

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 2017 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
	☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ an amended return/report ☐ the final 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 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program

Part II	Basic Plan Information—enter all requested information						
1a	Name of plan <u>BUYERS PRODUCTS COMPANY EMPLOYEES PROFIT SHARING PLAN</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1b</td> <td>Three-digit plan number (PN) ▶ <u>001</u></td> </tr> <tr> <td>1c</td> <td>Effective date of plan <u>05/27/1966</u></td> </tr> </table>	1b	Three-digit plan number (PN) ▶ <u>001</u>	1c	Effective date of plan <u>05/27/1966</u>		
1b	Three-digit plan number (PN) ▶ <u>001</u>						
1c	Effective date of plan <u>05/27/1966</u>						
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BUYERS PRODUCTS COMPANY</u> <u>9049 TYLER BOULEVARD</u> <u>MENTOR, OH 44060</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">2b</td> <td>Employer Identification Number (EIN) <u>34-1000414</u></td> </tr> <tr> <td>2c</td> <td>Plan Sponsor's telephone number <u>440-974-8888</u></td> </tr> <tr> <td>2d</td> <td>Business code (see instructions) <u>423100</u></td> </tr> </table>	2b	Employer Identification Number (EIN) <u>34-1000414</u>	2c	Plan Sponsor's telephone number <u>440-974-8888</u>	2d	Business code (see instructions) <u>423100</u>
2b	Employer Identification Number (EIN) <u>34-1000414</u>						
2c	Plan Sponsor's telephone number <u>440-974-8888</u>						
2d	Business code (see instructions) <u>423100</u>						

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/30/2018	MARK SALTZMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 505
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 489
a(2) Total number of active participants at the end of the plan year	6a(2) 419
b Retired or separated participants receiving benefits	6b 3
c Other retired or separated participants entitled to future benefits	6c 51
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 473
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 1
f Total. Add lines 6d and 6e	6f 474
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 473
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 42
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

2E 3D 3H

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ 0 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan BUYERS PRODUCTS COMPANY EMPLOYEES PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BUYERS PRODUCTS COMPANY	D Employer Identification Number (EIN) 34-1000414	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

JOHNSON INVESTMENT COUNSEL INC

3777 WEST FORK ROAD
CINCINNATI, OH 45247

31-1801770

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	174274	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCCREADY & KEENE(ONEAMERICA COMPANY

7941 CASTLEWAY DROVE
317-849-4333
INDIANAPOLIS, IN 46250

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 64	NONE	25256	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>BUYERS PRODUCTS COMPANY EMPLOYEES PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BUYERS PRODUCTS COMPANY</u>	D Employer Identification Number (EIN) <u>34-1000414</u>	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	232158	1397856
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	111605	139654
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1753445	651981
(2) U.S. Government securities.....	1c(2)	412688	1307403
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	220086	0
(B) All other.....	1c(3)(B)	11914459	15030230
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	29769615	34878096
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	7491573	7128345
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	0	342120

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	51905629	60875685

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	82981	100191
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	82981	100191

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	51822648	60775494
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	3821856	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3821856
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	16607	
(B) U.S. Government securities	2b(1)(B)	33301	
(C) Corporate debt instruments	2b(1)(C)	382839	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		432747
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	888388	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	181568	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1069956
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	13486070	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	11241778	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		2244292
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	4040359	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		4040359

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		298209
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		11907419

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2754427	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		2754427
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	25256	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	174274	
(4) Other	2i(4)	616	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		200146
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2954573

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8952846
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MALONEY & NOVOTNY LLC

(2) EIN: 34-0677006

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

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

Part IV Compliance Questions

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

During the plan year:

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

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.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection.
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan BUYERS PRODUCTS COMPANY EMPLOYEES PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BUYERS PRODUCTS COMPANY		D Employer Identification Number (EIN) 34-1000414
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 34-1000414		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. Increase Decrease Both No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No		
11 a Does the ESOP hold any preferred stock? Yes No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**BUYERS PRODUCTS COMPANY
EMPLOYEES' PROFIT SHARING PLAN**

FINANCIAL REPORT

DECEMBER 31, 2017 and 2016

BUYERS PRODUCTS COMPANY
EMPLOYEES' PROFIT SHARING PLAN

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* Refers to sections of Form 5500 (Annual Return/Report of Employee Benefit Plan) for Plan year ended December 31, 2017, which material is incorporated herein by reference.

Independent Auditors' Report

The Plan Administrator
Buyers Products Company
Employees' Profit Sharing Plan
Mentor, Ohio

We have audited the accompanying financial statements of the Buyers Products Company Employees' Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements 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 entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2017 and 2016, and the changes in net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2017 and the supplemental schedule of reportable transactions for the year then ended are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Meloney + Novotny LLC

Cleveland, Ohio
July 26, 2018

BUYERS PRODUCTS COMPANY
EMPLOYEES' PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
ASSETS		
Investments, at fair value	\$59,338,175	\$51,561,866
Receivables		
Employer contributions	1,397,856	232,158
Accrued investment income	<u>139,654</u>	<u>111,605</u>
Total receivables	<u>1,537,510</u>	<u>343,763</u>
Total assets	60,875,685	51,905,629
LIABILITIES		
Operating payables	<u>100,191</u>	<u>82,981</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$60,775,494</u></u>	<u><u>\$51,822,648</u></u>

The accompanying notes are an integral part of these financial statements.

BUYERS PRODUCTS COMPANY
EMPLOYEES' PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
ADDITIONS		
Investment income:		
Net appreciation in fair value of investments	\$ 6,582,860	\$ 3,556,190
Interest and dividends	<u>1,502,703</u>	<u>1,405,624</u>
Net investment income	8,085,563	4,961,814
Employer contributions	<u>3,821,856</u>	<u>3,640,158</u>
Total additions	11,907,419	8,601,972
DEDUCTIONS		
Benefits paid directly to participants	2,754,427	2,041,188
Administrative fees	<u>200,146</u>	<u>168,839</u>
Total deductions	<u>2,954,573</u>	<u>2,210,027</u>
NET INCREASE	8,952,846	6,391,945
NET ASSETS AVAILABLE FOR BENEFITS		
BEGINNING OF YEAR	<u>51,822,648</u>	<u>45,430,703</u>
END OF YEAR	<u>\$60,775,494</u>	<u>\$51,822,648</u>

The accompanying notes are an integral part of these financial statements.

BUYERS PRODUCTS COMPANY
EMPLOYEES' PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan

The following is a summary of certain provisions of the Buyers Products Company Employees' Profit Sharing Plan (the "Plan"). Participants should refer to the Plan document for more complete information.

General – The Plan is a defined contribution plan that covers substantially all employees of Buyers Products Company, Progressive Powder Coating, Inc., Trailer Component Manufacturing, Inc., and BPC Realty Holdings LLC (collectively, the "Company") who have attained age 19 and one year of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Contributions – The Company's contribution for each plan year is determined at the discretion of the Company's officers. Participants are eligible for such contributions provided they work at least 1,000 hours and are employed on the last day of the plan year. For the plan years 2017 and 2016, the Company's contributions to the Plan amounted to 15% of each eligible employee's defined compensation, subject to Internal Revenue Service ("IRS") limitations. Allocation of the contributions is based on relative plan compensation. There is no provision in the Plan for participant contributions.

Participant Accounts – A separate account is maintained for each participant. Each participant's account is credited with an allocation of (a) the Company's contributions and (b) Plan earnings and forfeitures, and is charged with an allocation of administrative expenses. Allocations are based on participant compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

All of the Plan's investments are nonparticipant-directed. Consequently, all balances in the statements of net assets available for benefits as of December 31, 2017 and 2016 and all activity in the statements of changes in net assets available for benefits for the years ended December 31, 2017 and 2016 were attributable to nonparticipant-directed investments.

Vesting – Participants vest in the Company contributions as follows: 10% after each of the first two years and 20% per year thereafter until fully vested after six years of vesting service. Any non-vested Company contributions are reallocated to participants in the same manner as Company contributions. Reallocated forfeitures were \$317,124 and \$175,225 in 2017 and 2016, respectively.

Participant Loans – Loans to participants are not permitted under the Plan.

Payment of Benefits – Upon termination of service due to death, disability, or a retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount, or in installments designated by the participant's beneficiary. The Plan also provides for the immediate payout of a participant's separate account upon retirement, death, or other termination if the balance of the account does not exceed \$1,000.

Plan Termination – Although it has not expressed any intent to do so, the Company has the right, by action of the Board of Directors, to terminate the Plan at any time subject to the provisions of ERISA. In the event of termination of the Plan, all participants shall be fully vested and shall receive a full distribution of the balances in their respective accounts.

BUYERS PRODUCTS COMPANY
EMPLOYEES' PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 2. Summary of Significant Accounting Policies

Basis of Accounting – The financial statements are prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. The Plan's investments are valued at the end of each calendar quarter and at other dates as may be determined by the Company's Board of Directors.

Use of Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Risks and Uncertainties – The Plan holds various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Benefit Payments – Benefit payments are recorded when paid.

Administrative Fees – All administrative fees are paid by the Company or the Plan at the option of the Company.

Subsequent Events – The Company has evaluated subsequent events through July 26, 2018, which is the date the financial statements were available to be issued.

Note 3. Fair Value Measurements

The Plan estimates the fair value of financial instruments using available market information and other generally accepted valuation methodologies. The inputs used to measure fair value are classified into three levels:

- Level 1 – Quoted market prices in active markets for identical assets and liabilities
- Level 2 – Observable market-based inputs or unobservable inputs that are corroborated by market data
- Level 3 – Unobservable inputs in which little or no market data exists

BUYERS PRODUCTS COMPANY
EMPLOYEES' PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 3. Fair Value Measurements (Continued)

The following is a description of the valuation methodologies used for assets of the Plan measured at fair value:

- Mutual funds and money market funds: Valued at the quoted net asset value of shares held by the Plan at year end, and are classified as Level 1.
- Common stocks: Valued at the closing price reported in the active market in which the individual securities are traded, and are classified as Level 1.
- Corporate bonds, certificates of deposit, asset-backed securities, and other asset: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar ratings. These are classified as Level 2.
- U.S. government agency funds, U.S. Treasury bonds, and municipal bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. These are classified as Level 2.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. There have been no changes in the methodologies used from 2016 to 2017. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and 2016:

Assets at Fair Value as of December 31, 2017				
	Level 1	Level 2	Level 3	Total
Common stocks	\$34,878,096			34,878,096
Corporate bonds		\$10,400,914		10,400,914
Money market funds	651,981			651,981
Asset-backed securities		1,409,424		1,409,424
Municipal bonds		1,251,746		1,251,746
Mutual funds	7,128,345			7,128,345
U.S. government agency funds		1,968,146		1,968,146
U.S. Treasury bonds		1,307,403		1,307,403
Other asset (REIT)		342,120		342,120
Total	<u>\$42,658,422</u>	<u>\$16,679,753</u>	<u>\$ -</u>	<u>\$59,338,175</u>

BUYERS PRODUCTS COMPANY
EMPLOYEES' PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 3. Fair Value Measurements (Continued)

	Assets at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Certificates of deposit		\$ 241,532		\$ 241,532
Common stocks	\$29,769,614			29,769,614
Corporate bonds		8,825,291		8,825,291
Money market funds	1,753,445			1,753,445
Asset-backed securities		1,200,160		1,200,160
Municipal bonds		870,312		870,312
Mutual funds	7,491,573			7,491,573
U.S. government agency funds		997,251		997,251
U.S. Treasury bonds		412,688		412,688
Total	<u>\$39,014,632</u>	<u>\$12,547,234</u>	<u>\$ -</u>	<u>\$51,561,866</u>

Note 4. Party-in-Interest Transactions

Certain Plan investments are units of funds managed by Charles Schwab ("Schwab"). Schwab is the Plan Custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Johnson Trust Company is Trustee as defined by the Plan. Included in administrative expenses is \$174,274 and \$150,204 in Trustee fees for the years ended December 31, 2017 and 2016, respectively. Certain Plan investments are in shares of Auto Data Processing ("ADP"). ADP is the Company's payroll provider and, therefore, qualifies as a party-in-interest.

Note 5. Income Tax Status

The prototype document on which the Plan is based obtained a determination letter, dated March 31, 2014, in which the IRS stated that the prototype, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan has been amended since adopting the prototype. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2017, there are no uncertain positions taken or expected to be taken that would require such recognition or disclosure in the financial statements.

BUYERS PRODUCTS COMPANY
EMPLOYEES' PROFIT SHARING PLAN

EMPLOYER NO. 34-1000414
PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended December 31, 2017

SERIES OF SECURITY TRANSACTIONS IN EXCESS OF 5%
OF THE CURRENT VALUE OF PLAN ASSETS
AT THE BEGINNING OF THE YEAR

Total Current Value of Plan Assets - January 1, 2017..... \$51,905,629
5% of Total Current Value of Plan Assets \$2,595,281

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Assets	(h) Current Value of Assets on Transaction Date	(i) Net Gain (Loss)
Charles Schwab	US Treasury Money Fund	\$ 11,971,366	N/A	N/A	N/A	N/A	\$ 11,971,366	N/A
Charles Schwab	US Treasury Money Fund	N/A	\$ 13,070,324	N/A	N/A	\$ 13,070,324	\$ 13,070,324	\$ -

Category (iii) – Series of transactions in excess of 5% of plan assets

There were no category (i), (ii), or (iv) reportable transactions during 2017.

SUPPLEMENTAL SCHEDULES

BUYERS PRODUCTS COMPANY

EMPLOYEES' PROFIT SHARING PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Schedule H, Line 4i

Employer No. 34-1000414

Plan No. 001

December 31, 2017

(a)		(b)	(c)	(d)	(e)	
Investment Detail - Cash and Money Market Funds [Sweep]						
		Cash		Market Value		% of Account Assets
Income Cash				(458,518.69)		
Principal Cash				470,837.46		<1%
Total Cash				12,318.77		<1%
Money Market Funds [Sweep]				Market Value		% of Account Assets
* SCHWAB US TREAS MONEY FD: SWUXX		Quantity	Market Price	639,662.18		Current Yield
		639,662.1800	1.0000	639,662.18		0.64%
Total Money Market Funds [Sweep]				639,662.18		1%
Total Cash and Money Market Funds [Sweep]				651,980.95		1%



Schwab One® Trust Account of
JOHNSON TRUST COMPANY TTEE
BUYERS PRODUCTS CO EMP PSP & T
U/A DTD 05/27/1966

Brokerage Account Statement and Trust Report

Account Number
9116-4986

Statement Period
December 1-31, 2017

Investment Detail - Fixed Income

U.S. Treasuries	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income Yield to Maturity
Cost Basis							
US TREASU NT 1.403%10/19	500,000.0000	100.0052	500,026.40	500,063.50	<1%	(37.10)	7,015.00
UST NOTE DUE 10/31/19 CUSIP: 9128283B4			500,063.50				0.00%
Accrued Interest: 0.00							
US TREASUR NT 2.75%11/23	400,000.0000	102.6875	410,750.00	391,687.00	<1%	19,063.00	11,000.00
UST NOTE DUE 11/15/23 CUSIP: 912828WE6			391,687.00				2.99%
Accrued Interest: 1,428.18							
UST INFL IDX 1.75%01/28	300,000.0000	112.2812	396,626.78	7,708.94	<1%	388,917.84 ^b	5,250.00
INFL INDEX DUE 01/15/28 CUSIP: 912810PV4 FACTOR=1.177480000			4,609.94				131.35%
Accrued Interest: 2,855.54							
Total U.S. Treasuries	1,200,000.0000		1,307,403.18	899,459.44	2%	407,943.74 ^b	23,265.00
Total Cost Basis:			896,360.44				

Total Accrued Interest for U.S. Treasuries: 4,283.72



Schwab One® Trust Account of
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Statement Period
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Investment Detail - Fixed Income (continued)

Agency Securities	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated
							Annual Income
Yield to Maturity							
Cost Basis							
FEDERAL HOME LN 1.75%22	500,000.0000	99.6989	498,494.50	499,764.00	<1%	(1,269.50)	8,750.00
DUE 06/15/22							
MULTI STEP CPN			499,764.00				0.00%
CALLABLE 03/15/18 AT							
100.00000							
CUSIP: 3134GBRW4							
MOODY'S: Aaa S&P: AA+							
Accrued Interest: 388.89							
FEDERAL HOME LN 1.75%22	525,000.0000	99.6314	523,064.85	525,014.00	<1%	(1,949.15)	9,187.50
DUE 06/21/22							
MULTI STEP CPN			525,014.00				1.62%
CALLABLE 03/21/18 AT							
100.00000							
CUSIP: 3134GBUD2							
MOODY'S: Aaa S&P: AA+							
Accrued Interest: 255.21							
FEDERAL HOME LN 1.75%22	600,000.0000	99.6232	597,739.20	600,014.00	1%	(2,274.80)	10,500.00
DUE 07/12/22							
MULTI STEP CPN			600,014.00				0.00%
CALLABLE 01/12/18 AT							
100.00000							
CUSIP: 3134GBVW9							
MOODY'S: Aaa S&P: AA+							
Accrued Interest: 4,929.17							



Schwab One® Trust Account of
JOHNSON TRUST COMPANY TTEE
BUYERS PRODUCTS CO EMP PSP & T
U/A DTD 05/27/1966

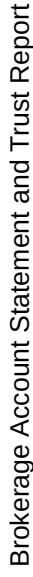
Brokerage Account Statement and Trust Report

Account Number
9116-4986

Statement Period
December 1-31, 2017

Investment Detail - Fixed Income (continued)

Agency Securities (continued)	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
	Yield to Maturity						
FEDERAL HOME LN 1.75% ²² DUE 10/27/22 MULTI STEP CPN CALLABLE 04/27/18 AT 100.00000 CUSIP: 3134GBT77 MOODY'S: Aaa S&P: AA+	350,000.0000	99.6708	348,847.80	350,014.00	<1%	(1,166.20)	6,125.00
			350,014.00	0.00%			
Total Agency Securities				1,975,000.0000	3%	(6,659.65)	34,562.50
Total Cost Basis:				1,974,806.00	Total Accrued Interest for Agency Securities: 6,662.16		
Corporate Bonds	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
	Yield to Maturity						
TARGET CORPORATION 6% ¹⁸ DUE 01/15/18 CUSIP: 87612EAS5 MOODY'S: A2 S&P: A	200,000.0000	100.1409	200,281.80	201,558.55	<1%	(1,276.75) ^b	12,000.00
			221,986.00	4.40%			
MIDAMERN ENERGY 5.75% ¹⁸ DUE 04/01/18 CUSIP: 59562VAT4 MOODY'S: A3 S&P: A-				153,085.35	<1%	(2,031.00) ^b	8,625.00
			180,388.50	1.60%			
				Accrued Interest: 2,156.25			



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Corporate Bonds (continued)	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
	Cost Basis			Yield to Maturity			
UNITED TECHNOLOGIES 1.778% ¹⁸ DUE 05/04/18 CUSIP: 913017BZ1 MOODY'S: Baa1 S&P: BBB+	270,000.0000	99.9954	269,987.58	270,265.51	<1%	(277.93) ^b	4,800.60
			271,026.50				1.64%
PARKER-HANNIFIN C 5.5% ¹⁸ DUE 05/15/18 CUSIP: 70109HAH8 MOODY'S: Baa1 S&P: A	200,000.0000	101.3759	202,751.80	201,081.34	<1%	1,670.46 ^b	11,000.00
			215,240.00				4.39%
TRAVELERS COMPANY 5.8% ¹⁸ DUE 05/15/18 CUSIP: 89417EAE9 MOODY'S: A2 S&P: A	260,000.0000	101.4024	263,646.24	265,641.35	<1%	(1,995.11) ^b	15,080.00
			282,904.40				1.42%
ASSOCIATES CORP 6.95% ¹⁸ DUE 11/01/18 CUSIP: 046003JU4 MOODY'S: Baa1 S&P: BBB+	100,000.0000	103.7421	103,742.10	100,570.20	<1%	3,171.90 ^b	6,950.00
			105,674.00 ^e				6.35%
						Accrued Interest: 1,158.33	

Investment Detail - Fixed Income (continued)

Corporate Bonds (continued)	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
			Cost Basis				Yield to Maturity
PNC FINANCIAL S 6.875%19 DUE 05/15/19 CUSIP: 635405AM5 MOODY'S: A3 S&P: BBB+	175,000.0000	106.0839	185,646.83	181,866.93	<1%	3,779.90 ^b	12,031.25 4.14%
			204,446.50				
NORFOLK SOUTHERN 5.9%19 DUE 06/15/19 CUSIP: 655844BC1 MOODY'S: Baa1 S&P: BBB+	200,000.0000	104.9233	209,846.60	210,512.86	<1%	(666.26) ^b	11,800.00 2.31%
			226,974.00				
VIRGINIA ELECTRIC A 5%19 DUE 06/30/19 CUSIP: 927804FH2 MOODY'S: A2 S&P: BBB+	225,000.0000	103.8874	233,746.65	235,420.21	<1%	(1,673.56) ^b	11,250.00 1.85%
			238,640.00				
NSTAR 4.5%19 DUE 11/15/19 CUSIP: 67019EAB3 MOODY'S: Baa1 S&P: A	150,000.0000	103.6543	155,481.45	156,215.29	<1%	(733.84) ^b	6,750.00 2.36%
			171,058.50				
GEORGIA PWR CO 4.25%19 DUE 12/01/19 CUSIP: 373334JP7 MOODY'S: A3 S&P: A-	170,000.0000	103.7705	176,409.85	175,348.83	<1%	1,061.02 ^b	7,225.00 2.62%
			189,529.30				
							Accrued Interest: 602.08

Accrued Interest: 1,537.33

Accrued Interest: 524.44

Accrued Interest: 31.25

Accrued Interest: 862.50

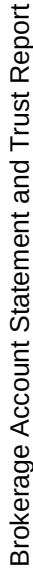


Brokerage Account Statement and Trust Report

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Investment Detail - Fixed Income (continued)

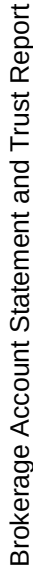
Corporate Bonds							Estimated Annual Income
(continued)	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	
Cost Basis							Yield to Maturity
JOHNSON CONTROLS I 5%20F DUE 03/30/20 CUSIP: 478375AD0 MOODY'S: Baa1 S&P: BBB+	150,000.0000	105.4157	158,123.55	157,931.97	<1%	191.58 ^b	7,500.00
			160,229.32				2.93%
						Accrued Interest: 1,895.83	
XCEL ENERGY INC 4.7%20 DUE 05/15/20 CALLABLE 11/15/19 AT 100.00000 CUSIP: 98389BAM2 MOODY'S: A3 S&P: BBB+	265,000.0000	104.3414	276,504.71	277,166.18	<1%	(661.47) ^b	12,455.00
			290,634.80				N/A ^y
						Accrued Interest: 1,591.47	
MC DONALDS CORP 2.2%20 DUE 05/26/20 CALLABLE 04/26/20 AT 100.00000 CUSIP: 58013MET7 MOODY'S: Baa1 S&P: BBB+	265,000.0000	99.7695	264,389.18	262,793.30	<1%	1,595.88	5,830.00
			262,793.30				2.37%
						Accrued Interest: 566.81	



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Statement Period
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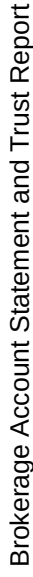
Corporate Bonds (continued)	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
			Cost Basis				Yield to Maturity
SUNTRUST BANKS IN 2.9% ²¹	250,000.0000	100.5944	251,486.00	254,596.50	<1%	(3,110.50)	7,250.00
DUE 03/03/21 CALLABLE 02/03/21 AT 100.00000 CUSIP: 867914BK8 MOODY'S: Baa1 S&P: BBB+			254,596.50				2.33%
KEYCORP INC 5.1% ²¹	200,000.0000	107.8036	215,607.20	207,484.94	<1%	8,122.26 ^b	10,200.00
DUE 03/24/21 CUSIP: 49326EED1 MOODY'S: Baa1 S&P: BBB+			215,098.00				N/A ^c
MARSH & MC LENNAN 4.8% ²¹	150,000.0000	106.8057	160,208.55	158,830.15	<1%	1,378.40 ^b	7,200.00
DUE 07/15/21 CALLABLE 04/15/21 AT 100.00000 CUSIP: 571748AR3 MOODY'S: Baa1 S&P: A-			167,371.50				3.21%
PROGRESSIVE CO O 3.75% ²¹	230,000.0000	103.8082	238,758.86	234,271.63	<1%	4,487.23 ^b	8,625.00
DUE 08/23/21 CUSIP: 743315AN3 MOODY'S: A2 S&P: A			237,740.70				3.25%
						Accrued Interest: 3,066.67	



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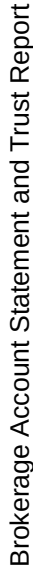
Statement Period
December 1-31, 2017

Corporate Bonds (continued)	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
	Cost Basis						Yield to Maturity
BURLINGTON NO SAN 3.45% ²¹ DUE 09/15/21 CALLABLE 06/15/21 AT 100.00000 CUSIP: 12189LAF8 MOODY'S: A3 S&P: A	150,000.0000	102.9607	154,441.05	154,015.01	<1%	426.04 ^b	5,175.00
158,029.50						2.73%	
						Accrued Interest: 1,523.75	
DUKE ENERGY CORP 3.55% ²¹ DUE 09/15/21 CALLABLE 06/15/21 AT 100.00000 CUSIP: 26441CAF2 MOODY'S: Baa1 S&P: BBB+	195,000.0000	102.9189	200,691.86	200,074.50	<1%	617.36 ^b	6,922.50
202,244.60						2.85%	
						Accrued Interest: 2,038.29	
GENERAL ELECTRIC 4.65% ²¹ DUE 10/17/21 CUSIP: 36962G5J9 MOODY'S: A2 S&P: A	275,000.0000	107.1435	294,644.63	283,913.49	<1%	10,731.14 ^b	12,787.50
294,402.50						3.76%	
						Accrued Interest: 2,628.54	
VERIZON COMMUNICA 3.5% ²¹ DUE 11/01/21 CUSIP: 92343VBC7 MOODY'S: Baa1 S&P: BBB+	250,000.0000	102.9077	257,269.25	257,571.68	<1%	(302.43) ^b	8,750.00
265,115.00						2.69%	
						Accrued Interest: 1,458.33	

Statement Period
December 1-31, 2017[illegible]

Investment Detail - Fixed Income (continued)

Corporate Bonds (continued)		Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
				Cost Basis				Yield to Maturity
CHUBB CORP	2.875%22	245,000.0000	100.9458	247,317.21	244,705.30	<1%	2,611.91	7,043.75
DUE 11/03/22				244,705.30				2.89%
CALLABLE 09/03/22 AT								
100.00000								
CUSIP: 00440EAU1								
MOODY'S: A3 S&P: A								
								Accrued Interest: 1,134.83
CHEVRON CORPORA	2.355%22	250,000.0000	99.2183	248,045.75	249,439.00	<1%	(1,393.25)	5,887.50
DUE 12/05/22				249,439.00				2.39%
CALLABLE 09/05/22 AT								
100.00000								
CUSIP: 166764AB6								
MOODY'S: Aa2 S&P: AA-								
								Accrued Interest: 425.21
FIFTH THIRD BANCO	4.3%24	250,000.0000	105.6779	264,194.75	263,189.09	<1%	1,005.66^b	10,750.00
DUE 01/16/24				266,292.00				N/A ^y
CALLABLE 12/16/23 AT								
100.00000								
CUSIP: 316773CP3								
MOODY'S: Baa1 S&P: BBB								
								Accrued Interest: 4,927.08
AON PLC	3.5%24F	190,000.0000	102.2351	194,246.69	191,548.22	<1%	2,698.47^b	6,650.00
DUE 06/14/24				191,887.40				3.35%
CALLABLE 03/14/24 AT								
100.00000								
CUSIP: 00185AAF1								
MOODY'S: Baa2 S&P: A-								
								Accrued Interest: 314.03



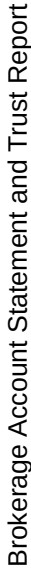
Account Number
9116-4986

Statement Period
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		Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
Corporate Bonds (continued)								
A T & T INC	3.4% ²⁴	250,000.0000	100.5608	251,402.00	250,611.50	<1%	790.50	8,500.00
DUE 08/14/24				250,611.50				3.35%
CALLABLE 06/14/24 AT 100.00000								
CUSIP: 00206REL2								
MOODY'S: Baa1 S&P: BBB+								
JPMORGAN CHASE		250,000.0000	103.8201	259,550.25	248,431.00	<1%	11,119.25	9,687.50
3.875% ²⁴								N/A ^y
DUE 09/10/24				248,431.00				
CUSIP: 46625HJY7								
MOODY'S: Baa1 S&P: BBB+								
U S Bancorp	3.6% ²⁴	235,000.0000	103.1524	242,408.14	242,637.35	<1%	(229.21) ^b	8,460.00
DUE 09/11/24				244,162.55				3.08%
CALLABLE 08/11/24 AT 100.00000								
CUSIP: 91159HHK9								
MOODY'S: A1 S&P: A-								
AMERICAN EXPRESS CO		60,000.0000	99.7521	59,851.26	59,904.80	<1%	(53.54)	1,800.00
3% ²⁴								
DUE 10/30/24				59,904.80				3.02%
CALLABLE 09/29/24 AT 100.00000								
CUSIP: 025816BR9								
MOODY'S: A3 S&P: BBB+								
								Accrued Interest: 305.00

Investment Detail - Fixed Income (continued)

Corporate Bonds (continued)	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
			Cost Basis				Yield to Maturity
INTERST PWR LIGH 3.25%^{a24}	250,000.0000	101.2706	253,176.50	251,403.60	<1%	1,772.90^b	8,125.00
DUE 12/01/24 CALLABLE 09/01/24 AT 100.00000 CUSIP: 461070AL8 MOODY'S: Baa1 S&P: A-			251,474.50				N/A ^y
AMERICAN EXPRES 3.625%^{a24}	195,000.0000	102.8036	200,467.02	197,307.21	<1%	3,159.81^b	7,068.75
DUE 12/05/24 CALLABLE 11/04/24 AT 100.00000 CUSIP: 025816BK4 MOODY'S: A3 S&P: BBB			198,057.95				3.43%
BECTON DICKINSON 3.734%^{a24}	200,000.0000	102.2719	204,543.80	206,808.05	<1%	(2,264.25)^b	7,468.00
DUE 12/15/24 CALLABLE 09/15/24 AT 100.00000 CUSIP: 075887BF5 MOODY'S: Ba1 S&P: BBB			207,716.00				3.18%
							Accrued Interest: 331.91
							Accrued Interest: 510.52



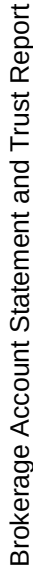
**Schwab One® Trust Account of
JOHNSON TRUST COMP
BUYERS PRODUCTS CO
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December 1-31, 2017

Investment Detail - Fixed Income (continued)

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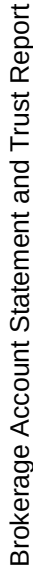


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Corporate Bonds (continued)	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
			Cost Basis				Yield to Maturity
KROGER COMPANY 3.5% ²⁶ DUE 02/01/26 CALLABLE 11/01/25 AT 100.00000 CUSIP: 501044DC2 MOODY'S: Baa1 S&P: BBB	230,000.0000	99.0641	227,847.43	228,709.90	<1%	(862.47)	8,050.00
			228,709.90				3.57%
CHILDRENS HOSPI 2.853% ²⁶ DUE 11/15/26 CALLABLE 08/15/26 AT 100.00000 CUSIP: 16876AAB0 MOODY'S: Aa2 S&P: AA	400,000.0000	97.0025	388,010.00	400,013.74	<1%	(12,003.74) ^b	11,412.00
			400,014.00				2.85%
WELLS FARGO BK N 4.3% ²⁷ DUE 07/22/27 CUSIP: 94974BGL8 MOODY'S: A3 S&P: A-	330,000.0000	106.4096	351,151.68	340,540.82	<1%	10,610.86 ^b	14,190.00
			341,032.20				N/A ^c
						Accrued Interest: 6,267.25	



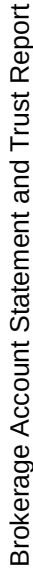
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	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income	Yield to Maturity
Corporate Bonds (continued)								
BANK OF AMERICA 3.248%²⁷	375,000.0000	98.7845	370,441.88	366,403.75	<1%	4,038.13	12,180.00	
DUE 10/21/27			366,403.75					N/A ²⁸

	MOODY'S: A3	S&P: A-			Accrued Interest: 2,368.33
Total Corporate Bonds	9,940,000.0000		10,171,471.13	10,114,603.67	56,867.46 ^b
			Total Cost Basis:		385,885.60
				10,338,856.97	

	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
							Yield to Maturity
Municipal Bonds			<i>Cost Basis</i>				
LANCASTER TX 4.911%19	100,000.0000	102.4680	102,468.00	99,853.00	<1%	2,615.00	4,911.00
GOLTX DUE 02/15/19			99,853.00				4.92%

MOODY'S: Aa1 S&P: AAA
Accrued Interest: 2,653.88



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9116-4986

Municipal Bonds (continued)	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
			Cost Basis				Yield to Maturity
OH ST HGR ED FAC CO 4% ²³	225,000.0000	105.2910	236,904.75	225,004.20	<1%	11,900.55 ^b	9,000.00
SYST HLTH DUE 01/01/23 TAXBL CUSIP: 67756A2Q4 MOODY'S: Aa2 S&P: AA			225,015.00				3.99%
KY ST PPTY & BL 5.373% ²⁵	260,000.0000	110.5240	287,362.40	284,998.53	<1%	2,363.87 ^b	13,969.80
LEAS BLDG DUE 11/01/25 TAXBL CUSIP: 49151E7C1 MOODY'S: A1 S&P: A			289,958.20				3.95%
KS ST DEV FA RE 4.091% ²⁷	370,000.0000	106.1110	392,610.70	383,704.85	<1%	8,905.85 ^b	15,136.70
DEV AUTH DUE 04/15/27 TAXBL CUSIP: 485429Z23 MOODY'S: Aa3 S&P: A+			384,192.40				3.62%
Total Municipal Bonds	1,180,000.0000		1,251,746.10	1,219,933.89	2%	31,812.21 ^b	53,633.00
Total Cost Basis:			1,231,452.85				

Total Accrued Interest for Municipal Bonds: 14,532.98



Mortgage Pools

GNMA PL 676681	4%25	350,000.0000	103.8638	65,024.06	N/A	<1%	(2,667.69)	N/A
DUE 06/15/25								
CUSIP: 36295PXJ6								
FACTOR= .178871690								
REMAIN PRIN=\$62,605.09								
FNMA PL AL9309	3.5%31	400,000.0000	103.2322	326,773.44	N/A	<1%	(3,998.75)	N/A
DUE 10/01/31								
CUSIP: 3138ERKX7								
FACTOR= .791355190								
REMAIN PRIN=\$316,542.08								
FHLMC G18642	3.5%32	550,000.0000	103.3647	502,575.80	N/A	<1%	(6,255.07)	N/A
DUE 04/01/32								
CUSIP: 3128MMWC3								
MOODY'S: NR S&P: NR								
FACTOR= .884029160								
REMAIN PRIN=\$486,216.04								
FNMA PL 995112	5.5%36	1,000,000.0000	109.7838	76,702.61	N/A	<1%	(325.68)	N/A
DUE 07/01/36								
CUSIP: 31416BN53								
MOODY'S: NR S&P: NR								
FACTOR= .069866950								
REMAIN PRIN=\$69,866.95								



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Investment Detail - Fixed Income (continued)

Mortgage Pools (continued)		Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
				Cost Basis				Yield to Maturity
FNMA PL AJ7509 3.262%41 DUE 12/01/41 CUSIP: 3138E0KX6 FACTOR= .321810070 REMAIN PRIN=\$56,316.76		175,000.0000	102.2744	57,597.63	N/A	<1%	(1,860.56)	N/A
				59,458.19				N/A
Total Mortgage Pools		2,475,000.0000		1,028,673.54	N/A	2%	(15,107.75)	N/A
			Total Cost Basis:	1,043,781.29				
CMO & Asset Backed Securities		Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
				Cost Basis				Yield to Maturity
FANNIE MAE 3%28 MBS-CMO DUE 07/25/28 FNMA-1321D- CUSIP: 3136ACQX2 FACTOR= .606216150 REMAIN PRIN=\$151,554.04		250,000.0000	100.5548	152,394.97	N/A	<1%	(6,655.84)	N/A
				159,050.81				N/A



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CMO & Asset Backed Securities (continued)		Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
				Cost Basis				Yield to Maturity
FREDDIE MAC	5.5%35	2,280,000.0000	106.9529	133,013.98	N/A	<1%	(6,106.34)	N/A
MBS-CMO	DUE 02/15/35			139,120.32				N/A
FHLMC-2933A-								
CUSIP:	31395MSH3							
FACTOR=	.054546860							
REMAIN PRIN=	\$124,366.84							
GNMA	4%38	1,300,000.0000	102.3586	95,341.88	N/A	<1%	(2,972.45)	N/A
MBS-CMO	DUE 11/20/38			98,314.33				N/A
-09124B-								
CUSIP:	38376P2K5							
FACTOR=	.071649910							
REMAIN PRIN=	\$93,144.88							
Total CMO & Asset Backed Securities		3,830,000.0000		380,750.83	N/A	<1%	(15,734.63)	N/A
		Total Cost Basis:		396,485.46				
Total Fixed Income		20,600,000.0000		16,108,191.13	14,208,803.00	27%	459,121.38 ^b	497,346.10
		Total Cost Basis:		15,881,743.01				

Accrued Interest represents the interest that would be received if the fixed income investment was sold prior to the coupon payment.

Estimated Annual Income ("EAI") and Estimated Yield ("EY") calculations are for informational purposes only. The actual income and yield might be lower or higher than the estimated amounts. EY is based upon EAI and the current price of the security and will fluctuate. For certain types of securities, the calculations could include a return of principal or capital gains in which case EAI and EY would be overstated. EY and EAI are not promptly updated to reflect when an issuer has missed a regular payment or announced changes to future payments, in which case EAI and EY will continue to display at a prior rate.



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Investment Detail - Equities

Equities	Quantity	Market Price	Market Value	% of Account Assets	Unrealized Gain or (Loss)	Estimated Yield	Estimated Annual Income
			Cost Basis				
A T & T INC SYMBOL: T	22,200.0000	38.8800	863,136.00 688,472.67	1%	174,663.33	5.04%	43,512.00
ABBOTT LABORATORIES SYMBOL: ABT	18,265.0000	57.0700	1,042,383.55 564,130.22	2%	478,253.33	1.85%	19,360.90
ACCENTURE PLC F CLASS A SYMBOL: ACN	2,395.0000	153.0900	366,650.55 128,710.43	<1%	237,940.12	1.73%	6,370.70
ALPHABET INC. CLASS A SYMBOL: GOOGL	1,065.0000	1,053.4000	1,121,871.00 932,172.78	2%	189,698.22	N/A	N/A
AMERICAN EXPRESS CO SYMBOL: AXP	14,390.0000	99.3100	1,429,070.90 908,694.84	2%	520,376.06	1.40%	20,146.00
APPLE INC SYMBOL: AAPL	9,975.0000	169.2300	1,688,069.25 635,052.26	3%	1,053,016.99	1.48%	25,137.00
* AUTO DATA PROCESSING SYMBOL: ADP	5,600.0000	117.1900	656,264.00 502,690.97	1%	153,573.03	1.94%	12,768.00
Accrued Dividend: 3,528.00							
BANK OF AMERICA CORP SYMBOL: BAC	28,705.0000	29.5200	847,371.60 667,904.28	1%	179,467.32	1.62%	13,778.40
CARLISLE COMPANIES SYMBOL: CSL	5,800.0000	113.6500	659,170.00 625,233.35	1%	33,936.65	1.30%	8,584.00
CHEVRON CORPORATION SYMBOL: CVX	5,715.0000	125.1900	715,460.85 570,524.33	1%	144,936.52	3.45%	24,688.80



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Investment Detail - Equities (continued)

Equities (continued)		Quantity	Market Price	Market Value	% of Account Assets	Unrealized Gain or (Loss)	Estimated Yield	Estimated Annual Income
				Cost Basis				
CHUBB LTD	F	6,795.0000	146.1300	992,953.35	2%	275,787.88	1.94%	19,297.80
SYMBOL: CB				717,165.47				
CISCO SYSTEMS INC		18,755.0000	38.3000	718,316.50	1%	324,439.77	3.02%	21,755.80
SYMBOL: CSCO				393,876.73				
COCA COLA COMPANY		16,000.0000	45.8800	734,080.00	1%	192,447.72	3.22%	23,680.00
SYMBOL: KO				541,632.28				
COGNIZANT TECH SOLU		4,585.0000	71.0200	325,626.70	<1%	49,415.88	0.84%	2,751.00
CLASS A				276,210.82				
SYMBOL: CTSH								
COMCAST CORPORATION		7,965.0000	40.0500	318,998.25	<1%	93,712.52	1.57%	5,017.95
CLASS A				225,285.73				
SYMBOL: CMCSA								
CVS HEALTH CORP		12,085.0000	72.5000	876,162.50	1%	(301,118.06)	2.75%	24,170.00
SYMBOL: CVS				1,177,280.56				
DANAHER CORP		10,755.0000	92.8200	998,279.10	2%	392,450.17	0.60%	6,022.80
SYMBOL: DHR				605,828.93				
HUBBELL INC		5,650.0000	135.3400	764,671.00	1%	96,969.39	2.27%	17,402.00
SYMBOL: HUBB				667,701.61				
IBERIABANK CORP		9,915.0000	77.5000	768,412.50	1%	171,040.25	1.90%	14,674.20
SYMBOL: IBKC				597,372.25				
INGREDION INC		5,505.0000	139.8000	769,599.00	1%	113,564.85	1.71%	13,212.00
SYMBOL: INGR				656,034.15				



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Investment Detail - Equities (continued)

Equities (continued)		Quantity	Market Price	Market Value	% of Account Assets	Unrealized Gain or (Loss)	Estimated Yield	Estimated Annual Income
Cost Basis								
INVESCO LTD F SYMBOL: IVZ		10,230.0000	36.5400	373,804.20	<1%	(23,690.46)	3.17%	11,866.80
				397,494.66				
J M SMUCKER CO SYMBOL: SJM		5,475.0000	124.2400	680,214.00	1%	17,332.18	2.51%	17,082.00
				662,881.82				
LOWES COMPANIES INC SYMBOL: LOW		12,185.0000	92.9400	1,132,473.90	2%	217,867.92	1.76%	19,983.40
				914,605.98				
MARSH & MC LENNAN CO SYMBOL: MMC		8,330.0000	81.3900	677,978.70	1%	374,356.93	1.84%	12,495.00
				303,621.77				
MASTERCARD INC CLASS A SYMBOL: MA		6,455.0000	151.3600	977,028.80	2%	395,047.73	0.58%	5,680.40
				581,981.07				
MEDTRONIC PLC F SYMBOL: MDT		12,000.0000	80.7500	969,000.00	2%	39,025.07	2.27%	22,080.00
				929,974.93				
MICROSOFT CORP SYMBOL: MSFT		8,000.0000	85.5400	684,320.00	1%	462,524.69	1.96%	13,440.00
				221,795.31				
MORNINGSTAR INC SYMBOL: MORN		3,765.0000	96.9700	365,092.05	<1%	77,009.64	0.94%	3,463.80
				288,082.41				
NIKE INC CLASS B SYMBOL: NKE		12,375.0000	62.5500	774,056.25	1%	275,875.58	1.15%	8,910.00
				498,180.67				
Accrued Dividend: 2,475.00								
ORACLE CORPORATION SYMBOL: ORCL		13,335.0000	47.2800	630,478.80	1%	242,440.92	1.60%	10,134.60
				388,037.88				



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Investment Detail - Equities (continued)

Equities (continued)		Quantity	Market Price	Market Value	% of Account Assets	Unrealized Gain or (Loss)	Estimated Yield	Estimated Annual Income
				Cost Basis				
PACCAR INC		10,240.0000	71.0800	727,859.20	1%	146,368.75	1.40%	10,240.00
SYMBOL: PCAR				581,490.45				
							Accrued Dividend: 12,288.00	
PHILLIPS 66		3,000.0000	101.1500	303,450.00	<1%	212,126.90	2.76%	8,400.00
SYMBOL: PSX				91,323.10				
PNC FINANCIAL SRVCS		5,040.0000	144.2900	727,221.60	1%	325,300.56	2.07%	15,120.00
SYMBOL: PNC				401,921.04				
PROCTER & GAMBLE		7,400.0000	91.8800	679,912.00	1%	213,329.28	3.00%	20,412.16
SYMBOL: PG				466,582.72				
ROYAL DUTCH SHELL	F	16,000.0000	68.2900	1,092,640.00	2%	27,531.04	5.50%	60,160.00
SPONSORED ADR				1,065,108.96				
1 ADR REPS 2 ORD SHS								
SYMBOL: RDSB								
S&P GLOBAL INC		4,800.0000	169.4000	813,120.00	1%	184,266.97	0.96%	7,872.00
SYMBOL: SPGI				628,853.03				
SCHLUMBERGER LTD	F	6,673.0000	67.3900	449,693.47	<1%	21,313.64	2.96%	13,346.00
SYMBOL: SLB				428,379.83				
							Accrued Dividend: 3,336.50	
SHERWIN WILLIAMS CO		1,670.0000	410.0400	684,766.80	1%	(4,191.31)	0.82%	5,678.00
SYMBOL: SHW				688,958.11				
STARBUCKS CORP		17,680.0000	57.4300	1,015,362.40	2%	43,544.69	2.08%	21,216.00
SYMBOL: SBUX				971,817.71				



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Investment Detail - Equities (continued)

Equities (continued)	Quantity	Market Price	Market Value	% of Account Assets	Unrealized Gain or (Loss)	Estimated Yield	Estimated Annual Income
			Cost Basis				
TJX COMPANIES INC SYMBOL: TJX	14,810.0000	76.4600	1,132,372.60 900,223.67	2%	232,148.93	1.63%	18,512.50
UNION PACIFIC CORP SYMBOL: UNP	6,000.0000	134.1000	804,600.00 632,708.73	1%	171,891.27	1.98%	15,960.00
WAL-MART STORES INC SYMBOL: WMT	7,835.0000	98.7500	773,706.25 567,570.45	1%	206,135.80	2.06%	15,983.40
Accrued Dividend: 3,995.85							
ZIMMER BIOMET HLDGS SYMBOL: ZBH	8,200.0000	120.6700	989,494.00 829,079.16	2%	160,414.84	0.79%	7,872.00
ZOETIS INC CLASS A SYMBOL: ZTS	10,590.0000	72.0400	762,903.60 538,059.00	1%	224,844.60	0.58%	4,447.80
Total Equities	424,208.0000		34,878,095.22	59%	8,817,388.10		672,685.21
Total Cost Basis:			26,060,707.12	Total Accrued Dividend for Equities: 25,623.35			

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Investment Detail - Mutual Funds

Bond Funds	Quantity	Market Price	Market Value	% of Account Assets	Average Cost Basis	Cost Basis	Unrealized Gain or (Loss)
AB HIGH INCM FD CL ADV SYMBOL: AGDYX	193,090.9160	8.8300	1,704,992.79	3%	8.96	1,751,100.02	(46,107.23)
Total Bond Funds	193,090.9160		1,704,992.79	3%		1,751,100.02	(46,107.23)
Equity Funds	Quantity	Market Price	Market Value	% of Account Assets	Average Cost Basis	Cost Basis	Unrealized Gain or (Loss)
EAGLE MLP STRATEGY FD I SYMBOL: EGLIX	97,843.9640	7.5100	734,808.17	1%	13.11	1,283,014.00	(548,205.83)
JHANCOCK GLBL ABSOLUTE RETURN STRAT I SYMBOL: JHAIX	214,341.8930	10.5200	2,254,876.71	4%	11.11	2,380,528.00	(125,651.29)
TORTOISE MLP & PIPELINE INST SYMBOL: TORIX	180,673.1630	13.4700	2,433,667.51	4%	13.75	2,485,084.00	(51,416.49)
Total Equity Funds	492,859.0200		5,423,352.39	9%		6,148,626.00	(725,273.61)
Total Mutual Funds	685,949.9360		7,128,345.18	12%		7,899,726.02	(771,380.84)



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Investment Detail - Other Assets

Other Assets	Quantity	Market Price	Market Value <i>Cost Basis</i>	% of Account Assets	Unrealized Gain or (Loss)	Estimated Yield	Estimated Annual Income
ALLSTATE CORPORA 5.1%PFD DUE 01/15/53 SUBJ TO XTRO REDEMPTION SYMBOL: ALL+B	8,744.0000	26.2400	229,442.56 214,514.04	<1%	14,928.52	N/A	N/A
REALTY INCM CORP REIT SYMBOL: O	6,000.0000	57.0200	342,120.00 323,552.55	<1%	18,567.45	4.46%	15,264.00
Total Other Assets	14,744.0000	Total Cost Basis: 571,562.56 538,066.59		<1%	33,495.97		15,264.00

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* INDICATES A PARTY-IN-INTEREST

Total Investment Detail	59,338,175.04
Total Account Value	59,338,175.04
Total Cost Basis	50,380,242.74