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

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [X] the first return/report
- [ ] the final return/report
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
PLANNED PROPERTY MANAGEMENT IN 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2019

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)
PLANNED PROPERTY MANAGEMENT IN

1333 N. KINGSBURY ST. SUITE 301
CHICAGO, IL 60642

2b Employer Identification Number (EIN) 36-4014866

2c Plan Sponsor's telephone number 312-239-3467

2d Business code (see instructions) 531310

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2020	STELLA CIESLA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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**	111
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	111
a(2) Total number of active participants at the end of the plan year	**6a(2)**	114
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	114
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	114
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	14
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**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:

2A 2E 2F 2G 2J 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	Insurance	**(1)**	Insurance
(2)	Code section 412(e)(3) insurance contracts	**(2)**	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4)	General assets of the sponsor	**(4)**	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **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 2019 Form M-1 annual report. If the plan was not required to file the 2019 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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2019** **This Form is Open to Public Inspection.**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
PLANNED PROPERTY MANAGEMENT IN 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PLANNED PROPERTY MANAGEMENT IN

D Employer Identification Number (EIN)
36-4014866

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).. . . . . [X] 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

PAYCHEX SECURITIES CORPORATION
225 KENNETH DRIVE
ROCHESTER, NY 14623

16-1486352

(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)

(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 ☐

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

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
PLANNED PROPERTY MANAGEMENT IN 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PLANNED PROPERTY MANAGEMENT IN

D Employer Identification Number (EIN)
36-4014866

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	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	3333
(2) U.S. Government securities	1c(2)	0	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	
(B) All other	1c(3)(B)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	
(B) Common	1c(4)(B)	0	
(5) Partnership/joint venture interests	1c(5)	0	
(6) Real estate (other than employer real property)	1c(6)	0	
(7) Loans (other than to participants)	1c(7)	0	
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	13732
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	
(2) Employer real property	1d(2)	0	
e Buildings and other property used in plan operation	1e	0	
f Total assets (add all amounts in lines 1a through 1e)	1f	0	17065
Liabilities			
g Benefit claims payable	1g	0	
h Operating payables	1h	0	
i Acquisition indebtedness	1i	0	
j Other liabilities	1j	0	
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	0	17065

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)	0	
(B) Participants	2a(1)(B)	16671	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		16671
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	15	
(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)	0	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		15
(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)	798	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		798
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-122
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		17362
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	0	
(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)		0
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	297	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		297
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		297
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		17065
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 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: WIELAND & COMPANY **(2)** EIN: 36-4025026

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:

		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.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			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.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e		X	
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		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 _____.

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_____. (See instructions.)

EMPLOYEE BENEFITS PLAN OF
PLANNED PROPERTY MANAGEMENT, INC.

FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION

Year Ended December 31, 2019

EMPLOYEE BENEFITS PLAN OF
PLANNED PROPERTY MANAGEMENT, INC.

FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION

Year Ended December 31, 2019

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Independent Auditor's Report

To the Members and Management
Employee Benefits Plan of Planned Property Management, Inc.

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Employee Benefits Plan of Planned Property Management, Inc., which comprise the statement of net assets available for benefits as of December 31, 2019, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Mid Atlantic Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the period ended December 31, 2019, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter—Supplemental Schedules

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of or for the year ended December 31, 2019, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations 2018

The form and content of the information included in the 2019 financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Wieland & Company, Inc.

Batavia, Illinois
September 29, 2020

EMPLOYEE BENEFITS PLAN OF PLANNED PROPERTY MANAGEMENT, INC

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2019

	2019
ASSETS	
Cash and cash equivalents	$ 3,333
Investments, at Fair Value	13,732
TOTAL ASSETS	17,065
LIABILITIES (None)	–
NET ASSETS AVAILABLE FOR BENEFITS	$ 17,065

See accompanying notes to financial statements.

EMPLOYEE BENEFITS PLAN OF PLANNED PROPERTY MANAGEMENT, INC

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2019

		2019
ADDITIONS		
Contributions:		
Participants	$	16,671
Total Contributions		16,671
Investment Income:		
Interest and Dividends		813
Total Investment Income		813
TOTAL ADDITIONS		17,484
DEDUCTIONS		
Administration Fees		297
Net Loss in Fair Value of Investments		122
TOTAL DEDUCTIONS		419
NET INCREASE		17,065
NET ASSETS AVAILABLE FOR BENEFITS Beginning of the Year		–
End of the Year	$	17,065

See accompanying notes to financial statements.

EMPLOYEE BENEFITS PLAN OF PLANNED PROPERTY MANAGEMENT, INC.

NOTES TO FINANCIAL STATEMENTS

December 31, 2019

1. Description of the Plan

The following description provides only general information on the provisions of the Employee Benefits Plan of Planned Property Management, Inc. (the "Plan"). 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 established by Planned Property Management, Inc. (the "Company") under the provisions of Section 401(a) of the Internal Revenue Code ("IRC"), which includes a qualified cash or deferred arrangement as described in Section 401(k) of the IRC, for the benefit of eligible employees of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

b. Eligibility and Participation

All Company employees, except for employees covered by the terms of a collective bargaining agreement (unless the collective bargaining agreement specifies that the employees must be covered by the Plan), employees who are nonresident aliens and receive no earned income from the Company within the United States, and employees who became employees due to an asset or stock acquisition, merger, or similar transaction involving a change in the employer of a trade of business, are eligible to participate in the Plan as follows:

With respect to a participant's voluntary contributions for the Plan year, employees are eligible to participate immediately following attainment of age 21 and 90 days of service. Additionally, employees must be employed for 1,000 service hours per year. The service requirement does not apply on June 21, 2019.

c. Contributions

Each year, participants may contribute up to 92 percent of pretax annual compensation, through Pre-tax or Roth deferrals as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. Contributions to the Plan are not compulsory; if a Participant fails to follow election procedures the Participant is not enrolled in the Plan as a contributing Participant. Participants may elect to contribute a percentage or a flat dollar amount of their eligible compensation subject to certain overall limitations. At the discretion of the Company, employees employed on the last day of the Plan year may receive a pro rata allocation of Employer Profit Sharing Contributions.

d. Participant Accounts

Individual accounts are maintained for each participant to reflect the participant's contributions, as well as the investment income and any administrative expenses. Any required allocations are based on the proportion that each participant's account balance has to the total of all participants' account balances or compensation during the Plan year.

1. Description of the Plan (Continued)

e. Vesting

Participants are fully vested in their pre-tax and Roth contributions, rollover and transfer contributions, safe harbor basic matching contributions, safe harbor non-elective contributions and qualified nonelective contributions. Employer profit sharing contributions are vested 20% after year 2, 40% after year 3, 60% after year 4, 80% after year 5 and are fully vested after 6 years of employment.

f. Payment of Benefits

Participants can withdraw their individual account if employment is terminated before the normal retirement age, the employee becomes disabled, or the employee reaches normal retirement age, 65 years old, but continues to work. In addition, employees can request a distribution of their elective deferrals, qualified non-elective contributions and safe harbor contributions from the Plan if they are still working and reach the age of 59 ½.

Unless one of the situations listed above exists, a participant cannot withdraw their individual account attributable to Employer profit sharing, rollover contributions, or transfer contributions unless the participant is over age 59 ½ and 100% vested. Hardship distributions are not permitted.

g. Loans to Participants

Loans to a participant are permitted with a maximum number of two per participant.

h. Withdrawals

Once a participant reaches age 59 ½, a participant may withdraw any part of his vested account.

i. Administrative Expenses

Certain expenses incurred in the administration of the Plan are paid directly by the Company.

2. Summary of Accounting Policies

a. Basis of Accounting

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America.

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 certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

c. Investment Valuation and Income Recognition

The Plan's investments were stated at fair value based on quoted market prices of the underlying investments. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

2. Summary of Accounting Policies (Continued)

d. Payments of Benefits

Benefit payments to participants are recorded upon distribution. During the period ended December 31, 2019, there were no participants who elected to withdraw from the Plan but were not yet paid at December 31, 2019.

3. Fair Value Measurements

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

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

LEVEL 2 – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical 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. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019.

Registered Investment Companies: Valued at the daily closing price as reported by the fund. All assets held by the Plan are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The funds held by the Plan are deemed to be actively traded.

Money Market Funds: Valued at the closing price reported by the fund sponsor from an actively traded exchange. These are included in Cash and cash equivalents as Level 1 in the Fair Value Hierarchy below.

3. Fair Value Measurements (Continued)

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

The following table sets forth by level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019:

	Assets at Fair Value as of December 31, 2019			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 3,333	-	$ -	$ 3,333
Registered Investment Companies	13,732	-	-	13,732
Total Investments	$ 17,065	$ -	-	$ 17,065

5. Information Certified by the Trustee (Unaudited)

Planned Property Management, Inc., the Plan Administrator, has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included on the accompanying financial statements and supplemental schedule is complete and accurate:

a. Total investments as shown on the accompanying Statement of Net Assets Available for Benefits of $17,065 as of December 31, 2019.

b. Net investment loss as shown on the accompanying Statement of Changes in Net Assets Available for Benefits of $122 for the period ended December 31, 2019.

Additionally, the Trustee also certified all information on the Schedule of Assets (Held at End of Year) at December 31, 2019. This information may be found in the supplemental schedule.

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included on the related financial statements and supplemental schedule.

6. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

7. Tax Status

The Company has adopted an approved prototype plan, selecting only options permitted under the terms of the approved plan. The prototype plan was determined to be acceptable under section 401 of the IRC by an Internal Revenue Service letter dated April 10, 2014. While the Plan has not applied for a separate determination letter, the Plan Administrator believed that the Plan is currently designed and being operated in compliance with the applicable sections of the IRC.

The Plan has adopted recently issued accounting principles related to uncertain tax positions and has evaluated its tax positions taken for all open tax years.

Based on evaluation of the Plan's tax positions, the Plan Administrator believes all positions taken would be upheld under an examination. Therefore, no provision for the effects of uncertain tax positions has been recorded for the period ended December 31, 2019.

8. Risks and Uncertainties

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

9. Subsequent Events

The Plan has evaluated events subsequent to December 31, 2019, for possible adjustment or disclosure to the accompanying financial statements. This evaluation was done through the date of the Independent Auditor's Report, which is the date the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

EMPLOYEE BENEFITS PLAN OF PLANNED PROPERTY MANAGEMENT, INC

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2019

EIN #36-4014866, Plan Number 001

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party (b)	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value (c)	Cost (d)	Current Value (e)
	Money Market Fund			
*	Mid Atlantic Trust Company	Federated U.S. Treasury Cash Reserves Institutional Shares	**	3,333
				3,333
	Registered Investment Companies			
*	Mid Atlantic Trust Company	Goldman Sachs Large Cap Growth Insights Fund Institutional Class	**	302
*	Mid Atlantic Trust Company	Janus Henderson Triton Fund Class I	**	117
*	Mid Atlantic Trust Company	Principal MidCap Fund R-5 Class	**	120
*	Mid Atlantic Trust Company	Schwab S&P 500 Index	**	2,488
*	Mid Atlantic Trust Company	Vanguard Growth and Income Fund Adminral Shares	**	474
*	Mid Atlantic Trust Company	Vanguard Equity-Income Fund Admiral Shares	**	471
*	Mid Atlantic Trust Company	Vanguard Mid-Cap Index Fund Admiral Shares	**	468
*	Mid Atlantic Trust Company	DFA Emerging Markets Core Equity Portfolio Institutional Class	**	90
*	Mid Atlantic Trust Company	American Funds EuroPacific Growth Fund Class R-6	**	138
*	Mid Atlantic Trust Company	Vanguard International Explorer Fund Investor Shares	**	335
*	Mid Atlantic Trust Company	Metropolitan West Total Return Bond Fund Class I	**	130
*	Mid Atlantic Trust Company	PGIM High Yield Fund - Class Z	**	133
*	Mid Atlantic Trust Company	John Hancock Funds Multi-Index 2060 Preservation Porfolio Class R6	**	208
*	Mid Atlantic Trust Company	John Hancock Funds Multi-Index 2050 Preservation Porfolio Class R6	**	1,550
*	Mid Atlantic Trust Company	John Hancock Funds Multi-Index 2045 Preservation Porfolio Class R6	**	1,619
*	Mid Atlantic Trust Company	John Hancock Funds Multi-Index 2040 Preservation Porfolio Class R6	**	337
*	Mid Atlantic Trust Company	John Hancock Funds Multi-Index 2035 Preservation Porfolio Class R6	**	2,732
*	Mid Atlantic Trust Company	John Hancock Funds Multi-Index 2030 Preservation Porfolio Class R6	**	1,601
*	Mid Atlantic Trust Company	John Hancock Funds Multi-Index 2020 Preservation Porfolio Class R6	**	305
*	Mid Atlantic Trust Company	John Hancock Funds Multi-Index Income Preservation Porfolio Class R6	**	114
				13,732
		Total	**	$ 17,065

*Represents a party in interest.

**Mid Atlantic Trust Company's records are maintained on a fair market value basis; therefore cost basis information is not available

EMPLOYEE BENEFITS PLAN OF
PLANNED PROPERTY MANAGEMENT, INC.

FINANCIAL STATEMENTS AND
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Year Ended December 31, 2019

EMPLOYEE BENEFITS PLAN OF
PLANNED PROPERTY MANAGEMENT, INC.

FINANCIAL STATEMENTS AND
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Independent Auditor's Report

To the Members and Management
Employee Benefits Plan of Planned Property Management, Inc.

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Employee Benefits Plan of Planned Property Management, Inc., which comprise the statement of net assets available for benefits as of December 31, 2019, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Mid Atlantic Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the period ended December 31, 2019, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter—Supplemental Schedules

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of or for the year ended December 31, 2019, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations 2018

The form and content of the information included in the 2019 financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Wieland & Company, Inc.

Batavia, Illinois
September 29, 2020

EMPLOYEE BENEFITS PLAN OF PLANNED PROPERTY MANAGEMENT, INC

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2019

	2019
ASSETS	
Cash and cash equivalents	$ 3,333
Investments, at Fair Value	13,732
TOTAL ASSETS	17,065
LIABILITIES (None)	–
NET ASSETS AVAILABLE FOR BENEFITS	$ 17,065

See accompanying notes to financial statements.

EMPLOYEE BENEFITS PLAN OF PLANNED PROPERTY MANAGEMENT, INC

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2019

		2019
ADDITIONS		
Contributions:		
Participants	$	16,671
Total Contributions		16,671
Investment Income:		
Interest and Dividends		813
Total Investment Income		813
TOTAL ADDITIONS		17,484
DEDUCTIONS		
Administration Fees		297
Net Loss in Fair Value of Investments		122
TOTAL DEDUCTIONS		419
NET INCREASE		17,065
NET ASSETS AVAILABLE FOR BENEFITS Beginning of the Year		–
End of the Year	$	17,065

See accompanying notes to financial statements.

EMPLOYEE BENEFITS PLAN OF PLANNED PROPERTY MANAGEMENT, INC.

NOTES TO FINANCIAL STATEMENTS

December 31, 2019

1. Description of the Plan

The following description provides only general information on the provisions of the Employee Benefits Plan of Planned Property Management, Inc. (the "Plan"). 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 established by Planned Property Management, Inc. (the "Company") under the provisions of Section 401(a) of the Internal Revenue Code ("IRC"), which includes a qualified cash or deferred arrangement as described in Section 401(k) of the IRC, for the benefit of eligible employees of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

b. Eligibility and Participation

All Company employees, except for employees covered by the terms of a collective bargaining agreement (unless the collective bargaining agreement specifies that the employees must be covered by the Plan), employees who are nonresident aliens and receive no earned income from the Company within the United States, and employees who became employees due to an asset or stock acquisition, merger, or similar transaction involving a change in the employer of a trade of business, are eligible to participate in the Plan as follows:

With respect to a participant's voluntary contributions for the Plan year, employees are eligible to participate immediately following attainment of age 21 and 90 days of service. Additionally, employees must be employed for 1,000 service hours per year. The service requirement does not apply on June 21, 2019.

c. Contributions

Each year, participants may contribute up to 92 percent of pretax annual compensation, through Pre-tax or Roth deferrals as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. Contributions to the Plan are not compulsory; if a Participant fails to follow election procedures the Participant is not enrolled in the Plan as a contributing Participant. Participants may elect to contribute a percentage or a flat dollar amount of their eligible compensation subject to certain overall limitations. At the discretion of the Company, employees employed on the last day of the Plan year may receive a pro rata allocation of Employer Profit Sharing Contributions.

d. Participant Accounts

Individual accounts are maintained for each participant to reflect the participant's contributions, as well as the investment income and any administrative expenses. Any required allocations are based on the proportion that each participant's account balance has to the total of all participants' account balances or compensation during the Plan year.

1. Description of the Plan (Continued)

e. Vesting

Participants are fully vested in their pre-tax and Roth contributions, rollover and transfer contributions, safe harbor basic matching contributions, safe harbor non-elective contributions and qualified nonelective contributions. Employer profit sharing contributions are vested 20% after year 2, 40% after year 3, 60% after year 4, 80% after year 5 and are fully vested after 6 years of employment.

f. Payment of Benefits

Participants can withdraw their individual account if employment is terminated before the normal retirement age, the employee becomes disabled, or the employee reaches normal retirement age, 65 years old, but continues to work. In addition, employees can request a distribution of their elective deferrals, qualified non-elective contributions and safe harbor contributions from the Plan if they are still working and reach the age of 59 ½.

Unless one of the situations listed above exists, a participant cannot withdraw their individual account attributable to Employer profit sharing, rollover contributions, or transfer contributions unless the participant is over age 59 ½ and 100% vested. Hardship distributions are not permitted.

g. Loans to Participants

Loans to a participant are permitted with a maximum number of two per participant.

h. Withdrawals

Once a participant reaches age 59 ½, a participant may withdraw any part of his vested account.

i. Administrative Expenses

Certain expenses incurred in the administration of the Plan are paid directly by the Company.

2. Summary of Accounting Policies

a. Basis of Accounting

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America.

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 certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

c. Investment Valuation and Income Recognition

The Plan's investments were stated at fair value based on quoted market prices of the underlying investments. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

2. Summary of Accounting Policies (Continued)

d. Payments of Benefits

Benefit payments to participants are recorded upon distribution. During the period ended December 31, 2019, there were no participants who elected to withdraw from the Plan but were not yet paid at December 31, 2019.

3. Fair Value Measurements

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

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

LEVEL 2 – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical 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. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019.

Registered Investment Companies: Valued at the daily closing price as reported by the fund. All assets held by the Plan are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The funds held by the Plan are deemed to be actively traded.

Money Market Funds: Valued at the closing price reported by the fund sponsor from an actively traded exchange. These are included in Cash and cash equivalents as Level 1 in the Fair Value Hierarchy below.

3. Fair Value Measurements (Continued)

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

The following table sets forth by level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019:

	Assets at Fair Value as of December 31, 2019			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 3,333	-	$ -	$ 3,333
Registered Investment Companies	13,732	-	-	13,732
Total Investments	$ 17,065	$ -	-	$ 17,065

5. Information Certified by the Trustee (Unaudited)

Planned Property Management, Inc., the Plan Administrator, has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included on the accompanying financial statements and supplemental schedule is complete and accurate:

a. Total investments as shown on the accompanying Statement of Net Assets Available for Benefits of $17,065 as of December 31, 2019.

b. Net investment loss as shown on the accompanying Statement of Changes in Net Assets Available for Benefits of $122 for the period ended December 31, 2019.

Additionally, the Trustee also certified all information on the Schedule of Assets (Held at End of Year) at December 31, 2019. This information may be found in the supplemental schedule.

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included on the related financial statements and supplemental schedule.

6. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

7. Tax Status

The Company has adopted an approved prototype plan, selecting only options permitted under the terms of the approved plan. The prototype plan was determined to be acceptable under section 401 of the IRC by an Internal Revenue Service letter dated April 10, 2014. While the Plan has not applied for a separate determination letter, the Plan Administrator believed that the Plan is currently designed and being operated in compliance with the applicable sections of the IRC.

The Plan has adopted recently issued accounting principles related to uncertain tax positions and has evaluated its tax positions taken for all open tax years.

Based on evaluation of the Plan's tax positions, the Plan Administrator believes all positions taken would be upheld under an examination. Therefore, no provision for the effects of uncertain tax positions has been recorded for the period ended December 31, 2019.

8. Risks and Uncertainties

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

9. Subsequent Events

The Plan has evaluated events subsequent to December 31, 2019, for possible adjustment or disclosure to the accompanying financial statements. This evaluation was done through the date of the Independent Auditor's Report, which is the date the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

EMPLOYEE BENEFITS PLAN OF PLANNED PROPERTY MANAGEMENT, INC

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2019

EIN #36-4014866, Plan Number 001

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party (b)	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value (c)	Cost (d)	Current Value (e)
	Money Market Fund			
*	Mid Atlantic Trust Company	Federated U.S. Treasury Cash Reserves Institutional Shares	**	3,333
				3,333
	Registered Investment Companies			
*	Mid Atlantic Trust Company	Goldman Sachs Large Cap Growth Insights Fund Institutional Class	**	302
*	Mid Atlantic Trust Company	Janus Henderson Triton Fund Class I	**	117
*	Mid Atlantic Trust Company	Principal MidCap Fund R-5 Class	**	120
*	Mid Atlantic Trust Company	Schwab S&P 500 Index	**	2,488
*	Mid Atlantic Trust Company	Vanguard Growth and Income Fund Adminral Shares	**	474
*	Mid Atlantic Trust Company	Vanguard Equity-Income Fund Admiral Shares	**	471
*	Mid Atlantic Trust Company	Vanguard Mid-Cap Index Fund Admiral Shares	**	468
*	Mid Atlantic Trust Company	DFA Emerging Markets Core Equity Portfolio Institutional Class	**	90
*	Mid Atlantic Trust Company	American Funds EuroPacific Growth Fund Class R-6	**	138
*	Mid Atlantic Trust Company	Vanguard International Explorer Fund Investor Shares	**	335
*	Mid Atlantic Trust Company	Metropolitan West Total Return Bond Fund Class I	**	130
*	Mid Atlantic Trust Company	PGIM High Yield Fund - Class Z	**	133
*	Mid Atlantic Trust Company	John Hancock Funds Multi-Index 2060 Preservation Porfolio Class R6	**	208
*	Mid Atlantic Trust Company	John Hancock Funds Multi-Index 2050 Preservation Porfolio Class R6	**	1,550
*	Mid Atlantic Trust Company	John Hancock Funds Multi-Index 2045 Preservation Porfolio Class R6	**	1,619
*	Mid Atlantic Trust Company	John Hancock Funds Multi-Index 2040 Preservation Porfolio Class R6	**	337
*	Mid Atlantic Trust Company	John Hancock Funds Multi-Index 2035 Preservation Porfolio Class R6	**	2,732
*	Mid Atlantic Trust Company	John Hancock Funds Multi-Index 2030 Preservation Porfolio Class R6	**	1,601
*	Mid Atlantic Trust Company	John Hancock Funds Multi-Index 2020 Preservation Porfolio Class R6	**	305
*	Mid Atlantic Trust Company	John Hancock Funds Multi-Index Income Preservation Porfolio Class R6	**	114
				13,732
		Total	**	$ 17,065

*Represents a party in interest.

**Mid Atlantic Trust Company's records are maintained on a fair market value basis; therefore cost basis information is not available