

|   |   |   |
|---|---|---|
| <p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor<br/>Employee Benefits Security<br/>Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p> | <p style="font-size: x-small;">OMB Nos. 1210-0110<br/>1210-0089</p> <hr/> <p style="font-size: large; text-align: center;"><b>2023</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p> |
|---|---|---|

**Part I Annual Report Identification Information**  
 For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide 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**

|  |  |
|--|--|
| <p><b>1a</b> Name of plan<br/><u>TURF MASTERS LAWNCARE 401(K) PLAN</u></p>   | <p><b>1b</b> Three-digit plan number (PN) ▶ <u>002</u></p>   |
| <p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br/>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br/>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br/><u>TURF MASTERS LAWNCARE, INC.</u></p> <p><u>30 MANSELL CT SUITE 200</u><br/><u>ROSWELL, GA 30076</u></p> | <p><b>1c</b> Effective date of plan<br/><u>01/01/2022</u></p> <p><b>2b</b> Employer Identification Number (EIN)<br/><u>74-3058849</u></p> <p><b>2c</b> Plan Sponsor's telephone number<br/><u>678-725-5514</u></p> <p><b>2d</b> Business code (see instructions)<br/><u>561730</u></p> |

**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.

|                  |   |            |  |
|------------------|---|------------|--|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/14/2024 | DORETHA BAILEY   |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|  |  |     |
|--|--|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor   | <b>3b</b> Administrator's EIN              |     |
|  | <b>3c</b> Administrator's telephone number |     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name   | <b>4b</b> EIN                              |     |
|  | <b>4d</b> PN                               |     |
| <b>5</b> Total number of participants at the beginning of the plan year  | <b>5</b>                                   | 223 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 205 |
|  | <b>6a(2)</b>                               | 264 |
|  | <b>6b</b>                                  | 1   |
|  | <b>6c</b>                                  | 21  |
|  | <b>6d</b>                                  | 286 |
|  | <b>6e</b>                                  | 0   |
|  | <b>6f</b>                                  | 286 |
|  | <b>6g(1)</b>                               | 121 |
| <b>6g(2)</b>   | 125  |     |
| <b>6h</b>  | 0  |     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....  | <b>7</b>                                   |     |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2A 2E 2J 2F 2G 3D 3H 2K

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

|   |   |
|---|---|
| <b>9a</b> Plan funding arrangement (check all that apply)               | <b>9b</b> Plan benefit arrangement (check all that apply)               |
| (1) <input checked="" type="checkbox"/> Insurance                       | (1) <input checked="" type="checkbox"/> Insurance                       |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input checked="" type="checkbox"/> Trust                           | (3) <input checked="" type="checkbox"/> Trust                           |
| (4) <input type="checkbox"/> General assets of the sponsor              | (4) <input type="checkbox"/> 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)

|  |   |
|--|---|
| <b>a Pension Schedules</b>   | <b>b General Schedules</b>  |
| (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)   | (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)                            |
| (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)                          |
| (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                               | (3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>1</u> |
| (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____  | (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)                     |
| (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)  | (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)               |
|  | (6) <input type="checkbox"/> <b>G</b> (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

|   |  |  |
|---|--|--|
| <b>A</b> Name of plan<br><b>TURF MASTERS LAWNCARE 401(K) PLAN</b>                                   |  | <b>B</b> Three-digit plan number (PN) ▶ <b>002</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>TURF MASTERS LAWNCARE, INC.</b> |  | <b>D</b> Employer Identification Number (EIN)<br><b>74-3058849</b> |

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**VOYA RETIREMENT INS AND ANNUITY CO**

| <b>(b)</b> EIN    | <b>(c)</b> NAIC code | <b>(d)</b> Contract or identification number | <b>(e)</b> Approximate number of persons covered at end of policy or contract year | <b>Policy or contract year</b> |                   |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
|                   |                      |  |  | <b>(f)</b> From                | <b>(g)</b> To     |
| <b>71-0294708</b> | <b>86509</b>         | <b>81J206</b>                                | <b>125</b>   | <b>01/01/2023</b>              | <b>12/31/2023</b> |

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|   |                                      |
|---|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
|---|--------------------------------------|

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> Purpose |                              |
|  |  |                    |                              |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> Purpose |                              |
|  |  |                    |                              |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|  |          |         |
|--|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |         |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 2002876 |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

|  |           |  |
|--|-----------|--|
| <b>b</b> Premiums paid to carrier .....  | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year.....   | <b>6c</b> |  |
| <b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

**b** Balance at the end of the previous year ..... **7b** 25105

|   |              |       |
|---|--------------|-------|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | 14240 |
| (2) Dividends and credits .....                                       | <b>7c(2)</b> | 0     |
| (3) Interest credited during the year .....                           | <b>7c(3)</b> | 444   |
| (4) Transferred from separate account.....                            | <b>7c(4)</b> | 3579  |
| (5) Other (specify below) .....                                       | <b>7c(5)</b> | 2403  |

▶ LOAN REPAYMENTS

(6) Total additions..... **7c(6)** 20666

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 45771

**e** Deductions:

|   |              |      |
|---|--------------|------|
| (1) Disbursed from fund to pay benefits or purchase annuities during year | <b>7e(1)</b> | 2378 |
| (2) Administration charge made by carrier .....                           | <b>7e(2)</b> | 579  |
| (3) Transferred to separate account.....                                  | <b>7e(3)</b> | 0    |
| (4) Other (specify below) .....   | <b>7e(4)</b> | 634  |

▶ LOAN WITHDRAWALS

(5) Total deductions..... **7e(5)** 3591

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 42180

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

|          |   |                 |                 |   |
|----------|---|-----------------|-----------------|---|
| <b>a</b> | Premiums: (1) Amount received .....   | <b>9a(1)</b>    |                 |   |
|          | (2) Increase (decrease) in amount due but unpaid.....   | <b>9a(2)</b>    |                 |   |
|          | (3) Increase (decrease) in unearned premium reserve .....   | <b>9a(3)</b>    |                 |   |
|          | (4) Earned ((1) + (2) - (3)).....   |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> | Benefit charges (1) Claims paid.....  | <b>9b(1)</b>    |                 |   |
|          | (2) Increase (decrease) in claim reserves .....   | <b>9b(2)</b>    |                 |   |
|          | (3) Incurred claims (add (1) and (2)).....  |                 | <b>9b(3)</b>    | 0 |
|          | (4) Claims charged .....  |                 | <b>9b(4)</b>    |   |
| <b>c</b> | Remainder of premium: (1) Retention charges (on an accrual basis) --  |                 |                 |   |
|          | (A) Commissions .....   | <b>9c(1)(A)</b> |                 |   |
|          | (B) Administrative service or other fees .....  | <b>9c(1)(B)</b> |                 |   |
|          | (C) Other specific acquisition costs .....  | <b>9c(1)(C)</b> |                 |   |
|          | (D) Other expenses .....  | <b>9c(1)(D)</b> |                 |   |
|          | (E) Taxes .....   | <b>9c(1)(E)</b> |                 |   |
|          | (F) Charges for risks or other contingencies.....   | <b>9c(1)(F)</b> |                 |   |
|          | (G) Other retention charges.....  | <b>9c(1)(G)</b> |                 |   |
|          | (H) Total retention .....   |                 | <b>9c(1)(H)</b> | 0 |
|          | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....  |                 | <b>9d(1)</b>    |   |
|          | (2) Claim reserves .....  |                 | <b>9d(2)</b>    |   |
|          | (3) Other reserves.....   |                 | <b>9d(3)</b>    |   |
| <b>e</b> | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....   |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|          |  |            |  |
|----------|--|------------|--|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> |  |
| <b>b</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount ..... | <b>10b</b> |  |

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A?.....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|  |  |   |
|--|--|---|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><b>TURF MASTERS LAWNCARE 401(K) PLAN</b>                                   | <b>B</b> Three-digit plan number (PN) ▶                            | <b>002</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>TURF MASTERS LAWNCARE, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>74-3058849</b> |            |

**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

**VOYA RETIREMENT INS & ANNUITY CO**

**71-0294708**

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

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

**(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)

ONEDIGITAL INVESTMENT ADVISORS

43-1451524

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 99                     | SERVICE PROVIDER  | 0  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 8700  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

VOYA RETIREMENT INSURANCE AND ANNUI

71-0294708

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 26                     | SERVICE PROVIDER  | 0  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

**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 |
|---|--|---|
| ONEDIGITAL INVESTMENT ADVISORS, LLC                                 | 99   | 8700                                      |
| (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. |   |
| VOYA RETIREMENMT INS & ANNUITY CO<br><br>71-0294708                 | OTHER FEES   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| ERISA SERVICES OF GA, LLC   | 49   | 1373                                      |
| (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. |   |
| VOYA RETIREMENMT INS & ANNUITY CO<br><br>71-0294708                 | OTHER SERVICES   |   |
| (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.

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

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

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

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

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

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> 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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|   |  |  |
|---|--|--|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><hr/> <b>2023</b><br><br><hr/> <b>This Form is Open to Public Inspection.</b> |
|---|--|--|

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>TURF MASTERS LAWNCARE 401(K) PLAN</u>  | <b>B</b> Three-digit plan number (PN)                              | <u>002</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>TURF MASTERS LAWNCARE, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>74-3058849</u> |            |

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

|   |   |   |               |
|---|---|---|---------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    | <u>BLKRCK EMRG MRKTS FUND K</u>         |   |               |
| <b>b</b> Name of sponsor of entity listed in (a): | <u>VOYA RETIREMENT INS AND ANNUITY</u>  |   |               |
| <b>c</b> EIN-PN <u>71-0294708-001</u>             | <b>d</b> Entity code <u>P</u>           | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>3670</u>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    | <u>BLKRCK PRT BOND PORT K</u>           |   |               |
| <b>b</b> Name of sponsor of entity listed in (a): | <u>VOYA RETIREMENT INS AND ANNUITY</u>  |   |               |
| <b>c</b> EIN-PN <u>71-0294708-001</u>             | <b>d</b> Entity code <u>P</u>           | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>14605</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    | <u>COHEN&amp;STEERS REAL EST S FD Z</u> |   |               |
| <b>b</b> Name of sponsor of entity listed in (a): | <u>VOYA RETIREMENT INS AND ANNUITY</u>  |   |               |
| <b>c</b> EIN-PN <u>71-0294708-001</u>             | <b>d</b> Entity code <u>P</u>           | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>3819</u>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    | <u>FID TTL MKT ID FD</u>                |   |               |
| <b>b</b> Name of sponsor of entity listed in (a): | <u>VOYA RETIREMENT INS AND ANNUITY</u>  |   |               |
| <b>c</b> EIN-PN <u>71-0294708-001</u>             | <b>d</b> Entity code <u>P</u>           | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>144425</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    | <u>FID US BOND ID FD</u>                |   |               |
| <b>b</b> Name of sponsor of entity listed in (a): | <u>VOYA RETIREMENT INS AND ANNUITY</u>  |   |               |
| <b>c</b> EIN-PN <u>71-0294708-001</u>             | <b>d</b> Entity code <u>P</u>           | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>58078</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    | <u>FIDELITY 500 INDEX FUND</u>          |   |               |
| <b>b</b> Name of sponsor of entity listed in (a): | <u>VOYA RETIREMENT INS AND ANNUITY</u>  |   |               |
| <b>c</b> EIN-PN <u>71-0294708-001</u>             | <b>d</b> Entity code <u>P</u>           | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>76787</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    | <u>FIDELITY ADV INT CAP APP Z</u>       |   |               |
| <b>b</b> Name of sponsor of entity listed in (a): | <u>VOYA RETIREMENT INS AND ANNUITY</u>  |   |               |
| <b>c</b> EIN-PN <u>71-0294708-001</u>             | <b>d</b> Entity code <u>P</u>           | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>39443</u>  |

|   |                        |  |
|---|------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY GLOBAL EX US INDEX FD     |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INS AND ANNUITY |                        |  |
| <b>c</b> EIN-PN 71-0294708-001  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 117508 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY MID CAP IND FD            |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INS AND ANNUITY |                        |  |
| <b>c</b> EIN-PN 71-0294708-001  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 58795  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY SM CP IND FD              |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INS AND ANNUITY |                        |  |
| <b>c</b> EIN-PN 71-0294708-001  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27067  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO CORE PLUS BOND FUND R6     |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INS AND ANNUITY |                        |  |
| <b>c</b> EIN-PN 71-0294708-001  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12669  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN US VAL FD R6              |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INS AND ANNUITY |                        |  |
| <b>c</b> EIN-PN 71-0294708-001  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5142   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MFS NEW DISCOVERY FUND R6          |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INS AND ANNUITY |                        |  |
| <b>c</b> EIN-PN 71-0294708-001  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 794    |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND CNS 2035 F R         |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INS AND ANNUITY |                        |  |
| <b>c</b> EIN-PN 71-0294708-001  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25404  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND CNS RET FD R         |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INS AND ANNUITY |                        |  |
| <b>c</b> EIN-PN 71-0294708-001  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14574  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND MOD 2025 FD R        |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INS AND ANNUITY |                        |  |
| <b>c</b> EIN-PN 71-0294708-001  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 474750 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND MOD 2035 FD R        |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INS AND ANNUITY |                        |  |
| <b>c</b> EIN-PN 71-0294708-001  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 475706 |

|  |                        |  |
|--|------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND MOD 2045 FD R                 |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO |                        |  |
| <b>c</b> EIN-PN 71-0294708-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 271378 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND MOD 2055 FD R                 |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO |                        |  |
| <b>c</b> EIN-PN 71-0294708-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 111423 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND MOD RET FD R                  |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO |                        |  |
| <b>c</b> EIN-PN 71-0294708-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0      |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERG BERN STRAT INC FD R6                |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO |                        |  |
| <b>c</b> EIN-PN 71-0294708-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8936   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRWPR ALL-CAP OPP FD - I CLASS              |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO |                        |  |
| <b>c</b> EIN-PN 71-0294708-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42619  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VOYA GV MKT F A                             |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO |                        |  |
| <b>c</b> EIN-PN 71-0294708-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 745    |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND AGG 2025 FD R                 |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO |                        |  |
| <b>c</b> EIN-PN 71-0294708-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 566    |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND AGG 2045 FD R                 |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO |                        |  |
| <b>c</b> EIN-PN 71-0294708-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1418   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND AGG 2065 FD R                 |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO |                        |  |
| <b>c</b> EIN-PN 71-0294708-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2757   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND CNS 2025 FD R                 |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO |                        |  |
| <b>c</b> EIN-PN 71-0294708-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4043   |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND CNS 2045 FD R

**b** Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO

|                                |                        |  |
|--------------------------------|------------------------|--|
| <b>c</b> EIN-PN 71-0294708-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3794 |
|--------------------------------|------------------------|--|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND CNS 2055 FD R

**b** Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO

|                                |                        |  |
|--------------------------------|------------------------|--|
| <b>c</b> EIN-PN 71-0294708-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1960 |
|--------------------------------|------------------------|--|

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

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

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

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



**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

**2023**

**This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

|  |  |   |     |
|--|--|---|-----|
| <b>A</b> Name of plan<br>TURF MASTERS LAWNCARE 401(K) PLAN                                   |  | <b>B</b> Three-digit plan number (PN) ▶                     | 002 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>TURF MASTERS LAWNCARE, INC. |  | <b>D</b> Employer Identification Number (EIN)<br>74-3058849 |     |

**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 |
|--|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>    | 3230                  | 0               |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....   | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:  |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>    | 28996                 | 60280           |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   | 1416335               | 2002876         |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   | 25105                 | 42180           |
| <b>(15)</b> Other .....  | <b>1c(15)</b>   |                       |                 |

| 1d Employer-related investments:                                   |       | (a) Beginning of Year | (b) End of Year |
|--|-------|-----------------------|-----------------|
| (1) Employer securities .....                                      | 1d(1) |                       |                 |
| (2) Employer real property .....                                   | 1d(2) |                       |                 |
| e Buildings and other property used in plan operation .....        | 1e    |                       |                 |
| f Total assets (add all amounts in lines 1a through 1e) .....      | 1f    | 1473666               | 2105336         |
| <b>Liabilities</b>   |       |                       |                 |
| 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               |
| <b>Net Assets</b>  |       |                       |                 |
| l Net assets (subtract line 1k from line 1f) .....                 | 1l    | 1473666               | 2105336         |

**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.

| <b>Income</b>   |          | (a) Amount | (b) Total |
|---|----------|------------|-----------|
| <b>a Contributions:</b>   |          |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                  | 2a(1)(A) | 200270     |           |
| (B) Participants .....  | 2a(1)(B) | 322932     |           |
| (C) Others (including rollovers) .....  | 2a(1)(C) | 3117       |           |
| (2) Noncash contributions .....   | 2a(2)    |            |           |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....                   | 2a(3)    |            | 526319    |
| <b>b Earnings on investments:</b>   |          |            |           |
| (1) Interest:   |          |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) ..... | 2b(1)(A) |            |           |
| (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) | 4837       |           |
| (F) Other .....   | 2b(1)(F) |            |           |
| (G) Total interest. Add lines 2b(1)(A) through (F) .....                                      | 2b(1)(G) |            | 4837      |
| (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) |            |           |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C) .....                                   | 2b(2)(D) |            | 0         |
| (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) |            |           |
| (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) |            |           |

|  |               | (a) Amount | (b) Total |
|--|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | <b>2b(7)</b>  |            | 259234    |
| (8) Net investment gain (loss) from master trust investment accounts.....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | <b>2b(10)</b> |            |           |
| <b>c</b> Other income.....   | <b>2c</b>     |            | 444       |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....        | <b>2d</b>     |            | 790834    |

**Expenses**

|  |               |        |        |
|--|---------------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |               |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers.....             | <b>2e(1)</b>  | 136241 |        |
| (2) To insurance carriers for the provision of benefits.....                               | <b>2e(2)</b>  |        |        |
| (3) Other.....   | <b>2e(3)</b>  |        |        |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b>  |        | 136241 |
| <b>f</b> Corrective distributions (see instructions).....                                  | <b>2f</b>     |        |        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>     |        |        |
| <b>h</b> Interest expense.....   | <b>2h</b>     |        |        |
| <b>i</b> Administrative expenses:  |               |        |        |
| (1) Salaries and allowances.....   | <b>2i(1)</b>  |        |        |
| (2) Contract administrator fees.....   | <b>2i(2)</b>  |        |        |
| (3) Recordkeeping fees.....  | <b>2i(3)</b>  | 22923  |        |
| (4) IQPA audit fees.....   | <b>2i(4)</b>  |        |        |
| (5) Investment advisory and investment management fees.....                                | <b>2i(5)</b>  |        |        |
| (6) Bank or trust company trustee/custodial fees.....                                      | <b>2i(6)</b>  |        |        |
| (7) Actuarial fees.....  | <b>2i(7)</b>  |        |        |
| (8) Legal fees.....  | <b>2i(8)</b>  |        |        |
| (9) Valuation/appraisal fees.....  | <b>2i(9)</b>  |        |        |
| (10) Other trustee fees and expenses.....  | <b>2i(10)</b> |        |        |
| (11) Other expenses.....   | <b>2i(11)</b> |        |        |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....       | <b>2i(12)</b> |        | 22923  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>     |        | 159164 |

**Net Income and Reconciliation**

|   |              |  |        |
|---|--------------|--|--------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 631670 |
| <b>l</b> Transfers of assets:   |              |  |        |
| (1) To this plan.....   | <b>2l(1)</b> |  |        |
| (2) From this plan.....   | <b>2l(2)</b> |  |        |

**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: **KNAV CPA LLP**

(2) EIN: **92-3540684**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

|  | Yes                                 | No                                  | Amount |
|--|-------------------------------------|-------------------------------------|--------|
| <b>a</b> 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.)                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 56335  |
| <b>b</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.) | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>c</b> 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.)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>d</b> 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.)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>e</b> Was this plan covered by a fidelity bond?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>g</b> 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?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>h</b> 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?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |        |
| <b>j</b> 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.)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>n</b> 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.  | <input type="checkbox"/>            | <input type="checkbox"/>            |        |

**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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 \_\_\_\_\_.

|  |   |   |
|--|---|---|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|---|

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>TURF MASTERS LAWNCARE 401(K) PLAN</u>                                   | <b>B</b> Three-digit plan number (PN) ▶                            | <u>002</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>TURF MASTERS LAWNCARE, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>74-3058849</u> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

**All references to distributions relate only to payments of benefits during the plan year.**

|   |   |   |
|---|---|---|
| <b>1</b> 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): 71-0294708

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

|  |   |  |
|--|---|--|
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 |  |
|--|---|--|

|                |   |
|----------------|---|
| <b>Part II</b> | <b>Funding Information</b> (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.**

|  |    |  |
|--|----|--|
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....   | 6a |  |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....   | 6b |  |
| <b>c</b> 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

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

**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

|                |   |
|----------------|---|
| <b>Part IV</b> | <b>ESOPs</b> (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 (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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:

|  |            |  |
|--|------------|--|
| <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment) ..... | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....   | <b>14b</b> |  |
| <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....   | <b>14c</b> |  |

**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:

|   |            |  |
|---|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|  |            |  |
|--|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....   | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

**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) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**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.....

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 01 / 2021 (MM/DD/YYYY) and the Opinion Letter serial number Q704504A.

# **Turf Masters Lawncare 401(k) Plan**

Financial Statements

December 31, 2023, and December 31, 2022

## **KNAV CPA LLP**

**Certified Public Accountants  
One Lakeside Commons, Suite 850,  
990 Hammond Drive NE, Atlanta, GA 30328**



America Counts on CPAs

# Table of Contents

|  |           |
|--|-----------|
| <b>Independent Auditor's Report</b> .....                              | <b>3</b>  |
| <b>Financial Statements</b> .....                                      | <b>6</b>  |
| <i>Statement of Net Assets Available for Benefits</i> .....            | 7         |
| <i>Statement of Changes in Net Assets Available for Benefits</i> ..... | 8         |
| <b>Notes to Financial Statements</b> .....                             | <b>9</b>  |
| <b>Supplemental Information</b> .....                                  | <b>18</b> |

# Report of Independent Auditor

To,  
The Participants and the Plan Administrator,  
Turf Masters Lawncare 401(k) Plan

## Scope and nature of the ERISA Section 103(a)(3)(c) audit

We have performed audits of the accompanying financial statements of Turf Masters Lawncare 401(k) 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) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023, and December 31, 2022, and the related statements of changes in net assets available for benefits for the year ended December 31, 2023, and December 31, 2022, and the related notes (collectively referred to as 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. 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, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA (“qualified institution”).

Management has obtained certifications from a qualified institution as of December 31, 2023, and December 31, 2022, and for the years ended December 31, 2023, and December 31, 2022, stating that the certified investment information, as described in note 3 to the financial statements, is complete and accurate.

## Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor’s responsibilities for the audit of the financial statements section —

- The amounts and disclosures in the financial statements referred to above, 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.
- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution 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 audits 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 accounting principles generally accepted in the United States of America 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 for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; 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

---

#### **KNAV CPA LLP**

#### **Certified Public Accountants**

One Lakeside Commons, Suite 850, 990 Hammond Drive NE, Atlanta, GA 30328 T 1 678 584 1200 F 1 770 676 6082 E [admin@knnavcpa.com](mailto:admin@knnavcpa.com)  
2024-308-US

to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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 accounting principles generally accepted in the United States of America.

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 matters - supplemental schedules required by ERISA.**

The supplemental schedules of Schedule H, Part IV, Line 4i – Schedule of assets held as of December 31, 2023, and Schedule H, Part IV, Line 4a – Schedule of delinquent participant contributions for the year ended December 31, 2023, (referred to as the “supplemental information”), are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 schedules, 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 schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are 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 schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

**KNAV CPA LLP**

Atlanta, Georgia.  
October 14, 2024

**Turf Masters Lawncare 401(k) Plan**  
Financial Statements  
December 31, 2023, and December 31, 2022

# Financial Statements

**Turf Masters Lawncare 401(k) Plan**

Financial Statements

December 31, 2023, and December 31, 2022

**Statements of Net Assets Available for Benefits***(All amounts in United States Dollars, unless otherwise stated)*

|   | As at                    |                          |
|---|--------------------------|--------------------------|
|   | <u>December 31, 2023</u> | <u>December 31, 2022</u> |
| <b>ASSETS</b>   |                          |                          |
| <b>Investments at fair value:</b>                                       |                          |                          |
| Pooled separate funds   | 2,002,876                | 1,416,335                |
| <b>Fully benefit-responsive investment contracts at contract value:</b> |                          |                          |
| Fixed income guaranteed option  | 42,180                   | 25,105                   |
| <b>Total investments</b>  | <u>2,045,056</u>         | <u>1,441,440</u>         |
| <b>Receivables:</b>   |                          |                          |
| Employer contributions  | -                        | 3,230                    |
| Notes receivable from participants                                      | 60,280                   | 28,996                   |
| <b>Total receivables</b>  | <u>60,280</u>            | <u>32,226</u>            |
| <b>Total assets</b>   | <u>2,105,336</u>         | <u>1,473,666</u>         |
| <b>Net assets available for benefits</b>                                | <u>2,105,336</u>         | <u>1,473,666</u>         |

*(See accompanying notes to financial statements)*

**Turf Masters Lawncare 401(k) Plan**

Financial Statements

December 31, 2023, and December 31, 2022

**Statements of Changes in Net Assets  
Available for Benefits***(Amounts in United States Dollars, unless otherwise stated)***Additions to net assets attributed to:****Investment income:**

|  |                |                  |
|--|----------------|------------------|
| Net appreciation (depreciation) in pooled separate funds | 259,234        | (123,943)        |
| Net appreciation on fixed income guaranteed option       | 444            | 178              |
| <b>Total investment income (loss)</b>                    | <b>259,678</b> | <b>(123,765)</b> |

|  |              |            |
|--|--------------|------------|
| <b>Interest income on participant's loan</b> | <b>4,837</b> | <b>841</b> |
|--|--------------|------------|

**Contributions:**

|                            |                |                |
|----------------------------|----------------|----------------|
| Participants               | 322,932        | 326,353        |
| Employer                   | 200,270        | 193,313        |
| Rollover                   | 3,117          | 121            |
| <b>Total contributions</b> | <b>526,319</b> | <b>519,787</b> |

|                      |                |                |
|----------------------|----------------|----------------|
| <b>Net additions</b> | <b>790,834</b> | <b>396,863</b> |
|----------------------|----------------|----------------|

**Deductions from net assets attributed to:**

|  |                |               |
|--|----------------|---------------|
| Benefits paid directly to participants | 136,241        | 55,332        |
| Deemed distribution                    | -              | 17,074        |
| Administrative expenses                | 22,923         | 11,254        |
| <b>Total deductions</b>                | <b>159,164</b> | <b>83,660</b> |

|              |         |         |
|--------------|---------|---------|
| Net increase | 631,670 | 313,203 |
|--------------|---------|---------|

|  |          |                  |
|--|----------|------------------|
| <b>Transfer of assets into the Plan (refer note 1)</b> | <b>-</b> | <b>1,160,463</b> |
|--|----------|------------------|

**Net assets available for benefits:**

|                              |                  |                  |
|------------------------------|------------------|------------------|
| <b>Beginning of the year</b> | <b>1,473,666</b> | <b>-</b>         |
| <b>End of the year</b>       | <b>2,105,336</b> | <b>1,473,666</b> |

*(See accompanying notes to financial statements)*

## **Turf Masters Lawncare 401(k) Plan**

Financial Statements

December 31, 2023, and December 31, 2022

# **Notes to Financial Statements**

*(All amounts are in United States Dollars, unless otherwise stated)*

## **NOTE 1: DESCRIPTION OF PLAN**

The following brief description of Turf Masters Lawncare 401(k) Plan (“the Plan”) is provided for general information purposes only. Participants should refer to the Plan document for a complete description of the Plan’s provisions.

### *General*

The Plan is a defined contribution plan that was established on January 01, 2022, by Turf Masters Lawncare, Inc. (“the Company/ Plan Sponsor”). Employees of the Company are permitted to enter the Plan after reaching 21 years of age and on completion of two months of service and are eligible for all types of contributions on the first day of the month coinciding with or following the date the eligibility requirements are satisfied. The Plan Sponsor is a member of a controlled group that includes Dorsey Services by Turf Masters LLC. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

### *Transfer of assets to the plan*

The Company previously participated in the ADP Professional Employer Organization (ADP PEO) Plan prior to the establishment of the Company’s Plan. All the Plan assets held in the ADP PEO Plan amounting to \$1,160,463 were transferred and received by the Plan during the month of January 2022.

### *Contributions*

The Plan includes a provision under Internal Revenue Code (“IRC”) Section 401(k) whereby participants may make elective deferrals contributions and Roth elective deferrals (“deferral contributions”) to the Plan up to a maximum of 99% of their annual compensation. Any participants aged fifty years and older are also allowed to make catch-up contributions. Annual participant contribution amounts are limited to \$22,500 of salary deferrals for the year ended December 31, 2023 (\$30,000 for participants aged 50 years and over) and 20,500 of salary deferrals for the year ended December 31, 2022 (\$27,000 for participants aged 50 years and over). Participant contributions received during the years ended December 31, 2023, and December 31, 2022, amounted to \$322,932 and \$326,353, respectively.

The Company provides for safe harbor matching contributions once a participant has met the eligibility requirements. The Company will contribute 100% of the amount a participant contributes to the Plan for each payroll period, up to 4% of the Plan compensation. The safe harbor matching contributions will be subject to limitations under the IRC. Participants will be able to direct the investment of their interest in the Plan. The safe harbor matching contributions during the years ended December 31, 2023, and December 31, 2022, amounted to \$200,270 and \$193,313 respectively.

The Company may, in its sole discretion, make a non-elective contribution to the Plan.

At the Plan administrator’s discretion, a participant may deposit rollover contributions from another qualified plan. Rollover contributions are placed in the participant’s account and are subject to the rules for investment established by the plan administrator. Rollover contributions during the years ended December 31, 2023, and December 31, 2022, amounted to \$3,117 and \$121, respectively.

## Turf Masters Lawncare 401(k) Plan

### Financial Statements

December 31, 2023, and December 31, 2022

#### *Participant accounts*

Each participant's account is credited with their contributions, employer contributions, if any, and Plan earnings or losses offset by withdrawals and Plan administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Upon retirement, disability, death, or termination, a participant or beneficiary can elect to receive either a lump-sum distribution or installment distribution.

#### *Administration*

The Company serves as the Plan administrator. The Plan administrator has the responsibility to administer the Plan for the exclusive benefit of the participants and their beneficiaries. These duties include but are not limited to, establishing procedures, maintaining records, interpreting provisions of the Plan, and making determinations regarding questions that may affect eligibility for benefits. ERISA Services of GA, LLC ("ERISA Services") serves as a third-party plan administrator appointed by the Company. Resources Investment Advisors, LLC, d/b/a OneDigital Investment Advisors ("OneDigital") serves as an investment advisor pursuant to ERISA Section 3(38).

For the years ended December 31, 2023, and December 31, 2022, Voya Retirement Insurance and Annuity Company ("Voya"), served as the custodian of the Plan pursuant to the Plan agreement. The custodian receives all contributions made under the Plan, holds Plan assets, and pays benefits to participants as directed by the Plan Sponsor.

#### *Plan expenses*

Some expenses incurred for administering the Plan are paid by the Company, and these amounts are excluded from the Plan's financial statements. Asset and fund fees are recorded as a reduction of investment income and charged to participant accounts. Certain distribution fees and participant note fees are paid by participants as applicable. Investment advisory/ broker and some third-party administrator fees are paid by the Plan.

|                    | <b>For the year ended</b> |                          |
|--------------------|---------------------------|--------------------------|
|                    | <b>December 31, 2023</b>  | <b>December 31, 2022</b> |
| Recordkeeping fees | 22,923                    | 11,254                   |
| <b>Total</b>       | <b>22,923</b>             | <b>11,254</b>            |

#### *Vesting*

Participants are always 100% vested, which means they are entitled to all of the amounts in their accounts attributable to contributions from salary deferrals, rollover contributions, and safe harbor contributions.

All participants are vested in non-elective contribution and earnings thereon under the following vesting schedule:

| <b>Years of vesting service</b> | <b>Percentage</b> |
|---------------------------------|-------------------|
| Less than 3                     | 0%                |
| 3 or more                       | 100%              |

Participants also become 100% vested upon full or partial termination of the Plan, upon reaching the normal retirement age of sixty-five years, or upon disability or death of the participant.

## **Turf Masters Lawncare 401(k) Plan**

### Financial Statements

December 31, 2023, and December 31, 2022

#### *Investment options*

Participants are required to make participant-directed allocations of their accounts among various investment options offered by the custodian.

#### *Notes receivable from participants*

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. A participant may have only two loans outstanding at any time. The notes are secured by the balance in the participant's account and bear interest at rates equal to the prime rate as published in the Wall Street Journal on the date of the loan, plus one percent. Principal and interest are paid ratably through bi-weekly payroll deductions.

#### *Benefit payments*

In-service withdrawals of all or a portion of a participant's account balance (a minimum of \$1,000) may be made by a participant after reaching age fifty-nine and a half. Upon normal retirement at age sixty-five, disability, or death, the participant or beneficiary may receive the value of the account as set forth in the Plan document.

Participants withdrawing from the Plan due to termination of employment, other than due to retirement, disability, or death, may receive the value of their vested account by transfer to another qualified plan or individual retirement account or as set forth in the Plan document.

Distributions from the Plan will normally be subject to income taxes and, in certain circumstances, may also be subject to Internal Revenue Service ("IRS") penalties unless the distribution is transferred to another qualified plan or individual retirement account.

The Plan also has a provision for force out distributions, wherein terminated participants with vested account balances that does not exceed \$5,000 will be distributed from the plan. The participant may elect to receive this distribution in cash or roll over the distribution to an individual retirement account (IRA) or a qualified plan of their new employer.

#### *Hardship withdrawals*

Participants may receive a distribution on account of hardship from all accounts that are fully vested, except for qualified non-elective contribution accounts and safe harbor matching contribution accounts.

#### *Forfeitures*

Non-vested account balances of terminated employees are forfeited after five consecutive one-year breaks in service, as defined in the plan agreement or the distribution of the entire vested portion of the Participant's account, whichever is earlier. The employer may use forfeitures to pay Plan expenses or to reduce employer contributions in a non-discriminatory manner at the discretion of the Plan administrator, as defined in the plan agreement. As of December 31, 2023, and December 31, 2022, non-vested forfeited accounts totaled \$89 and \$85, respectively. Forfeitures of terminated employees' non-vested accounts totaled \$NIL and \$84 during the years ended December 31, 2023, and December 31, 2022. No forfeitures were applied during the years ended December 31, 2023, and December 31, 2022.

## **Turf Masters Lawncare 401(k) Plan**

Financial Statements

December 31, 2023, and December 31, 2022

### **NOTE 2: SUMMARY OF ACCOUNTING POLICIES**

#### *Basis of accounting*

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

#### *Use of estimates in financial statements*

The preparation of financial statements in conformity with GAAP requires the use of management estimates. These estimates are subjective in nature and involve assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported amounts of investment income and deductions during the years ended December 31, 2023, and December 31, 2022. Actual results could differ from those estimates. Any adjustments applied to estimated amounts are recognized in the year in which such adjustments are determined.

#### *Plan termination*

Although it has not expressed any intent to do so, the Plan sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

#### *Risks and uncertainties*

The Plan provided for various pooled separate funds and a fully benefit-responsive investment contract for the participants. The Plan's exposure to credit losses in the event of nonperformance of investments is limited to the carrying value of such investments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risk. Net appreciation (depreciation) in the value of investments for the years ended December 31, 2023, and December 31, 2022, amounted to \$259,678 and (\$123,765). Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits, participant account balances and the statement of changes in net assets available for benefits.

#### *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 an accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. No allowance for credit losses has been recorded as of December 31, 2023, and December 31, 2022. If a participant does not make loan repayments and the Plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

#### *Investment valuation and income recognition*

Investments in pooled separate funds are valued at quoted market prices or contract value, wherever applicable, as provided by the custodian. Net appreciation (depreciation) in the fair value of investments represents the change in fair value during the year, including realized and unrealized gains and losses. 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 5 for a discussion of fair value measurements.

## **Turf Masters Lawncare 401(k) Plan**

### Financial Statements

December 31, 2023, and December 31, 2022

Investments in fully benefit-responsive investment contracts are reported at contract value. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Purchases and sales of securities are recorded on a trade date basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

#### *Basis of fair value measurements*

The Financial Accounting Standards Board's ("FASB") Accounting Standards Codification ("ASC") 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements.) The three levels of the fair value hierarchy are described as follows:

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

Level 2 - Inputs to the valuation methodology include: (1) quoted prices for similar assets or liabilities in active markets; (2) quoted prices for identical or similar assets or liabilities in inactive markets; (3) inputs other than quoted prices that are observable for the asset or liability; or (4) inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Following is a description of the valuation methodologies used for investment assets measured at fair value:

*Pooled separate funds:* Valued at the net asset value ("NAV") of units of shares held by the Plan. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund, less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. When the Plan initiates a full redemption of the pooled separate accounts, the investment adviser reserves the right to temporarily delay withdrawal from the Plan in order to ensure that securities liquidations are carried out in an orderly manner.

*Fixed income guaranteed option:* The fair value of participation units held in the Voya Fixed Account. This fully benefit-responsive option is based on contract value, while the impact of market fluctuations on investor account balances is smoothed via periodic adjustments to the crediting rate as reported by the manager of the fixed income guaranteed option, Voya Retirement Insurance and Annuity Company, and as supported by the unit prices of actual purchase and sale transactions occurring as of or close to the financial statement date.

### **NOTE 3: INFORMATION CERTIFIED BY VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY ("CUSTODIAN") (UNAUDITED)**

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA.

## Turf Masters Lawncare 401(k) Plan

### Financial Statements

December 31, 2023, and December 31, 2022

Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Voya Retirement Insurance and Annuity Company, the custodian, except for comparing such information certified by the custodian, to information included in the Plan's financial statements for the years ended December 31, 2023, and December 31, 2022, and supplemental schedules as of and for the year ended December 31, 2023:

|   | <b>As at</b>             |                          |
|---|--------------------------|--------------------------|
|   | <b>December 31, 2023</b> | <b>December 31, 2022</b> |
| <b>Investments at fair value:</b>                                       |                          |                          |
| Pooled separate funds   | 2,002,876                | 1,416,335                |
| <b>Fully benefit-responsive investment contracts at contract value:</b> |                          |                          |
| Fixed income guaranteed option  | 42,180                   | 25,105                   |
| <b>Investments as certified by the custodian (unaudited)*</b>           | <b>2,045,056</b>         | <b>1,441,440</b>         |

### Transactions during the year ended.

|  |         |           |
|--|---------|-----------|
| Net appreciation (depreciation) in pooled separate funds | 259,234 | (123,943) |
| Net appreciation on fixed income guaranteed option       | 444     | 178       |

\*Refer note 7 for reconciliation with Schedule H, Form 5500.

The Plan's independent auditors did not perform auditing procedures with respect to this information except for comparing such information to the related information included in the accompanying financial statements and supplemental schedules.

## NOTE 4: INVESTMENTS

A schedule of the fair value or contract value, wherever applicable, of individual investments that comprised 5% or more of the Plan's net assets available for benefits as of December 31, 2023, and December 31, 2022, is as follows:

| <b>Fund name</b>                                     | <b>2023</b>         |          | <b>2022</b>         |          |
|--|---------------------|----------|---------------------|----------|
|  | <b>Amount in \$</b> | <b>%</b> | <b>Amount in \$</b> | <b>%</b> |
| MyCompass Index Moderate 2035 Fund - Fee Class R CIT | 475,706             | 23       | 355,615             | 24       |
| MyCompass Index Moderate 2025 Fund - Fee Class R CIT | 474,750             | 23       | 349,869             | 24       |
| MyCompass Index Moderate 2045 Fund - Fee Class R CIT | 271,378             | 13       | 201,537             | 14       |
| Fidelity® Total Market Index Fund                    | 144,425             | 7        | 85,270              | 6        |
| Fidelity® Global ex U.S. Index Fund                  | 117,508             | 6        | 80,642              | 5        |
| MyCompass Index Moderate 2055 Fund - Fee Class R CIT | 111,423             | 5        | 100,688             | 7        |

During the years ended December 31, 2023, and December 31, 2022, the Plan's investments (including gains and losses of investments bought, sold, and held during the year) appreciated (depreciated) in value as follows:

|  | <b>For the year ended</b> |                          |
|--|---------------------------|--------------------------|
|  | <b>December 31, 2023</b>  | <b>December 31, 2022</b> |
| Net appreciation (depreciation) in pooled separate funds | 259,234                   | (123,943)                |
| Net appreciation on fixed income guaranteed option       | 444                       | 178                      |

## Turf Masters Lawncare 401(k) Plan

Financial Statements

December 31, 2023, and December 31, 2022

### NOTE 5: FAIR VALUE MEASUREMENTS

The following tables present by level, within the fair value hierarchy, the Plan investment assets at fair value, as of December 31, 2023, and December 31, 2022. As required by ASC Topic 820, Fair Value Measurements and Disclosures, investments assets are classified in their entirety based upon the lowest level of input that is significant to the fair value measurement.

| Description                      | <u>December 31, 2023</u>                                 |   |   |                  | Total Amount (\$) |
|----------------------------------|--|---|---|------------------|-------------------|
|                                  | Quoted in active markets for identical assets. (Level 1) | Significant other observable inputs (Level 2) | Significant unobservable inputs (Level 3) | Others           |                   |
| Pooled separate funds*           | -  | -   | -   | 2,002,876        | 2,002,876         |
| Fixed income guaranteed option** | -  | -   | -   | 42,180           | 42,180            |
| <b>Total investments</b>         | <b>-</b>   | <b>-</b>                                      | <b>-</b>                                  | <b>2,045,056</b> | <b>2,045,056</b>  |

\*Assets measured at fair value using NAV practical expedient and therefore excluded from the fair value hierarchy.

\*\*Assets measured at contract value and therefore excluded from the fair value hierarchy.

| Description                      | <u>December 31, 2022</u>                                 |   |   |                  | Total Amount (\$) |
|----------------------------------|--|---|---|------------------|-------------------|
|                                  | Quoted in active markets for identical assets. (Level 1) | Significant other observable inputs (Level 2) | Significant unobservable inputs (Level 3) | Others           |                   |
| Pooled separate funds*           | -  | -   | -   | 1,416,335        | 1,416,335         |
| Fixed income guaranteed option** | -  | -   | -   | 25,105           | 25,105            |
| <b>Total investments</b>         | <b>-</b>   | <b>-</b>                                      | <b>-</b>                                  | <b>1,441,440</b> | <b>1,441,440</b>  |

\*Assets measured at fair value using NAV practical expedient and therefore excluded from the fair value hierarchy.

\*\*Assets measured at contract value and therefore excluded from the fair value hierarchy.

### NOTE 6: INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan invests in the Voya Fixed Account 4450, which is considered to be a fully benefit-responsive investment contract. The primary objective of these accounts is the stability of the principal. Voya maintains the contributions governed by the contract in a general account that is managed by Voya. Voya may impose restrictions on the ability to move Plan assets into or out of this investment option or among investment options in general under the contract.

This contract meets the fully benefit-responsive investment contract criteria and, therefore, is reported at contract value. The contract value is the relevant measurement attribute for fully benefit-responsive investment contracts because this is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Voya, represents contributions made to the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may

## Turf Masters Lawncare 401(k) Plan

Financial Statements

December 31, 2023, and December 31, 2022

ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan); (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions; or (3) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. Plan management does not believe that any events are probable of occurring that might limit the Plan's ability to transact at contract value with participants.

### NOTE 7: RECONCILIATION OF INFORMATION CERTIFIED BY THE CUSTODIAN (UNAUDITED) TO FORM 5500

|   | 2023             | 2022             |
|---|------------------|------------------|
| Investment balance as certified by the custodian<br>( <i>unaudited</i> ) - refer note 3 | 2,045,056        | 1,441,440        |
| Add: Employer contributions receivable  | -                | 3,230            |
| Add: Notes receivable from participants   | 60,280           | 28,996           |
| <b>Balance as per schedule H, form 5500</b>   | <b>2,105,336</b> | <b>1,473,666</b> |

### NOTE 8: INCOME TAX STATUS

For the years ended December 31, 2023, and December 31, 2022, the Plan Sponsor entered into a non-standardized arrangement of ERISA Services Inc., a *Non-Standardized Pre-Approved Profit-Sharing Plan with CODA*. ERISA Services Inc. has received an opinion letter from the IRS dated June 01, 2021, which stated that the form of the non-standardized pre-approved plan and related trust was designed in accordance with applicable sections of the IRC. It is the opinion of the Plan administrator and the Plan's attorney that the Plan is in compliance with all applicable laws and regulations.

U.S. generally accepted accounting principles require Plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2023, and December 31, 2022, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions.

### NOTE 9: PARTY-IN-INTEREST TRANSACTIONS

Voya Retirement Insurance and Annuity Company ("Voya") serves as the custodian and has performed services for and sold products to and managed and maintained certain investments of the Plan for which fees are paid by the Plan. ERISA Services serves as a third-party plan administrator appointed by the Company. OneDigital serves as an investment advisor pursuant to ERISA Section 3(38). Apart from this, the Company provides certain accounting, administrative, and investment management services to the Plan for which no fees are charged. Party-in-interest transactions also include loans made to participants.

Such transactions, while considered party-in-interest transactions under ERISA, are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

### NOTE 10: DELINQUENT PARTICIPANT CONTRIBUTIONS

During the year ended December 31, 2023, due to unintentional delays, the Company failed to deposit payroll withholdings amounting to \$44,291, including loan repayments, within the time frame deemed to be in

## **Turf Masters Lawncare 401(k) Plan**

Financial Statements

December 31, 2023, and December 31, 2022

compliance with DOL regulations for timely remittances. During the year 2024, the Company corrected delinquent contributions by calculating and remitting lost earnings using DOL guidelines for late deposits.

During the year ended December 31, 2022, due to unintentional delays, the Company failed to deposit payroll withholdings amounting to \$12,044, including loan repayments, within the time frame deemed to be in compliance with DOL regulations for timely remittances. During the year 2024, the Company corrected delinquent contributions by calculating and remitting lost earnings using DOL guidelines for late deposits.

### **NOTE 11: SUBSEQUENT EVENTS**

The Plan evaluated all events and transactions that occurred after December 31, 2023, through the date the financial statements were available to be issued. Based on the evaluation, the Plan states that the delinquent participant contributions identified during Plan years 2023 and 2022 were corrected in Plan year 2024 as per note 10.

## Supplemental Information

Plan Sponsor: Turf Masters Lawncare, Inc.  
EIN: 74-3058849  
Plan number: 002

Schedule H, Part IV, Line 4i - Schedule of assets held as of December 31, 2023\*\*

| Identity of issue, borrower, lessor, or similar party        | Description of investment, including maturity date, rate of interest, collateral, par, or maturity value | Amount (\$) |
|--|--|-------------|
| MyCompass Index Moderate 2035 Fund - Fee Class R CIT         | Pooled separate fund   | 475,706     |
| MyCompass Index Moderate 2025 Fund - Fee Class R CIT         | Pooled separate fund   | 474,750     |
| MyCompass Index Moderate 2045 Fund - Fee Class R CIT         | Pooled separate fund   | 271,378     |
| Fidelity® Total Market Index Fund                            | Pooled separate fund   | 144,425     |
| Fidelity® Global ex U.S. Index Fund                          | Pooled separate fund   | 117,508     |
| MyCompass Index Moderate 2055 Fund - Fee Class R CIT         | Pooled separate fund   | 111,423     |
| Fidelity® 500 Index Fund                                     | Pooled separate fund   | 76,787      |
| Fidelity® Mid Cap Index Fund                                 | Pooled separate fund   | 58,795      |
| Fidelity® U.S. Bond Index Fund                               | Pooled separate fund   | 58,078      |
| T. Rowe Price All-Cap Opportunities Fund - I Class           | Pooled separate fund   | 42,619      |
| Voya Fixed Account (4450)*                                   | Fixed income guaranteed option   | 42,180      |
| Fidelity Advisor® Intl Capital Appreciation Fund - Class Z   | Pooled separate fund   | 39,443      |
| Fidelity® Small Cap Index Fund                               | Pooled separate fund   | 27,067      |
| MyCompass Index Conservative 2035 Fund - Fee Class R CIT     | Pooled separate fund   | 25,404      |
| BlackRock Inflation Protected Bond Pt - Class K Shares       | Pooled separate fund   | 14,605      |
| MyCompass Index Conservative Retirement Fd - Fee Class R CIT | Pooled separate fund   | 14,574      |
| Invesco Core Plus Bond Fund - Class R6                       | Pooled separate fund   | 12,669      |
| Neuberger Berman Strategic Income Fund - Class R6 Shares     | Pooled separate fund   | 8,936       |
| JPMorgan U.S. Value Fund - Class R6 Shares                   | Pooled separate fund   | 5,142       |
| MyCompass Index Conservative 2025 Fund - Fee Class R CIT     | Pooled separate fund   | 4,043       |
| Cohen & Steers Real Estate Securities Fund - Class Z         | Pooled separate fund   | 3,819       |
| MyCompass Index Conservative 2045 Fund - Fee Class R CIT     | Pooled separate fund   | 3,795       |
| BlackRock Emerging Markets Fund, Inc. - Class K Shares       | Pooled separate fund   | 3,670       |
| MyCompass Index Aggressive 2065 Fund - Fee Class R CIT       | Pooled separate fund   | 2,757       |

**Turf Masters Lawncare 401(k) Plan**

Financial Statements

December 31, 2023, and December 31, 2022

|   |                      |                         |
|---|----------------------|-------------------------|
| MyCompass Index Conservative 2055 Fund -<br>Fee Class R CIT | Pooled separate fund | 1,960                   |
| MyCompass Index Aggressive 2045 Fund -<br>Fee Class R CIT   | Pooled separate fund | 1,418                   |
| MFS® New Discovery Fund - Class R6                          | Pooled separate fund | 794                     |
| Voya Government Money Market Fund -<br>Class A (Hld Acct) * | Pooled separate fund | 745                     |
| MyCompass Index Aggressive 2025 Fund -<br>Fee Class R CIT   | Pooled separate fund | 566                     |
| <b>Total investments</b>                                    |                      | <u><u>2,045,056</u></u> |

**Notes receivable from participants\***

|            |  |        |
|------------|--|--------|
| Loan notes | Interest rates range from 4.25% to<br>9.50%, with various maturities | 60,280 |
|------------|--|--------|

\*Party in interest as defined by ERISA

\*\*Other schedules required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because there is no information to report.

The above information has been certified by Voya to be complete and accurate to the best of its knowledge.

See Report of Independent Auditor

**Turf Masters Lawncare 401(k) Plan**

Financial Statements

December 31, 2023, and December 31, 2022

**Supplemental information**

Plan Sponsor: Turf Masters Lawncare, Inc.

EIN: 74-3058849

Plan number: 002

Schedule H, Part IV, Line 4a – Schedule of delinquent participant contributions for the year ended December 31, 2023\*

| Participant contributions transferred late to the Plan** | Check here if late participants' loan repayments are included | Total that constitutes non-exempt prohibited transactions |                                      |  | Total fully corrected under VFCP and PTE 2002-51*** |
|--|---|---|--------------------------------------|--|---|
|  |   | Contributions not corrected                               | Contributions corrected outside VFCP | Contributions pending correction in VFCP |   |
| \$56,335   | X   | -   | \$56,335                             | -  | -   |

\*\*Refer to note 10.

\*Other schedules required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because there is no information to report

\*\*\*VFCP – Voluntary Fiduciary Correction Program

\*\*\*PTE – Prohibited Transaction Exemption

**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

**2023**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

- A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide 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**

|   |  |
|---|--|
| <b>1a</b> Name of plan<br>Turf Masters Lawncare 401(k) Plan   | <b>1b</b> Three-digit plan number (PN) ▶ 002                 |
|   | <b>1c</b> Effective date of plan<br>01/01/2022               |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><br>Turf Masters Lawncare, Inc.<br><br>30 Mansell Ct Suite 200<br><br>Roswell GA 30076 | <b>2b</b> Employer Identification Number (EIN)<br>74-3058849 |
|   | <b>2c</b> Plan Sponsor's telephone number<br>678-725-5514    |
|   | <b>2d</b> Business code (see instructions)<br>561730         |

**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 | <i>Doretha Bailey</i>              | 10/11/24 | Doretha Bailey   |
|           | 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.

## Supplemental Information

Plan Sponsor: Turf Masters Lawncare, Inc.  
EIN: 74-3058849  
Plan number: 002

Schedule H, Part IV, Line 4i - Schedule of assets held as of December 31, 2023\*\*

| Identity of issue, borrower, lessor, or similar party        | Description of investment, including maturity date, rate of interest, collateral, par, or maturity value | Amount (\$) |
|--|--|-------------|
| MyCompass Index Moderate 2035 Fund - Fee Class R CIT         | Pooled separate fund   | 475,706     |
| MyCompass Index Moderate 2025 Fund - Fee Class R CIT         | Pooled separate fund   | 474,750     |
| MyCompass Index Moderate 2045 Fund - Fee Class R CIT         | Pooled separate fund   | 271,378     |
| Fidelity® Total Market Index Fund                            | Pooled separate fund   | 144,425     |
| Fidelity® Global ex U.S. Index Fund                          | Pooled separate fund   | 117,508     |
| MyCompass Index Moderate 2055 Fund - Fee Class R CIT         | Pooled separate fund   | 111,423     |
| Fidelity® 500 Index Fund                                     | Pooled separate fund   | 76,787      |
| Fidelity® Mid Cap Index Fund                                 | Pooled separate fund   | 58,795      |
| Fidelity® U.S. Bond Index Fund                               | Pooled separate fund   | 58,078      |
| T. Rowe Price All-Cap Opportunities Fund - I Class           | Pooled separate fund   | 42,619      |
| Voya Fixed Account (4450)*                                   | Fixed income guaranteed option   | 42,180      |
| Fidelity Advisor® Intl Capital Appreciation Fund - Class Z   | Pooled separate fund   | 39,443      |
| Fidelity® Small Cap Index Fund                               | Pooled separate fund   | 27,067      |
| MyCompass Index Conservative 2035 Fund - Fee Class R CIT     | Pooled separate fund   | 25,404      |
| BlackRock Inflation Protected Bond Pt - Class K Shares       | Pooled separate fund   | 14,605      |
| MyCompass Index Conservative Retirement Fd - Fee Class R CIT | Pooled separate fund   | 14,574      |
| Invesco Core Plus Bond Fund - Class R6                       | Pooled separate fund   | 12,669      |
| Neuberger Berman Strategic Income Fund - Class R6 Shares     | Pooled separate fund   | 8,936       |
| JPMorgan U.S. Value Fund - Class R6 Shares                   | Pooled separate fund   | 5,142       |
| MyCompass Index Conservative 2025 Fund - Fee Class R CIT     | Pooled separate fund   | 4,043       |
| Cohen & Steers Real Estate Securities Fund - Class Z         | Pooled separate fund   | 3,819       |
| MyCompass Index Conservative 2045 Fund - Fee Class R CIT     | Pooled separate fund   | 3,795       |
| BlackRock Emerging Markets Fund, Inc. - Class K Shares       | Pooled separate fund   | 3,670       |
| MyCompass Index Aggressive 2065 Fund - Fee Class R CIT       | Pooled separate fund   | 2,757       |

**Turf Masters Lawncare 401(k) Plan**

## Financial Statements

December 31, 2023, and December 31, 2022

|   |                      |                         |
|---|----------------------|-------------------------|
| MyCompass Index Conservative 2055 Fund -<br>Fee Class R CIT | Pooled separate fund | 1,960                   |
| MyCompass Index Aggressive 2045 Fund -<br>Fee Class R CIT   | Pooled separate fund | 1,418                   |
| MFS® New Discovery Fund - Class R6                          | Pooled separate fund | 794                     |
| Voya Government Money Market Fund -<br>Class A (Hld Acct) * | Pooled separate fund | 745                     |
| MyCompass Index Aggressive 2025 Fund -<br>Fee Class R CIT   | Pooled separate fund | 566                     |
| <b>Total investments</b>                                    |                      | <b><u>2,045,056</u></b> |

**Notes receivable from participants\***

|            |  |        |
|------------|--|--------|
| Loan notes | Interest rates range from 4.25% to<br>9.50%, with various maturities | 60,280 |
|------------|--|--------|

\*Party in interest as defined by ERISA

\*\*Other schedules required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because there is no information to report.

The above information has been certified by Voya to be complete and accurate to the best of its knowledge.

See Report of Independent Auditor