

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 ☐ an amended return/report ☐ the final return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☐ Form 5558 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program

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

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/29/2020	MARK SALTZMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

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	5 500
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) 436 6a(2) 482 6b 2 6c 71 6d 555 6e 0 6f 555 6g 555 6h 48
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 BUYERS PRODUCTS COMPANY EMPLOYEES PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BUYERS PRODUCTS COMPANY	D Employer Identification Number (EIN) 34-1000414	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

CHARLES SCHWAB

34-1000414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	190467	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCCREADY&KEENE(ONEAMERICA COMPANY)

35-0500670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 64	NONE	26956	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MALONEY + NOVOTNY LLC

34-0677006

(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?
10	NONE	5538	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

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 BUYERS PRODUCTS COMPANY EMPLOYEES PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 BUYERS PRODUCTS COMPANY	D Employer Identification Number (EIN) 34-1000414	

Part I	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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	4099194	4704626
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	167770	180972
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	819006	864538
(2) U.S. Government securities	1c(2)	3037637	3995830
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	15206802	16633334
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	30225912	33903442
(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)	1989212	2538785
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	858263	1694249

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	56403796 64515776
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	91018 103550
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	91018 103550
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	56312778 64412226

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	4704626
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers)	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	4704626
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	22984
	(B) U.S. Government securities	2b(1)(B)	106232
	(C) Corporate debt instruments	2b(1)(C)	442207
	(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)	571423
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	901343
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	67495
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	968838
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	15951804
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	12058758
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	3893046
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	7431115
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	7431115

		(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)		159739
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		17728787

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9406378	
(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)		9406378
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)	32494	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	190467	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		222961
j Total expenses. Add all expense amounts in column (b) and enter total	2j		9629339

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8099448
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: MALONEY & NOVOTNY LLC

(2) EIN: 34-0677006

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

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

Part IV Compliance Questions

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

During the plan year:

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

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
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?		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?		X	
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?		X	
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.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan <u>BUYERS PRODUCTS COMPANY EMPLOYEES PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BUYERS PRODUCTS COMPANY</u>	D Employer Identification Number (EIN) <u>34-1000414</u>

Part I	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>34-1000414</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) 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

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): _____

- 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 _____

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

FINANCIAL REPORT

DECEMBER 31, 2019 and 2018

BUYERS PRODUCTS COMPANY
EMPLOYEES' PROFIT SHARING PLAN

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* Refers to sections of Form 5500 (Annual Return/Report of Employee Benefit Plan) for Plan year ended December 31, 2019, which material is incorporated herein by reference.

Independent Auditors' Report

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

We have audited the accompanying financial statements of the Buyers Products Company Employees' Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 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

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

Auditors' Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2019 and 2018, and the changes in net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2019 and the supplemental schedule of reportable transactions for the year then ended are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Meloney + Novotny LLC

Cleveland, Ohio
July 28, 2020

BUYERS PRODUCTS COMPANY
EMPLOYEES' PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
ASSETS		
Investments, at fair value	\$59,630,178	\$52,136,832
Receivables		
Employer contributions	4,704,626	4,099,194
Accrued investment income	<u>180,972</u>	<u>167,770</u>
Total receivables	<u>4,885,598</u>	<u>4,266,964</u>
Total assets	64,515,776	56,403,796
LIABILITIES		
Operating payables	<u>103,550</u>	<u>91,018</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$64,412,226</u>	<u>\$56,312,778</u>

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

BUYERS PRODUCTS COMPANY
EMPLOYEES' PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
ADDITIONS		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ 11,483,900	\$ (1,946,170)
Interest and dividends	<u>1,540,261</u>	<u>1,554,636</u>
Net investment income (loss)	13,024,161	(391,534)
Employer contributions	<u>4,704,626</u>	<u>4,099,194</u>
Net additions	17,728,787	3,707,660
DEDUCTIONS		
Benefits paid directly to participants	9,406,378	7,969,340
Administrative fees	<u>222,961</u>	<u>201,036</u>
Total deductions	<u>9,629,339</u>	<u>8,170,376</u>
NET INCREASE (DECREASE)	8,099,448	(4,462,716)
NET ASSETS AVAILABLE FOR BENEFITS		
BEGINNING OF YEAR	<u>56,312,778</u>	<u>60,775,494</u>
END OF YEAR	<u>\$ 64,412,226</u>	<u>\$ 56,312,778</u>

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

BUYERS PRODUCTS COMPANY
EMPLOYEES' PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan

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

General – The Plan is a defined contribution plan that covers substantially all employees of Buyers Products Company; Progressive Powder Coating, Inc.; Trailer Component Manufacturing, Inc.; BPC Realty Holdings, LLC; and effective January 1, 2019, Bigfoot Landscape Supply, LLC (collectively, the "Company") who have attained age 19 and one year of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Contributions – The Company's contribution for each plan year is determined at the discretion of the Company's officers. Participants are eligible for such contributions provided they work at least 1,000 hours and are employed on the last day of the plan year. For the plan years 2019 and 2018, the Company's contributions to the Plan amounted to 15% of each eligible employee's defined compensation, subject to Internal Revenue Service ("IRS") limitations. Allocation of the contributions is based on relative plan compensation. There is no provision in the Plan for participant contributions.

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

All of the Plan's investments are nonparticipant-directed. Consequently, all balances in the statements of net assets available for benefits as of December 31, 2019 and 2018 and all activity in the statements of changes in net assets available for benefits for the years ended December 31, 2019 and 2018 were attributable to nonparticipant-directed investments.

Vesting – Participants vest in the Company contributions as follows: 10% after each of the first two years and 20% per year thereafter until fully vested after six years of vesting service. Any non-vested Company contributions are reallocated to participants in the same manner as Company contributions. Reallocated forfeitures were \$362,676 and \$395,382 in 2019 and 2018, respectively. There were no unallocated forfeitures at December 31, 2019 or 2018.

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

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

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

BUYERS PRODUCTS COMPANY
EMPLOYEES' PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 2. Summary of Significant Accounting Policies

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

Investment Valuation and Income Recognition – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Company's Board of Directors determines the Plan's valuation policies utilizing information provided by the investment advisers and Charles Schwab ("Schwab"). See Note 3 for discussion of fair value measurements.

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

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

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

Benefit Payments – Benefit payments are recorded when paid.

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

Subsequent Events – The Company has evaluated subsequent events through July 28, 2020, which is the date the financial statements were available to be issued.

Note 3. Fair Value Measurements

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

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

BUYERS PRODUCTS COMPANY
EMPLOYEES' PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 3. Fair Value Measurements (Continued)

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

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

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. There have been no changes in the methodologies used from 2018 to 2019. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and 2018:

	Assets at Fair Value as of December 31, 2019			
	Level 1	Level 2	Level 3	Total
Common stocks	\$ 33,903,442			\$ 33,903,442
Corporate bonds		\$ 11,524,960		11,524,960
Certificates of deposit		263,110		263,110
Money market funds	601,428			601,428
Asset-backed securities		3,272,691		3,272,691
Municipal bonds		1,199,756		1,199,756
Mutual funds	2,538,785			2,538,785
U.S. government agency funds		635,927		635,927
U.S. Treasury bonds		3,995,830		3,995,830
Other asset		1,694,249		1,694,249
Total	<u>\$ 37,043,655</u>	<u>\$ 22,586,523</u>	<u>\$ -</u>	<u>\$ 59,630,178</u>

BUYERS PRODUCTS COMPANY
EMPLOYEES' PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 3. Fair Value Measurements (Continued)

	Assets at Fair Value as of December 31, 2018			
	Level 1	Level 2	Level 3	Total
Common stocks	\$30,225,912			\$30,225,912
Corporate bonds		\$10,840,131		10,840,131
Certificates of deposit		247,946		247,946
Money market funds	571,060			571,060
Asset-backed securities		1,186,825		1,186,825
Municipal bonds		1,225,636		1,225,636
Mutual funds	1,989,212			1,989,212
U.S. government agency funds		1,954,210		1,954,210
U.S. Treasury bonds		3,037,637		3,037,637
Other asset		858,263		858,263
Total	<u>\$32,786,184</u>	<u>\$19,350,648</u>	<u>\$ -</u>	<u>\$52,136,832</u>

Note 4. Party-in-Interest Transactions

Certain Plan investments are units of funds managed by Schwab. Schwab is the Plan Custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Johnson Trust Company is Trustee as defined by the Plan. Included in administrative expenses is \$187,754 and \$171,621 in Trustee fees for the years ended December 31, 2019 and 2018, respectively. Certain Plan investments are in shares of Automatic Data Processing ("ADP"). ADP is the Company's payroll provider and, therefore, qualifies as a party-in-interest.

Note 5. Income Tax Status

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

The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2019, there are no uncertain positions taken or expected to be taken that would require such recognition or disclosure in the financial statements.

Note 6. Subsequent Event

On January 30, 2020, the World Health Organization declared the outbreak of the coronavirus disease 2019 ("COVID-19") a global health emergency and subsequently declared the COVID-19 outbreak a global pandemic in March 2020. The pandemic has adversely affected domestic and global economic activity and the full impact continues to evolve as of the date of this report. Accordingly, the effects of the pandemic on the Plan's current and future operations are unknown at this time.

BUYERS PRODUCTS COMPANY
EMPLOYEES' PROFIT SHARING PLAN

EMPLOYER NO. 34-1000414
PLAN NO. 001

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

Year Ended December 31, 2019

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

Total Current Value of Plan Assets - January 1, 2019....	\$ 56,403,796
5% of Total Current Value of Plan Assets	2,820,190

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Assets	Current Value of Assets on Transaction Date	Net Gain (Loss)
Charles Schwab	US Treasury Money Fund	\$ 4,371,898	N/A	N/A	N/A	N/A	\$ 4,371,898	N/A
Charles Schwab	US Treasury Money Fund	N/A	\$ 4,937,331	N/A	N/A	\$ 4,937,331	4,937,331	\$ -
Charles Schwab	Government Money Fund	4,050,000	N/A	N/A	N/A	N/A	4,050,000	N/A
Charles Schwab	Variable Share Price Money Fund	4,000,000	N/A	N/A	N/A	N/A	4,000,000	N/A
Charles Schwab	Variable Share Price Money Fund	N/A	4,000,400	N/A	N/A	4,000,400	4,000,400	-

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

There were no category (i), (ii), or (iv) reportable transactions during 2019.

SUPPLEMENTAL SCHEDULES

BUYERS PRODUCTS COMPANY
EMPLOYEES' PROFIT SHARING PLAN

EMPLOYER NO. 34-1000414
PLAN NO. 001

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2019

(a) (b) (c)
Investment Detail - Cash and Bank Sweep

(d) (e)

Cash	Market Value	% of Account Assets
Income Cash	575,327.09	<1%
Principal Cash	(555,155.80)	
Total <u>Cash</u>	20,171.29	<1%

Investment Detail - Cash and Bank Sweep (continued)

Bank Sweep		Starting Balance	Ending Balance	% of Account Assets
*	CHARLES SCHWAB BANK	249,000.00	332,257.23	<1%
*	CHARLES SCHWAB TRUST BANK	120,384.03	249,000.00	<1%
Total Bank Sweep ^{A,B}		369,384.03	581,257.23	<1%
Total Cash and Bank Sweep			601,428.52	1%

Investment Detail - Fixed Income

	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
U.S. Treasuries			Cost Basis				Yield to Maturity
US TREASUR NT 1.5%05/20	100,000.0000	99.93750	99,937.50	99,762.48	<1%	175.02	1,500.00
UST NOTE DUE 05/31/20 CUSIP: 912828XE5			99,762.48				1.80%
							Accrued Interest: 131.15
US TREASU NT 1.125%06/21	760,000.0000	99.29687	754,656.21	753,957.56	1%	698.65	8,550.00
UST NOTE DUE 06/30/21 CUSIP: 912828S27			753,957.56				1.61%
							Accrued Interest: 23.49
US TREASUR NT 2.75%11/23	400,000.0000	104.01562	416,062.48	391,687.00	<1%	24,375.48	11,000.00
UST NOTE DUE 11/15/23 CUSIP: 912828WE6			391,687.00				2.99%
							Accrued Interest: 1,420.33

Investment Detail - Fixed Income (continued)

	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
U.S. Treasuries (continued)			<i>Cost Basis</i>				Yield to Maturity
US TREASU NT 2.125%11/23	1,125,000.0000	101.71875	1,144,335.94	1,104,423.31	2%	39,912.63	23,906.25
UST NOTE DUE 11/30/23 CUSIP: 912828U57			1,104,423.31				N/A ^y
						Accrued Interest: 2,090.16	
UST INFL IDX 1.75%01/28	300,000.0000	112.34375	413,978.85	407,176.96	<1%	6,801.89^b	5,250.00
INFL INDEX DUE 01/15/28 CUSIP: 912810PV4 FACTOR=1.228310000			397,793.34				0.42%
						Accrued Interest: 2,979.20	
US TREASUR NT 2.75%02/28	1,095,000.0000	106.56250	1,166,859.38	1,081,533.94	2%	85,325.44^b	30,112.50
UST NOTE DUE 02/15/28 CUSIP: 9128283W8			1,081,671.88				N/A ^y
						Accrued Interest: 11,374.01	
Total U.S. Treasuries	3,780,000.0000		3,995,830.36	3,838,541.25	7%	157,289.11^b	80,318.75
		Total Cost Basis:	3,829,295.57				
Total Accrued Interest for U.S. Treasuries: 18,018.34							
	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
Agency Securities			<i>Cost Basis</i>				Yield to Maturity
FHLB 2.875%24	180,000.0000	105.03050	189,054.90	190,005.80	<1%	(950.90)	5,175.00
DUE 09/13/24 CUSIP: 3130A2UW4 MOODY'S: Aaa S&P: AA+			190,005.80				1.68%
						Accrued Interest: 1,552.50	

Investment Detail - Fixed Income (continued)

	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
Agency Securities (continued)			<i>Cost Basis</i>				Yield to Maturity
FARM CREDIT SYSTE 1.6%24	450,000.0000	99.30480	446,871.60	448,179.35	<1%	(1,307.75)	7,200.00
DUE 09/17/24			448,179.35				1.68%
CUSIP: 3133EKP75							
MOODY'S: Aaa S&P: AA+						Accrued Interest: 2,080.00	
Total Agency Securities	630,000.0000		635,926.50	638,185.15	1%	(2,258.65)	12,375.00
		Total Cost Basis:	638,185.15				
Total Accrued Interest for Agency Securities: 3,632.50							
	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
Corporate Bonds			<i>Cost Basis</i>				Yield to Maturity
JOHNSON CONTROLS IN5%20F	150,000.0000	100.68450	151,026.75	151,630.73	<1%	(603.98) ^b	7,500.00
DUE 03/30/20			160,229.32				2.93%
CUSIP: 478375AD0							
MOODY'S: Baa2 S&P: BBB+						Accrued Interest: 1,895.83	
GEORGIA POWER CO 2%20	155,000.0000	99.98210	154,972.26	154,476.15	<1%	496.11	3,100.00
DUE 09/08/20			154,476.15				2.31%
CUSIP: 373334KJ9							
MOODY'S: Baa1 S&P: A-						Accrued Interest: 973.06	

Investment Detail - Fixed Income (continued)

	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
Corporate Bonds (continued)			Cost Basis				Yield to Maturity
MARSH & MCLENNAN 4.8%²¹	150,000.0000	103.67290	155,509.35	154,556.04	<1%	953.31^b	7,200.00
DUE 07/15/21			167,371.50				3.21%
CALLABLE 04/15/21 AT 100.00000							
CUSIP: 571748AR3							
MOODY'S: Baa1 S&P: A-						Accrued Interest: 3,320.00	
THE PROGRESSIVE 3.75%²¹	230,000.0000	103.00470	236,910.81	232,204.67	<1%	4,706.14^b	8,625.00
DUE 08/23/21			237,740.70				3.25%
CUSIP: 743315AN3							
MOODY'S: A2 S&P: A						Accrued Interest: 3,066.67	
BNSF, LLC 3.45%²¹	150,000.0000	102.29650	153,444.75	152,062.11	<1%	1,382.64^b	5,175.00
DUE 09/15/21			158,029.50				2.73%
CALLABLE 06/15/21 AT 100.00000							
CUSIP: 12189LAF8							
MOODY'S: A3 S&P: A+						Accrued Interest: 1,523.75	
DUKE ENERGY CORP 3.55%²¹	330,000.0000	102.23980	337,391.34	334,035.04	<1%	3,356.30^b	11,715.00
DUE 09/15/21			338,887.80				N/A ^y
CALLABLE 06/15/21 AT 100.00000							
CUSIP: 26441CAF2							
MOODY'S: Baa1 S&P: BBB+						Accrued Interest: 3,449.42	

Investment Detail - Fixed Income (continued)

	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
Corporate Bonds (continued)			Cost Basis				Yield to Maturity
GENERAL ELECTRIC 4.65%21	275,000.0000	104.17990	286,494.73	279,623.10	<1%	6,871.63 ^b	12,787.50
DUE 10/17/21			294,402.50				3.76%
CUSIP: 36962G5J9							
MOODY'S: Baa1 S&P: BBB+						Accrued Interest: 2,628.54	
MORGAN STANLEY 2.625%21	285,000.0000	101.12270	288,199.70	281,136.80	<1%	7,062.90	7,481.25
DUE 11/17/21			281,136.80				N/A ^y
CUSIP: 61746BED4							
MOODY'S: A3 S&P: BBB+						Accrued Interest: 914.38	
HUNTINGTON BANCSH 2.3%22	340,000.0000	100.37430	341,272.62	337,650.80	<1%	3,621.82	7,820.00
DUE 01/14/22			337,650.80				N/A ^y
CALLABLE 12/14/21 AT 100.00000							
CUSIP: 446150AK0							
MOODY'S: Baa1 S&P: BBB+						Accrued Interest: 3,627.61	
EVERSOURCE ENERG 2.75%22	300,000.0000	101.34860	304,045.80	301,073.50	<1%	2,972.30	8,250.00
DUE 03/15/22			301,073.50				N/A ^y
CALLABLE 02/15/22 AT 100.00000							
CUSIP: 30040WAC2							
MOODY'S: Baa1 S&P: BBB+						Accrued Interest: 2,429.17	

Investment Detail - Fixed Income (continued)

	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
Corporate Bonds (continued)			Cost Basis				Yield to Maturity
TRUIST FINL CORP 3.95%22	250,000.0000	103.58860	258,971.50	249,311.72	<1%	9,659.78 ^b	9,875.00
DUE 03/22/22			249,556.00				N/A ^y
CALLABLE 02/22/22 AT 100.00000							
CUSIP: 05531GAA9							
MOODY'S: A3 S&P: BBB+						Accrued Interest: 2,715.63	
VIRGINIA ELECTRI 3.45%22	330,000.0000	103.38070	341,156.31	340,394.01	<1%	762.30 ^b	11,385.00
DUE 09/01/22			340,933.70				2.35%
CALLABLE 06/01/22 AT 100.00000							
CUSIP: 927804FJ8							
MOODY'S: A2 S&P: BBB+						Accrued Interest: 3,795.00	
EATON CORP PLC 2.75%22	372,000.0000	102.00920	379,474.22	369,801.64	<1%	9,672.58	10,230.00
DUE 11/02/22			369,801.64				N/A ^y
CUSIP: 278062AC8							
MOODY'S: Baa1 S&P: A-						Accrued Interest: 1,676.58	
UNION PACIFIC COR 3.5%23	250,000.0000	104.63760	261,594.00	249,996.50	<1%	11,597.50	8,750.00
DUE 06/08/23			249,996.50				3.49%
CALLABLE 05/08/23 AT 100.00000							
CUSIP: 907818EU8							
MOODY'S: Baa1 S&P: A-						Accrued Interest: 559.03	

Investment Detail - Fixed Income (continued)

	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
Corporate Bonds (continued)			Cost Basis				Yield to Maturity
NTNL RURAL UTILIT 3.4%23	340,000.0000	105.13320	357,452.88	357,365.30	<1%	87.58 ^b	11,560.00
DUE 11/15/23			358,166.60				2.06%
CALLABLE 08/15/23 AT 100.00000							
CUSIP: 637432MV4							
MOODY'S: A1 S&P: A						Accrued Interest: 1,477.11	
FIFTH THIRD BANCO 4.3%24	350,000.0000	107.26620	375,431.70	362,819.84	<1%	12,611.86 ^b	15,050.00
DUE 01/16/24			369,823.00				N/A ^y
CALLABLE 12/16/23 AT 100.00000							
CUSIP: 316773CP3							
MOODY'S: Baa1 S&P: BBB						Accrued Interest: 6,897.92	
PNC FINL SVCS GRO 3.9%24	210,000.0000	105.09070	220,690.47	211,096.45	<1%	9,594.02 ^b	8,190.00
DUE 04/29/24			211,344.00				N/A ^y
CALLABLE 03/29/24 AT 100.00000							
CUSIP: 693475AP0							
MOODY'S: A3 S&P: BBB+						Accrued Interest: 1,410.50	
CHUBB INA HOLDIN 3.35%24	245,000.0000	105.09830	257,490.84	244,215.30	<1%	13,275.54	8,207.50
DUE 05/15/24			244,215.30				3.41%
CUSIP: 00440EAR8							
MOODY'S: A3 S&P: A						Accrued Interest: 1,048.74	

Investment Detail - Fixed Income (continued)

	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
Corporate Bonds (continued)			Cost Basis				Yield to Maturity
A O N PLC 3.5%24F	325,000.0000	104.39170	339,273.03	330,906.29	<1%	8,366.74 ^b	11,375.00
DUE 06/14/24			332,089.45				N/A ^y
CALLABLE 03/14/24 AT 100.00000							
CUSIP: 00185AAF1							
MOODY'S: Baa2 S&P: A-						Accrued Interest: 537.15	
JPMORGAN CHASE 3.875%24	350,000.0000	106.95010	374,325.35	349,404.61	<1%	24,920.74 ^b	13,562.50
DUE 09/10/24			350,138.00				N/A ^y
CUSIP: 46625HJY7							
MOODY'S: A3 S&P: BBB+						Accrued Interest: 4,181.77	
U.S. BANCORP 3.6%24	370,000.0000	106.05820	392,415.34	373,199.28	<1%	19,216.06 ^b	13,320.00
DUE 09/11/24			376,742.50				N/A ^y
CALLABLE 08/11/24 AT 100.00000							
CUSIP: 91159HHK9							
MOODY'S: A1 S&P: A-						Accrued Interest: 4,070.00	
AMERICAN EXPRESS CO 3%24	325,000.0000	103.20450	335,414.63	319,618.80	<1%	15,795.83	9,750.00
DUE 10/30/24			319,618.80				N/A ^y
CALLABLE 09/29/24 AT 100.00000							
CUSIP: 025816BR9							
MOODY'S: A3 S&P: BBB+						Accrued Interest: 1,652.08	

Investment Detail - Fixed Income (continued)

	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
Corporate Bonds (continued)			<i>Cost Basis</i>				Yield to Maturity
BECTON, DICKINS 3.734%24	200,000.0000	105.94760	211,895.20	205,014.13	<1%	6,881.07^b	7,468.00
DUE 12/15/24			207,716.00				3.18%
CALLABLE 09/15/24 AT 100.00000							
CUSIP: 075887BF5							
MOODY'S: Ba1 S&P: BBB						Accrued Interest: 331.91	
BERKSHIRE HATHAWA 3.5%25	430,000.0000	105.47000	453,521.00	436,429.06	<1%	17,091.94^b	15,050.00
DUE 02/01/25			437,272.40				N/A ^y
CALLABLE 11/01/24 AT 100.00000							
CUSIP: 084659AD3							
MOODY'S: A3 S&P: A-						Accrued Interest: 6,270.83	
MUFG AMERICAS HOLDI 3%25	452,000.0000	101.58210	459,151.09	462,089.28	<1%	(2,938.19)	13,560.00
DUE 02/10/25			462,089.28				N/A ^y
CALLABLE 01/10/25 AT 100.00000							
CUSIP: 553794AC2							
MOODY'S: A2 S&P: A-						Accrued Interest: 5,311.00	

Investment Detail - Fixed Income (continued)

	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
Corporate Bonds (continued)			Cost Basis				Yield to Maturity
ENTERPRISE PRODU 3.75%25	265,000.0000	106.46410	282,129.87	272,881.39	<1%	9,248.48 ^b	9,937.50
DUE 02/15/25			275,521.15				N/A ^y
CALLABLE 11/15/24 AT 100.00000							
CUSIP: 29379VBE2							
MOODY'S: Baa1 S&P: BBB+						Accrued Interest: 3,754.17	
FRIENDLY FIN, INC. 4%25	350,000.0000	108.17360	378,607.60	353,073.92	<1%	25,533.68 ^b	14,000.00
DUE 05/01/25			353,422.00				N/A ^y
CALLABLE 03/01/25 AT 100.00000							
CUSIP: 867914BS1							
MOODY'S: A3 S&P: A-						Accrued Interest: 2,333.33	
SHELL INTERNTNL 3.25%25F	550,000.0000	105.66420	581,153.10	538,869.00	<1%	42,284.10	17,875.00
DUE 05/11/25			538,869.00				N/A ^y
CUSIP: 822582BD3							
MOODY'S: Aa2 S&P: AA-						Accrued Interest: 2,482.64	
XCEL ENERGY INC. 3.3%25	365,000.0000	104.20790	380,358.84	364,464.55	<1%	15,894.29 ^b	12,045.00
DUE 06/01/25			364,562.30				N/A ^y
CALLABLE 12/01/24 AT 100.00000							
CUSIP: 98389BAR1							
MOODY'S: Baa1 S&P: BBB+						Accrued Interest: 1,003.75	

Investment Detail - Fixed Income (continued)

	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
Corporate Bonds (continued)			Cost Basis				Yield to Maturity
CVS HEALTH CORP 3.875%25	225,000.0000	106.52620	239,683.95	233,056.47	<1%	6,627.48 ^b	8,718.75
DUE 07/20/25			235,330.25				3.21%
CALLABLE 04/20/25 AT 100.00000							
CUSIP: 126650CL2							
MOODY'S: Baa2 S&P: BBB						Accrued Interest: 3,899.22	
THE KROGER CO. 3.5%26	230,000.0000	104.66510	240,729.73	228,709.90	<1%	12,019.83	8,050.00
DUE 02/01/26			228,709.90				3.57%
CALLABLE 11/01/25 AT 100.00000							
CUSIP: 501044DC2							
MOODY'S: Baa1 S&P: BBB						Accrued Interest: 3,354.17	
JOHNSON CONTROLS 3.9%26F	150,000.0000	106.17280	159,259.20	154,067.37	<1%	5,191.83 ^b	5,850.00
DUE 02/14/26			154,902.50				3.43%
CALLABLE 11/14/25 AT 100.00000							
CUSIP: 478375AR9							
MOODY'S: Baa2 S&P: BBB+						Accrued Interest: 2,226.25	

Investment Detail - Fixed Income (continued)

	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
Corporate Bonds (continued)			Cost Basis				Yield to Maturity
CINCINNATI CHIL 2.853%26	400,000.0000	101.14420	404,576.80	400,012.68	<1%	4,564.12^b	11,412.00
DUE 11/15/26			400,014.00				2.85%
CALLABLE 08/15/26 AT 100.00000							
CUSIP: 16876AAB0							
MOODY'S: Aa2 S&P: AA						Accrued Interest: 1,458.20	
WELLS FARGO & CO 4.3%27	330,000.0000	109.13420	360,142.86	338,837.73	<1%	21,305.13^b	14,190.00
DUE 07/22/27			341,032.20				N/A ^y
CUSIP: 94974BGL8							
MOODY'S: A3 S&P: BBB+						Accrued Interest: 6,267.25	
BANK OF AMERICA 3.248%27	445,000.0000	103.76160	461,739.12	437,413.19	<1%	24,325.93^b	14,453.60
DUE 10/21/27			437,439.75				N/A ^y
CALLABLE 10/21/26 AT 100.00000							
CUSIP: 06051GGA1							
MOODY'S: A2 S&P: A-						Accrued Interest: 2,810.42	
KEYCORP 4.1%28	200,000.0000	109.11230	218,224.60	199,672.00	<1%	18,552.60	8,200.00
DUE 04/30/28			199,672.00				4.12%
CUSIP: 49326EEG4							
MOODY'S: Baa1 S&P: BBB+						Accrued Interest: 1,389.44	

Investment Detail - Fixed Income (continued)

	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
Corporate Bonds (continued)			Cost Basis				Yield to Maturity
INTERST PWR LIGHT 4.1%28	250,000.0000	109.19960	272,999.00	276,856.50	<1%	(3,857.50)	10,250.00
DUE 09/26/28			276,856.50				2.73%
CALLABLE 06/26/28 AT 100.00000							
CUSIP: 461070AP9							
MOODY'S: Baa1 S&P: A-						Accrued Interest: 2,704.86	
THE KROGER CO. 4.5%29	105,000.0000	112.21900	117,829.95	108,398.23	<1%	9,431.72 ^b	4,725.00
DUE 01/15/29			108,464.30				4.08%
CALLABLE 10/15/28 AT 100.00000							
CUSIP: 501044DL2							
MOODY'S: Baa1 S&P: BBB						Accrued Interest: 2,178.75	
Total Corporate Bonds	11,029,000.0000		11,524,960.29	11,146,424.08	19%	378,536.21 ^b	386,693.60
		Total Cost Basis:	11,225,297.59				

Total Accrued Interest for Corporate Bonds: 101,626.13

Investment Detail - Fixed Income (continued)

	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
Municipal Bonds			<i>Cost Basis</i>				Yield to Maturity
OH ST HGR ED FAC CO 4%23	225,000.0000	104.94400	236,124.00	225,002.77	<1%	11,121.23^b	9,000.00
SYST HLTH DUE 01/01/23 TAXBL CUSIP: 67756A2Q4 MOODY'S: Aa2 S&P: AA			225,015.00				3.99%
						Accrued Interest: 4,500.00	
KY ST PPTY & BL 5.373%25	260,000.0000	111.07700	288,800.20	279,463.63	<1%	9,336.57^b	13,969.80
LEAS BLDG DUE 11/01/25 TAXBL CUSIP: 49151E7C1 MOODY'S: A1 S&P: A-			289,958.20				3.95%
						Accrued Interest: 2,328.30	
KS ST DEV FA RE 4.091%27	370,000.0000	110.05700	407,210.90	381,195.09	<1%	26,015.81^b	15,136.70
DEV AUTH DUE 04/15/27 XTRO TAXBL CUSIP: 485429Z23 MOODY'S: Aa3 S&P: A+			384,192.40				3.62%
						Accrued Interest: 3,195.53	

Investment Detail - Fixed Income (continued)

	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
Municipal Bonds (continued)			<i>Cost Basis</i>				Yield to Maturity
UNIV CINCINNATI	270,000.0000	99.11900	267,621.30	270,014.00	<1%	(2,392.70)	6,434.10
2.383%27							
PUB EDUC DUE 06/01/27			270,014.00				2.38%
TAXBL							
CUSIP: 914119U75							
MOODY'S: Aa3 S&P: AA-							
						Accrued Interest: 339.58	
Total Municipal Bonds	1,125,000.0000		1,199,756.40	1,155,675.49	2%	44,080.91^b	44,540.60
		Total Cost Basis:	1,169,179.60				
Total Accrued Interest for Municipal Bonds: 10,363.41							
	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
Mortgage Pools			<i>Cost Basis</i>				Yield to Maturity
GNMA PL 676681 4%25	350,000.0000	105.30135	38,027.42	N/A	<1%	(1,019.70)	N/A
DUE 06/15/25			39,047.12				N/A
CUSIP: 36295PXJ6							
FACTOR= .103179840							
REMAIN PRIN=\$36,112.94							
FNMA PL BL0359 3.7%28	450,000.0000	109.58732	484,691.06	N/A	<1%	25,389.32	N/A
DUE 11/01/28			459,301.74				N/A
CUSIP: 3140HRMH3							
FACTOR= .982861190							
REMAIN PRIN=\$442,287.54							

Investment Detail - Fixed Income (continued)

	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
Mortgage Pools (continued)			<i>Cost Basis</i>				Yield to Maturity
FNMA PL BL0752 3.65%29 DUE 01/01/29 CUSIP: 3140HRZS5 FACTOR=1.000000000 REMAIN PRIN=\$600,000.00	600,000.0000	109.57196	657,431.76 <i>622,889.00</i>	N/A	1%	34,542.76	N/A N/A
FNMA PL AL9309 3.5%31 DUE 10/01/31 CUSIP: 3138ERKX7 FACTOR= .518577250 REMAIN PRIN=\$207,430.90	400,000.0000	103.91302	215,547.71 <i>216,755.94</i>	N/A	<1%	(1,208.23)	N/A N/A
FHLMC G18642 3.5%32 DUE 04/01/32 CUSIP: 3128MMWC3 MOODY'S: NR S&P: NR FACTOR= .604824000 REMAIN PRIN=\$332,653.20	550,000.0000	104.73799	348,414.28 <i>348,125.53</i>	N/A	<1%	288.75	N/A N/A
FNMA PL 995112 5.5%36 DUE 07/01/36 CUSIP: 31416BN53 MOODY'S: NR S&P: NR FACTOR= .047886420 REMAIN PRIN=\$47,886.42	1,000,000.0000	113.15480	54,185.78 <i>52,794.78</i>	N/A	<1%	1,391.00	N/A N/A

Investment Detail - Fixed Income (continued)

		Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
Mortgage Pools (continued)				Cost Basis				Yield to Maturity
FNMA PL MA2773	3%36	765,000.0000	103.31386	543,393.96	N/A	<1%	2,787.94	N/A
DUE 10/01/36				540,606.02				N/A
CUSIP: 31418CCK8								
FACTOR= .687534950								
REMAIN PRIN=\$525,964.24								
FNMA PL MA3337	4%38	550,000.0000	104.72842	435,890.22	N/A	<1%	5,198.72	N/A
DUE 04/01/38				430,691.50				N/A
CUSIP: 31418CV76								
FACTOR= .756745560								
REMAIN PRIN=\$416,210.06								
FHLMC G31087	4%38	260,000.0000	104.82389	215,695.94	N/A	<1%	3,130.49	N/A
DUE 07/01/38				212,565.45				N/A
CUSIP: 3132J4ND7								
FACTOR= .791422430								
REMAIN PRIN=\$205,769.83								
FNMA PL AJ7509		175,000.0000	101.97640	26,081.52	N/A	<1%	(921.19)	N/A
3.294%41								
DUE 12/01/41				27,002.71				N/A
CUSIP: 3138E0KX6								
FACTOR= .146148790								
REMAIN PRIN=\$25,576.04								
Total Mortgage Pools		5,100,000.0000		3,019,359.65	N/A	5%	69,579.86	N/A
				Total Cost Basis:	2,949,779.79			

Investment Detail - Fixed Income (continued)

	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
CMO & Asset Backed Securities			Cost Basis				Yield to Maturity
FEDERAL NTNL MORTGA 3%28	250,000.0000	102.05037	110,558.00	N/A	<1%	(3,137.69)	N/A
MBS-CMO DUE 07/25/28 -1321D- CUSIP: 3136ACQX2 FACTOR= .433346800 REMAIN PRIN=\$108,336.70			113,695.69				N/A
FREDDIE MAC 5.5%35	2,280,000.0000	108.88759	72,460.48	N/A	<1%	(1,979.93)	N/A
MBS-CMO DUE 02/15/35 -2933A- CUSIP: 31395MSH3 FACTOR= .029186900 REMAIN PRIN=\$66,546.13			74,440.41				N/A
GNMA 4%38	1,300,000.0000	100.39860	14,418.92	N/A	<1%	(739.80)	N/A
MBS-CMO DUE 11/20/38 -09124B- CUSIP: 38376P2K5 FACTOR= .011047440 REMAIN PRIN=\$14,361.67			15,158.72				N/A

Investment Detail - Fixed Income (continued)

		Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
CMO & Asset Backed Securities (continued)				Cost Basis				Yield to Maturity
FREDDIE MAC	3.5%42	100,000.0000	102.53489	55,893.53	N/A	<1%	1,439.86	N/A
MBS-CMO	DUE 01/15/42			54,453.67				N/A
-4646A-								
CUSIP: 3137BUDF2								
FACTOR= .545117210								
REMAIN PRIN=\$54,511.72								
Total CMO & Asset Backed Securities		3,930,000.0000		253,330.93	N/A	<1%	(4,417.56)	N/A
			Total Cost Basis:	257,748.49				

Investment Detail - Fixed Income (continued)

	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
CDs & BAs			<i>Cost Basis</i>				Yield to Maturity
GOLDMAN SACHS BAN 3.4%²³	250,000.0000	105.24400	263,110.00	248,874.00	<1%	14,236.00	8,500.00
CD FDIC INS DUE 10/17/23 US CUSIP: 38148PY27 MOODY'S: NR S&P: NR			248,874.00				3.50%
						Accrued Interest: 1,769.86	
Total CDs & BAs	250,000.0000		263,110.00	248,874.00	<1%	14,236.00	8,500.00
		Total Cost Basis:	248,874.00				
Total Accrued Interest for CDs & BAs: 1,769.86							
Total Fixed Income	25,844,000.0000		20,892,274.13	17,027,699.97	35%	657,045.88 ^b	532,427.95
		Total Cost Basis:	20,318,360.19				

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

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

Investment Detail - Equities

	Quantity	Market Price	Market Value	% of Account Assets	Unrealized Gain or (Loss)	Estimated Yield	Estimated Annual Income
Equities			<i>Cost Basis</i>				
ABBOTT LABORATORIES	12,925.0000	86.86000	1,122,665.50	2%	772,387.95	1.47%	16,544.00
SYMBOL: ABT			350,277.55				

Investment Detail - Equities (continued)

		Quantity	Market Price	Market Value	% of Account Assets	Unrealized Gain or (Loss)	Estimated Yield	Estimated Annual Income
Equities (continued)		Cost Basis						
ACCENTURE PLC	F	4,255.0000	210.57000	895,975.35	2%	493,914.18	1.51%	13,616.00
CLASS	A	402,061.17						
SYMBOL: ACN								
ALCON INC	F	12,405.0000	56.57000	701,750.85	1%	(26,903.95)	N/A	N/A
SYMBOL: ALC		728,654.80						
ALLIANT ENERGY CORP		15,000.0000	54.72000	820,800.00	1%	232,461.24	2.59%	21,300.00
SYMBOL: LNT		588,338.76						
ALPHABET INC.		1,065.0000	1,339.39000	1,426,450.35	2%	494,277.57	N/A	N/A
CLASS	A	932,172.78						
SYMBOL: GOOGL								
AMERICAN EXPRESS CO		5,925.0000	124.49000	737,603.25	1%	350,307.20	1.38%	10,191.00
SYMBOL: AXP		387,296.05						
AMPHENOL CORP		7,570.0000	108.23000	819,301.10	1%	89,471.69	0.92%	7,570.00
CLASS	A	729,829.41						
SYMBOL: APH		Accrued Dividend: 1,892.50						
ANALOG DEVICES INC		5,930.0000	118.84000	704,721.20	1%	17,472.74	1.81%	12,808.80
SYMBOL: ADI		687,248.46						
APPLE INC		2,760.0000	293.65000	810,474.00	1%	678,397.51	1.04%	8,500.80
SYMBOL: AAPL		132,076.49						
* AUTO DATA PROCESSING		2,240.0000	170.50000	381,920.00	<1%	180,843.61	1.85%	7,078.40
SYMBOL: ADP		201,076.39						
		Accrued Dividend: 2,038.40						

Investment Detail - Equities (continued)

	Quantity	Market Price	Market Value	% of Account Assets	Unrealized Gain or (Loss)	Estimated Yield	Estimated Annual Income
Equities (continued)			<i>Cost Basis</i>				
BANK OF AMERICA CORP SYMBOL: BAC	35,480.0000	35.22000	1,249,605.60 874,854.74	2%	374,750.86	2.04%	25,545.60
CARLISLE CO SYMBOL: CSL	4,665.0000	161.84000	754,983.60 492,911.93	1%	262,071.67	1.23%	9,330.00
CHEVRON CORP SYMBOL: CVX	5,715.0000	120.51000	688,714.65 570,524.33	1%	118,190.32	3.94%	27,203.40
COLGATE-PALMOLIVE CO SYMBOL: CL	16,295.0000	68.84000	1,121,747.80 1,042,927.53	2%	78,820.27	2.49%	28,027.40
COMCAST CORP CLASS A SYMBOL: CMCSA	7,965.0000	44.97000	358,186.05 225,285.73	<1%	132,900.32	1.86%	6,690.60
CVS HEALTH CORP SYMBOL: CVS	10,585.0000	74.29000	786,359.65 1,024,208.56	1%	(237,848.91)	2.69%	21,170.00
DANAHER CORP SYMBOL: DHR	5,500.0000	153.48000	844,140.00 219,375.03	1%	624,764.97	0.44%	3,740.00
					<i>Accrued Dividend: 935.00</i>		
FIDELITY NATL INFO SYMBOL: FIS	5,800.0000	139.09000	806,722.00 618,098.96	1%	188,623.04	1.00%	8,120.00
FIRST HAWAIIAN INCORPO F SYMBOL: FHB	16,500.0000	28.85000	476,025.00 438,518.75	<1%	37,506.25	3.60%	17,160.00
HUBBELL INC SYMBOL: HUBB	4,603.0000	147.82000	680,415.46 525,616.75	1%	154,798.71	2.46%	16,754.92

Investment Detail - Equities (continued)

	Quantity	Market Price	Market Value	% of Account Assets	Unrealized Gain or (Loss)	Estimated Yield	Estimated Annual Income
Equities (continued)			<i>Cost Basis</i>				
IBERIABANK CORP SYMBOL: IBKC	9,915.0000	74.83000	741,939.45 597,372.25	1%	144,567.20	2.40%	17,847.00
J M SMUCKER CO SYMBOL: SJM	5,475.0000	104.13000	570,111.75 662,881.82	<1%	(92,770.07)	3.38%	19,272.00
MARSH & MC LENNAN CO SYMBOL: MMC	6,370.0000	111.41000	709,681.70 232,181.35	1%	477,500.35	1.63%	11,593.40
MASTERCARD INC CLASS A SYMBOL: MA	3,005.0000	298.59000	897,262.95 270,929.99	2%	626,332.96	0.44%	3,966.60
MEDTRONIC PLC F SYMBOL: MDT	6,115.0000	113.45000	693,746.75 460,769.51	1%	232,977.24	1.90%	13,208.40
MICROSOFT CORP SYMBOL: MSFT	6,000.0000	157.70000	946,200.00 161,599.59	2%	784,600.41	1.29%	12,240.00
NEXTERA ENERGY INC SYMBOL: NEE	1,500.0000	242.16000	363,240.00 259,948.49	<1%	103,291.51	2.06%	7,500.00
NIKE INC CLASS B SYMBOL: NKE	5,000.0000	101.31000	506,550.00 114,494.15	<1%	392,055.85	0.86%	4,400.00
<i>Accrued Dividend: 1,470.00</i>							
PACCAR INC SYMBOL: PCAR	10,440.0000	79.10000	825,804.00 593,292.03	1%	232,511.97	1.61%	13,363.20
<i>Accrued Dividend: 24,012.00</i>							
PHILLIPS 66 SYMBOL: PSX	3,000.0000	111.41000	334,230.00 91,323.10	<1%	242,906.90	3.23%	10,800.00

Investment Detail - Equities (continued)

	Quantity	Market Price	Market Value	% of Account Assets	Unrealized Gain or (Loss)	Estimated Yield	Estimated Annual Income
Equities (continued)			<i>Cost Basis</i>				
PROCTER & GAMBLE SYMBOL: PG	6,000.0000	124.90000	749,400.00 357,332.66	1%	392,067.34	2.38%	17,901.60
ROYAL DUTCH SHELL F SPONSORED ADR 1 ADR REPS 2 ORD SHS SYMBOL: RDSB	16,000.0000	59.97000	959,520.00 1,065,108.96	2%	(105,588.96)	6.26%	60,160.00
S&P GLOBAL INC SYMBOL: SPGI	2,715.0000	273.05000	741,330.75 358,277.25	1%	383,053.50	0.83%	6,190.20
SCHLUMBERGER LTD F SYMBOL: SLB	6,673.0000	40.20000	268,254.60 428,379.83	<1%	(160,125.23)	4.97%	13,346.00
					<i>Accrued Dividend: 3,336.50</i>		
STARBUCKS CORP SYMBOL: SBUX	5,000.0000	87.92000	439,600.00 268,465.02	<1%	171,134.98	1.86%	8,200.00
THE COCA-COLA CO SYMBOL: KO	13,600.0000	55.35000	752,760.00 442,810.07	1%	309,949.93	2.89%	21,760.00
TJX COMPANIES INC SYMBOL: TJX	20,110.0000	61.06000	1,227,916.60 684,230.44	2%	543,686.16	1.50%	18,501.20
UNILEVER PLC F SPONSORED ADR 1 ADR REPS 1 ORD SHS SYMBOL: UL	10,000.0000	57.17000	571,700.00 590,643.95	<1%	(18,943.95)	3.15%	18,064.00

Investment Detail - Equities (continued)

	Quantity	Market Price	Market Value	% of Account Assets	Unrealized Gain or (Loss)	Estimated Yield	Estimated Annual Income
Equities (continued)			Cost Basis				
WALT DISNEY CO SYMBOL: DIS	5,520.0000	144.63000	798,357.60 620,577.70	1%	177,779.90	1.21%	9,715.20
						Accrued Dividend: 4,857.60	
WASTE MANAGEMENT INC SYMBOL: WM	7,500.0000	113.96000	854,700.00 615,114.03	1%	239,585.97	1.79%	15,375.00
WILLIS TOWERS WATSON P F SYMBOL: WLTW	3,760.0000	201.94000	759,294.40 699,969.87	1%	59,324.53	1.28%	9,776.00
XYLEM INC. SYMBOL: XYL	9,515.0000	78.79000	749,686.85 679,677.58	1%	70,009.27	1.21%	9,134.40
ZIMMER BIOMET HLDGS SYMBOL: ZBH	8,000.0000	149.68000	1,197,440.00 840,109.17	2%	357,330.83	0.64%	7,680.00
						Accrued Dividend: 1,920.00	
ZOETIS INC CLASS A SYMBOL: ZTS	7,980.0000	132.35000	1,056,153.00 429,244.77	2%	626,908.23	0.49%	5,234.88
Total Equities	362,376.0000		33,903,441.81	57%	11,207,354.06		596,580.00
		Total Cost Basis:	22,696,087.75				

Total Accrued Dividend for Equities: 40.462.00

Investment Detail - Mutual Funds

Equity Funds	Quantity	Market Price	Market Value	% of Account Assets	Average Cost Basis	Cost Basis	Unrealized Gain or (Loss)
TORTOISE MLP & PIPELINE INST SYMBOL: TORIX	203,591.4210	12.47000	2,538,785.02	4%	13.68	2,785,098.00	(246,312.98)
Total Equity Funds	203,591.4210		2,538,785.02	4%		2,785,098.00	(246,312.98)
Total Mutual Funds	203,591.4210		2,538,785.02	4%		2,785,098.00	(246,312.98)

Investment Detail - Other Assets

Other Assets	Quantity	Market Price	Market Value Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Yield	Estimated Annual Income
AMERN TOWER CORP REIT SYMBOL: AMT	5,049.0000	229.82000	1,160,361.18 1,099,320.10	2%	61,041.08	1.65%	19,186.20
					Accrued Dividend: 5,099.49		
ESSEX PROPERTY TR REIT SYMBOL: ESS	1,000.0000	300.86000	300,860.00 253,674.87	<1%	47,185.13	2.59%	7,800.00
THE ALLSTATE COR 5.1%PFD DUE 01/15/53 SUBJ TO XTRO REDEMPTION SYMBOL: ALL+B	8,744.0000	26.65000	233,027.60 214,514.04	<1%	18,513.56	N/A	N/A
Total Other Assets	14,793.0000		1,694,248.78	3%	126,739.77		26,986.20
		Total Cost Basis:	1,567,509.01				

Total Accrued Dividend for Other Assets: 5,099.49

Investment Detail - Other Assets (continued)

* INDICATES A PARTY-IN-INTEREST

Total Investment Detail	59,630,178.26
Total Account Value	59,630,178.26
Total Cost Basis	47,367,054.95