

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2018 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2018 or fiscal plan year beginning <u>04/01/2018</u> and ending <u>03/31/2019</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>ARIS HORTICULTURE INC 3RD AMENDED AND RESTATED DEFINED BENEFIT PENSION PLAN AND TRUST</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>04/01/1958</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>04/01/1958</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>04/01/1958</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ARIS HORTICULTURE INC</u> <u>115 THIRD ST SE</u> <u>BARBERTON, OH 44203</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-0936187</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>330-745-2143</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>111400</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-0936187</u>	2c Plan Sponsor's telephone number <u>330-745-2143</u>	2d Business code (see instructions) <u>111400</u>	
2b Employer Identification Number (EIN) <u>34-0936187</u>					
2c Plan Sponsor's telephone number <u>330-745-2143</u>					
2d Business code (see instructions) <u>111400</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/13/2020	SCOTT SCHAEFER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 366
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 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) 31 6a(2) 30 6b 195 6c 124 6d 349 6e 15 6f 364 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 1I

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 04/01/2018 and ending 03/31/2019		
A Name of plan ARIS HORTICULTURE INC 3RD AMENDED AND RESTATED DEFINED BENEFIT PENSION PLAN AND TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ARIS HORTICULTURE INC	D Employer Identification Number (EIN) 34-0936187	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

MELLON FINANCIAL CORPORATION

04-3361965

(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?
19 27 28	NONE	49624	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☒ No ☐

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

HUNTINGTON NATIONAL BANK

34-0220600

(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?
21 50 59	TRUSTEE	42260	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☒ No ☐

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

FINDLEY INC

34-1213174

(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?
11 50	NONE	17593	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
For calendar plan year 2018 or fiscal plan year beginning <u>04/01/2018</u> and ending <u>03/31/2019</u>		
A Name of plan <u>ARIS HORTICULTURE INC 3RD AMENDED AND RESTATED DEFINED BENEFIT PENSION PLAN AND TRUST</u>		B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ARIS HORTICULTURE INC</u>		D Employer Identification Number (EIN) <u>34-0936187</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	48645	41025
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	49173	236661
(2) U.S. Government securities	1c(2)	1809896	2291936
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	3185346	2854591
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	2933789	3055489
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	6238651	4461829
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	111136	122043

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	14376636	13063574

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	14376636	13063574
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	5120	
(B) U.S. Government securities	2b(1)(B)	35608	
(C) Corporate debt instruments	2b(1)(C)	82584	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	5489	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		128801

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	49507	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	145919	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		195426

(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	5255772	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5265527	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-9755
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	251955	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		251955

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-147997
c Other income.....	2c		-5329
d Total income. Add all income amounts in column (b) and enter total.....	2d		413101

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1633707	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	572	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1634279
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	17594	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	24667	
(4) Other	2i(4)	49623	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		91884
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1726163

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1313062
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) ☐ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☐ No

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	
4n		X	

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 0.

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 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☒ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 0. (See instructions.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection.
For calendar plan year 2018 or fiscal plan year beginning 04/01/2018 and ending 03/31/2019		
A Name of plan ARIS HORTICULTURE INC 3RD AMENDED AND RESTATED DEFINED BENEFIT PENSION PLAN AND TRUST		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 ARIS HORTICULTURE INC		D Employer Identification Number (EIN) 34-0936187
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): 34-0220600		
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 1
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2018 v. 171027		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**16b**

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____ % Investment-Grade Debt: _____ % High-Yield Debt: _____ % Real Estate: _____ % Other: _____ %

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):



January 2, 2020

Gary M. Sexton, CPA
Linc, Malachin & Dennis, Inc.
1915 W. Market St., Suite 900
Akron, OH 44313

Dear Gary:

Effective August 15, 2016 the PBGC terminated the Aris Horticulture, Inc. Third Amended and Restated Defined Benefit Pension Plan in a distress termination. The trusteeship was effective May 6, 2019.

Effective as of the distress termination date, the Plan was no longer subject to the minimum funding standards of ERISA, and therefore no Schedule SB is required for the year April 1, 2018 through March 31, 2019 (2018 Form 5500 attachment) and thereafter.

Let us know if you have any questions regarding the distress termination impact on the plan and its filing requirements.

Sincerely,

Findley, Inc.

A handwritten signature in blue ink that reads 'Gail R. Steward'.

Gail R. Steward

Pension Benefit Guaranty Corporation
A U.S. GOVERNMENT AGENCY

**ARIS HORTICULTURE, INC. THIRD AMENDED AND RESTATED DEFINED BENEFIT
PENSION PLAN**

Overview

Sponsor:	ARIS HORTICULTURE, INC.
Case number:	23355000
Termination date:	August 15, 2016
Trusteeship date:	May 6, 2019
Participants Number:	377

Status:

Trusteeship	Trusteeship Letter	Audit	Liability	Maintenance
	2			
PBGC is verifying plan and participant information to calculate pension benefits. PBGC has sent letters to notify all participants and beneficiaries that we took over as trustee of your plan. LEARN MORE				

[VIEW PBGC MAXIMUM MONTHLY GUARANTEES FOR PLANS TERMINATING IN 2016](#)

FAQ

Browse common questions and answers related to PBGC, plans and benefits.

[Your PBGC Benefit Options](#)

[General FAQs About PBGC](#)

CONTACT US

Send us an email 24/7: mypension@pbgc.gov

Or, you can call 1-800-400-7242,
Monday-Friday, 8:00 a.m.-7:00 p.m. ET

TTY/ASCII (American Standard Code for Information Interchange):
call 1-800-400-7242

[More contact information for workers and retirees](#)

ARIS HORTICULTURE, INC.
THIRD AMENDED AND RESTATED
DEFINED BENEFIT PENSION PLAN AND TRUST
EIN: 34-0936187
PLAN NO. 001

ATTACHMENT FOR SCHEDULE H, LINE 4i - SUPPLEMENTAL SCHEDULE OF
ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

March 31, 2019

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Exchange Traded Funds - Equity		
	Ishares Core Mid-Cap ETF		93,249	107,390
		U.S. Corporate Bonds & Notes:		
	Apple, Inc.	Corporate bond, 2.400% Due 05-03-23	99,788	99,097
	Colgate-Palmolive Co Mtn	Corporate bond, 2.300% Due 05-03-22	228,798	223,970
	Emerson Electric Co.	Corporate bond, 2.625% Due 12-01-21	201,249	200,538
	General Dynamics Corp,	Corporate bond, 2.250% Due 11-15-22	49,988	49,388
	Georgia Power Co	Corporate bond, 4.250% Due 12-01-19	101,100	100,845
	JPMorgan Chase & Co.	Corporate bond, 2.750% Due 06-23-20	100,495	100,110
	Kimberly-Clark Corp.	Corporate bond, 2.400% Due 03-01-22	228,206	222,993
	Oracle Corp.	Corporate bond, 2.800% Due 07-08-21	102,294	100,510
		Equity Mutual Funds:		
	Artisan Intl Value Fund - Adv	Equity Mutual Funds	106,766	96,214
	DFA US Core Equity 1 Portfolio	Equity Mutual Funds	308,439	377,190
	MFS New Discovery Value Fund	Equity Mutual Funds	67,963	65,613
	MFS Global Real Estate Fund	Equity Mutual Funds	37,109	42,004
	American Funds - New World Fund	Equity Mutual Funds	77,205	73,649
	Nuveen Equity Market Neutral FD	Equity Mutual Funds	31,400	28,886
	T. Rowe Price Growth Stock Fund	Equity Mutual Funds	184,395	181,901
	Vanguard Mid-Cap Index-Adm	Equity Mutual Funds	40,417	50,938
	Vanguard 500 Index Fund-Adm	Equity Mutual Funds	257,509	539,833

ARIS HORTICULTURE, INC.
THIRD AMENDED AND RESTATED
DEFINED BENEFIT PENSION PLAN AND TRUST
EIN: 34-0936187
PLAN NO. 001

ATTACHMENT FOR SCHEDULE H, LINE 4i - SUPPLEMENTAL SCHEDULE OF
ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

March 31, 2019

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		U.S. Government Notes:		
		0.625% Due 04-15-23	60,090	61,219
		3.125% Due 11-15-28	31,014	31,822
		0.125% Due 04-15-22	35,494	35,849
		0.375% Due 01-15-27	66,256	67,110
		2.000% Due 07-31-22	15,059	14,888
		2.125% Due 09-30-21	9,909	9,967
		2.625% Due 06-30-23	149,406	152,339
		2.875% Due 10-15-21	10,074	10,152
		1.500% Due 05-15-20	44,900	44,559
		1.500% Due 06-15-20	69,806	69,250
		2.000% Due 11-30-20	119,254	119,329
		2.500% Due 01-15-22	90,179	90,608
		1.125% Due 02-28-21	155,452	156,482
		1.750% Due 09-30-22	29,555	29,510
		2.250% Due 02-15-27	71,937	74,423
		1.375% Due 08-31-23	95,176	96,371
		1.875% Due 01-31-22	29,190	29,696
		1.875% Due 02-28-22	98,247	98,965
		2.375% Due 01-31-23	34,755	35,178
		2.375% Due 03-15-22	311,405	311,358
		2.625% Due 06-15-21	44,903	45,353
		1.625% Due 05-15-26	103,753	100,156
		2.875% Due 11-30-25	50,131	51,713
		0.125% Due 01-15-22	39,231	38,609
		Inflation Indexed Bond	42,273	43,557
		2.250% Due 11-15-24	98,992	99,805
		2.875% Due 10-31-23	151,129	154,101
		2.500% Due 06-30-20	4,991	5,006
		2.625% Due 02-25-29	50,066	50,918
		2.875% Due 11-30-23	152,212	154,230
		U.S. Government Agency Securities:		
	GNMA	2.299% Due 01-16-49	9,721	9,414
		U.S. Corporate Bonds & Notes:		
	Abbvie Inc.	Corporate bond, 2.850% Due 05-14-23	29,827	29,673
	Adobe Systems Inc.	Corporate bond, 4.750% Due 02-01-20	38,518	35,572
	Alexandria Real Estate	Corporate bond, 3.800% Due 04-25-26	9,989	10,136
	Amazon.com Inc.	Corporate bond, 2.600% Due 12-05-19	25,706	24,972
	American Honda Finance	Corporate bond, 1.700% Due 09-09-21	29,397	29,299
	Amgen Inc.	Corporate bond, 4.100% Due 06-15-21	20,399	20,580
	Anheuser-Busch Inbev	Corporate bond, 4.750% Due 01-23-29	20,590	21,308
	Apple Inc.	Corporate bond, 2.250% Due 02-23-21	35,317	34,874
	AT&T Inc.	Corporate bond, 3.400% Due 05-15-25	38,999	39,581
	Automatic Data Proces	Corporate bond, 2.250% Due 09-15-20	20,118	19,886
	Bank of America Corp	Corporate bond, 3.950% Due 04-21-25	34,559	35,601
	California St Eart	Corporate bond, 2.805% Due 07/01/19	6,300	6,291
	Campbell Soup Company	Corporate bond, 3.650% Due 03-15-23	14,966	15,210

ARIS HORTICULTURE, INC.
THIRD AMENDED AND RESTATED
DEFINED BENEFIT PENSION PLAN AND TRUST
EIN: 34-0936187
PLAN NO. 001

ATTACHMENT FOR SCHEDULE H, LINE 4i - SUPPLEMENTAL SCHEDULE OF
ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

March 31, 2019

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		U.S. Corporate Bonds & Notes:		
	Caterpillar Financial	Corporate bond, 2.100% Due 06-09-19	25,013	24,966
	Celgene Corp	Corporate bond, 3.250% Due 02-20-23	19,518	20,165
	Citigroup Inc	Corporate bond, 4.400% Due 06-10-25	55,709	56,941
	Citizens Financial Group	Corporate bond, 4.300% Due 10-03-25	34,787	35,844
	CVS Health Corp.	Corporate bond, 4.100% Due 03-25-25	30,004	30,800
	Discovery Communications	Corporate bond, 4.900% Due 03-11-26	20,262	21,053
	DowDupont Inc.	Corporate bond, 4.205% Due 11-15-23	20,707	20,915
	Ebay Inc.	Corporate bond, 2.150% Due 06-05-20	14,985	14,899
	Enerprise Products	Corporate bond, 2.550% Due 10-15-19	10,129	9,980
	Fidelity Natl Inform	Corporate bond, 2.250% Due 08-15-21	24,841	24,559
	Fiserv Inc.	Corporate bond, 3.850% Due 06-01-25	19,987	20,521
	General Dynamics Corp	Corporate bond, 3.000% Due 05-11-21	29,883	30,271
	General Mills Inc	Corporate bond, 3.783% Due 10-17-23	15,000	15,107
	Glaxo Smith Kline Cap	Corporate bond, 3.375% Due 05-15-23	29,954	30,685
	Goldman Sachs Group	Corporate bond, 2.905% Due 07-24-23	34,360	34,609
	Intel Corp	Corporate bond, 2.450% Due 07-29-20	40,838	39,949
	Intercontinental Excha	Corporate bond, 2.750% Due 12-01-20	39,845	40,052
	John Deere	Corporate bond, 2.150% Due 09-08-22	28,656	29,498
	JP Morgan Chase & Co	Corporate bond, 3.375% Due 05-01-23	39,466	40,410
	Microsoft Corp.	Corporate bond, 3.125% Due 11-03-25	39,680	40,927
	Morgan Stanley	Corporate bond, 4.875% Due 11-01-22	41,623	42,216
	NBC Universal Media	Corporate bond, 4.375% Due 04-01-21	44,513	41,322
	Nisource Finance Corp	Corporate bond, 3.490% Due 05-15-27	14,998	14,949
	Noble Energy Inc.	Corporate bond, 3.850% Due 01-15-28	14,953	14,775
	Oneok Inc.	Corporate bond, 4.000% Due 07-13-27	14,977	15,030
	Oracle Corp	Corporate bond, 2.500% Due 05-15-22	39,317	39,858
	Paccar Financial Corp	Corporate bond, 2.800% Due 03-01-21	14,993	15,049
	Premier Health Part	Corporate bond, 2.911% Due 11-15-26	18,518	18,285
	Prov St Joseph Hlth	Corporate bond, 2.746% Due 10-01-26	14,498	14,246
	Public Service Enterp	Corporate bond, 2.650% Due 11-15-22	19,307	19,831
	Santander Holdings US	Corporate bond, 2.650% Due 04-17-20	19,900	19,930
	Snap-On Inc	Corporate bond, 3.250% Due 03-01-27	15,010	15,005
	Southwestern Electric	Corporate bond, 4.100% Due 09-15-28	20,029	20,795
	Spectra Energy Partners	Corporate bond, 3.500% Due 03-15-25	14,738	15,000
	Total System Service	Corporate bond, 4.000% Due 06-01-23	19,917	20,548
	Toyota Mtr Credit Corp	Corporate bond, 2.150% Due 03-12-20	34,995	34,844
	U D R Inc	Corporate bond, 2.950% Due 09-01-26	15,000	14,354
	Unitedhealth Group In	Corporate bond, 2.875% Due 03-15-23	19,714	20,115
	Verizon Communication	Corporate bond, 2.625% Due 08-15-26	40,003	42,914
	Waste Management Inc.	Corporate bond, 3.125% Due 03-01-25	24,608	25,164
		Municipal Bonds & Notes:		
	California St	Municipal bond, 2.367% Due 04-01-22	10,000	10,003
	California St	Municipal bond, 3.375% Due 04-01-25	10,074	10,428
	Florida St Hurricane	Municipal bond, 2.995% Due 07-01-20	35,000	35,185
	Massachusetts St	Municipal bond, 4.200% Due 12-01-21	30,583	30,810
	Univ of California	Municipal bond, 3.063% Due 07-01-25	35,155	35,617

ARIS HORTICULTURE, INC.
THIRD AMENDED AND RESTATED
DEFINED BENEFIT PENSION PLAN AND TRUST
EIN: 34-0936187
PLAN NO. 001

ATTACHMENT FOR SCHEDULE H, LINE 4i - SUPPLEMENTAL SCHEDULE OF
ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
March 31, 2019

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		International Bonds & Notes:		
	Actavis Funding Scs	International bond, 3.450% Due 03-15-22	24,817	25,225
	B N S 2.5 1/8/21	International bond, 2.500% Due 01-08-21	24,949	24,920
	BP Capital Markets PLC	International bond, 2.500% Due 11-06-22	19,287	19,822
	Bank of Montreal	International bond, 3.300% Due 02-05-24	39,918	40,400
	Cooperative Rabobank	International bond, 3.750% Due 07-21-26	39,341	39,374
	Cred Suis GP Fun Ltd	International bond, 3.450% Due 04-16-21	35,241	35,365
	Deutsche Bank Ag	International bond, 3.375% Due 05-12-21	19,831	19,879
	Lloyds Banking Group	International bond, 2.907% Due 11-07-23	23,850	24,388
	Petroleos Mexicanos	International bond, 4.875% Due 01-24-22	30,802	30,255
	Province of Ontario	International bond, 3.050% Due 01-29-24	30,017	30,653
	Royal Bank of Canada	International bond, 4.650% Due 01-27-26	35,297	37,106
	Shire Acq Inv Ireland	International bond, 3.200% Due 09-23-26	19,550	19,340
	Sumitomo Mitsui Bank	International bond, 2.514% Due 01-17-20	19,960	19,972
	Telefonica Emisiones	International bond, 4.570% Due 04-27-23	20,996	21,077
		Bonds - Mutual Funds:		
	Dreyfus Floating Rate Inc-Y	Bond - Mutual Funds	250,000	241,315
	Dreyfus High Yield-I	Bond - Mutual Funds	273,053	257,616
		Equities - Energy:		
	Anadarko	Equity - Energy	28,251	19,556
	Chevron Corporation	Equity - Energy	62,625	72,676
	Marathon Petroleum Corp	Equity - Energy	35,950	25,736
	Pioneer Natural Resources Co.	Equity - Energy	25,225	24,974
	Valero Energy Corp New	Equity - Energy	6,474	22,650
		Equities - Materials:		
	Celanese Corp - Ser A	Equity - Materials	18,293	35,500
	Dow Dupont Inc.	Equity - Materials	23,982	24,523
		Equities - Consumer Industrials:		
	Boeing Company	Equity - Consumer Industrials	28,594	30,895
	C S X Corporation	Equity - Consumer Industrials	28,397	51,626
	Deere & Co.	Equity - Consumer Industrials	33,636	40,280
	General Electric Co	Equity - Consumer Industrials	16,214	15,085
	Honeywell Intl Inc	Equity - Consumer Industrials	19,526	54,192
	Illinois Tool Wks Inc.	Equity - Consumer Industrials	28,557	43,920
		Equities - Consumer Discretionary:		
	Amazon.com Inc	Equity - Consumer Discretionary	11,603	101,503
	Dollar Tree Inc	Equity - Consumer Discretionary	37,180	39,285
	Home Depot Inc.	Equity - Consumer Discretionary	2,997	30,127
	MGM Resorts International	Equity - Consumer Discretionary	40,506	31,818
	Nike Inc. Class B	Equity - Consumer Discretionary	42,964	56,084
	Yum! Brands	Equity - Consumer Discretionary	23,587	44,915

ARIS HORTICULTURE, INC.
THIRD AMENDED AND RESTATED
DEFINED BENEFIT PENSION PLAN AND TRUST
EIN: 34-0936187
PLAN NO. 001

ATTACHMENT FOR SCHEDULE H, LINE 4i - SUPPLEMENTAL SCHEDULE OF
ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
March 31, 2019

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Equities - Consumer Staples:		
	Constellation Brands Inc.	Equity - Consumer Staples	19,986	25,423
	Costco Whsl Corp New	Equity - Consumer Staples	18,151	36,321
	Mondelez International	Equity - Consumer Staples	47,411	56,909
	Monster Beverage Corp	Equity - Consumer Staples	9,667	23,087
	Philip Morris Internat	Equity - Consumer Staples	44,472	50,559
	Procter & Gamble Co	Equity - Consumer Staples	29,255	33,296
		Equities - Health Care:		
	Abbott Laboratories	Equity - Health Care	23,936	36,772
	Align Technology Inc.	Equity - Health Care	10,219	19,619
	Boston Scientific Corp	Equity - Health Care	29,441	30,704
	Bristol-Myers Squibb Co	Equity - Health Care	18,066	16,221
	CVS Health Corporation	Equity - Health Care	40,465	29,662
	Exact Sciences Corp.	Equity - Health Care	7,059	12,993
	Gilead Sciences Corp	Equity - Health Care	16,407	14,952
	Illumina Inc	Equity - Health Care	19,466	18,952
	Johnson & Johnson	Equity - Health Care	27,384	28,937
	Merck & Co Inc.	Equity - Health Care	39,928	55,724
	Pfizer Inc	Equity - Health Care	26,862	30,578
	Thermo Fisher Scientific Inc.	Equity - Health Care	33,756	35,036
	Unitedhealth Group Inc	Equity - Health Care	30,924	55,634
		Equities - Financial Services:		
	American International Group	Equity - Financial Services	21,428	22,822
	American Tower Corp.	Equity - Financial Services	34,327	55,571
	Bank of America Corp.	Equity - Financial Services	40,772	59,043
	CME Group Inc	Equity - Financial Services	39,870	36,701
	Comerica Inc	Equity - Financial Services	38,917	30,061
	Equinix Inc.	Equity - Financial Services	28,832	30,815
	JP Morgan Chase & Co.	Equity - Financial Services	60,208	59,321
	Schwab Charles Corp. New	Equity - Financial Services	27,087	32,070
	State Street Corp	Equity - Financial Services	37,408	30,931
	SVB Financial Group	Equity - Financial Services	29,824	32,465
	Synchrony Financial	Equity - Financial Services	39,773	44,341
	Voya Financial Inc.	Equity - Financial Services	23,953	32,974
		Equities - Information Technology:		
	Adobe Systems Inc.	Equity - Information Technology	5,910	34,111
	Advanced Micro Devices Inc	Equity - Information Technology	24,699	27,306
	Apple Inc	Equity - Information Technology	16,476	52,616
	Atlassian Corp PLC-Class A	Equity - Information Technology	7,927	16,859
	Cisco Systems Inc	Equity - Information Technology	31,353	36,713
	Corning Inc.	Equity - Information Technology	25,329	28,135
	Intel Corp	Equity - Information Technology	40,103	41,886
	Lam Resh Corp	Equity - Information Technology	11,541	13,605
	Micron Technology Inc.	Equity - Information Technology	48,905	52,902

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ATTACHMENT FOR SCHEDULE H, LINE 4i - SUPPLEMENTAL SCHEDULE OF
ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
March 31, 2019

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Equities - Information Technology:		
	Microsoft Corporation	Equity - Information Technology	78,707	101,664
	Nutanix nc	Equity - Information Technology	14,185	10,190
	Salesforce.com Inc.	Equity - Information Technology	21,173	45,135
	Splunk Inc	Equity - Information Technology	23,211	30,652
	Texas Instruments Inc	Equity - Information Technology	22,583	22,805
	Visa Inc - Cl A shares	Equity - Information Technology	39,821	72,160
	Worldpay Inc.	Equity - Information Technology	27,945	47,670
		Equities - Telecommunications Services:		
	Alphabet Inc/CA - Cl A	Equity - Telecommunications Services	47,328	84,736
	ComcastCorp Cl A	Equity - Telecommunications Services	34,544	49,175
	Facebook Inc-A	Equity - Telecommunications Services	54,686	84,012
	Netflix Com Inc	Equity - Telecommunications Services	29,584	29,238
	T-Mobile US Inc.	Equity - Telecommunications Services	11,081	12,438
	Verizon Communications Inc	Equity - Telecommunications Services	23,597	26,017
	Walt Disney Co/The	Equity - Telecommunications Services	34,108	45,300
		Equities - Utilities:		
	Exelon Corp.	Equity - Utilities	28,310	40,605
	Nextera Energy Inc	Equity - Utilities	38,813	45,624
		Equities - International:		
	Allergan PLC	Equity - International	18,673	17,716
	Eaton Corp PLC	Equity - International	20,125	28,357
	Ingersoll-Rand PLC	Equity - International	23,554	57,214
	Marvell Tech Group Ltd.	Equity - International	32,518	32,222
	Medtronic PLC	Equity - International	23,326	24,592
		Equities - Mutual Funds:		
	BNY Mellon International-M	Equity - Mutual Funds	600,000	523,796
	Dreyfus Diversified Em Mkt-Y	Equity - Mutual Funds	175,000	148,887
	Dreyfus Global Emerg Mkts-Y	Equity - Mutual Funds	175,000	142,632
	Dreyfus Global Real Estate Sec-Y	Equity - Mutual Funds	150,000	150,000
	Dreyfus Inst S&P 500 Stock IDX	Equity - Mutual Funds	500,000	495,819
	Dreyfus Intl Small Cap-Y	Equity - Mutual Funds	114,096	111,297
	Dreyfus Midcap Index-I	Equity - Mutual Funds	642,001	554,517
	Dreyfus Opport Sm Cap-Y	Equity - Mutual Funds	385,322	272,330
		TOTALS	12,009,920	12,785,888