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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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
- [ ] 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
TEAM BRANDT, LLC 401(K) AND PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1972

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)
TEAM BRANDT, LLC

2935 S. KOKE MILL ROAD
SPRINGFIELD, IL 62711-9651

2b Employer Identification Number (EIN) 84-3496095

2c Plan Sponsor's telephone number 217-547-5800

2d Business code (see instructions) 115110

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.	10/11/2021	JOE BRUMMEL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2021	JOE BRUMMEL
	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 BRANDT CONSOLIDATED, INC.

c Plan Name BRANDT CONSOLIDATED, INC. 401(K) AND PROFIT SHARING PLAN

4b EIN 37-0795348

4d PN 001

5	Total number of participants at the beginning of the plan year	**5** 582
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)** 522
a(2)	Total number of active participants at the end of the plan year	**6a(2)** 537
b	Retired or separated participants receiving benefits	**6b** 11
c	Other retired or separated participants entitled to future benefits	**6c** 60
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d** 608
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e** 3
f	Total. Add lines **6d** and **6e**.	**6f** 611
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g** 478
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h** 6
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**

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

2E 2F 2H 2J 2K 2R 2S 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)

- (1) [ ] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) [ ] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (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) [ ] ___ **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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan	**B** Three-digit plan number (PN) ▶
TEAM BRANDT, LLC 401(K) AND PROFIT SHARING PLAN	001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
TEAM BRANDT, LLC	84-3496095

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

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)

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 52 59 60 62 71 72	RECORDKEEPER	9255	Yes [X] No [ ]	Yes [X] No [ ]	0	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

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
TEAM BRANDT, LLC 401(K) AND 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
TEAM BRANDT, LLC

D Employer Identification Number (EIN)
84-3496095

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: COLUMBIA TRUST STABLE GOVERNMENT FU

b Name of sponsor of entity listed in (a): AMERIPRISE TRUST COMPANY

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)
41-0007957-077	C	5918893

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
TEAM BRANDT, LLC 401(K) AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TEAM BRANDT, LLC

D Employer Identification Number (EIN)
84-3496095

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	175	100
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1012531	1325000
(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)	186	194
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	709733	768880
(9) Value of interest in common/collective trusts	1c(9)	5307242	5918893
(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)	51877263	57979707
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	2191062	3616820

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(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	61098192	69609594
	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	61098192	69609594

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)	1325000	
	(B) Participants	2a(1)(B)	3000524	
	(C) Others (including rollovers)	2a(1)(C)	70846	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4396370
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	7	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	43875	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		43882
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1809047	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1809047
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(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)	0	
	(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)		72940
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(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)		7256475
c Other income	2c		454307
d Total income. Add all **income** amounts in column (b) and enter total	2d		14033021
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5513414	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		5513414
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
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)	8205	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		8205
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5521619
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		8511402
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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 Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: KERBER, ECK, & BRAEKEL LLP **(2)** EIN: 43-0352985

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	

			Yes	No	Amount
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	
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		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
TEAM BRANDT, LLC 401(K) AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TEAM BRANDT, LLC

D Employer Identification Number (EIN)
84-3496095

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): 94-1687665

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

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

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

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

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

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

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

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

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

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

FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT

TEAM BRANDT, LLC 401(K) AND PROFIT SHARING PLAN

December 31, 2020 and 2019

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keb

Kerber, Eck & Braeckel LLP
3200 Robbins Road
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Springfield, IL 62704

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F 217.789.2822

Independent Auditors' Report

Trustees and Participants of
TEAM BRANDT, LLC
401(k) and Profit Sharing Plan

Report on the Financial Statements
We were engaged to audit the financial statements of TEAM BRANDT, LLC 401(k) and Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years 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.

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 Section 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 Bank of America, N.A., the trustee of the Plan, except for comparing such information to 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 years ended December 31, 2020 and 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
The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2020, is required by the Department of Labor's 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 referred to above.

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.

Kerber, Eck & Braeckel LLP

Springfield, Illinois
October 8, 2021

TEAM BRANDT, LLC 401(k) and Profit Sharing Plan
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31

	2020	2019
Investments, at fair value	$ 67,515,614	$ 59,375,753
Receivables		
Employer contribution	1,325,000	1,012,531
Notes receivable from participants	791,662	732,515
	2,116,662	1,745,046
Cash	100	175
NET ASSETS AVAILABLE FOR BENEFITS	$ 69,632,376	$ 61,120,974

The accompanying notes are an integral part of these statements.

TEAM BRANDT, LLC 401(k) and Profit Sharing Plan
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years ended December 31

	2020	2019
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	$ 7,329,415	$ 8,131,404
Dividends and capital gain distributions	2,263,361	2,380,938
	9,592,776	10,512,342
Interest on notes receivable from participants	43,875	36,894
Contributions		
Participants	3,000,524	2,765,314
Employer	1,325,000	1,012,531
Rollover	70,846	163,524
	4,396,370	3,941,369
Total additions	14,033,021	14,490,605
DEDUCTIONS		
Benefits paid to participants	5,513,414	3,673,096
Administrative fees	8,205	22,142
Total deductions	5,521,619	3,695,238
Net increase in net assets available for benefits	8,511,402	10,795,367
Net assets available for benefits at beginning of year	61,120,974	50,325,607
Net assets available for benefits at end of year	$ 69,632,376	$ 61,120,974

The accompanying notes are an integral part of these statements.

NOTE A | DESCRIPTION OF THE PLAN

The following description of the TEAM BRANDT, LLC 401(k) and Profit Sharing Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

1. General

The Plan is a defined contribution 401(k) and profit sharing plan covering all non-excluded employees of TEAM BRANDT, LLC (the "Company") who complete at least one year of service, complete at least 1,000 hours of service per year and are age 21 or older. The Plan was adopted and began operations on January 1, 1972. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Trustees of TEAM BRANDT, LLC 401(k) and Profit Sharing Plan control and manage the operation and administration of the Plan. Bank of America, N.A. serves as the trustee of Plan assets. The Plan was formerly known as Brandt Consolidated, Inc. 401(k) and Profit Sharing Plan and the Plan was amended effective January 1, 2020, adopting the Plan name change.

2. Contributions

Three types of contributions can be made to the Plan.

Deferral Contributions - Each year, participants may contribute up to the maximum dollar amount as determined by the Federal government of pretax annual compensation, as defined in the Plan. The maximum deferral in 2020 and 2019 was $ 19,500 and $ 19,000, respectively. Participants who will be at least age 50 by the end of the year may make an additional "catch-up" contribution of up to $ 6,500 and $6,000 in 2020 and 2019, respectively. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan includes an auto enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3% of eligible compensation and their contributions invested in a default fund until changed by the participant. The auto enrollment feature includes an automatic increase by 1% of Plan compensation annually, up to 10%, subject to Internal Revenue Service and Plan limits.

NOTE A | DESCRIPTION OF THE PLAN

2. Contributions

"Safe Harbor" Employer Contributions - The Company makes a "safe harbor" contribution equal to 3% of each participant's compensation for the Plan year. By law, the Plan cannot recognize compensation in excess of $ 285,000 and $ 280,000 in 2020 and 2019, respectively, in calculating the "safe harbor" contribution.

Discretionary Employer Contributions - The Company can, at its discretion, elect to contribute to the Plan on behalf of each participant for the Plan year. Employees who have completed 1,000 hours of service during a Plan year are eligible for discretionary employer contributions. Discretionary employer contributions of $ 269,345 were approved in 2020 and are included in employer contributions receivable in the statement of net assets available for benefits. No such discretionary contribution was approved in 2019. Contributions are subject to certain Internal Revenue Code limitations.

3. Participant Accounts

Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's contribution, the Company's "safe harbor" contribution, the Company's discretionary contribution, and allocations of Plan earnings and losses. Allocations are based on participant earnings, contributions 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.

4. Vesting

Participants are vested immediately in their deferral contributions and "safe harbor" employer contributions plus actual earnings thereon. Vesting in the Company's discretionary contributions and earnings thereon are based on years of continuous service as follows:

Years of Credited Service	Percent Vested
1	10%
2	20
3	40
4	60
5	80
6 or more	100

NOTE A | DESCRIPTION OF THE PLAN

5. Payment of Benefits

On termination of service due to death, disability, retirement, or other reasons, a participant generally receives a lump-sum payment of his or her vested accrued benefit when requested.

6. Forfeitures

The non-vested portion of discretionary employer contributions for all terminated employees is used to pay additional administrative expenses of the Plan and any remaining forfeitures are allocated to participants eligible to share in the discretionary employer contributions. Forfeitures totaled $ 1,496 and $ 6,498 as of December 31, 2020 and 2019, respectively. Forfeiture allocations to participant accounts totaled $ 4,885 and $ 11,902 for the years ended December 31, 2020 and 2019, respectively.

7. Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $ 2,500 up to a maximum of the lesser of 50% of their vested account balance or $ 50,000 minus their highest outstanding loan balance over the last 12 months. The loans are secured by the balance in the participant's account and bear interest at the prime rate as listed on the last business day of each month in *The Wall Street Journal* plus 1%. Principal and interest are paid ratably through payroll deduction over a period of one to five years for a general purpose loan or a maximum period of 30 years for a residential loan.

NOTE B | SUMMARY OF ACCOUNTING POLICIES

1. Basis of Accounting

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

2. Use of Estimates

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

NOTE B | SUMMARY OF ACCOUNTING POLICIES

3. Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. 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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

4. Payment of Benefits

Benefits are recorded when paid.

5. Notes Receivable from Participants

Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Related fees are recorded as administrative expenses and are expensed as incurred. Delinquent participant loans are reclassified to distributions based on the terms of the Plan document. No allowance for credit losses has been recorded at December 31, 2020 or 2019.

6. Expenses

Certain expenses of maintaining the Plan are paid by the Company and are excluded from these financial statements. Any additional administrative expenses of the Plan are paid by the Plan participants, as provided in the Plan document. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

7. Subsequent Events

Management has evaluated subsequent events for recognition and disclosure in the financial statements through October 8, 2021, which is the date the financial statements were available to be issued. Through October 8, 2021, no subsequent events required recognition or disclosure in the financial statements.

NOTE C | SUMMARY FINANCIAL INFORMATION CERTIFIED BY THE TRUSTEE

The following is a summary of the (unaudited) information regarding the Plan at December 31, 2020 and 2019, and for the years then ended, included in the Plan's financial statements and supplementary information that was obtained from data that has been prepared and certified to as complete and accurate by the trustee.

	2020	2019
Investments at fair value		
Mutual funds	$ 57,979,707	$ 51,877,263
Collective trust	5,918,893	5,307,242
Self-directed investments	3,616,820	2,191,062
Interest bearing cash	194	186
Notes receivable from participants	791,662	732,515
Cash	100	175
Investment income		
Net appreciation in fair value of investments	7,329,415	8,131,404
Dividends and capital gain distributions	2,263,361	2,380,938
Interest on notes receivable from participants	43,875	36,894

NOTE D | FAIR VALUE MEASUREMENTS

The Plan follows the fair value measurement guidance for financial assets and financial liabilities. The guidance defines fair value, establishes a framework for measuring value and expands disclosure about fair value measurements. In addition, the guidance permits an entity to measure eligible financial instruments and other items at fair value. The Plan has not made any fair value elections.

Fair value is defined to be 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. A three-level hierarchy has been established for fair value measurements based upon the inputs to the valuation of an asset or liability as follows:

Level 1 – Valuation is based on quoted prices for identical assets and liabilities in active markets.

Level 2 – Valuation is derived from inputs, other than quoted prices included in Level 1, which are observable for the asset or liability either directly or indirectly. Investments classified as Level 2 are generally valued by benchmarking model-derived prices to quoted market prices and trade data for identical or comparable securities. The significant inputs used in this approach include interest rates, prepayment timing, yield spreads, maturities, credit losses and credit ratings of the securities.

Level 3 – Valuation is derived from unobservable inputs that are not corroborated by market data.

Investments in mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the SEC. The funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Self-directed accounts consist of mutual funds, common stocks, corporate bonds, certificate of deposit, and cash and cash equivalents. Fair values of self-directed accounts have been determined by the trustee from observable market quotations for both actively and inactively traded markets, when available.

The Plan invests in a collective trust, which is valued at the NAV of units of the collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV.

NOTE D | FAIR VALUE MEASUREMENTS

The following table presents the Plan's fair value hierarchy for those assets measured at fair value on a recurring basis as of December 31:

	Level 1	Level 2	Level 3	Total
2020				
Mutual funds	$ 57,979,707	$ -	$ -	$ 57,979,707
Self-directed investment accounts	3,590,920	25,900	-	3,616,820
Interest bearing cash	194	-	-	194
Total assets in the fair value hierarchy	$ 61,570,821	$ 25,900	$ -	61,596,721
Investment measured at net asset value per share				5,918,893
Investments at fair value				$ 67,515,614
2019				
Mutual funds	$ 51,877,263	$ -	$ -	$ 51,877,263
Self-directed investment accounts	2,145,515	45,547	-	2,191,062
Interest bearing cash	186	-	-	186
Total assets in the fair value hierarchy	$ 54,022,964	$ 45,547	$ -	54,068,511
Investment measured at net asset value per share				5,307,242
Investments at fair value				$ 59,375,753

In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

NOTE E | INVESTMENTS IN ENTITIES THAT CALCULATE NET ASSET VALUE PER SHARE

As part of the Plan's investment portfolio, there are investments made in entities in which purchases and withdrawals are not made in an open market. Instead, the purchases and withdrawals occur with the entity, and in certain circumstances, those transactions are entirely controlled and/or restricted by the entity. The fair values of these investments are determined by the management of the entities and are reported to the Plan as the Plan's proportionate share of the net asset value of the entity.

The following table provides information as of December 31, 2020 and 2019 relative to this type of investment. Additional information on the investment which is a direct filing entity can be found by viewing its U.S. Department of Labor Form 5500.

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
2020				
Collective trust	$ 5,918,893	$ -	Daily	1 day
2019				
Collective trust	$ 5,307,242	$ -	Daily	1 day

NOTE F | TAX STATUS

The Plan is qualified under Section 401(a) and tax exempt under Section 501(a) of the Internal Revenue Code. The Plan is a volume submitter plan and obtained its last approval letter, dated March 31, 2014, in which the Internal Revenue Service stated that the Plan was in compliance with the applicable requirements of the Internal Revenue Code. Although the Plan has been restated and amended since receiving the determination letter, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable provisions of the Internal Revenue Code and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE G | PLAN TERMINATION

Although it has not expressed any intention to do so, TEAM BRANDT, LLC has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event of Plan termination, participants would become 100% vested in their accounts.

NOTE H | RELATED-PARTY TRANSACTIONS

Certain Plan investments are managed by Merrill Lynch. Merrill Lynch is the recordkeeper for the Plan and, therefore, these transactions qualify as party-in-interest transactions.

NOTE I | RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	2020	2019
Net assets available for benefits per the financial statements	$ 69,632,376	$ 61,120,974
Amounts representing deemed distributions of participant loans	(22,782)	(22,782)
Net assets available for benefits per Form 5500	$ 69,609,594	$ 61,098,192

NOTE J | 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 statements of net assets available for benefits. As of the date of this report, the current economic environment has increased the degree of uncertainty.

SUPPLEMENTARY INFORMATION

TEAM BRANDT, LLC 401(k) and Profit Sharing Plan
EIN 84-3496095
Plan Number 001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2020

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Collective Trust			
	COLUMBIA TRUST STABLE GOVT H	534,196.13 shares	**	$ 5,918,893
	Mutual Funds			
	AMERICAN FUNDS 2010 TARGET	4,058.79 shares	**	47,975
	AMERICAN FUNDS 2015 TARGET	34,165.99 shares	**	429,125
	AMERICAN FUNDS 2020 TARGET	19,321.62 shares	**	267,604
	AMERICAN FUNDS 2025 TARGET	242,744.35 shares	**	3,764,965
	AMERICAN FUNDS 2030 TARGET	85,383.92 shares	**	1,446,404
	AMERICAN FUNDS 2035 TARGET	60,323.85 shares	**	1,085,829
	AMERICAN FUNDS 2040 TARGET	36,821.87 shares	**	690,042
	AMERICAN FUNDS 2045 TARGET	27,774.56 shares	**	532,716
	AMERICAN FUNDS 2050 TARGET	12,097.20 shares	**	228,395
	AMERICAN FUNDS 2055 TARGET	22,327.65 shares	**	528,049
	AMERICAN GRTH FD OF AMER CL R5	144,458.91 shares	**	9,749,532
	BARON ASSET FD CL INST	18,428.97 shares	**	2,143,289
	COHEN & STEERS REALTY SHRS N	1,835.67 shares	**	112,031
	COLUMBIA DIVIDEND INCOME INST3	210,421.01 shares	**	5,529,864
	HARDING LOEVNER INTL	109,211.48 shares	**	3,103,790
	INVESCO EQUITY AND INCOME CL Y	104,976.26 shares	**	1,149,490
	ISHARES MSCI EAFE INTRNL INSTL	17,760.37 shares	**	260,722
	ISHARES RUSSELL 2000 SM-CP INS	3,063.38 shares	**	74,103
	ISHARES S&P 500 INDEX FD INSTL	21,627.49 shares	**	9,606,717
	JANUS HENDERSON GLBL EQ I	347,798.98 shares	**	2,302,429
	JANUS HENDERSON SML CAP VAL N	62,896.65 shares	**	1,334,038
	JANUS HENDERSON TRITON FUND I	52,112.48 shares	**	2,022,485
	JPMORGAN LIMITED DURT BD R6	170,410.45 shares	**	1,738,187
	MFS MID CAP VALUE FUND R6	2,801.10 shares	**	73,529
	MFS VALUE FUND R6	403.4041 shares	**	18,081
	NUVEEN SANTA BARBARA DV GRTH I	19,466.15 shares	**	909,264
	OAKMARK FUND CL INSTL	3,297.09 shares	**	296,969
	PARNASSUS MID CAP FD CL INSTL	34,690.40 shares	**	1,417,796
	PIMCO COMMODITY REAL RETURN	21,090.33 shares	**	124,644
	PIMCO INCOME FUND INSTL CL	226,310.02 shares	**	2,740,614
	PIMCO INVSTMT GRADE CRDT INSTL	54,286.77 shares	**	612,898
	PIMCO REAL RETURN FD CL INST	48,909.02 shares	**	600,114
	PIONEER BOND FD CL K	286,406.37 shares	**	2,927,073
	VIRTUS VONTOBEL EMRG MRKTS I	8,354.19 shares	**	110,944
	Total mutual funds			57,979,707
	Other			
*	Self-directed investments	N/A	**	3,616,820
*	Participant loans	Interest rates of 4.25% - 6.5% Maturity range of 2021-2048	**	791,662
	Interest bearing cash		N/A	194
				$ 68,307,276

* Party-in-interest
** Cost information has been omitted on participant-directed investments.

Attachment to 2020 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: BRANDT CONSOLIDATED, INC. 401(k) AND PROFIT SHARING PLAN **EIN:37-0795348**
Plan Sponsor's Name: BRANDT CONSOLIDATED, INC. **PN:001**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	ACCRUED INCOME	ACCRUED INCOME	194	194
	COLUMBIA TRUST STABLE GOV H GM	COMMON / COLLECTIVE TRUSTS	3,314,448	3,414,534
	COLUMBIA TRUST STABLE GOVT H	COMMON / COLLECTIVE TRUSTS	2,366,872	2,504,359
	LOAN FUND	LOANS	768,880	768,880
	AMERICAN FUNDS 2010 TARGET	MUTUAL FUNDS	42,693	47,975
	AMERICAN FUNDS 2015 TARGET	MUTUAL FUNDS	380,153	429,125
	AMERICAN FUNDS 2020 TARGET	MUTUAL FUNDS	233,370	267,604
	AMERICAN FUNDS 2025 TARGET	MUTUAL FUNDS	3,194,469	3,764,965
	AMERICAN FUNDS 2030 TARGET	MUTUAL FUNDS	1,167,102	1,446,404
	AMERICAN FUNDS 2035 TARGET	MUTUAL FUNDS	864,929	1,085,829
	AMERICAN FUNDS 2040 TARGET	MUTUAL FUNDS	517,973	690,042
	AMERICAN FUNDS 2045 TARGET	MUTUAL FUNDS	398,331	532,716
	AMERICAN FUNDS 2050 TARGET	MUTUAL FUNDS	178,969	228,395
	AMERICAN FUNDS 2055 TARGET	MUTUAL FUNDS	403,752	528,049
	AMERICAN GRTH FD OF AMER CL R5	MUTUAL FUNDS	3,339,210	5,121,004
	AMERICAN GRTH FD OF AMER R5 GM	MUTUAL FUNDS	3,170,250	4,628,528
	BARON ASSET FD CL INST	MUTUAL FUNDS	822,931	1,175,261
	BARON ASSET FD CL INST GM	MUTUAL FUNDS	673,576	968,028
	COHEN & STEERS REALTY SHRS N	MUTUAL FUNDS	117,194	112,031

Attachment to 2020 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: BRANDT CONSOLIDATED, INC. 401(k) AND PROFIT SHARING PLAN **EIN:37-0795348**
Plan Sponsor's Name: BRANDT CONSOLIDATED, INC. **PN:001**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	COLUMBIA DIVIDEND INCOME INST3	MUTUAL FUNDS	1,261,723	1,482,457
	COLUMBIA DIVIDEND INCOME INST3	MUTUAL FUNDS	3,416,976	4,047,408
	HARDING LOEVNER INTL	MUTUAL FUNDS	530,602	693,374
	HARDING LOEVNER INTL GM	MUTUAL FUNDS	1,814,538	2,410,416
	INVESCO EQUITY AND INCOME CL Y	MUTUAL FUNDS	1,058,287	1,149,490
	ISHARES MSCI EAFE INTRNL INSTL	MUTUAL FUNDS	227,006	260,722
	ISHARES RUSSELL 2000 SM-CP INS	MUTUAL FUNDS	55,060	74,103
	ISHARES S&P 500 INDEX FD INSTL	MUTUAL FUNDS	1,218,946	1,904,464
	ISHARES S&P 500 INDEX INSTL GM	MUTUAL FUNDS	4,966,237	7,702,253
	JANUS HENDERSON GLBL EQ I	MUTUAL FUNDS	195,327	192,561
	JANUS HENDERSON GLBL EQ I GM	MUTUAL FUNDS	2,064,668	2,109,868
	JANUS HENDERSON SML CAP VAL N	MUTUAL FUNDS	465,256	480,087
	JANUS HENDERSON SML CP VL N GM	MUTUAL FUNDS	765,980	853,951
	JANUS HENDERSON TRITON FD I GM	MUTUAL FUNDS	722,684	973,136
	JANUS HENDERSON TRITON FUND I	MUTUAL FUNDS	839,021	1,049,350
	JPMORGAN LIMITED DURT BD R6	MUTUAL FUNDS	105,355	105,742
	JPMORGAN LIMITED DURT BD R6 GM	MUTUAL FUNDS	1,614,754	1,632,445
	MFS MID CAP VALUE FUND R6	MUTUAL FUNDS	61,998	73,529
	MFS VALUE FUND R6	MUTUAL FUNDS	17,296	18,081

Attachment to 2020 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: BRANDT CONSOLIDATED, INC. 401(k) AND PROFIT SHARING PLAN **EIN:37-0795348**
Plan Sponsor's Name: BRANDT CONSOLIDATED, INC. **PN:001**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	NUVEEN SANTA BARBARA DV GRTH I	MUTUAL FUNDS	808,802	909,264
	OAKMARK FUND CL INSTL	MUTUAL FUNDS	248,086	296,969
	PARNASSUS MID CAP FD CL INSTL	MUTUAL FUNDS	450,608	556,429
	PARNASSUS MID CAP FD INSTL GM	MUTUAL FUNDS	685,950	861,368
	PIMCO COMMODITY REAL RETURN	MUTUAL FUNDS	119,011	124,644
	PIMCO INCOME FUND INSTL CL	MUTUAL FUNDS	180,565	184,566
	PIMCO INCOME FUND INSTL CL GM	MUTUAL FUNDS	2,511,029	2,556,049
	PIMCO INVSTMT GRADE CRDT INSTL	MUTUAL FUNDS	560,110	612,898
	PIMCO REAL RETURN FD CL INST	MUTUAL FUNDS	157,492	165,835
	PIMCO REAL RETURN FD INST GM	MUTUAL FUNDS	394,246	434,278
	PIONEER BOND FD CL K	MUTUAL FUNDS	593,047	632,281
	PIONEER BOND FD CL K GM	MUTUAL FUNDS	2,174,413	2,294,792
	VIRTUS VONTOBEL EMRG MRKTS I	MUTUAL FUNDS	91,046	110,944
	SELF-DIRECT ACCT	OTHER ASSETS	3,616,820	3,616,820
	PENDING SETTLEMENT FUND	PENDING SETTLEMENT FUNDS	100	100
	UNINVESTED CASH	UNINVESTED CASH	0	0

FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT

TEAM BRANDT, LLC 401(K) AND PROFIT SHARING PLAN

December 31, 2020 and 2019

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keb

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Independent Auditors' Report

Trustees and Participants of
TEAM BRANDT, LLC
401(k) and Profit Sharing Plan

Report on the Financial Statements
We were engaged to audit the financial statements of TEAM BRANDT, LLC 401(k) and Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years 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.

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 Section 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 Bank of America, N.A., the trustee of the Plan, except for comparing such information to 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 years ended December 31, 2020 and 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
The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2020, is required by the Department of Labor's 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 referred to above.

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.

Kerber, Eck & Braeckel LLP

Springfield, Illinois
October 8, 2021

TEAM BRANDT, LLC 401(k) and Profit Sharing Plan
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31

	2020	2019
Investments, at fair value	$ 67,515,614	$ 59,375,753
Receivables		
Employer contribution	1,325,000	1,012,531
Notes receivable from participants	791,662	732,515
	2,116,662	1,745,046
Cash	100	175
NET ASSETS AVAILABLE FOR BENEFITS	$ 69,632,376	$ 61,120,974

The accompanying notes are an integral part of these statements.

TEAM BRANDT, LLC 401(k) and Profit Sharing Plan
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years ended December 31

	2020	2019
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	$ 7,329,415	$ 8,131,404
Dividends and capital gain distributions	2,263,361	2,380,938
	9,592,776	10,512,342
Interest on notes receivable from participants	43,875	36,894
Contributions		
Participants	3,000,524	2,765,314
Employer	1,325,000	1,012,531
Rollover	70,846	163,524
	4,396,370	3,941,369
Total additions	14,033,021	14,490,605
DEDUCTIONS		
Benefits paid to participants	5,513,414	3,673,096
Administrative fees	8,205	22,142
Total deductions	5,521,619	3,695,238
Net increase in net assets available for benefits	8,511,402	10,795,367
Net assets available for benefits at beginning of year	61,120,974	50,325,607
Net assets available for benefits at end of year	$ 69,632,376	$ 61,120,974

The accompanying notes are an integral part of these statements.

NOTE A | DESCRIPTION OF THE PLAN

The following description of the TEAM BRANDT, LLC 401(k) and Profit Sharing Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

1. General

The Plan is a defined contribution 401(k) and profit sharing plan covering all non-excluded employees of TEAM BRANDT, LLC (the "Company") who complete at least one year of service, complete at least 1,000 hours of service per year and are age 21 or older. The Plan was adopted and began operations on January 1, 1972. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Trustees of TEAM BRANDT, LLC 401(k) and Profit Sharing Plan control and manage the operation and administration of the Plan. Bank of America, N.A. serves as the trustee of Plan assets. The Plan was formerly known as Brandt Consolidated, Inc. 401(k) and Profit Sharing Plan and the Plan was amended effective January 1, 2020, adopting the Plan name change.

2. Contributions

Three types of contributions can be made to the Plan.

Deferral Contributions - Each year, participants may contribute up to the maximum dollar amount as determined by the Federal government of pretax annual compensation, as defined in the Plan. The maximum deferral in 2020 and 2019 was $ 19,500 and $ 19,000, respectively. Participants who will be at least age 50 by the end of the year may make an additional "catch-up" contribution of up to $ 6,500 and $6,000 in 2020 and 2019, respectively. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan includes an auto enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3% of eligible compensation and their contributions invested in a default fund until changed by the participant. The auto enrollment feature includes an automatic increase by 1% of Plan compensation annually, up to 10%, subject to Internal Revenue Service and Plan limits.

NOTE A | DESCRIPTION OF THE PLAN

2. Contributions

"Safe Harbor" Employer Contributions - The Company makes a "safe harbor" contribution equal to 3% of each participant's compensation for the Plan year. By law, the Plan cannot recognize compensation in excess of $ 285,000 and $ 280,000 in 2020 and 2019, respectively, in calculating the "safe harbor" contribution.

Discretionary Employer Contributions - The Company can, at its discretion, elect to contribute to the Plan on behalf of each participant for the Plan year. Employees who have completed 1,000 hours of service during a Plan year are eligible for discretionary employer contributions. Discretionary employer contributions of $ 269,345 were approved in 2020 and are included in employer contributions receivable in the statement of net assets available for benefits. No such discretionary contribution was approved in 2019. Contributions are subject to certain Internal Revenue Code limitations.

3. Participant Accounts

Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's contribution, the Company's "safe harbor" contribution, the Company's discretionary contribution, and allocations of Plan earnings and losses. Allocations are based on participant earnings, contributions 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.

4. Vesting

Participants are vested immediately in their deferral contributions and "safe harbor" employer contributions plus actual earnings thereon. Vesting in the Company's discretionary contributions and earnings thereon are based on years of continuous service as follows:

Years of Credited Service	Percent Vested
1	10%
2	20
3	40
4	60
5	80
6 or more	100

NOTE A | DESCRIPTION OF THE PLAN

5. Payment of Benefits

On termination of service due to death, disability, retirement, or other reasons, a participant generally receives a lump-sum payment of his or her vested accrued benefit when requested.

6. Forfeitures

The non-vested portion of discretionary employer contributions for all terminated employees is used to pay additional administrative expenses of the Plan and any remaining forfeitures are allocated to participants eligible to share in the discretionary employer contributions. Forfeitures totaled $ 1,496 and $ 6,498 as of December 31, 2020 and 2019, respectively. Forfeiture allocations to participant accounts totaled $ 4,885 and $ 11,902 for the years ended December 31, 2020 and 2019, respectively.

7. Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $ 2,500 up to a maximum of the lesser of 50% of their vested account balance or $ 50,000 minus their highest outstanding loan balance over the last 12 months. The loans are secured by the balance in the participant's account and bear interest at the prime rate as listed on the last business day of each month in *The Wall Street Journal* plus 1%. Principal and interest are paid ratably through payroll deduction over a period of one to five years for a general purpose loan or a maximum period of 30 years for a residential loan.

NOTE B | SUMMARY OF ACCOUNTING POLICIES

1. Basis of Accounting

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

2. Use of Estimates

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

NOTE B | SUMMARY OF ACCOUNTING POLICIES

3. Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. 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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

4. Payment of Benefits

Benefits are recorded when paid.

5. Notes Receivable from Participants

Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Related fees are recorded as administrative expenses and are expensed as incurred. Delinquent participant loans are reclassified to distributions based on the terms of the Plan document. No allowance for credit losses has been recorded at December 31, 2020 or 2019.

6. Expenses

Certain expenses of maintaining the Plan are paid by the Company and are excluded from these financial statements. Any additional administrative expenses of the Plan are paid by the Plan participants, as provided in the Plan document. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

7. Subsequent Events

Management has evaluated subsequent events for recognition and disclosure in the financial statements through October 8, 2021, which is the date the financial statements were available to be issued. Through October 8, 2021, no subsequent events required recognition or disclosure in the financial statements.

NOTE C | SUMMARY FINANCIAL INFORMATION CERTIFIED BY THE TRUSTEE

The following is a summary of the (unaudited) information regarding the Plan at December 31, 2020 and 2019, and for the years then ended, included in the Plan's financial statements and supplementary information that was obtained from data that has been prepared and certified to as complete and accurate by the trustee.

	2020	2019
Investments at fair value		
Mutual funds	$ 57,979,707	$ 51,877,263
Collective trust	5,918,893	5,307,242
Self-directed investments	3,616,820	2,191,062
Interest bearing cash	194	186
Notes receivable from participants	791,662	732,515
Cash	100	175
Investment income		
Net appreciation in fair value of investments	7,329,415	8,131,404
Dividends and capital gain distributions	2,263,361	2,380,938
Interest on notes receivable from participants	43,875	36,894

NOTE D | FAIR VALUE MEASUREMENTS

The Plan follows the fair value measurement guidance for financial assets and financial liabilities. The guidance defines fair value, establishes a framework for measuring value and expands disclosure about fair value measurements. In addition, the guidance permits an entity to measure eligible financial instruments and other items at fair value. The Plan has not made any fair value elections.

Fair value is defined to be 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. A three-level hierarchy has been established for fair value measurements based upon the inputs to the valuation of an asset or liability as follows:

Level 1 – Valuation is based on quoted prices for identical assets and liabilities in active markets.

Level 2 – Valuation is derived from inputs, other than quoted prices included in Level 1, which are observable for the asset or liability either directly or indirectly. Investments classified as Level 2 are generally valued by benchmarking model-derived prices to quoted market prices and trade data for identical or comparable securities. The significant inputs used in this approach include interest rates, prepayment timing, yield spreads, maturities, credit losses and credit ratings of the securities.

Level 3 – Valuation is derived from unobservable inputs that are not corroborated by market data.

Investments in mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the SEC. The funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Self-directed accounts consist of mutual funds, common stocks, corporate bonds, certificate of deposit, and cash and cash equivalents. Fair values of self-directed accounts have been determined by the trustee from observable market quotations for both actively and inactively traded markets, when available.

The Plan invests in a collective trust, which is valued at the NAV of units of the collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV.

NOTE D | FAIR VALUE MEASUREMENTS

The following table presents the Plan's fair value hierarchy for those assets measured at fair value on a recurring basis as of December 31:

	Level 1	Level 2	Level 3	Total
2020				
Mutual funds	$ 57,979,707	$ -	$ -	$ 57,979,707
Self-directed investment accounts	3,590,920	25,900	-	3,616,820
Interest bearing cash	194	-	-	194
Total assets in the fair value hierarchy	$ 61,570,821	$ 25,900	$ -	61,596,721
Investment measured at net asset value per share				5,918,893
Investments at fair value				$ 67,515,614
2019				
Mutual funds	$ 51,877,263	$ -	$ -	$ 51,877,263
Self-directed investment accounts	2,145,515	45,547	-	2,191,062
Interest bearing cash	186	-	-	186
Total assets in the fair value hierarchy	$ 54,022,964	$ 45,547	$ -	54,068,511
Investment measured at net asset value per share				5,307,242
Investments at fair value				$ 59,375,753

In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

NOTE E | INVESTMENTS IN ENTITIES THAT CALCULATE NET ASSET VALUE PER SHARE

As part of the Plan's investment portfolio, there are investments made in entities in which purchases and withdrawals are not made in an open market. Instead, the purchases and withdrawals occur with the entity, and in certain circumstances, those transactions are entirely controlled and/or restricted by the entity. The fair values of these investments are determined by the management of the entities and are reported to the Plan as the Plan's proportionate share of the net asset value of the entity.

The following table provides information as of December 31, 2020 and 2019 relative to this type of investment. Additional information on the investment which is a direct filing entity can be found by viewing its U.S. Department of Labor Form 5500.

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
2020				
Collective trust	$ 5,918,893	$ -	Daily	1 day
2019				
Collective trust	$ 5,307,242	$ -	Daily	1 day

NOTE F | TAX STATUS

The Plan is qualified under Section 401(a) and tax exempt under Section 501(a) of the Internal Revenue Code. The Plan is a volume submitter plan and obtained its last approval letter, dated March 31, 2014, in which the Internal Revenue Service stated that the Plan was in compliance with the applicable requirements of the Internal Revenue Code. Although the Plan has been restated and amended since receiving the determination letter, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable provisions of the Internal Revenue Code and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE G | PLAN TERMINATION

Although it has not expressed any intention to do so, TEAM BRANDT, LLC has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event of Plan termination, participants would become 100% vested in their accounts.

NOTE H | RELATED-PARTY TRANSACTIONS

Certain Plan investments are managed by Merrill Lynch. Merrill Lynch is the recordkeeper for the Plan and, therefore, these transactions qualify as party-in-interest transactions.

NOTE I | RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	2020	2019
Net assets available for benefits per the financial statements	$ 69,632,376	$ 61,120,974
Amounts representing deemed distributions of participant loans	(22,782)	(22,782)
Net assets available for benefits per Form 5500	$ 69,609,594	$ 61,098,192

NOTE J | 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 statements of net assets available for benefits. As of the date of this report, the current economic environment has increased the degree of uncertainty.

SUPPLEMENTARY INFORMATION

TEAM BRANDT, LLC 401(k) and Profit Sharing Plan
EIN 84-3496095
Plan Number 001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2020

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Collective Trust			
	COLUMBIA TRUST STABLE GOVT H	534,196.13 shares	**	$ 5,918,893
	Mutual Funds			
	AMERICAN FUNDS 2010 TARGET	4,058.79 shares	**	47,975
	AMERICAN FUNDS 2015 TARGET	34,165.99 shares	**	429,125
	AMERICAN FUNDS 2020 TARGET	19,321.62 shares	**	267,604
	AMERICAN FUNDS 2025 TARGET	242,744.35 shares	**	3,764,965
	AMERICAN FUNDS 2030 TARGET	85,383.92 shares	**	1,446,404
	AMERICAN FUNDS 2035 TARGET	60,323.85 shares	**	1,085,829
	AMERICAN FUNDS 2040 TARGET	36,821.87 shares	**	690,042
	AMERICAN FUNDS 2045 TARGET	27,774.56 shares	**	532,716
	AMERICAN FUNDS 2050 TARGET	12,097.20 shares	**	228,395
	AMERICAN FUNDS 2055 TARGET	22,327.65 shares	**	528,049
	AMERICAN GRTH FD OF AMER CL R5	144,458.91 shares	**	9,749,532
	BARON ASSET FD CL INST	18,428.97 shares	**	2,143,289
	COHEN & STEERS REALTY SHRS N	1,835.67 shares	**	112,031
	COLUMBIA DIVIDEND INCOME INST3	210,421.01 shares	**	5,529,864
	HARDING LOEVNER INTL	109,211.48 shares	**	3,103,790
	INVESCO EQUITY AND INCOME CL Y	104,976.26 shares	**	1,149,490
	ISHARES MSCI EAFE INTRNL INSTL	17,760.37 shares	**	260,722
	ISHARES RUSSELL 2000 SM-CP INS	3,063.38 shares	**	74,103
	ISHARES S&P 500 INDEX FD INSTL	21,627.49 shares	**	9,606,717
	JANUS HENDERSON GLBL EQ I	347,798.98 shares	**	2,302,429
	JANUS HENDERSON SML CAP VAL N	62,896.65 shares	**	1,334,038
	JANUS HENDERSON TRITON FUND I	52,112.48 shares	**	2,022,485
	JPMORGAN LIMITED DURT BD R6	170,410.45 shares	**	1,738,187
	MFS MID CAP VALUE FUND R6	2,801.10 shares	**	73,529
	MFS VALUE FUND R6	403.4041 shares	**	18,081
	NUVEEN SANTA BARBARA DV GRTH I	19,466.15 shares	**	909,264
	OAKMARK FUND CL INSTL	3,297.09 shares	**	296,969
	PARNASSUS MID CAP FD CL INSTL	34,690.40 shares	**	1,417,796
	PIMCO COMMODITY REAL RETURN	21,090.33 shares	**	124,644
	PIMCO INCOME FUND INSTL CL	226,310.02 shares	**	2,740,614
	PIMCO INVSTMT GRADE CRDT INSTL	54,286.77 shares	**	612,898
	PIMCO REAL RETURN FD CL INST	48,909.02 shares	**	600,114
	PIONEER BOND FD CL K	286,406.37 shares	**	2,927,073
	VIRTUS VONTOBEL EMRG MRKTS I	8,354.19 shares	**	110,944
	Total mutual funds			57,979,707
	Other			
*	Self-directed investments	N/A	**	3,616,820
*	Participant loans	Interest rates of 4.25% - 6.5% Maturity range of 2021-2048	**	791,662
	Interest bearing cash		N/A	194
				$ 68,307,276

* Party-in-interest
** Cost information has been omitted on participant-directed investments.