602	732,602	-
Lincoln National Life	Vanguard Target Retirement Income SABM	-	41,479	N/A	N/A	41,613	-	(134)
Lincoln National Life	Vanguard Target Retirement Income SABM	990	-	N/A	N/A	990	990	-
Lincoln National Life	Franklin US Government Securities SACL	1,049	-	N/A	N/A	1,049	1,049	-
Lincoln National Life	Franklin US Government Securities SACL	-	27	N/A	N/A	27	-	-
Lincoln National Life	Vanguard Energy SACN	7,622	-	N/A	N/A	7,622	7,622	-
Lincoln National Life	Vanguard Energy SACN	-	1,230	N/A	N/A	1,206	-	24
Lincoln National Life	Vanguard Energy Index SACP	6,933	-	N/A	N/A	6,933	6,933	-
Lincoln National Life	Vanguard Energy Index SACP	-	1,222	N/A	N/A	1,195	-	27
Lincoln National Life	Vanguard Global Capital Cycles SADD	7,178	-	N/A	N/A	7,178	7,178	-
Lincoln National Life	Vanguard Global Capital Cycles SADD	-	1,213	N/A	N/A	1,190	-	23
Lincoln National Life	Vanguard Growth Index SAE4	1,316	-	N/A	N/A	1,316	1,316	-
Lincoln National Life	Vanguard Growth Index SAE5	-	314	N/A	N/A	319	-	(5)
Lincoln National Life	Vanguard Value Index SAE5	2,446	-	N/A	N/A	2,446	2,446	-
Lincoln National Life	Vanguard Value Index SAE6	-	352	N/A	N/A	360	-	(8)
Lincoln National Life	Blackrock LifePath Index 2060 SAEL	274	-	N/A	N/A	274	274	-
Lincoln National Life	Blackrock LifePath Index 2060 SAEL	-	61	N/A	N/A	62	-	(1)
Lincoln National Life	DFA Inflation Protected Securities SAQZ	1,049	-	N/A	N/A	1,049	1,049	-
Lincoln National Life	DFA Inflation Protected Securities SAQZ	-	23	N/A	N/A	23	-	-
Lincoln National Life	Guaranteed Stable Value	5,191,372	-	N/A	N/A	5,191,372	5,191,372	-
Lincoln National Life	Guaranteed Stable Value	-	5,173,617	N/A	N/A	5,173,617	-	-
Lincoln National Life	Fidelity 500 Index Fund SAWQ	21,768	-	N/A	N/A	21,768	21,768	-
Lincoln National Life	Fidelity 500 Index Fund SAWQ	-	715	N/A	N/A	731	-	(16)

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