

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>LANDSCAPE FORMS, INC. PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>12/26/1972</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>12/26/1972</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>12/26/1972</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>LANDSCAPE FORMS, INC.</u> <u>431 LAWNDAL</u> <u>KALAMAZOO, MI 49048</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>38-1897577</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>269-381-0490</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>337000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>38-1897577</u>	2c Plan Sponsor's telephone number <u>269-381-0490</u>	2d Business code (see instructions) <u>337000</u>	
2b Employer Identification Number (EIN) <u>38-1897577</u>					
2c Plan Sponsor's telephone number <u>269-381-0490</u>					
2d Business code (see instructions) <u>337000</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/27/2022	JODI HAVERA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	701
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)	474
a(2) Total number of active participants at the end of the plan year		6a(2)	588
b Retired or separated participants receiving benefits.....		6b	53
c Other retired or separated participants entitled to future benefits		6c	258
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	899
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	2
f Total. Add lines 6d and 6e		6f	901
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	901
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	74
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 2G 2J 2K 2T 3D 2S			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan LANDSCAPE FORMS, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LANDSCAPE FORMS, INC.	D Employer Identification Number (EIN) 38-1897577	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
GREENLEAF TRUST
38-3416104

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

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

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

GREENLEAF TRUST

38-3416104

(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 21 37 38 57 64 65	TRUSTEE	36636	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan LANDSCAPE FORMS, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 LANDSCAPE FORMS, INC.	D Employer Identification Number (EIN) 38-1897577	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1352578	1622543
(2) Participant contributions.....	1b(2)		814
(3) Other	1b(3)	14953	26734
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1034775	2274015
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	624166	633261
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	74084025	87654645
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	3088424	3573769

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	80198921 95785781
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	80198921 95785781

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	3070206
	(B) Participants	2a(1)(B)	2931971
	(C) Others (including rollovers).....	2a(1)(C)	1593416
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	7595593
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	165
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	33613
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	33778
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	3915313
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	3915313
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		8437361
c Other income.....	2c		428287
d Total income. Add all income amounts in column (b) and enter total.....	2d		20410332
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4786836	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		4786836
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	36636	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		36636
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4823472
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		15586860
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: BDO USA, LLP

(2) EIN: 13-5381590

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
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?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
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.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan LANDSCAPE FORMS, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 LANDSCAPE FORMS, INC.	D Employer Identification Number (EIN) 38-1897577

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): _____ 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

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

Schedule R (Form 5500) 2021
v. 201209

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 _____



Landscape Forms, Inc. Profit Sharing Plan

**Financial Statements and
Supplemental Schedule (ERISA-Required)
Years Ended December 31, 2021 and 2020**

Landscape Forms, Inc. Profit Sharing Plan

Financial Statements and Supplemental Schedule (ERISA-Required)
Years Ended December 31, 2021 and 2020

Landscape Forms, Inc. Profit Sharing Plan

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Independent Auditor's Report

Plan Participants and Plan Administrator
Landscape Forms, Inc. Profit Sharing Plan
Kalamazoo, Michigan

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

We have performed audits of the financial statements of Landscape Forms, Inc. Profit Sharing Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, 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, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained a certification from a qualified institution as of December 31, 2021 and 2020, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP).
- The certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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



In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2021, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the



supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

BDO USA, LLP

July 28, 2022

Financial Statements

Landscape Forms, Inc. Profit Sharing Plan

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2021	2020
Investments, at fair value	\$ 93,502,429	\$ 78,207,224
Receivables		
Employer contributions	1,622,543	1,352,578
Participant contributions	814	-
Notes receivable from participants	633,261	624,166
Interest and dividends	26,734	14,953
Total Receivables	2,283,352	1,991,697
Net Assets Available for Benefits	\$ 95,785,781	\$ 80,198,921

See accompanying notes to financial statements.

Landscape Forms, Inc. Profit Sharing Plan
Statements of Changes in Net Assets Available for Benefits

<i>Year ended December 31,</i>	2021	2020
Additions		
Investment income:		
Net appreciation in fair value of investments	\$ 8,865,648	\$ 7,895,449
Dividend income	3,915,313	2,627,143
Interest income	165	4,354
Total Investment Income	12,781,126	10,526,946
Contributions:		
Employer	3,070,206	2,512,257
Participants	2,931,971	2,372,119
Rollover	1,593,416	399,562
Total Contributions	7,595,593	5,283,938
Interest on notes receivable from participants	33,613	44,896
Total Additions	20,410,332	15,855,780
Deductions		
Benefits paid to participants	4,764,085	3,723,224
Deemed distributions	22,751	31,956
Administrative expenses	36,636	28,366
Total Deductions	4,823,472	3,783,546
Net Increase	15,586,860	12,072,234
Net Assets Available for Benefits, beginning of year	80,198,921	68,126,687
Net Assets Available for Benefits, end of year	\$ 95,785,781	\$ 80,198,921

See accompanying notes to financial statements.

Landscape Forms, Inc. Profit Sharing Plan

Notes to Financial Statements

1. Description of the Plan

The following brief description of the Landscape Forms, Inc. Profit Sharing Plan (the Plan) is provided for general information only. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General

The Plan is a contributory, defined contribution plan available to substantially all employees of Landscape Forms, Inc. (the Company). The Plan was originally adopted effective December 26, 1972. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

On December 31, 2020, the Company completed the acquisition of Loll Designs, Inc. (Loll) pursuant to an asset purchase agreement, whereby the Company purchased all of the net assets of Loll. Effective January 1, 2021, the Loll employees were eligible to participate in the Plan.

Eligibility

To be eligible to participate in the Plan, an employee must be a full-time employee of the Company. The Plan excludes non-resident aliens, leased employees, and seasonal and temporary employees. An employee may become a participant immediately after they are hired. The Plan includes an automatic salary deferral feature. Unless an employee elects an alternative deferral, the Company will automatically withhold 5% of the employee's compensation and contribute that amount to the Plan.

Contributions

Participants may contribute up to the maximum amount allowed by law of their eligible annual compensation, subject to certain limitations. These contributions can be made on a pre-tax basis, or on an after-tax basis to a Roth account. Under a Roth account, distributions are not subject to income taxes when the participants withdraw money from the Plan. This includes the earnings accumulated on contributions to the participants' accounts. This differs from traditional contributions where all withdrawals are reported as ordinary income and subject to income taxes upon receipt since the money was contributed on a pre-tax basis. Participants may also contribute distributions from other qualified plans.

The Plan includes a safe harbor matching contribution. The safe harbor matching contribution requires the Company to make matching contributions to the account of each eligible participant in the amount equal to the sum of 100% of the participant's contribution that does not exceed 3% of the participant's compensation, plus 50% of the amount of the participant's contribution that exceeds 3% of the participant's compensation, but not to exceed 5% of the participant's compensation. The Company may also elect to make a discretionary profit-sharing contribution, determined by its Board of Directors. In order for a participant to receive the discretionary profit-sharing contribution, the participant must have completed at least 501 hours of service during the Plan year or have been employed on the last day of the Plan year. For the years ended December 31, 2021 and 2020, the Company's discretionary profit-sharing contribution was 4.33% of eligible compensation. Profit-sharing contributions are generally paid in the first quarter following the end of the Plan year.

Landscape Forms, Inc. Profit Sharing Plan

Notes to Financial Statements

Participant Accounts

Each participant's account is credited with the participant's contribution, the Company's contribution, and an allocation of net investment earnings or loss. Allocations of net investment earnings or loss are based on the participant's proportionate share of funds in each of the investments. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Participants may direct the investment of their account balances into various investment options or may establish a segregated brokerage account in order to direct their investments if the participant meets certain requirements. Participants may change the direction of their investment accounts and the manner in which they are invested on a daily basis. Outside of the segregated brokerage accounts, the Plan currently offers mutual funds and a money market account as investment options for participants.

Vesting

Participants are immediately vested in their elective deferral and Company matching contributions and actual earnings thereon. Vesting in the Company's discretionary profit-sharing contributions and actual earnings thereon is based on years of continuous service. Participants vest at a rate of 20% for each year of continuous service and become 100% vested in Company profit-sharing contributions after five years of credited service. Participant accounts are distributed without regard to the vesting provisions in the event of death or permanent physical or mental disability.

Forfeitures

Forfeited nonvested accounts totaled approximately \$125,000 and \$108,000 for the years ended December 31, 2021 and 2020, respectively. Forfeited balances are used to reduce future employer contributions. Approximately \$125,000 and \$108,000 of forfeitures were used to reduce the employer profit sharing contributions paid in January 2022 and 2021, respectively.

Notes Receivable from Participants

Participants may, under certain circumstances as defined by the Plan agreement, borrow up to the lesser of \$50,000 or 50% of their vested account balance. The minimum note is \$1,000. Participants may have one note outstanding at any time. The note is secured by the balance in the participant's account and bears interest at the prevailing rate charged by other lenders for similar notes. Interest rates on notes receivable were 5.25% at December 31, 2021. The notes are repaid ratably through payroll deductions over a period of five years or less, unless for the purchase of a principal residence, in which case the note terms should not exceed ten years.

Payment of Benefits

Upon termination of service due to death, disability, retirement, or separation, a participant or a participant's beneficiary in the event of death, may elect to receive the vested value of his or her account from the Plan. Vested account balances less than \$5,000 will be paid by lump-sum distribution. Account balances greater than \$5,000 may be paid by lump-sum distribution or purchase of annuity. Withdrawals from the Plan may also be made upon circumstances of financial hardship in accordance with provisions specified in the Plan Agreement.

Landscape Forms, Inc. Profit Sharing Plan

Notes to Financial Statements

Administrative Expenses

Certain administrative expenses of the Plan are paid directly by the Company and are excluded from these financial statements. Administrative expenses paid by the Plan totaled approximately \$37,000 and \$28,000 for the years ended December 31, 2021 and 2020, respectively.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

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 and paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset in an orderly transaction between market participants on the measurement date. See Note 3 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed as incurred. No allowance for credit losses has been recorded as of December 31, 2021 or 2020. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a deemed distribution is recorded.

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results may differ from those estimates.

Risk and Uncertainties

The Plan utilizes various investment instruments, which are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in their values could occur in the near term and

Landscape Forms, Inc. Profit Sharing Plan

Notes to Financial Statements

such changes could materially affect participant's account balances and the amounts reported in the financial statements.

Subsequent Events

Subsequent events have been evaluated by management through July 28, 2022, the date these financial statements were available to be issued.

3. Investments

In accordance with Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, the Plan utilizes a fair value hierarchy for valuation inputs that gives the highest priority to quoted prices in active markets for identical assets (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The three levels of the fair value hierarchy are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets in active markets.

Level 2 - Inputs to the valuation methodology include quoted prices for similar assets in active markets, quoted prices for identical or similar assets or liabilities in inactive markets, other inputs that are observable, or can be corroborated by observable market data.

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

The following valuation methodologies were used to measure the fair value of the Plan's investments. There have been no changes in the methodologies used at December 31, 2021 or 2020.

Mutual Funds & Exchange Traded Funds (ETFs) - These assets are valued at the daily closing price, as reported by the fund. Mutual funds and ETFs held by the Plan are open-end funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds and ETFs held by the Plan are deemed to be actively traded.

Segregated Accounts - Common stock traded in active markets on national and international securities exchanges are valued at closing prices on the last business day of each period presented. Securities traded in markets that are not considered active are valued based on quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency. The segregated accounts also hold mutual funds, ETFs and money market funds.

Money Market Account - This asset is valued at the NAV of the shares held by the Plan at year-end and is determined based on the value of the underlying investments of the fund. The money market fund seeks to maintain a \$1.00 NAV.

The Plan's valuation methods may result in a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Although the Plan's management believes

Landscape Forms, Inc. Profit Sharing Plan

Notes to Financial Statements

the valuation methods are appropriate and consistent with the market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level within the fair value hierarchy the Plan investment assets and investment liabilities at fair value, as of December 31, 2021 and 2020:

December 31, 2021

	Fair Value Measurements			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 87,654,645	\$ -	\$ -	\$ 87,654,645
Segregated accounts	3,573,769	-	-	3,573,769
Money market account	2,274,015	-	-	2,274,015
Total Investments, at fair value	\$ 93,502,429	\$ -	\$ -	\$ 93,502,429

December 31, 2020

	Fair Value Measurements			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 74,084,025	\$ -	\$ -	\$ 74,084,025
Segregated accounts	3,112,273	-	-	3,112,273
Money market account	1,010,926	-	-	1,010,926
Total Investments, at fair value	\$ 78,207,224	\$ -	\$ -	\$ 78,207,224

4. Certified Investment Information

The Plan administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Greenleaf Trust, a qualified institution, has certified that the following investment information included in the accompanying financial statements and ERISA-required supplemental schedule is complete and accurate:

- Investments and notes receivable from participants as shown in the statements of net assets available for benefits as of December 31, 2021 and 2020.
- Investment income and interest income on notes receivable from participants as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2021 and 2020.
- Investment information included in the Schedule of Assets (Held at End of Year) as of December 31, 2021, as shown on the ERISA-required supplemental schedule.

At the request of the Plan administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedule.

Landscape Forms, Inc. Profit Sharing Plan

Notes to Financial Statements

5. Segregated Accounts

Participants can establish segregated accounts in which to invest their contributions. The segregated account balances, which are included in total investments on the statements of net assets available for benefits, are comprised of the following investment balances:

<i>December 31,</i>	2021	2020
Segregated Accounts		
Equity securities	\$ 3,537,697	\$ 3,088,424
Money market account	36,072	23,849
Total	\$ 3,573,769	\$ 3,112,273

6. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants would become fully vested in any employer contributions.

7. Income Tax Status

The Plan is based on the Prototype Non-Standardized Pre-Approved Profit Sharing Plan of Greenleaf Trust, the trustee of the Plan, which received an opinion letter from the Internal Revenue Service (IRS) dated June 30, 2020, stating that the prototype plan was designed in accordance with the provisions of the Internal Revenue Code (IRC), including provisions to comply with recent legislation. The Plan has been amended and restated since the date of the opinion letter; however, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires the Plan's management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not 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.

8. Parties-in-Interest

Greenleaf Trust is a trustee as defined by the Plan and, therefore, fees paid to Greenleaf Trust qualify as exempt party-in-interest transactions. Fees paid to Greenleaf Trust by the Plan were approximately \$37,000 and \$28,000 for the years ended December 31, 2021 and 2020, respectively. Fees paid by the Plan for investment management services were included as a reduction of the earnings on each fund.

Supplemental Schedule (ERISA-Required)

Landscape Forms, Inc. Profit Sharing Plan

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

EIN: 38-1897577

Plan No.: 001

December 31, 2021

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
Mutual Funds				
T. Rowe Price	Retirement 2040 Fund	**	\$ 13,235,648	
T. Rowe Price	Retirement 2050 Fund	**	9,804,826	
T. Rowe Price	Retirement 2030 Fund	**	8,739,255	
Vanguard	500 Index Fund	**	7,525,165	
T. Rowe Price	Retirement 2045 Fund	**	7,286,047	
William Blair	Large-Cap Gr-R6	**	5,543,059	
BlackRock	Equity Dividend Institutional Fund	**	3,370,682	
Vanguard	Total International Stock Index Fund	**	3,293,879	
Vanguard	Short-Term Investment Grade Fund	**	2,712,098	
Vanguard	Mid-Cap Index Fund	**	2,647,554	
Vanguard	Total Bond Market	**	2,576,257	
Wasatch	Core Growth Institutional	**	2,575,789	
T. Rowe Price	Retirement 2020 Fund	**	2,520,157	
JPMorgan	Mid-Cap Value Fund Class R6	**	2,049,323	
Vanguard	Small-Cap Index Fund	**	1,993,218	
T. Rowe Price	Retirement 2060 Fund	**	1,874,986	
Hartford	Mid-Cap Fund Class R6	**	1,867,279	
Hartford	International Opportunity R6	**	1,750,566	
T. Rowe Price	Retirement 2010 Fund	**	1,567,898	
Delaware	Small-Cap Value R6	**	1,095,132	
T. Rowe Price	Retirement 2015 Fund	**	930,230	
PIMCO	Total Return Fund	**	913,157	
T. Rowe Price	Retirement Balanced I Fund	**	597,309	
Delaware	Emerging Markets Fund	**	593,076	
Matthews	Pacific Tiger Fund	**	284,075	
T. Rowe Price	Spectrum Conservative Allocation Fund	**	230,238	
Vanguard	Intermediate-Term Investment Grade	**	77,742	
Total Mutual Funds		**	87,654,645	
Segregated Accounts				
	Mutual funds, common stock, exchange traded funds and money market funds	**	3,573,769	
Money Market Account				
Northern Institutional Treasury Portfolio		**	2,274,015	
* Participant Loans	5.25%		633,261	
Total			\$ 94,135,690	

* A party-in-interest, as defined by ERISA.

** The cost of participant-directed investments is not required to be disclosed.

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Consolidation: Landscape Forms, Inc Profit Sharing Plan

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List Of Assets

	<i>Prior Period Ending Market Value (Aggregate Market Value)</i>	<i>Current Market Unit Price</i>	<i>Current Market Value</i>	<i>Unrealized Gain/(Loss)</i>
Cash	2,000.00		2,000.00	
Short Term				
Northern Institutional Treasury Portfolio 2272014.58 Par Value 35760039	2,272,014.58	1.00	2,272,014.58	0.00
Northern Institutional Treasury Portfolio 14427.28 Par Value 35760439	14,427.28	1.00	14,427.28	0.00
Northern Institutional Treasury Portfolio 21644.41 Par Value 35760539	21,644.41	1.00	21,644.41	0.00
Total Short Term	2,310,086.27		2,310,086.27	0.00
Investments				
Corporate Debt & Equity				
Adobe Systems Inc 22 Shares 35760539	11,002.64	567.06	12,475.32	1,472.68
Alphabet Inc. Cl C 17 Shares 35760539	29,781.96	2,893.59	49,191.03	19,409.07
Amazon.com Inc 14 Shares 35760539	46,111.07	3,334.34	46,680.76	569.69
American Tower Corporation 182 Shares 35760539	41,066.27	292.50	53,235.00	12,168.73

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Consolidation: Landscape Forms, Inc Profit Sharing Plan

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	<i>Prior Period</i> <i>Ending Market Value</i> <i>(Aggregate Market Value)</i>	<i>Current</i> <i>Market Unit</i> <i>Price</i>	<i>Current</i> <i>Market Value</i>	<i>Unrealized</i> <i>Gain/(Loss)</i>
Apple Inc 128 Shares 35760539	16,999.16	177.57	22,728.96	5,729.80
ASG Managed Futures Strategy Fund N 2833.026 Shares 35760439	29,277.05	10.06	28,500.24	-776.81
ASG Managed Futures Strategy Fund N 3460.655 Shares 35760539	35,732.69	10.06	34,814.19	-918.50
Berkshire Hathaway Cl B 159 Shares 35760539	36,870.40	299.00	47,541.00	10,670.60
Blackrock Equity Divid Fd K 155617.832 Shares 35760039	3,231,766.33	21.66	3,370,682.24	138,915.91
Booking Holdings Inc 9 Shares 35760539	20,045.43	2,399.23	21,593.07	1,547.64
Canadian Pacific Railway LTD - ADR 323 Shares 35760539	22,488.10	71.94	23,236.62	748.52
Colgate-Palmolive Co 173 Shares 35760539	14,630.62	85.34	14,763.82	133.20
Danaher Corporation 52 Shares 35760539	11,589.86	329.01	17,108.52	5,518.66

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	<i>Prior Period</i> <i>Ending Market Value</i> <i>(Aggregate Market Value)</i>	<i>Current</i> <i>Market Unit</i> <i>Price</i>	<i>Current</i> <i>Market Value</i>	<i>Unrealized</i> <i>Gain/(Loss)</i>
Delaware Emerging Markets R6 24316.355 Shares 35760039	637,557.84	24.39	593,075.90	-44,481.94
Delaware Emerging Markets R6 1774.911 Shares 35760439	45,643.90	24.39	43,290.08	-2,353.82
Delaware Emerging Markets R6 3482.104 Shares 35760539	89,483.46	24.39	84,928.52	-4,554.94
Delaware Small Cap Value R6 13427.319 Shares 35760039	872,303.40	81.56	1,095,132.14	222,828.74
Dollar General Corp 88 Shares 35760539	18,386.81	235.83	20,753.04	2,366.23
Hartford Dividend and Growth Fund F 1635.108 Shares 35760439	45,258.39	33.80	55,266.65	10,008.26
Hartford International Opportunity R6 86876.735 Shares 35760039	1,800,720.33	20.15	1,750,566.21	-50,154.12
Hartford MidCap R6 43384.742 Shares 35760039	1,879,016.14	43.04	1,867,279.30	-11,736.84
Honeywell International Inc 89 Shares 35760539	18,930.30	208.51	18,557.39	-372.91

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	<i>Prior Period</i> <i>Ending Market Value</i> <i>(Aggregate Market Value)</i>	<i>Current</i> <i>Market Unit</i> <i>Price</i>	<i>Current</i> <i>Market Value</i>	<i>Unrealized</i> <i>Gain/(Loss)</i>
IQ Merger Arbitrage ETF 926 Shares 35760439	30,875.17	32.25	29,863.50	-1,011.67
IQ Merger Arbitrage ETF 1154 Shares 35760539	38,447.07	32.25	37,216.50	-1,230.57
iShares Core MSCI EAFE ETF 714 Shares 35760439	49,330.26	74.64	53,292.96	3,962.70
iShares Core MSCI EAFE ETF 1284 Shares 35760539	88,762.78	74.64	95,837.76	7,074.98
iShares Core S&P 500 Index 1101 Shares 35760439	413,304.39	476.99	525,165.99	111,861.60
iShares Core S&P 500 Index 612 Shares 35760539	229,768.50	476.99	291,917.88	62,149.38
iShares Core S&P Midcap 400 Index 260 Shares 35760439	60,326.48	283.08	73,600.80	13,274.32
iShares Core S&P Midcap 400 Index 151 Shares 35760539	34,704.33	283.08	42,745.08	8,040.75
iShares Core S&P Smallcap 600 Index 408 Shares 35760439	38,282.05	114.51	46,720.08	8,438.03

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	<i>Prior Period</i> <i>Ending Market Value</i> <i>(Aggregate Market Value)</i>	<i>Current</i> <i>Market Unit</i> <i>Price</i>	<i>Current</i> <i>Market Value</i>	<i>Unrealized</i> <i>Gain/(Loss)</i>
iShares Core S&P Smallcap 600 Index 246 Shares 35760539	22,607.40	114.51	28,169.46	5,562.06
JPMorgan Mid Cap Value R6 49286.277 Shares 35760039	1,867,131.78	41.58	2,049,323.40	182,191.62
Matthews Pacific Tiger Fund CI I 10329.985 Shares 35760039	347,278.64	27.50	284,074.59	-63,204.05
Matthews Pacific Tiger Fund CI I 1585.646 Shares 35760439	53,271.45	27.50	43,605.27	-9,666.18
Matthews Pacific Tiger Fund CI I 3001.342 Shares 35760539	101,032.76	27.50	82,536.91	-18,495.85
Meta Platforms, Inc. 78 Shares 35760539	21,237.42	336.35	26,235.30	4,997.88
MFS Emerging Markets Debt Fund R6 1598.273 Shares 35760439	24,488.09	14.41	23,031.11	-1,456.98
MFS Emerging Markets Debt Fund R6 1299.532 Shares 35760539	19,935.85	14.41	18,726.26	-1,209.59
Microsoft Corporation 90 Shares 35760539	20,017.80	336.32	30,268.80	10,251.00

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	<i>Prior Period</i> <i>Ending Market Value</i> <i>(Aggregate Market Value)</i>	<i>Current</i> <i>Market Unit</i> <i>Price</i>	<i>Current</i> <i>Market Value</i>	<i>Unrealized</i> <i>Gain/(Loss)</i>
Mondelez International Inc Cl A 433 Shares 35760539	25,150.05	66.31	28,712.23	3,562.18
Nestle SA ADR 109 Shares 35760539	12,764.80	139.8672	15,245.52	2,480.72
Netflix Inc 30 Shares 35760539	16,212.25	602.44	18,073.20	1,860.95
Nike Inc Cl B 80 Shares 35760539	11,317.60	166.67	13,333.60	2,016.00
Paypal Holdings Inc 158 Shares 35760539	33,723.32	188.58	29,795.64	-3,927.68
Pear Tree Polaris Foreign Value Fund R6 3276.602 Shares 35760439	37,521.25	12.10	39,646.88	2,125.63
Pear Tree Polaris Foreign Value Fund R6 5976.874 Shares 35760539	68,510.27	12.10	72,320.18	3,809.91
Pepsico Inc 88 Shares 35760539	12,970.13	173.71	15,286.48	2,316.35
Pimco Total Return Fund 88915.016 Shares 35760039	939,085.40	10.27	913,157.21	-25,928.19

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	<i>Prior Period</i> <i>Ending Market Value</i> <i>(Aggregate Market Value)</i>	<i>Current</i> <i>Market Unit</i> <i>Price</i>	<i>Current</i> <i>Market Value</i>	<i>Unrealized</i> <i>Gain/(Loss)</i>
Roper Technologies Inc. 42 Shares 35760539	17,971.45	491.86	20,658.12	2,686.67
S&P Global Inc 48 Shares 35760539	15,758.72	471.93	22,652.64	6,893.92
Salesforce.com Inc. 94 Shares 35760539	22,112.33	254.13	23,888.22	1,775.89
Starbucks Corp 175 Shares 35760539	18,721.50	116.97	20,469.75	1,748.25
Sterling Capital Equity Income Fund CI I 1920.878 Shares 35760439	44,630.25	28.67	55,071.57	10,441.32
Stryker Corporation 52 Shares 35760539	12,742.08	267.42	13,905.84	1,163.76
T Rowe Price Institutional Floating Rate Fund 4922.559 Shares 35760439	47,963.27	9.75	47,994.95	31.68
T Rowe Price Institutional Floating Rate Fund 3999.228 Shares 35760539	38,953.01	9.75	38,992.47	39.46
T. Rowe Price Retirement Balanced I Fund 46017.668 Shares 35760039	591,602.02	12.98	597,309.33	5,707.31

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	<i>Prior Period</i> <i>Ending Market Value</i> <i>(Aggregate Market Value)</i>	<i>Current</i> <i>Market Unit</i> <i>Price</i>	<i>Current</i> <i>Market Value</i>	<i>Unrealized</i> <i>Gain/(Loss)</i>
T. Rowe Price Retirement I 2010 Fund 116399.238 Shares 35760039	1,527,726.93	13.47	1,567,897.74	40,170.81
T. Rowe Price Retirement I 2015 Fund 65880.345 Shares 35760039	891,390.98	14.12	930,230.47	38,839.49
T. Rowe Price Retirement I 2020 Fund 169707.566 Shares 35760039	2,436,366.98	14.85	2,520,157.36	83,790.38
T. Rowe Price Retirement I 2030 Fund 522370.32 Shares 35760039	8,015,141.68	16.73	8,739,255.45	724,113.77
T. Rowe Price Retirement I 2040 Fund 733683.343 Shares 35760039	11,929,858.16	18.04	13,235,647.51	1,305,789.35
T. Rowe Price Retirement I 2045 Fund 393415.049 Shares 35760039	6,534,405.25	18.52	7,286,046.71	751,641.46
T. Rowe Price Retirement I 2050 Fund 530564.204 Shares 35760039	8,842,527.85	18.48	9,804,826.49	962,298.64
T. Rowe Price Retirement I 2060 Fund 99521.569 Shares 35760039	1,707,008.91	18.84	1,874,986.36	167,977.45
T. Rowe Spectrum Conserv Alloc Fund - I Class 10789.043 Shares 35760039	235,386.18	21.34	230,238.18	-5,148.00

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	<i>Prior Period</i> <i>Ending Market Value</i> <i>(Aggregate Market Value)</i>	<i>Current</i> <i>Market Unit</i> <i>Price</i>	<i>Current</i> <i>Market Value</i>	<i>Unrealized</i> <i>Gain/(Loss)</i>
TJX Companies, Inc 353 Shares 35760539	24,120.22	75.92	26,799.76	2,679.54
Touchstone Sands Capital Select Gr Instl 2543.141 Shares 35760439	51,609.39	19.16	48,726.58	-2,882.81
Vanguard 500 Index Admiral Share 17109.258 Shares 35760039	6,046,288.27	439.83	7,525,164.95	1,478,876.68
Vanguard Intermediate Term Treasury Admiral 6873.531 Shares 35760039	79,076.53	11.31	77,739.64	-1,336.89
Vanguard Intermediate Term Treasury Admiral 16501.456 Shares 35760439	191,476.63	11.31	186,631.47	-4,845.16
Vanguard Intermediate Term Treasury Admiral 13306.804 Shares 35760539	155,176.99	11.31	150,499.95	-4,677.04
Vanguard Mid Cap Index Admiral Shares 8392.678 Shares 35760039	2,178,678.91	315.46	2,647,554.20	468,875.29
Vanguard S/T Inflation Protected Sec Admiral 1877.726 Shares 35760439	48,211.72	25.74	48,332.67	120.95
Vanguard S/T Inflation Protected Sec Admiral 1511.525 Shares 35760539	38,798.07	25.74	38,906.65	108.58

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	<i>Prior Period</i> <i>Ending Market Value</i> <i>(Aggregate Market Value)</i>	<i>Current</i> <i>Market Unit</i> <i>Price</i>	<i>Current</i> <i>Market Value</i>	<i>Unrealized</i> <i>Gain/(Loss)</i>
Vanguard Short Term Corp Bond Index Admiral 7344.954 Shares 35760439	166,004.92	22.13	162,543.83	-3,461.09
Vanguard Short Term Corp Bond Index Admiral 6017.522 Shares 35760539	136,071.32	22.13	133,167.76	-2,903.56
Vanguard Short-Term Investment Grade Fund Adm 251819.652 Shares 35760039	2,773,828.71	10.77	2,712,097.65	-61,731.06
Vanguard Small Cap Index Admiral Shares 18392.706 Shares 35760039	1,776,894.38	108.37	1,993,217.55	216,323.17
Vanguard Total Bond Market Admiral Shares 230228.514 Shares 35760039	2,654,659.56	11.19	2,576,257.07	-78,402.49
Vanguard Total Intl Stock Index Admiral 96312.249 Shares 35760039	3,158,352.45	34.20	3,293,878.92	135,526.47
Visa Inc - Class A 217 Shares 35760539	47,133.22	216.71	47,026.07	-107.15
Wasatch Core Growth Institutional 26909.622 Shares 35760039	2,498,335.06	95.72	2,575,789.02	77,453.96
WCM Focused International Growth Fund 1568.425 Shares 35760439	39,007.55	27.68	43,414.00	4,406.45

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List Of Assets

	<i>Prior Period</i> <i>Ending Market Value</i> <i>(Aggregate Market Value)</i>	<i>Current</i> <i>Market Unit</i> <i>Price</i>	<i>Current</i> <i>Market Value</i>	<i>Unrealized</i> <i>Gain/(Loss)</i>
WCM Focused International Growth Fund 2721.693 Shares 35760539	67,743.88	27.68	75,336.46	7,592.58
William Blair Large Cap Gr-R6 211890.653 Shares 35760039	4,571,447.24	26.16	5,543,059.48	971,612.24
William Blair Large Cap Gr-R6 2166.178 Shares 35760439	46,458.60	26.16	56,667.22	10,208.62
Total Corporate Debt & Equity	83,252,360.61		91,192,342.65	7,939,982.04
Other Assets				
Other Assets				
Loan Balance Plan 35760039 1 Units 35760039	624,165.62	635,260.51	635,260.51	11,094.89
Total Other Assets	624,165.62		635,260.51	11,094.89
TOTAL INVESTMENTS MARKET VALUE	86,186,612.50		94,137,689.43	7,951,076.93
TOTAL ACCRUED INCOME	26,733.89		26,733.89	
NET ASSETS	86,213,346.39		94,164,423.32	7,951,076.93

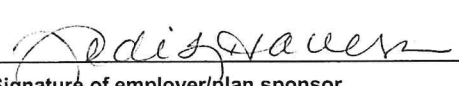
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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 2021 This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2021 or fiscal plan year beginning		01/01/2021	and ending
		12/31/2021	
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____	
B	This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ☐		
D	Check box if filing under:	☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ☐		

Part II Basic Plan Information—enter all requested information			
1a	Name of plan Landscape Forms, Inc. Profit Sharing Plan	1b	Three-digit plan number (PN) ▶ 001
		1c	Effective date of plan 12/26/1972
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) Landscape Forms, Inc. 431 Lawndale Kalamazoo MI 49048	2b	Employer Identification Number (EIN) 38-1897577
		2c	Plan Sponsor's telephone number (269) 381-0490
		2d	Business code (see instructions) 337000

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			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		7/27/22	Jodi L. Harera
	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