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:
- [ ] 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
BEARY LANDSCAPING, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1995

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)
BEARY LANDSCAPING, INC.

15001 W. 159TH STREET
LOCKPORT, IL 60491

2b Employer Identification Number (EIN)
36-3810582

2c Plan Sponsor's telephone number
815-838-4100

2d Business code (see instructions)
541990

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.	02/15/2021	BRIAN BEARY
	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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	150
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)**	124
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	134
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	24
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	158
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	158
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	81
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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)	[X] Insurance	**(1)**	[X] 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)** [X] **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)** [X] **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
BEARY LANDSCAPING, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BEARY LANDSCAPING, INC.

D Employer Identification Number (EIN)
36-3810582

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

(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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
BEARY LANDSCAPING, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BEARY LANDSCAPING, INC.

D Employer Identification Number (EIN)
36-3810582

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY GLOBAL GOLD INVEST

b Name of sponsor of entity listed in (a): MG TRUST FINANCIAL SOLUTIONS, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-1591048-000	P	44

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2010 TARGET DATE RET

b Name of sponsor of entity listed in (a): MG TRUST FINANCIAL SOLUTIONS, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-1591048-000	P	77431

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2015 TARGET DATE RET

b Name of sponsor of entity listed in (a): MG TRUST FINANCIAL SOLUTIONS, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-1591048-000	P	47520

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2020 TARGET DATE RET

b Name of sponsor of entity listed in (a): MG TRUST FINANCIAL SOLUTIONS, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-1591048-000	P	433371

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2025 TARGET DATE RET

b Name of sponsor of entity listed in (a): MG TRUST FINANCIAL SOLUTONS, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-1591048-000	P	119418

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2030 TARGET DATE RET

b Name of sponsor of entity listed in (a): MG TRUST FINANCIAL SOLUTIONS, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-1591048-000	P	16386

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2035 TARGET DATE RET

b Name of sponsor of entity listed in (a): MG TRUST FINANCIAL SOLUTIONS, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-1591048-000	P	89404

a Name of MTIA, CCT, PSA, or 103-12 IE:	AMERICAN FUNDS 2040 TARGET DATE RET		
b Name of sponsor of entity listed in (a):	MG TRUST FINANCIAL SOLUTIONS, INC.		
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	21346
a Name of MTIA, CCT, PSA, or 103-12 IE:	AMERICAN FUNDS 2045 TARGET DATE RET		
b Name of sponsor of entity listed in (a):	MG TRUST FINANCIAL SOLUTIONS, INC.		
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	13499
a Name of MTIA, CCT, PSA, or 103-12 IE:	AMERICAN FUNDS 2050 TARGET DATE RET		
b Name of sponsor of entity listed in (a):	MG TRUST FINANCIAL SOLUTIONS, INC.		
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3922
a Name of MTIA, CCT, PSA, or 103-12 IE:	AMERICAN FUNDS AMERICAN BALANCED R6		
b Name of sponsor of entity listed in (a):	MG TRUST FINANCIAL SOLUTIONS, INC.		
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10892
a Name of MTIA, CCT, PSA, or 103-12 IE:	AMERICAN FUNDS AMERICAN MUTUAL R6		
b Name of sponsor of entity listed in (a):	MG TRUST FINANCIAL SOLUTIONS, INC.		
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	12652
a Name of MTIA, CCT, PSA, or 103-12 IE:	AMERICAN FUNDS FUNDAMENTAL INVESTM		
b Name of sponsor of entity listed in (a):	MG TRUST FINANCIAL SOLUTIONS, INC.		
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1710
a Name of MTIA, CCT, PSA, or 103-12 IE:	AMERICAN FUNDS GROWTH FUND OF AMERI		
b Name of sponsor of entity listed in (a):	MG TRUST FINANCIAL SOLUTIONS, INC.		
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	245
a Name of MTIA, CCT, PSA, or 103-12 IE:	AMERICAN FUNDS NEW ECONOMY R6		
b Name of sponsor of entity listed in (a):	MG TRUST FINANCIAL SOLUTIONS, INC.		
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6025
a Name of MTIA, CCT, PSA, or 103-12 IE:	AMERICAN FUNDS NEW PERSPECTIVE R6		
b Name of sponsor of entity listed in (a):	MG TRUST FINANCIAL SOLUTIONS, INC.		
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	18407
a Name of MTIA, CCT, PSA, or 103-12 IE:	AMERICAN FUNDS NEW WORLD R6		
b Name of sponsor of entity listed in (a):	MG TRUST FINANCIAL SOLUTIONS, INC.		
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10443

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS SMALLCAP WORLD R6			
b Name of sponsor of entity listed in (a): MG TRUST FINANCIAL SOLUTIONS, INC.			
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS US GOVERNMENTAL MMKT			
b Name of sponsor of entity listed in (a): MG TRUST FINANCIAL SOLUTIONS, INC.			
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	35035
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS WASHINGTON MUTUAL R6			
b Name of sponsor of entity listed in (a): MG TRUST FINANCIAL SOLUTIONS, INC.			
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4553
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY GOVERNMENT MMKT			
b Name of sponsor of entity listed in (a): MG TRUST FINANCIAL SOLUTIONS, INC.			
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	403
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN GROWTH ADV			
b Name of sponsor of entity listed in (a): MG TRUST FINANCIAL SOLUTIONS, INC.			
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3504
a Name of MTIA, CCT, PSA, or 103-12 IE: MAINSTAY MACKAY S&P 500 INDEX			
b Name of sponsor of entity listed in (a): MG TRUST FINANCIAL SOLUTIONS, INC.			
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3270
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS UTILITIES R4			
b Name of sponsor of entity listed in (a): MG TRUST FINANCIAL SOLUTIONS, INC.			
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9
a Name of MTIA, CCT, PSA, or 103-12 IE: NATIONWIDE MID CAP MARKET INDEX			
b Name of sponsor of entity listed in (a): MG TRUST FINANCIAL SOLUTIONS, INC.			
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4
a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA-CREF SOCIAL CHOICE EQ INSTL			
b Name of sponsor of entity listed in (a): MG TRUST FINANCIAL SOLUTIONS, INC.			
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4049
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD BALANCED INDEX ADM			
b Name of sponsor of entity listed in (a): MG TRUST FINANCIAL SOLUTIONS, INC.			
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	142479

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD EQUITY INCOME ADMIRAL			
b Name of sponsor of entity listed in (a): MG TRUST MATRIX FINANCIAL SOLUTIONS, INC.			
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD GROWTH INDEX ADMIRAL			
b Name of sponsor of entity listed in (a): MG TRUST MATRIX FINANCIAL SOLUTIONS, INC.			
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	314
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LIFESTRATEGY CNSRV GR INV			
b Name of sponsor of entity listed in (a): MG TRUST MATRIX FINANCIAL SOLUTIONS, INC.			
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1130
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LONG TERM TREASURE INV			
b Name of sponsor of entity listed in (a): MG TRUST MATRIX FINANCIAL SOLUTIONS, INC.			
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID-CAP GROWTH INDEX ADMIR			
b Name of sponsor of entity listed in (a): MG TRUST MATRIX FINANCIAL SOLUTIONS, INC.			
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	60
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID-CAP VALUE INDEX ADMIRA			
b Name of sponsor of entity listed in (a): MG TRUST MATRIX FINANCIAL SOLUTIONS, INC.			
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD REAL ESTATE INDEX ADMIRAL			
b Name of sponsor of entity listed in (a): MG TRUST MATRIX FINANCIAL SOLUTIONS, INC.			
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	30
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP GROWTH INDEX ADM			
b Name of sponsor of entity listed in (a): MG TRUST MATRIX FINANCIAL SOLUTIONS, INC.			
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	185
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP INDEX ADMIRAL			
b Name of sponsor of entity listed in (a): MG TRUST MATRIX FINANCIAL SOLUTIONS, INC.			
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
BEARY LANDSCAPING, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BEARY LANDSCAPING, INC.

D Employer Identification Number (EIN)
36-3810582

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	25025	35030
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	26521	12715
(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)	1029990	1380381
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	1081536	1428126
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1081536	1428126

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)	31095	
	(B) Participants	2a(1)(B)	145560	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		176655
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	554	
	(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)	668	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1222
	(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)	57598	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		57598
	(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)		
(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)		157305
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		392780
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	23781	
(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)		23781
f Corrective distributions (see instructions)	2f		6592
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	15817	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		15817
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		46190
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		346590
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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: JARRARD, SEIBERT, POLLARD & COMPANY **(2)** EIN: 93-0623130

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		109000
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			

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.)

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

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
BEARY LANDSCAPING, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BEARY LANDSCAPING, INC.

D Employer Identification Number (EIN)
36-3810582

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): 75-3182674

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that 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	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

BEARY LANDSCAPING, INC. 401(k)
PROFIT SHARING PLAN

INDEPENDENT AUDITORS' REPORT
AND
FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2019

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Jarrard, Seibert, Pollard & Co. LLC
Certified Public Accountants

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INDEPENDENT AUDITORS' REPORT

Plan Administrators
Beary Landscaping, Inc. 401(k) Profit Sharing Plan
Lockport, Illinois

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Beary Landscaping, Inc. 401(k) Profit Sharing Plan, which comprise the statements 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 ended December 31, 2019, 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.

Auditors' 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 C, which was certified by Matrix Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the 2019 financial statements. We have been informed by the plan administrator that Matrix Trust Company holds a significant portion of the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2019, and for the year 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 on the 2019 financial statements. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental Schedule of Assets (Held at Year End) for the year ended December 31, 2019, is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is 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.

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

The form and content of the information included in the financial statements and supplemental schedule, 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.

Accountants' Compilation Report on the 2018 Financial Statements

Management is responsible for the accompanying statement of net assets available for benefits of Beary Landscaping, Inc. 401(k) Profit Sharing Plan as of December 31, 2018 and the related notes to the financial statements in accordance with accounting principles generally accepted in the United States of America. We have performed the compilation engagement in accordance with Statement of Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. Accordingly, we do not express an opinion, a conclusion, nor provided any form of assurance on this financial statement.

Jarrard, Seibert, Pollard & Company, LLC

JARRARD, SEIBERT, POLLARD & COMPANY, LLC
Certified Public Accountants

West Linn, Oregon
January 29, 2021

BEARY LANDSCAPING, INC. 401(k) PROFIT SHARING PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2019 (AUDITED) AND 2018 (COMPILED)

	2019	2018
ASSETS:		
Participant directed investments:		
Money Market Fund	$ 35,030	$ 25,025
Mutual Funds	1,380,381	1,029,990
Total participant directed investments	1,415,411	1,055,015
Receivables:		
Notes receivable from participants	12,715	26,521
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,428,126	$ 1,081,536

See accompanying notes to financial statements

BEARY LANDSCAPING, INC. 401(k) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2019

ADDITIONS:	
Additions to net assets attributed to:	
Dividends and Interest income	$ 58,152
Net appreciation in fair value of investments	157,305
Interest income on participant loans	668
Contributions:	
Participants	145,560
Employers	31,095
TOTAL ADDITIONS	392,780
DEDUCTIONS:	
Deductions from net assets attributed to:	
Benefits paid to participants	23,781
Corrective distributions	6,592
Administrative expenses	15,817
TOTAL DEDUCTIONS	46,190
NET INCREASE	346,590
NET ASSETS AVAILABLE FOR PLAN BENEFITS:	
Beginning of year	1,081,536
End of year	$ 1,428,126

See accompanying notes to financial statements

BEARY LANDSCAPING, INC. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 2019

NOTE A - Description of Plan:

The following description of the Beary Landscaping, Inc. 401(k) Profit Sharing Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General. The Plan is a multi-employer defined contribution plan covering all non-union employees of Beary Landscape Management, Inc., Beary Landscaping, Inc., Beary Nursery, Inc., and Cedar Path Nurseries, LLC (Company and/or Companies) who are age 21 or more with over one year, with over 1,000 hours, of service. Employees can enter the Plan on January 1 and July 1 after meeting the above eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions. Participants may elect to contribute a percentage or a specified amount of their compensation during the plan year which is defined in the Plan and subject to the limits imposed by the Internal Revenue Code.

The Companies may make discretionary matching and profit-sharing contributions to the Plan at the option of the Plan Sponsor's Board of Directors. The Companies made matching contributions equal to 20% of the employee's contributions during 2019. The Company did not make profit sharing contributions during 2019.

Participants direct the investment allocation of all contributions.

Participant Investment Rollovers. Participants are allowed to transfer or rollover funds into the Plan from other qualified plans.

Participant Accounts. Each participant's account is credited with the participant's contribution and allocations of the employers' contribution, Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting. Participants are 100 percent vested in their voluntary contributions plus actual earnings thereon. A participant's vesting of Company contributions and related earnings or losses, based on years of continuous service, is 20% after two years of service plus 20% each succeeding year resulting in 100% vesting after six years of service, or upon reaching age 59½, becoming disabled, or deceased.

Notes Receivable from Participants. Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest are paid ratably through monthly payroll deductions. The interest rate charged ranges from 4.50% to 6.00%.

NOTE A - Description of Plan (Continued):

Participant Withdrawals. If a participant is age 59½ or older, or becomes disabled or deceased, or qualifies with applicable military service, he or she may withdraw all or a portion of his or her account balance in the Plan.

If a participant has a "financial hardship" (as that term is defined by the Internal Revenue Service guidelines), it is possible to withdraw all or portion of his or her deferral and rollover accounts, plus earnings thereon, in the Plan up to the amount needed to satisfy the hardship, regardless of age.

Payment of Benefits. Upon termination of employment, a participant may elect to receive a lump-sum distribution of their entire vested account balance. If the participant's vested balance exceeds $5,000, he or she may elect to leave their vested account balance in the Plan, within certain limitations. Upon termination of service due to death, disability, or retirement, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Forfeitures. Forfeitures can be used to reduce future Company contributions, or to pay Plan expenses. The amount of forfeitures on December 31, 2019 available for use is $825.

Administrative Expenses. Certain administrative expenses of the Plan are paid by the Company. Participants are responsible for fees associated with transactions such as loan originations, distributions, and withdrawals. Account maintenance fees, which are netted with investment fair market value gains and losses, are also paid from participant accounts invested in one or more of the Plan's designated investment alternatives.

Plan Termination. Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. Upon Plan termination, participants would become 100% vested in their account balances.

NOTE B - Summary of Significant Accounting Policies:

Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting which is consistent with generally accepted accounting principles in the United States.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to direct interests in fully benefit-responsive investment contacts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. There are no investment contracts held in the Plan on December 31, 2019 or 2018.

NOTE B - Summary of Significant Accounting Policies (Continued):

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note D for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the plan document.

Contributions

Contributions from employees are recorded in the period in which the Companies make the payroll deductions from employee/participant earnings. The Companies' matching contributions are recorded in the period of matching related to the participants' contributions.

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

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

NOTE C - Investments:

The Plan's investments are held in two trusts which are administered by trustees.

Unaudited Information Certified by a Plan Trustee:

A significant portion of the Plan investments are held in trust by the Matrix Trust Company. The investment information for this trust presented in the accompanying 2019 financial statements and supplemental schedules, including investments held and net appreciation/depreciation in fair value of investments and dividends and interest, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the Matrix Trust Company, the trustee for these Plan assets.

NOTE C – Investments (Continued):

The certified information for Plan assets with Matrix Trust Company include total investments of $1,077,755 on December 31, 2019, all 2019 participant and Company contributions of $176,655, dividends and interest of $48,200, related investment gains of $106,691, and Plan expenses of 11,449.

The balance of Plan investments are held by the Beary Landscaping 401(k) FBO Thomas Rupp UA January 01, 1995 Brian Beary Trust.

NOTE D – Fair Value Measurements:

The Plan classifies its investments into Level 1, which refers to securities traded in an active market, Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available or Level 1 securities where there is a contractual restriction, or Level 3, which refers to securities not traded in an active market and for which no significant market inputs are available.

The asset'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. There have been no changes in the fair market methodologies used on December 31, 2019 and 2018. Following is a description of the valuation methodologies:

Money Market Fund: Valued at the net asset value of $1.00 per share and is classified as a Level 1 investment.

Mutual Funds: Valued at the net asset value of shares held by the Plan at year end measured by quoted market prices in an active market and are classified as Level 1 investments.

The preceding methods may produce a fair value calculation that may not be indicative of net realized 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 the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The assets measured at fair value on a recurring basis subject to the disclosure requirements of the fair value measurement standard related to the fair value hierarchy levels as of December 31, 2019 and 2018 as follows:

		Fair Value Measurements at Reporting Date Using:		
	Balance December 31, 2019	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money Market Fund	$ 35,030	$ 35,030	$ -	$ -
Mutual Funds	1,380,381	1,380,351	-	-
	$ 1,415,411	$ 1,415,411	$ -	$ -

NOTE D – Fair Value Measurements (Continued):

		Fair Value Measurements at Reporting Date Using:		
	Balance December 31, 2018	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money Market Fund	$ 25,025	$ 25,025	$ -	$ -
Mutual Funds	1,029,990	1,029,990	-	-
	$ 1,055,015	$ 1,055,015	$ -	$ -

NOTE E – Administrative Expenses:

Administrative expenses consist of the following during the year ended December 31, 2019:

Investment advisory fees	$ 11,153
Contract and recordkeeping fees	4,664
	$ 15,817

NOTE F – Income Tax Status:

The IRS has determined and informed the Plan by a letter dated March 21, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the Opinion Letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

The Plan sponsor has identified operational failures considered to be insignificant. The Plan sponsor has updated procedures to correct the problems and preserve the tax benefits available for the employer and employees.

The Plan sponsor is filing its Form 5500 Annual Return/Report of Employee Benefit Plan (Forms 5500) for the year ended December 31, 2019 late. The Plan sponsor will file its Form 5500 for the year ended December 31, 2019 as soon as possible, and has identified the causes of its inability to timely file and has incorporated remedies to insure the timely filing of its future Forms 5500.

The Plan evaluates all significant tax positions as required by modified cash basis accounting principles in the United States. As of December 31, 2019, the Plan does not believe that it has taken any tax positions that would require the recording of any additional tax liability nor does it believe that there are any unrealized tax benefits that would either increase or decrease within the next twelve months. Generally, the Plan is subject to examination by the appropriate regulatory authorities for three years after the IRS Form 5500 is due or filed, whichever is later.

NOTE G – 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 in the statement of net assets available for benefits.

NOTE H – Subsequent Events:

The Plan has evaluated subsequent events through January 29, 2021, the date which the financial statements were available to be issued. Due to the national and international concerns and current social and economic events transpiring in 2020 from the COVID-19 virus the Plan's investments values have become volatile to change and have generally at times decreased in value subsequent to December 31, 2019. The Plan is unable to determine the results of any possible future financial impact of the COVID-19 virus for the Plan at this time. The Plan is not aware of any other subsequent events that require recognition or disclosure in the financial statements.

SUPPLEMENTAL SCHEDULE

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

Name of Plan:

► Beary Landscaing, Inc. 401(k) Profit Sharing Plan

Employer Identification Number:► 36-3810582

For plan year (beginning/ending):► 01/01/2019-12/31/2019 Plan number:| 1

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
1	MG Trust Matrix Financial Solutions	American Century Global Gold Inv		44
2	MG Trust Matrix Financial Solutions	American Funds 2010 Trgt Date Retire R6		77431
3	MG Trust Matrix Financial Solutions	American Funds 2015 Trgt Date Retire R6		47520
4	MG Trust Matrix Financial Solutions	American Funds 2020 Trgt Date Retire R6		433370
5	MG Trust Matrix Financial Solutions	American Funds 2025 Trgt Date Retire R6		119418
6	MG Trust Matrix Financial Solutions	American Funds 2030 Trgt Date Retire R6		16386
7	MG Trust Matrix Financial Solutions	American Funds 2035 Trgt Date Retire R6		89404
8	MG Trust Matrix Financial Solutions	American Funds 2040 Trgt Date Retire R6		21346
9	MG Trust Matrix Financial Solutions	American Funds 2045 Trgt Date Retire R6		13499
10	MG Trust Matrix Financial Solutions	American Funds 2050 Trgt Date Retire R6		3922
11	MG Trust Matrix Financial Solutions	American Funds American Balanced R6		10892
12	MG Trust Matrix Financial Solutions	American Funds American Mutual R6		12652
13	MG Trust Matrix Financial Solutions	American Funds Fundamental Invs R6		1710
14	MG Trust Matrix Financial Solutions	American Funds Growth Fund of Amer R6		245
15	MG Trust Matrix Financial Solutions	American Funds New Economy R6		6025
16	MG Trust Matrix Financial Solutions	American Funds New Perspective R6		18407
17	MG Trust Matrix Financial Solutions	American Funds New World R6		10443
18	MG Trust Matrix Financial Solutions	American Funds SMALLCAP World R6		4
19	MG Trust Matrix Financial Solutions	American Funds US Government MMkt R6		35035
20	MG Trust Matrix Financial Solutions	American Funds Washington Mutual R6		4553
21	MG Trust Matrix Financial Solutions	Fidelity® Government MMkt		403
22	MG Trust Matrix Financial Solutions	Franklin Growth Adv		3504
23	MG Trust Matrix Financial Solutions	MainStay MacKay S&P 500 Index I		3270
24	MG Trust Matrix Financial Solutions	MFS Utilities R4		9
25	MG Trust Matrix Financial Solutions	Nationwide Mid Cap Market Idx R6		4
26	MG Trust Matrix Financial Solutions	TIAA-CREF Social Choice Eq Inst		4049
27	MG Trust Matrix Financial Solutions	Vanguard Balanced Index Adm		142479
28	MG Trust Matrix Financial Solutions	Vanguard Equity-Income Adm		4
29	MG Trust Matrix Financial Solutions	Vanguard Growth Index Admiral		314
30	MG Trust Matrix Financial Solutions	Vanguard LifeStrategy Cnsrv Gr Inv		1130
31	MG Trust Matrix Financial Solutions	Vanguard Long-Term Treasury Inv		9
32	MG Trust Matrix Financial Solutions	Vanguard Mid-Cap Growth Index Admiral		60
33	MG Trust Matrix Financial Solutions	Vanguard Mid-Cap Value Index Admiral		4
34	MG Trust Matrix Financial Solutions	Vanguard Real Estate Index Admiral		30
35	MG Trust Matrix Financial Solutions	Vanguard Small Cap Growth Index Admiral		185
36	MG Trust Matrix Financial Solutions	Vanguard Small Cap Index Adm		4
37		Participants loans - 4.5%-6.0%		12715
38	TD Ameritrade Institutional	FDIC Insured Deposit Account		2694
39	TD Ameritrade Institutional	Ishares Trust MSCI ACWI ETF		61815

40	TD Ameritrade Institutional	Vaneck Vectors ETF Trust- Gold Miners ETF		17539
41	TD Ameritrade Institutional	Vanguard Allwrld EX US ETF		33379
42	TD Ameritrade Institutional	Doubleline Fund Shiller Enchanced Cape I		61255
43	TD Ameritrade Institutional	Federated Investors I Prime Val Obligations SVC		28304
44	TD Ameritrade Institutional	Guggenheim/Rydex Total Ret Bond Inst		15186
45	TD Ameritrade Institutional	Janus Henderson Funds Multi-Sector Income I		16580
46	TD Ameritrade Institutional	Oakmark Funds Intl Investor		35318
47	TD Ameritrade Institutional	Pimco Investments - Emerging Local Bond Inst		17718
48	TD Ameritrade Institutional	Pimco Investments - Short Asset Investment Inst		12651
49	TD Ameritrade Institutional	Thornburg Funds Developing World I		35216

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

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Employer Identification Number:► 36-3810582

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