

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 2018 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>LIBBY PERSZYK KATHMAN HOLDINGS, INC. PROFIT SHARING 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>10/16/1985</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>10/16/1985</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>10/16/1985</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>LIBBY PERSZYK KATHMAN HOLDINGS, INC</u> <u>19 GARFIELD PLACE</u> <u>CINCINNATI, OH 45202-4310</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-1076158</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>513-241-6401</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541800</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-1076158</u>	2c Plan Sponsor's telephone number <u>513-241-6401</u>	2d Business code (see instructions) <u>541800</u>	
2b Employer Identification Number (EIN) <u>31-1076158</u>					
2c Plan Sponsor's telephone number <u>513-241-6401</u>					
2d Business code (see instructions) <u>541800</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.	10/11/2019	BRENT MCCOY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2019	BRENT MCCOY
	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 (2018)
v. 171027

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	247
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)	167
a(2) Total number of active participants at the end of the plan year		6a(2)	104
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	98
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	202
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	202
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	198
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	7
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 2J 2K 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 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
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan LIBBY PERSZYK KATHMAN HOLDINGS, INC. PROFIT SHARING 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LIBBY PERSZYK KATHMAN HOLDINGS, INC	D Employer Identification Number (EIN) 31-1076158	

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
(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)

UBS FINANCIAL SERVICES, INC.

13-2638166

(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 63 99	N/A	137638	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

TRI-STATE PLAN ADMINISTRATION, INC.

31-1214674

(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?
13	NONE	6850	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>		
A Name of plan <u>LIBBY PERSZYK KATHMAN HOLDINGS, INC. PROFIT SHARING 401(K) 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>LIBBY PERSZYK KATHMAN HOLDINGS, INC</u>	D Employer Identification Number (EIN) <u>31-1076158</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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 Total noninterest-bearing cash	1a		202699	
b Receivables (less allowance for doubtful accounts):				
(1) Employer contributions.....	1b(1)			
(2) Participant contributions	1b(2)			
(3) Other.....	1b(3)		40651	25221
c General investments:				
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		1268847	1017022
(2) U.S. Government securities	1c(2)			
(3) Corporate debt instruments (other than employer securities):				
(A) Preferred	1c(3)(A)			
(B) All other.....	1c(3)(B)		4438937	3295293
(4) Corporate stocks (other than employer securities):				
(A) Preferred	1c(4)(A)			
(B) Common.....	1c(4)(B)		14257416	10139914
(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)		5436045	5451871
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)			
(15) Other	1c(15)			

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	25644595	19929321

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	25644595	19929321
---	-----------	----------	----------

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)	125138	
(B) Participants	2a(1)(B)	823895	
(C) Others (including rollovers)	2a(1)(C)	31212	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		980245
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	16094	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	114182	
(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)		130276
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	302885	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	151274	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		454159
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	9036089	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	8812207	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		223882
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-1226429	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-1226429

		(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)		-478415
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		83718

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5654504	
(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)		5654504
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)	6850	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	137638	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		144488
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5798992

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-5715274
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: CASSADY SCHILLER & ASSOCIATES

(2) EIN: 31-1311065

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 2018 This Form is Open to Public Inspection.
---	---	--

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan <u>LIBBY PERSZYK KATHMAN HOLDINGS, INC. PROFIT SHARING 401(K) 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>LIBBY PERSZYK KATHMAN HOLDINGS, INC</u>	D Employer Identification Number (EIN) <u>31-1076158</u>

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	<u>0</u>
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): <u>31-1433492</u>		
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) 2018
v. 171027

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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**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):

Independent Auditor's Report

To the Trustees
Libby Perszyk Kathman Holdings, Inc. Profit Sharing 401(k) Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Libby Perszyk Kathman Holdings, Inc. Profit Sharing 401(k) Plan (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2018 and 2017, the related statement of changes in net assets available for benefits for the year ended December 31, 2018, 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit 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 auditor's 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 auditor considers 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, 2018 and 2017, and the changes in net assets available for benefits for the year ended December 31, 2018, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audit was 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) is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental 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 audit 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.

Cassady Schiller & Associates, Inc.

Cincinnati, Ohio
October 9, 2019

**LIBBY PERSZYK KATHMAN HOLDINGS, INC.
PROFIT SHARING 401(k) PLAN**

Financial Statements

December 31, 2018 and 2017

Independent Auditor's Report

**LIBBY PERSZYK KATHMAN HOLDINGS, INC.
PROFIT SHARING 401(k) PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2018 AND 2017**

TABLE OF CONTENTS

Independent Auditor's Report	1-2
Audited Financial Statements:	
Statement of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5-9
Supplemental Schedule:	
Schedule of Assets (Held at End of Year)	11-14

Independent Auditor's Report

To the Trustees
Libby Perszyk Kathman Holdings, Inc. Profit Sharing 401(k) Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Libby Perszyk Kathman Holdings, Inc. Profit Sharing 401(k) Plan (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2018 and 2017, the related statement of changes in net assets available for benefits for the year ended December 31, 2018, 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit 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 auditor's 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 auditor considers 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, 2018 and 2017, and the changes in net assets available for benefits for the year ended December 31, 2018, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audit was 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) is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental 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 audit 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.

Cassady Schiller & Associates, Inc.

Cincinnati, Ohio
October 9, 2019

LIBBY PERSZYK KATHMAN HOLDINGS, INC. PROFIT SHARING 401(k) PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2018 AND 2017

	<u>2018</u>	<u>2017</u>
ASSETS		
Cash and cash equivalents	\$ -	\$ 202,699
Investments, at fair value:		
Money market investments	1,017,022	1,268,847
Common stocks	10,139,914	14,257,416
Corporate bonds	3,295,293	4,438,937
Exchange traded funds	1,900,228	1,483,754
Mutual funds	<u>3,551,643</u>	<u>3,952,291</u>
Total investments, at fair value	19,904,100	25,401,245
Investment income receivable	<u>25,221</u>	<u>40,651</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 19,929,321</u>	<u>\$ 25,644,595</u>

**LIBBY PERSZYK KATHMAN HOLDINGS, INC. PROFIT SHARING 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2018**

ADDITIONS

Additions to net assets attributed to:

Investment income (loss):

Net depreciation in fair value of investments	\$ (1,480,962)
Interest and dividends	<u>584,435</u>

Net investment loss	(896,527)
---------------------	-----------

Contributions:

Employer	125,138
Employee	823,895
Rollover	<u>31,212</u>

Total contributions	<u>980,245</u>
---------------------	----------------

Total additions	83,718
-----------------	--------

DEDUCTIONS

Benefits paid to participants	5,654,504
Investment fees	<u>144,488</u>

Total deductions	<u>5,798,992</u>
------------------	------------------

Net decrease in net assets	(5,715,274)
----------------------------	-------------

Net assets available for benefits, beginning of year	<u>25,644,595</u>
--	-------------------

Net assets available for benefits, end of year	<u><u>\$ 19,929,321</u></u>
--	-----------------------------

LIBBY PERSZYK KATHMAN HOLDINGS, INC.
PROFIT SHARING 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2018 AND 2017

1. Plan description

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

General

The Plan is a defined contribution plan covering all employees of Libby Perszyk Kathman Holdings, Inc. and its U.S. subsidiaries (the Company), who have completed one hour of service. In order to become eligible for the matching contribution, the employee must be age twenty-one or older and have completed six months of service. Employees who are co-ops or intern employees are not eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Contributions

Each year participants may contribute a percentage of their annual compensation to the Plan, as defined in the plan document. Participants may also roll over amounts representing distributions from other qualified defined contribution plans. Contributions are made into non-participant directed accounts. The plan administrator is responsible for keeping accurate records of all contributions, distributions and investment income attributable to the individual participant accounts. The Company, at its discretion, may make matching contributions to the Plan each year. During 2018, the Company contributed 26.89% of the first 5% of base compensation deferred by participants into the Plan, subject to IRS limitations.

Participant accounts

Each participant's account is credited with the participant's contributions and allocations of (a) the Company's matching contributions and (b) plan earnings, and charged with (a) an allocation of administrative fees and expenses paid out of the Plan and (b) decreases in investment value. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions and earnings thereon. Participants are fully vested in the Company matching contribution after completing three years of service.

Expenses of the Plan

The Plan pays certain administrative expenses. The Company provides other administrative services at no cost to the Plan, which are excluded from these financial statements.

Forfeited accounts

Participant forfeitures of Company matching contributions are first used to offset the Company matching contribution. The remaining balance may be applied to expenses of the Plan. There were \$10,031 and \$0 of forfeited non-vested accounts at December 31, 2018 and 2017, respectively. During 2018, no forfeited non-vested accounts were used to fund Company matching contributions.

Plan termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Payment of benefits

On termination of service due to death, disability or retirement, or any other reason, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account.

Net assets of withdrawing participants

No participants had elected to withdraw from the Plan prior to December 31, 2018 that had not received distributions before year end.

2. Summary of accounting policies

Basis of accounting

The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

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 and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment valuation and income recognition

Investments are reported at fair value. Fair value of a financial instrument 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. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisor and custodian. See Note 5 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 depreciation in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Risks and uncertainties

The Plan utilizes various investment instruments, including money market investments, common stocks, corporate bonds, exchange traded funds and mutual funds. Investment securities, in general, are exposed to various risks such as interest rate, credit and overall market volatility risks. 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 Statement of Net Assets Available for Benefits.

Benefits

Benefit payments are recorded when paid.

3. Transactions with related parties

The Plan permits the payment of administrative expenses to be made from the Plan's assets and for them to be allocated either proportionately based on the value of the account balances or as an equal dollar amount based on the number of participants in the Plan. However, with the exception of investment fees and expenses relating to specific participant transactions, all administrative expenses of the Plan are paid by the Company. Expenses relating to specific participant transactions (i.e., distribution request) are charged directly against the appropriate participant's account.

Certain plan investments include shares of the UBS Liquid Asset Fund. UBS Financial Services, Inc. is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

4. Tax status

On March 31, 2014, the Internal Revenue Service stated that the prototype adopted by the Plan, as then designed, qualifies under Internal Revenue Code (IRC) Section 401(a). The Plan has not received a determination letter specific to the Plan itself; however, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2015.

5. Fair value measurements

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 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 quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; 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 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 assets measured at fair value. There have been no changes in methodologies used at December 31, 2018 and 2017.

<i>Money market investments:</i>	Valued at the net asset value (NAV) of shares held by the Plan at year end, a quoted price in an active market. Accordingly, the fair value is established using the Level 1 input.
<i>Common stocks and exchange traded funds:</i>	Valued at the closing price reported on the active market on which the individual securities are traded.
<i>Corporate bonds:</i>	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 credit ratings. When quoted prices are not available for identical or similar bonds, those corporate bonds are valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.
<i>Mutual funds:</i>	Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2018 and 2017. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

Assets at fair value as of December 31, 2018				
	Level 1	Level 2	Level 3	Total
Money market investments	\$ 1,017,022	\$ -	\$ -	\$ 1,017,022
Common stocks	10,139,914	-	-	10,139,914
Corporate bonds	-	3,295,293	-	3,295,293
Exchange traded funds	1,900,228	-	-	1,900,228
Mutual funds	3,551,643	-	-	3,551,643
Total assets in the fair value hierarchy	16,608,807	3,295,293	-	19,904,100
Investments, at fair value	\$ 16,608,807	\$ 3,295,293	\$ -	\$ 19,904,100

Assets at fair value as of December 31, 2017				
	Level 1	Level 2	Level 3	Total
Money market investments	\$ 1,268,847	\$ -	\$ -	\$ 1,268,847
Common stocks	14,257,416	-	-	14,257,416
Corporate bonds	-	4,438,937	-	4,438,937
Exchange traded funds	1,483,754	-	-	1,483,754
Mutual funds	3,952,291	-	-	3,952,291
Total assets in the fair value hierarchy	20,962,308	4,438,937	-	25,401,245
Investments, at fair value	\$ 20,962,308	\$ 4,438,937	\$ -	\$ 25,401,245

For years ended December 31, 2018 and 2017, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

6. Reportable transactions

No reportable transactions were noted in 2018 and 2017.

7. Fidelity bonding requirements

The Plan was covered by a \$500,000 bond during 2018 and 2017.

8. Partial plan termination

During 2018, the plan sponsor underwent an involuntary reduction in workforce. As a result, those participants terminated June 7, 2018 became 100% vested in the employer match portion of their account, regardless of years of service.

9. Subsequent events

The plan administrator has evaluated subsequent events through October 9, 2019, the date the financial statements were available to be issued. Effective January 1, 2019, the plan sponsor contracted with Voya Retirement Insurance and Annuity Company (Voya) to become the custodian of the Plan. All plan assets were transferred from UBS to Voya at that time. Additionally the Plan adopted an amendment to become a participant directed plan. The plan administrator is not aware of any additional subsequent events that would require recognition or disclosure in the Plan's financial statements.

SUPPLEMENTAL SCHEDULE

LIBBY PERSZYK KATHMAN HOLDINGS, INC. PROFIT SHARING 401(k) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2018

EIN: 31-1076158

PLAN NUMBER: 001

(a) (b) Identity of issue, borrower lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value, number of shares	(d) Cost	(e) Current value
Money market investments			
* UBS Liquid Asset Fund	Money Market Investments	\$ 767,022	\$ 767,022
* UBS Bank USA Dep Acct	Money Market Investments	250,000	250,000
Total money market investments		1,017,022	1,017,022
Common stocks			
Abbvie Inc.	Common Stock	123,208	200,514
Allergan PLC	Common Stock	132,486	106,260
Allstate Corp.	Common Stock	48,323	180,133
Alphabet Inc.	Common Stock	146,664	193,659
Ameriprise Financial, Inc.	Common Stock	26,472	156,033
Amgen, Inc.	Common Stock	50,190	209,270
Anthem, Inc.	Common Stock	36,703	210,104
Apple, Inc.	Common Stock	48,360	159,317
AT&T, Inc.	Common Stock	120,680	141,273
Automatic Data Processing, Inc.	Common Stock	71,134	194,058
Berkshire Hathaway Inc	Common Stock	170,710	203,363
Boeing Company	Common Stock	83,636	196,725
Bristol Myers Squibb Co	Common Stock	215,906	180,890
Cardinal Health, Inc.	Common Stock	97,586	113,507
Chevron Corp.	Common Stock	133,491	176,240
Cisco Systems, Inc.	Common Stock	70,638	196,502
Coca-Cola European Partners	Common Stock	158,515	188,214
Comcast Corp.	Common Stock	84,983	200,725
CVS Health Corp.	Common Stock	187,314	131,040
DXC Technology Co.	Common Stock	23,424	124,418
Eaton Corp. PLC	Common Stock	145,517	169,934
Exxon Mobil Corp.	Common Stock	104,637	136,039
General Dynamics Corp.	Common Stock	62,318	171,359
Goldman Sachs Group, Inc.	Common Stock	118,239	154,521
Halliburton Co (Holding Company)	Common Stock	199,866	166,125
Home Depot Inc.	Common Stock	28,368	172,679
Honeywell Intl. Inc.	Common Stock	43,237	175,059
Intel Corp.	Common Stock	87,605	222,307
Intl. Business Machine	Common Stock	88,129	112,533
Johnson & Johnson Co.	Common Stock	84,922	198,092
JPMorgan Chase & Co.	Common Stock	53,284	184,014
Lincoln National Corp.	Common Stock	44,901	160,600
Medtronic Plc	Common Stock	170,290	201,294
Microsoft Corp.	Common Stock	41,227	193,592
Nordstrom Inc.	Common Stock	202,576	158,474

LIBBY PERSZYK KATHMAN HOLDINGS, INC. PROFIT SHARING 401(k) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2018

EIN: 31-1076158

PLAN NUMBER: 001

(a)	(b) Identity of issue, borrower lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value, number of shares	(d) Cost	(e) Current value
	Occidental Petroleum Corp.	Common Stock	\$ 129,056	\$ 106,801
	Omnicom Group, Inc.	Common Stock	97,028	188,959
	Oracle Corp.	Common Stock	124,696	199,112
	Parker Hannifin Corp.	Common Stock	47,035	173,748
	PepsiCo, Inc.	Common Stock	118,095	206,487
	Pfizer, Inc.	Common Stock	97,697	223,488
	PNC Financial Services Group	Common Stock	77,884	178,872
	PPG Industries, Inc.	Common Stock	37,587	198,837
	Procter & Gamble Co.	Common Stock	136,042	237,797
	State Street Corp.	Common Stock	74,377	147,584
	Symantec Corp.	Common Stock	144,774	148,893
	TE Connectivity LTD	Common Stock	25,077	177,352
	Texas Instruments	Common Stock	164,330	192,780
	The Travelers Companies, Inc.	Common Stock	71,927	201,779
	United Parcel Service Inc.	Common Stock	170,565	168,239
	United Health Group Inc.	Common Stock	44,718	203,033
	United Technologies Corp.	Common Stock	55,635	168,771
	US Bancorp	Common Stock	134,504	181,886
	Verizon Communications, Inc.	Common Stock	115,842	217,853
	VF Corp.	Common Stock	28,858	169,575
	Visa Inc.	Common Stock	199,868	195,931
	Walt Disney Co.	Common Stock	186,670	213,270
	Total common stocks		5,787,804	10,139,914

**LIBBY PERSZYK KATHMAN HOLDINGS, INC. PROFIT SHARING 401(k) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2018**

EIN: 31-1076158

PLAN NUMBER: 001

(a)	(b) Identity of issue, borrower lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value, number of shares			(d) Cost	(e) Current value
Corporate bonds						
	Kroger Co.	200,000	1/15/2019	2.00%	\$ 199,886	\$ 199,907
	Oracle Corp.	100,000	1/15/2019	2.38%	100,329	99,976
	Trans-Canada Pipelines	150,000	1/15/2019	3.13%	151,473	149,987
	Morgan Stanley	250,000	2/1/2019	2.45%	250,343	249,878
	British Telecom PLC	200,000	2/14/2019	2.35%	199,548	199,732
	Cisco Systems Inc.	225,000	3/1/2019	2.13%	225,008	224,683
	American Express Card Corp.	225,000	3/18/2019	2.13%	224,488	224,633
	Bank of America Corp.	150,000	4/1/2019	2.65%	150,150	149,843
	Gilead Sciences Inc.	150,000	4/1/2019	2.05%	149,493	149,657
	Wells Fargo & Co.	50,000	4/22/2019	2.13%	49,808	49,853
	BP Capital Markets	100,000	5/10/2019	2.24%	99,756	99,721
	Credit Suisse	250,000	5/28/2019	2.30%	249,245	249,260
	Total Capitals Intl New York	250,000	6/19/2019	2.10%	249,030	248,905
	HSBC USA Inc.	100,000	6/23/2019	2.25%	99,562	99,600
	Toronto-Dominion Bank	150,000	7/2/2019	2.13%	149,358	149,438
	Citigroup Inc.	150,000	7/29/2019	2.50%	149,745	149,487
	Wellpoint Inc.	100,000	8/15/2019	2.25%	99,667	99,464
	Lloyds Bank Plc	200,000	9/5/2019	2.35%	199,454	198,682
	Cisco Systems Inc.	100,000	1/15/2020	4.45%	101,916	101,552
	PepsiCo Inc.	100,000	10/14/2020	2.15%	98,427	98,754
	AT&T Inc.	100,000	2/15/2021	4.60%	102,724	102,281
Total corporate bonds					3,299,410	3,295,293

LIBBY PERSZYK KATHMAN HOLDINGS, INC. PROFIT SHARING 401(k) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2018

EIN: 31-1076158

PLAN NUMBER: 001

(a)	(b) Identity of issue, borrower lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value, number of shares	(d) Cost	(e) Current value
Exchange traded funds				
	Invesco Ultra Short Duration	Exchange Traded Funds	\$ 250,866	\$ 250,350
	iShares 1-3 year Treasury Bond	Exchange Traded Funds	253,116	250,860
	iShares TIPS Bond	Exchange Traded Funds	231,879	229,971
	iShares Short Term Corporate Bond	Exchange Traded Funds	234,115	230,831
	JP Morgan Ultra Short Income	Exchange Traded Funds	100,364	100,260
	PIMCO Enhanced Short Mat Active	Exchange Traded Funds	253,693	252,375
	Vanguard Short-Term Corporate Bond	Exchange Traded Funds	245,812	241,614
	Vanguard Short Term Treasury	Exchange Traded Funds	100,196	100,400
	Vanguard Short Term Bond	Exchange Traded Funds	252,966	243,567
	Total exchange traded funds		<u>1,923,007</u>	<u>1,900,228</u>
Mutual funds				
	American Funds Europacific	Mutual Funds	210,532	165,393
	American Funds New World	Mutual Funds	160,233	174,930
	American Funds SmallCap World	Mutual Funds	344,356	389,104
	American Funds Developing World Growth and Income	Mutual Funds	179,081	165,345
	Dodge & Cox International Stock	Mutual Funds	327,591	334,742
	John Hancock International Growth	Mutual Funds	204,703	166,533
	Thornburg International Value	Mutual Funds	452,617	346,313
	Fidelity Advisor Floating Rate High Income	Mutual Funds	307,718	290,546
	JP Morgan Core Bond	Mutual Funds	279,351	268,932
	Loomis Sayles Investment	Mutual Funds	294,574	269,020
	Lord Abbett Short Duration Income Grade Bond	Mutual Funds	307,153	279,242
	Metropolitan West Total Return Bond	Mutual Funds	278,313	266,592
	T Rowe Price Floating Rate	Mutual Funds	250,925	241,442
	Neuberger Berman Absolute Return	Mutual Funds	207,817	193,509
	Total mutual funds		<u>3,804,964</u>	<u>3,551,643</u>
	Total investments, at fair value		<u>\$ 15,832,207</u>	<u>\$ 19,904,100</u>

* Party-in-interest

LIBBY PERSZYK KATHMAN HOLDINGS, INC. PROFIT SHARING 401(k) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2018

EIN: 31-1076158

PLAN NUMBER: 001

(a) (b) Identity of issue, borrower lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value, number of shares	(d) Cost	(e) Current value
Money market investments			
* UBS Liquid Asset Fund	Money Market Investments	\$ 767,022	\$ 767,022
* UBS Bank USA Dep Acct	Money Market Investments	250,000	250,000
Total money market investments		1,017,022	1,017,022
Common stocks			
Abbvie Inc.	Common Stock	123,208	200,514
Allergan PLC	Common Stock	132,486	106,260
Allstate Corp.	Common Stock	48,323	180,133
Alphabet Inc.	Common Stock	146,664	193,659
Ameriprise Financial, Inc.	Common Stock	26,472	156,033
Amgen, Inc.	Common Stock	50,190	209,270
Anthem, Inc.	Common Stock	36,703	210,104
Apple, Inc.	Common Stock	48,360	159,317
AT&T, Inc.	Common Stock	120,680	141,273
Automatic Data Processing, Inc.	Common Stock	71,134	194,058
Berkshire Hathaway Inc	Common Stock	170,710	203,363
Boeing Company	Common Stock	83,636	196,725
Bristol Myers Squibb Co	Common Stock	215,906	180,890
Cardinal Health, Inc.	Common Stock	97,586	113,507
Chevron Corp.	Common Stock	133,491	176,240
Cisco Systems, Inc.	Common Stock	70,638	196,502
Coca-Cola European Partners	Common Stock	158,515	188,214
Comcast Corp.	Common Stock	84,983	200,725
CVS Health Corp.	Common Stock	187,314	131,040
DXC Technology Co.	Common Stock	23,424	124,418
Eaton Corp. PLC	Common Stock	145,517	169,934
Exxon Mobil Corp.	Common Stock	104,637	136,039
General Dynamics Corp.	Common Stock	62,318	171,359
Goldman Sachs Group, Inc.	Common Stock	118,239	154,521
Halliburton Co (Holding Company)	Common Stock	199,866	166,125
Home Depot Inc.	Common Stock	28,368	172,679
Honeywell Intl. Inc.	Common Stock	43,237	175,059
Intel Corp.	Common Stock	87,605	222,307
Intl. Business Machine	Common Stock	88,129	112,533
Johnson & Johnson Co.	Common Stock	84,922	198,092
JPMorgan Chase & Co.	Common Stock	53,284	184,014
Lincoln National Corp.	Common Stock	44,901	160,600
Medtronic Plc	Common Stock	170,290	201,294
Microsoft Corp.	Common Stock	41,227	193,592
Nordstrom Inc.	Common Stock	202,576	158,474

LIBBY PERSZYK KATHMAN HOLDINGS, INC. PROFIT SHARING 401(k) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2018

EIN: 31-1076158

PLAN NUMBER: 001

(a)	(b) Identity of issue, borrower lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value, number of shares	(d) Cost	(e) Current value
	Occidental Petroleum Corp.	Common Stock	\$ 129,056	\$ 106,801
	Omnicom Group, Inc.	Common Stock	97,028	188,959
	Oracle Corp.	Common Stock	124,696	199,112
	Parker Hannifin Corp.	Common Stock	47,035	173,748
	PepsiCo, Inc.	Common Stock	118,095	206,487
	Pfizer, Inc.	Common Stock	97,697	223,488
	PNC Financial Services Group	Common Stock	77,884	178,872
	PPG Industries, Inc.	Common Stock	37,587	198,837
	Procter & Gamble Co.	Common Stock	136,042	237,797
	State Street Corp.	Common Stock	74,377	147,584
	Symantec Corp.	Common Stock	144,774	148,893
	TE Connectivity LTD	Common Stock	25,077	177,352
	Texas Instruments	Common Stock	164,330	192,780
	The Travelers Companies, Inc.	Common Stock	71,927	201,779
	United Parcel Service Inc.	Common Stock	170,565	168,239
	United Health Group Inc.	Common Stock	44,718	203,033
	United Technologies Corp.	Common Stock	55,635	168,771
	US Bancorp	Common Stock	134,504	181,886
	Verizon Communications, Inc.	Common Stock	115,842	217,853
	VF Corp.	Common Stock	28,858	169,575
	Visa Inc.	Common Stock	199,868	195,931
	Walt Disney Co.	Common Stock	186,670	213,270
	Total common stocks		5,787,804	10,139,914

LIBBY PERSZYK KATHMAN HOLDINGS, INC. PROFIT SHARING 401(k) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2018

EIN: 31-1076158

PLAN NUMBER: 001

(a)	(b) Identity of issue, borrower lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value, number of shares			(d) Cost	(e) Current value
Corporate bonds						
	Kroger Co.	200,000	1/15/2019	2.00%	\$ 199,886	\$ 199,907
	Oracle Corp.	100,000	1/15/2019	2.38%	100,329	99,976
	Trans-Canada Pipelines	150,000	1/15/2019	3.13%	151,473	149,987
	Morgan Stanley	250,000	2/1/2019	2.45%	250,343	249,878
	British Telecom PLC	200,000	2/14/2019	2.35%	199,548	199,732
	Cisco Systems Inc.	225,000	3/1/2019	2.13%	225,008	224,683
	American Express Card Corp.	225,000	3/18/2019	2.13%	224,488	224,633
	Bank of America Corp.	150,000	4/1/2019	2.65%	150,150	149,843
	Gilead Sciences Inc.	150,000	4/1/2019	2.05%	149,493	149,657
	Wells Fargo & Co.	50,000	4/22/2019	2.13%	49,808	49,853
	BP Capital Markets	100,000	5/10/2019	2.24%	99,756	99,721
	Credit Suisse	250,000	5/28/2019	2.30%	249,245	249,260
	Total Capitals Intl New York	250,000	6/19/2019	2.10%	249,030	248,905
	HSBC USA Inc.	100,000	6/23/2019	2.25%	99,562	99,600
	Toronto-Dominion Bank	150,000	7/2/2019	2.13%	149,358	149,438
	Citigroup Inc.	150,000	7/29/2019	2.50%	149,745	149,487
	Wellpoint Inc.	100,000	8/15/2019	2.25%	99,667	99,464
	Lloyds Bank Plc	200,000	9/5/2019	2.35%	199,454	198,682
	Cisco Systems Inc.	100,000	1/15/2020	4.45%	101,916	101,552
	PepsiCo Inc.	100,000	10/14/2020	2.15%	98,427	98,754
	AT&T Inc.	100,000	2/15/2021	4.60%	102,724	102,281
Total corporate bonds					3,299,410	3,295,293

LIBBY PERSZYK KATHMAN HOLDINGS, INC. PROFIT SHARING 401(k) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2018

EIN: 31-1076158

PLAN NUMBER: 001

(a)	(b) Identity of issue, borrower lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value, number of shares	(d) Cost	(e) Current value
Exchange traded funds				
	Invesco Ultra Short Duration	Exchange Traded Funds	\$ 250,866	\$ 250,350
	iShares 1-3 year Treasury Bond	Exchange Traded Funds	253,116	250,860
	iShares TIPS Bond	Exchange Traded Funds	231,879	229,971
	iShares Short Term Corporate Bond	Exchange Traded Funds	234,115	230,831
	JP Morgan Ultra Short Income	Exchange Traded Funds	100,364	100,260
	PIMCO Enhanced Short Mat Active	Exchange Traded Funds	253,693	252,375
	Vanguard Short-Term Corporate Bond	Exchange Traded Funds	245,812	241,614
	Vanguard Short Term Treasury	Exchange Traded Funds	100,196	100,400
	Vanguard Short Term Bond	Exchange Traded Funds	252,966	243,567
	Total exchange traded funds		<u>1,923,007</u>	<u>1,900,228</u>
Mutual funds				
	American Funds Europacific	Mutual Funds	210,532	165,393
	American Funds New World	Mutual Funds	160,233	174,930
	American Funds SmallCap World	Mutual Funds	344,356	389,104
	American Funds Developing World Growth and Income	Mutual Funds	179,081	165,345
	Dodge & Cox International Stock	Mutual Funds	327,591	334,742
	John Hancock International Growth	Mutual Funds	204,703	166,533
	Thornburg International Value	Mutual Funds	452,617	346,313
	Fidelity Advisor Floating Rate High Income	Mutual Funds	307,718	290,546
	JP Morgan Core Bond	Mutual Funds	279,351	268,932
	Loomis Sayles Investment	Mutual Funds	294,574	269,020
	Lord Abbett Short Duration Income Grade Bond	Mutual Funds	307,153	279,242
	Metropolitan West Total Return Bond	Mutual Funds	278,313	266,592
	T Rowe Price Floating Rate	Mutual Funds	250,925	241,442
	Neuberger Berman Absolute Return	Mutual Funds	207,817	193,509
	Total mutual funds		<u>3,804,964</u>	<u>3,551,643</u>
	Total investments, at fair value		<u>\$ 15,832,207</u>	<u>\$ 19,904,100</u>

* Party-in-interest

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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**2018****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

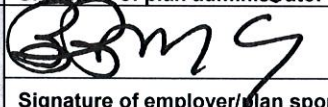
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
☒ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶ ☐
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan Libby Perszyk Kathman Holdings, Inc. Profit Sharing 401(k) Plan	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 10/16/1985
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) Libby Perszyk Kathman Holdings, Inc. 19 Garfield Place Cincinnati OH 45202-4310	2b Employer Identification Number (EIN) 31-1076158
	2c Plan Sponsor's telephone number (513) 241-6401
	2d Business code (see instructions) 541800

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		10/11/19	Brent McCoy
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/11/19	Brent McCoy
	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 (2018)
v. 171027

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	5 247
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) 167
a(2) Total number of active participants at the end of the plan year	6a(2) 104
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits	6c 98
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 202
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 202
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 198
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 7
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 2J 2K 3D

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 _____