

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 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</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>BAGSHAW ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>333</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>11/29/1979</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>333</u>	1c Effective date of plan <u>11/29/1979</u>	
1b Three-digit plan number (PN) ▶	<u>333</u>				
1c Effective date of plan <u>11/29/1979</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>BAGSHAW ENTERPRISES, INC.</u> <u>8414 ST. RT. 124</u> <u>HILLSBORO, OH 45133</u> <u>8414 STATE ROUTE 124</u> <u>HILLSBORO, OH 45133</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-0945444</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>937-393-9959</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>722513</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-0945444</u>	2c Plan Sponsor's telephone number <u>937-393-9959</u>	2d Business code (see instructions) <u>722513</u>	
2b Employer Identification Number (EIN) <u>31-0945444</u>					
2c Plan Sponsor's telephone number <u>937-393-9959</u>					
2d Business code (see instructions) <u>722513</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.	07/16/2020	JEANINE BAGSHAW
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☐ Same as Plan Sponsor BAGSHAW ENTERPRISES, INC P O BOX 826 HILLSBORO, OH 45133	3b Administrator's EIN 31-0945444 3c Administrator's telephone number 937-393-9959
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	5 208
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 18 6a(2) 17 6b 1 6c 4 6d 22 6e 1 6f 23 6g 23 6h 0
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 2S 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 2019 Form M-1 annual report. If the plan was not required to file the 2019 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
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan BAGSHAW ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 BAGSHAW ENTERPRISES, INC.	D Employer Identification Number (EIN) 31-0945444	

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)

THOR WEALTH MANAGEMENT

7346 BEECHMONT AVENUE
CINCINNATI, OH 45230

31-1341984

(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	ADVISOR	14886	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DYNAMIC PENSION SERVICES, INC.

2176 HEWITT AVE, SUITE A
KETTERING, OH 45440

31-1585572

(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	TPA	8980	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
		2019
		This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019	
A Name of plan BAGSHAW ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ► 333
C Plan sponsor's name as shown on line 2a of Form 5500 BAGSHAW ENTERPRISES, INC.	D Employer Identification Number (EIN) 31-0945444

Part I	Asset and Liability Statement
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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	6902	74148
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	226735	25779
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	-3718	-11379
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	216050	104130
(2) U.S. Government securities	1c(2)	351690	123616
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	179598	437879
(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)	4785	2606
(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)	1060739	127569
(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	2042781	884348

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	2042781	884348
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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)	13973	
(B) Participants	2a(1)(B)	33928	
(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)		47901
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	139	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		139
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	154273	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		154273
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		202313

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1336830	
(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)		1336830
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	8980	
(3) Investment advisory and management fees	2i(3)	14936	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		23916
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1360746

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1158433
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b 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: BLUE & CO., INC

(2) EIN: 35-1178661

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?	X		425000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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 2019 This Form is Open to Public Inspection.
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan BAGSHAW ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 BAGSHAW ENTERPRISES, INC.		D Employer Identification Number (EIN) 31-0945444
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): 31-1259195		
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) 2019 v. 190130		

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
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment
19	If the total number of participants is 1,000 or more, complete lines (a) through (c) a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____% b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____
20	PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation _____

**BAGSHAW ENTERPRISES, INC.
401(K) PROFIT SHARING PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2019 AND 2018

AND

SUPPLEMENTAL SCHEDULES

DECEMBER 31, 2019

CPAs / ADVISORS



BAGSHAW ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN

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* Other Schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



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REPORT OF INDEPENDENT AUDITORS

To the Administrative Committee
Bagshaw Enterprises, Inc. 401(k) Profit Sharing Plan
Hillsboro, Ohio

We have audited the accompanying financial statements of Bagshaw Enterprises, Inc. 401(k) Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, 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

Plan 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 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 of 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 Plan'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 Plan'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, 2019 and 2018, and the changes in its 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 Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year), assets acquired and disposed of within the year, and reportable transactions, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements but are 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 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.

Blue & Co., LLC

Cincinnati, Ohio
March 30, 2020

BAGSHAW ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2019 AND 2018

	2019	2018
Assets		
Investments at fair value	\$ 744,309	\$ 1,716,275
Receivables		
Employer contributions	13,973	223,017
Other receivables	11,806	-
Notes receivable from participants	2,606	4,784
Total receivables	28,385	227,801
Cash and cash equivalents	111,654	98,705
Net assets available for benefits	\$ 884,348	\$ 2,042,781

See accompanying notes to financial statements.

BAGSHAW ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS YEARS ENDED DECEMBER 31, 2019 AND 2018

	2019	2018
Additions to net assets attributed to:		
Investment income:		
Net change in fair value of investments	\$ 130,396	\$ (226,859)
Interest	372	2,511
Dividends	22,403	26,798
	153,171	(197,550)
Less investment expenses	14,936	16,057
Total investment income (loss)	138,235	(213,607)
Interest income on notes receivable from participants	139	42
Contributions:		
Participants' contributions	33,928	174,071
Employer contributions	13,973	226,735
Total contributions	47,901	400,806
Total additions	186,275	187,241
Deductions from net assets attributed to:		
Benefits paid to participants	1,336,830	345,745
Administrative and other expenses	7,878	13,877
Total deductions	1,344,708	359,622
Net increase (decrease)	(1,158,433)	(172,381)
Net assets available for benefits:		
Beginning of year	2,042,781	2,215,162
End of year	<u>\$ 884,348</u>	<u>\$ 2,042,781</u>

See accompanying notes to financial statements.

BAGSHAW ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2019 AND 2018

1. DESCRIPTION OF THE PLAN

The following description of the Bagshaw Enterprises, Inc. 401(k) Profit Sharing Plan ("the Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering full-time employees of Bagshaw Enterprises, Inc. and related companies ("the Company"). Full-time employees who have completed one year of service, as defined in the plan document, and are age twenty-one or older are eligible to receive the employer non-elective contributions. Full-time employees, as defined in the plan document, who have completed sixty days of service are eligible to make elective deferrals, including Roth elective deferrals, and are eligible to receive employer matching contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Trustees is responsible for oversight of the Plan, determines the appropriateness of the Plan's investment offerings, and monitors investment performance.

Contributions

Each year, participants may contribute a portion of their pretax and after-tax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants also may contribute amounts representing distributions from other qualified plans (rollover). The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3 percent of eligible compensation. The deferral rate will automatically increase 1 percent per year up to a maximum Elective Deferral of 10 percent of compensation, unless the participant elects otherwise. The Company contributes a discretionary matching contribution. For 2019 and 2018, the Company elected to contribute 50 percent of the first 6 percent of base compensation that participants contributed to the Plan. The Company may also make an additional contribution up to 25 percent of pretax annual compensation, as defined in the Plan document. The Company contribution will be allocated to participants who are employed on the last day of the plan year and have worked 1,000 hours during the year on the basis of participants' compensation upon an amount determined by the Company's board of directors. Effective August 27, 2018, the Plan was amended to remove the requirement that participants must be employed on the last day of the plan year to receive the Company contributions.

BAGSHAW ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2019 AND 2018

Notes Receivable from Participants

Participants may borrow up to 50% of their vested account balance, a minimum of \$ 1,000 up to a maximum of \$ 50,000. The loans are secured by the balance in the participant's account and bear an interest rate of 4.75 percent which is commensurate with local prevailing rates as determined by the plan administrator. Loans are repaid through payroll deductions over a maximum term of five years (other than a home loan) at a fixed rate of interest.

Payment of Benefits

On termination of service due to death, disability, retirement, or any other reason, a participant may elect to receive the distribution in the form of a lump-sum amount equal to the value of the participant's vested interest in his or her account. Hardship distributions are not permitted from this Plan.

Participants Accounts

Each participant's account is credited with an allocation of the Company's contribution (including any forfeitures which are treated as employee contributions) and an allocation of plan earnings. Allocation of plan earnings is based on participant 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. Participants do not direct investment of their individual account balances.

Vesting

The portion of a participant's employer contribution account which is non-forfeitable and vested is determined in accordance with the following schedule:

Years of Service	Vesting Percentage
Less than 2 years	0%
2 but less than 3	20%
3 but less than 4	40%
4 but less than 5	60%
5 years or more	100%

Any participant contribution accounts resulting from transfers or rollovers are fully vested and non-forfeitable at all times.

BAGSHAW ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2019 AND 2018

Forfeited Accounts

The non-vested portion of the employer contribution account of a participant whose employment with the employer is terminated other than on account of total and permanent disability, and prior to the earlier of their death or normal retirement date, is forfeited as of the date of such termination. Any forfeitures occurring are first used for restoration of participant's forfeitures, then applied to offset Plan expenses and then used to reduce future Employer contributions. The amended plan document provides that forfeitures will not be applied until the following plan year. There were forfeitures of \$ 1,569 and \$ 6,490 during 2019 and 2018, respectively. For years 2019 and 2018, \$ 8,980 and \$ 12,098 of forfeitures were applied to fees, respectively. For 2019 and 2018, there were \$ -0- of forfeitures allocated as contributions to participant accounts.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets available for benefits during the reporting period. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Shares of mutual funds and common stocks are valued at quoted market prices. The bank repurchase agreement is valued at original cost plus accrued interest, which approximates fair value. 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. Commissions paid are added to the cost of investments acquired and deducted from the proceeds of investments sold. The Plan presents in the statement of changes in net assets available for benefits, the net change in the fair value of its investments, which consists of the realized gains and losses and the unrealized appreciation (depreciation) on those investments.

BAGSHAW ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2019 AND 2018

Credit Risk

Financial instruments that potentially subject the Plan to significant concentrations of credit risk consist principally of cash. The Plan maintains all of its cash deposits in a single bank, which may, at times, exceed the \$ 250,000 amount covered by federal deposit insurance.

Cash and Cash Equivalents

The Plan considers all highly liquid investments with an original maturity of three months or less to be cash and cash equivalents.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2019. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses incurred maintaining the Plan are paid directly by the Plan and are excluded from these financial statements. Investment-related expenses are included in net change of fair value of investments.

Subsequent Events

The Plan has evaluated subsequent events through March 30, 2020, the date the financial statements were available to be issued.

BAGSHAW ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2019 AND 2018

3. 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). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy are described as follows:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2: Inputs to the valuation methodology include 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 maximize the use of relevant 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 the methodologies used as of and during the years ended December 31, 2019 and 2018.

Mutual funds- Valued are 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 net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Money market funds- Valued at the daily closing price as reported by the fund. The money market funds are open-end mutual funds registered with the Securities and Exchange Commission (SEC). The funds are required to publish their daily net asset value and to transact at that price. The money market funds held by the Plan are deemed to be actively traded.

Bond funds- Valued at the closing price reported in the active market in which the bond fund is traded.

BAGSHAW ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2019 AND 2018

Common stocks- Valued at the closing price reported on the active market on which the individual securities are traded.

Exchange traded funds- Valued at the closing price reported on the active market on which the individual securities are traded.

U.S. government securities- Valued at the closing price reported in the active market in which the individual securities are traded.

The following table sets forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2019 and 2018. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

	Fair Value of Assets as of December 31, 2019			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 54,652	\$ -	\$ -	\$ 54,652
Common stocks	14,701	-	-	14,701
Exchange traded funds	164,945	-	-	164,945
Bond funds	123,616	-	-	123,616
Mutual funds	385,801	-	-	385,801
U.S. government securities	594	-	-	594
Total assets at fair value	<u>\$ 744,309</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 744,309</u>

	Fair Value of Assets as of December 31, 2018			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 124,248	\$ -	\$ -	\$ 124,248
Common stocks	23,716	-	-	23,716
Exchange traded funds	182,674	-	-	182,674
Bond funds	350,901	-	-	350,901
Mutual funds	1,033,947	-	-	1,033,947
U.S. government securities	789	-	-	789
Total assets at fair value	<u>\$ 1,716,275</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,716,275</u>

The Plan's policy is to recognize transfers between levels as of the end of the reporting period. There were no significant transfers between levels during 2019 and 2018.

BAGSHAW ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2019 AND 2018

4. RELATED-PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

A party-in-interest transaction is defined under the Department of Labor regulations as any fiduciary of the Plan, any party rendering services to the Plan, the employer and certain others. Certain Plan investments are managed by Thor Investment Management, Inc. and held through Charles Schwab and, therefore, transactions related to these investments qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to \$ 14,936 and \$ 16,057 for the years ended December 31, 2019 and 2018, respectively. The Plan paid administrative fees to Dynamic Pension Services, Inc. of \$ 8,980 and \$ 12,905 during 2019 and 2018, respectively, which also qualify as party-in-interest transactions. Blue & Co., LLC is the independent auditor for the Plan and receives payments from the Company.

5. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100 percent vested in their employer contributions.

6. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in 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.

7. PARTIAL TERMINATION

As a result of a reduction of the Plan Sponsor's workforce in 2019 and 2018, the Plan experienced a partial plan termination as defined by ERISA in 2019. Under ERISA, a partial plan termination may occur if a significant percentage of Plan participants are terminated because of an action taken by the Plan Sponsor. If a partial plan termination occurs, full vesting in the employer's contribution is required for affected participants, but the remaining participants' vesting continues to be determined per the plan provisions.

All affected employees who were participants in the Plan were fully vested in their account balances at the date of their partial plan termination.

BAGSHAW ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2019 AND 2018

8. TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, 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 Internal Revenue Code and, therefore, believe that the Plan is qualified and that the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the federal taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2019 and 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. 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 2016.

9. SUBSEQUENT EVENTS

On March 11, 2020, the World Health Organization declared Coronavirus (COVID-19) a pandemic. The continued spread of COVID-19, or any similar outbreaks in the future, may adversely impact the local, regional, national and global economies. The extent to which COVID-19 impacts the Plan's operating results is dependent on the breadth and duration of the pandemic and could be affected by other factors management is not currently able to predict. Potential impacts include, but are not limited to, additional costs for responding to COVID-19, delays, loss of, or reduction to, revenue, contributions and funding, and investment portfolio declines. Management believes the Plan is taking appropriate actions to respond to the pandemic, however, the full impact is unknown and cannot be reasonably estimated at the date the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

BAGSHAW ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN

SCHEDULE H, PART IV, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR) DECEMBER 31, 2019

Name of Plan Sponsor: Bagshaw Enterprises, Inc.

EIN: 31-0945444

Plan Number: 333

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	Schwab Advisor Cash Reserves Fund	Money market fund/ 18,067 shares	\$ 18,067	\$ 18,067
*	Schwab Money Market Fund	Money market fund/ 36,585 shares	36,585	36,585
	Apollo Investment Corporation	Common stock/ 312 units	4,894	5,447
	Ares Capital Corporation	Common stock/ 274 units	4,164	5,110
	KKR Capital Corporation	Common stock/ 676 units	4,347	4,144
	CrossingBridge Low Duration Fund	Bond fund/ 1994 units	20,072	19,955
	Performance Trust Strategic Fund	Bond fund/ 1,970 units	44,389	44,857
	Carillon Reams Bond Fund	Bond fund/ 4,885 units	56,955	58,804
	Applied Finance Core Fund	Mutual fund/ 950 units	12,147	14,072
	Applied Finance Explorer	Mutual fund/ 1,343 units	12,911	15,760
	Calamos Phineus Long/Short Fund	Mutual fund/ 138 units	1,735	1,609
	Evermore Global Value Fund	Mutual fund/ 4,093 units	42,288	58,736
	Grant Park Multi Alternative Fund	Mutual fund/ 79 units	873	834
	Hennessy BP Energy Fund	Mutual fund/ 3,332 units	63,155	51,463
	Hennessy BP Midstream Fund	Mutual fund/ 4,095 units	60,315	46,350
	Johcm Emerging Market Oppty Fund	Mutual fund/ 2,855 units	26,416	31,667
	Johcm International Select Fund	Mutual fund/ 1,033 units	21,942	24,824
	Maingate MLP Fund	Mutual fund/ 2,978 units	21,928	19,090
	Virtus KAR Emerging Markets Fund	Mutual fund/ 1,159 units	13,339	14,732
	Otter Creek Long/Short Fund	Mutual fund/ 2,960 units	31,757	36,033

See accompanying report of independent auditors.

BAGSHAW ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN

SCHEDULE H, PART IV, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR) DECEMBER 31, 2019

Name of Plan Sponsor: Bagshaw Enterprises, Inc.
 EIN: 31-0945444
 Plan Number: 333

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Vaughn Nelson Emerging Markets	Mutual fund/ 6,304 units	59,015	56,861
	Vaughn Nelson Value Fund	Mutual fund/ 608 units	13,155	13,770
	Cole Real Estate Income Strategy	Exchange traded fund/ 7,100 units	121,922	125,960
	Sprott Gold Miners	Exchange traded fund/ 198 units	3,536	4,980
	Van Eck Vectors Jr Gold Miners	Exchange traded fund/ 791 units	23,645	33,428
	Global X MLP & Energy	Exchange traded fund/ 47 units	560	577
	Federal Home Loan Mortgage Corp.	5% Bond due 12/01/2035/ \$5,000 face	177	129
	Federal Home Loan Mortgage Corp.	7% Bond due 06/01/2031/ \$5,000 face	38	15
	Federal Home Loan Mortgage Corp.	7% Bond due 03/01/2031/ \$54,000 face	326	147
	Federal Home Loan Mortgage Corp.	7% Bond due 09/01/2031/ \$5,000 face	40	12
	Federal Home Loan Mortgage Corp.	7% Bond due 10/01/2031/ \$18,000 face	131	28
	Federal Home Loan Mortgage Corp.	7% Bond due 07/01/2032/ \$22,000 face	308	83
	Federal Home Loan Mortgage Corp.	5% Bond due 05/01/2021/ \$5,000 face	203	41
	Federal National Mortgage Association	5.5% Bond due 11/01/2033/ \$5,000 face	469	121
	Federal National Mortgage Association	5.5% Bond due 03/01/2021/ \$5,701 face	417	18
*	Participant Loans	Loans (with interest rate of 4.75% with various maturities through November 13, 2023.)	-0-	2,606
				<u>\$ 746,915</u>

* Indicates parties-in-interest to the Plan.

See accompanying report of independent auditors.

BAGSHAW ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN

SCHEDULE H, PART IV, LINE 4I - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN THE YEAR) FOR THE YEAR ENDED DECEMBER 31, 2019

Name of Plan Sponsor: Bagshaw Enterprises, Inc.

EIN: 31-0945444

Plan Number: 333

(a) Identify of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interestm collateral, par or maturity	(c) Cost of acquisitions	(d) Proceeds of dispositions
Apollo Investment Corporation	Common Stock, 282 units	\$ 4,362	\$ 4,565
Calamos Phineus Long/Short Fund	Mutual Fund, 672.269 units	8,025	7,987
Hennessy BP Energy Fund	Mutual Fund, 1,087.612 units	18,068	16,290
Virtus KAR Emerging Markets Fund	Mutual Fund, 1,862.799 units	21,517	22,521
Evermore Global Value Fund	Mutual Fund, 151.437 units	1,886	1,960
Hennessy BP Midstream Fund	Mutual Fund, 572.530 units	7,122	6,853
Johncm International Select Fund	Mutual Fund, 23.510 units	526	534
Otter Creek Long/Short Fund	Mutual Fund, 259.270 units	2,935	3,030
Perritt Ultra Microcap Fund	Mutual Fund, 170.184 units	2,500	2,328
Carillon Reams Bond Fund	Bond Fund, 35.167 units	422	426

See accompanying report of independent auditors.

BAGSHAW ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN

SCHEDULE H, PART IV, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS FOR THE YEAR ENDED DECEMBER 31, 2019

Name of Plan Sponsor: Bagshaw Enterprises, Inc.

EIN: 31-0945444

Plan Number: 333

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	Number of Transactions	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
(i) Schwab Money Market Fund	Money market mutual fund		\$ 230,417	1	\$ 230,417		\$ -
(i) Schwab Money Market Fund	Money market mutual fund		\$ 717,483	1	\$ 717,483		\$ -
(i) Schwab Money Market Fund	Money market mutual fund		\$ 715,000	1	\$ 715,000		\$ -
(i) Schwab Money Market Fund	Money market mutual fund		\$ 870,000	1	\$ 870,000		\$ -
(i) Schwab Money Market Fund	Money market mutual fund		\$ 715,000	1	\$ 715,000		\$ -
(i) Schwab Money Market Fund	Money market mutual fund		\$ 870,000	1	\$ 870,000		\$ -
(i) Schwab Advisor Cash Reserves Fund	Money market mutual fund		\$ 230,000	1	\$ 230,000		\$ -
(i) Schwab Advisor Cash Reserves Fund	Money market mutual fund		\$ 269,060	1	\$ 269,060		\$ -
(iii) Schwab Money Market Fund	Money market mutual fund		\$ 77,619	4	\$ 77,619		\$ -
(iii) Schwab Money Market Fund	Money market mutual fund	\$ 85,210		1		\$ 85,210	
(iii) Schwab Advisor Cash Reserves Fund	Money market mutual fund	\$ 34,664		52		\$ 34,664	
(iii) Schwab Advisor Cash Reserves Fund	Money market mutual fund		\$ 164,491	16	\$ 164,491		\$ -
(iii) Grant Park Multi Alternative Fund	Mutual fund		\$ 113,346	7	\$ 105,281		\$ 8,065
(iii) Carillon Reams Bond Fund	Bond fund		\$ 132,321	6	\$ 129,151		\$ 3,170
(iii) Carillon Reams Bond Fund	Bond fund	\$ 1,131		1		\$ 1,131	

There were no category (ii) or (iv) reportable transactions in 2019.

- (i) Single transaction exceeding 5% of plan assets
- (ii) A series of transactions with the same person involving property other than securities and aggregating to more than 5% of plan assets
- (iii) Transactions in a series of securities transactions involving the same issue, if the series aggregates to more than 5% of plan assets
- (iv) Securities transactions with a person, if any, preceding or subsequent single securities transaction with the same person exceeds 5% of plan assets

See accompanying report of independent auditors.

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 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>			
A	This return/report is for:	☐ a multiemployer plan ☒ a single-employer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ 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 BAGSHAW ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	1b	Three-digit plan number (PN) ▶ 333
		1c	Effective date of plan 11/29/1979
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) Bagshaw Enterprises, Inc. 8414 St. Rt. 124 Hillsboro OH 45133	2b	Employer Identification Number (EIN) 31-0945444
		2c	Plan Sponsor's telephone number 937-393-9959
		2d	Business code (see instructions) 722513

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		<u>7/13/2020</u>	JEANINE BAGSHAW
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>7/13/2020</u>	JEANINE BAGSHAW
	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 (2019)
v. 190130

3a Plan administrator's name and address ☐ Same as Plan Sponsor BAGSHAW ENTERPRISES, INC P O BOX 826 HILLSBORO OH 45133	3b Administrator's EIN 31-0945444 3c Administrator's telephone number 937-393-9959
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	5 208
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) 18
a(2) Total number of active participants at the end of the plan year	6a(2) 17
b Retired or separated participants receiving benefits.....	6b 1
c Other retired or separated participants entitled to future benefits	6c 4
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 22
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 1
f Total. Add lines 6d and 6e	6f 23
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 23
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
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 2S 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)** ☐ **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 _____

BAGSHAW ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN

SCHEDULE H, PART IV, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS FOR THE YEAR ENDED DECEMBER 31, 2019

Name of Plan Sponsor: Bagshaw Enterprises, Inc.

EIN: 31-0945444

Plan Number: 333

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	Number of Transactions	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
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See accompanying report of independent auditors.

BAGSHAW ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN

SCHEDULE H, PART IV, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR) DECEMBER 31, 2019

Name of Plan Sponsor: Bagshaw Enterprises, Inc.

EIN: 31-0945444

Plan Number: 333

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
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BAGSHAW ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN

SCHEDULE H, PART IV, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR) DECEMBER 31, 2019

Name of Plan Sponsor: Bagshaw Enterprises, Inc.
 EIN: 31-0945444
 Plan Number: 333

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
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				<u>\$ 746,915</u>

* Indicates parties-in-interest to the Plan.

See accompanying report of independent auditors.

BAGSHAW ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN

SCHEDULE H, PART IV, LINE 4I - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN THE YEAR) FOR THE YEAR ENDED DECEMBER 31, 2019

Name of Plan Sponsor: Bagshaw Enterprises, Inc.

EIN: 31-0945444

Plan Number: 333

(a) Identify of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interestm collateral, par or maturity	(c) Cost of acquisitions	(d) Proceeds of dispositions
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Virtus KAR Emerging Markets Fund	Mutual Fund, 1,862.799 units	21,517	22,521
Evermore Global Value Fund	Mutual Fund, 151.437 units	1,886	1,960
Hennessy BP Midstream Fund	Mutual Fund, 572.530 units	7,122	6,853
Johncm International Select Fund	Mutual Fund, 23.510 units	526	534
Otter Creek Long/Short Fund	Mutual Fund, 259.270 units	2,935	3,030
Perritt Ultra Microcap Fund	Mutual Fund, 170.184 units	2,500	2,328
Carillon Reams Bond Fund	Bond Fund, 35.167 units	422	426

See accompanying report of independent auditors.

BAGSHAW ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN

SCHEDULE H, PART IV, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS FOR THE YEAR ENDED DECEMBER 31, 2019

Name of Plan Sponsor: Bagshaw Enterprises, Inc.

EIN: 31-0945444

Plan Number: 333

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	Number of Transactions	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
(i) Schwab Money Market Fund	Money market mutual fund		\$ 230,417	1	\$ 230,417		\$ -
(i) Schwab Money Market Fund	Money market mutual fund		\$ 717,483	1	\$ 717,483		\$ -
(i) Schwab Money Market Fund	Money market mutual fund		\$ 715,000	1	\$ 715,000		\$ -
(i) Schwab Money Market Fund	Money market mutual fund		\$ 870,000	1	\$ 870,000		\$ -
(i) Schwab Money Market Fund	Money market mutual fund		\$ 715,000	1	\$ 715,000		\$ -
(i) Schwab Money Market Fund	Money market mutual fund		\$ 870,000	1	\$ 870,000		\$ -
(i) Schwab Advisor Cash Reserves Fund	Money market mutual fund		\$ 230,000	1	\$ 230,000		\$ -
(i) Schwab Advisor Cash Reserves Fund	Money market mutual fund		\$ 269,060	1	\$ 269,060		\$ -
(iii) Schwab Money Market Fund	Money market mutual fund		\$ 77,619	4	\$ 77,619		\$ -
(iii) Schwab Money Market Fund	Money market mutual fund	\$ 85,210		1		\$ 85,210	
(iii) Schwab Advisor Cash Reserves Fund	Money market mutual fund	\$ 34,664		52		\$ 34,664	
(iii) Schwab Advisor Cash Reserves Fund	Money market mutual fund		\$ 164,491	16	\$ 164,491		\$ -
(iii) Grant Park Multi Alternative Fund	Mutual fund		\$ 113,346	7	\$ 105,281		\$ 8,065
(iii) Carillon Reams Bond Fund	Bond fund		\$ 132,321	6	\$ 129,151		\$ 3,170
(iii) Carillon Reams Bond Fund	Bond fund	\$ 1,131		1		\$ 1,131	

There were no category (ii) or (iv) reportable transactions in 2019.

- (i) Single transaction exceeding 5% of plan assets
- (ii) A series of transactions with the same person involving property other than securities and aggregating to more than 5% of plan assets
- (iii) Transactions in a series of securities transactions involving the same issue, if the series aggregates to more than 5% of plan assets
- (iv) Securities transactions with a person, if any, preceding or subsequent single securities transaction with the same person exceeds 5% of plan assets

See accompanying report of independent auditors.