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

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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.)
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MCCANN INDUSTRIES, INC. EMPLOYEES' RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/01/1970

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)
MCCANN INDUSTRIES, INC.

543 SOUTH ROHLWING ROAD
ADDISON, IL 60101-4211

2b Employer Identification Number (EIN) 36-2706031

2c Plan Sponsor's telephone number 630-652-1015

2d Business code (see instructions) 423300

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.	09/04/2020	STEVE ROGGEMAN
	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

3a Plan administrator's name and address ☐ Same as Plan Sponsor

MCCANN INDUSTRIES, INC.

543 SOUTH ROHLWING ROAD
ADDISON, IL 60101-4211

3b Administrator's EIN: 36-2706031

3c Administrator's telephone number: 630-627-8700

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**	131
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)**	96
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	104
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	38
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	143
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	143
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	126
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
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 2F 2H 2J 2K 2S 2T 3D

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

9a Plan funding arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

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

a Pension Schedules

- (1) [X] **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) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [X] 1 **A** (Insurance Information)
- (4) [X] **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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

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

OMB No. 1210-0110

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
MCCANN INDUSTRIES, INC. EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MCCANN INDUSTRIES, INC.

D Employer Identification Number (EIN)
36-2706031

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

1 Coverage Information:

(a) Name of insurance carrier
GREAT WEST LIFE & ANNUITY INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
84-0467907	68322	372142-01	16	01/01/2019	12/31/2019

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	289579
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	709338
c	Additions: (1) Contributions deposited during the year	7c(1)	76125		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	5485		
	(4) Transferred from separate account	7c(4)	301234		
	(5) Other (specify below)	7c(5)	1427		
	▶ LOAN REPAYMENTS, FORFEITURES				
	(6) Total additions			7c(6)	384271
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	1093609
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	311215		
	(2) Administration charge made by carrier	7e(2)	2718		
	(3) Transferred to separate account	7e(3)	490097		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	804030
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	289579

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			**10b**	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
MCCANN INDUSTRIES, INC. EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MCCANN INDUSTRIES, INC.

D Employer Identification Number (EIN)
36-2706031

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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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)

WAYNE HUMMER INVESTMENTS

36-1245570

(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	INVESTMENT ADVISOR	20186	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GREAT WEST LIFE & ANNUITY

84-0467907

(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?
64	RECORDKEEPER	14633	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

CROWE LLP

35-0921680

(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	AUDITOR	11718	Yes [ ] No [X]	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)

THE RETIREMENT ADVANTAGE

39-1816008

(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	CONTRACT ADMIN.	1120	Yes [X] No [ ]	Yes [X] No [ ]	8191	Yes [X] No [ ]

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

EMPOWER RETIREMENT ADVISORY SVC

84-0467907

(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?
28	INVESTMENT MANAGER	2798	Yes [ ] No [X]	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
THE RETIREMENT ADVANTAGE INC	13	8191
(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.	
GREAT-WEST LIFE & ANNUITY INSURANCE 8515 EAST ORCHARD RD. GREENWOOD VILLAGE, CO 80111	TPA ALLOWANCE PAYMENT	

(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

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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
MCCANN INDUSTRIES, INC. EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MCCANN INDUSTRIES, INC.

D Employer Identification Number (EIN)
36-2706031

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	6465	7322
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6548	279551
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)	73348	136491
(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)	6648344	8703560
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	709337	289579
(15) Other	1c(15)	3398653	3790531

			(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	10842695	13207034
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	10842695	13207034

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)	110546	
	(B) Participants	2a(1)(B)	448114	
	(C) Others (including rollovers)	2a(1)(C)	-91	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		558569
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)	4472	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4472
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		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)		2265369
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		2828410
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	398060	
(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)		398060
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)	66011	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		66011
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		464071
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2364339
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: BAKER TILLY US, LLP **(2)** EIN: 39-0859910

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:

		Yes	No	Amount
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.)	4a		X	
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.)	4b		X	

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
MCCANN INDUSTRIES, INC. EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MCCANN INDUSTRIES, INC.

D Employer Identification Number (EIN)
36-2706031

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): 84-0467907

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**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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_____

McCann Industries, Inc. Employees' Retirement Plan

Financial Statements and
Supplementary Information

December 31, 2019 and 2018

McCann Industries, Inc. Employees' Retirement Plan

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December 31, 2019 and 2018

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Independent Auditors' Report

To the Participants and Board of Trustees of
McCann Industries, Inc. Employees' Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of McCann Industries, Inc. Employees' Retirement Plan (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2019, the related statement of changes in net assets available for benefits for the year 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 conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Great-West Trust Company, LLC, and Great-West Life & Annuity Insurance Company, the asset custodians of the Plan (the Custodians), as of December 31, 2019 and 2018 and for the year ended December 31, 2019, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator the Custodians hold certain of the Plan's investment assets and execute certain investment transactions. The plan administrator has obtained a certification from the Custodians as of and for the year ended December 31, 2019, that the information provided to the plan administrator by the Custodians is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2019 financial statements. Accordingly, we do not express an opinion on the 2019 financial statements referred to in the first paragraph.

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Other Matter - Supplemental Schedule

The supplementary schedule, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2019, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplementary schedule.

Other Matter - 2018 Financial Statements

The financial statements of the Plan as of December 31, 2018, were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the Custodians of the Plan. Their report, dated October 10, 2019, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Custodians, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Form and Content in Compliance with DOL's Rules and Regulations - 2019

The form and content of the information included in the 2019 financial statements and supplemental schedule, other than that derived from the information certified by the Custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Baker Tilly US, LLP

Baker Tilly US, LLP (formerly known as Baker Tilly Virchow Krause, LLP)
Chicago, Illinois
August 28, 2020

McCann Industries, Inc. Employees' Retirement Plan

Statements of Net Assets Available for Benefits
December 31, 2019 and 2018

	2019	2018
Assets		
Investments, at fair value	$ 12,773,642	$ 10,053,546
Investments, at contract value	289,579	709,337
Total investments	13,063,221	10,762,883
Receivables:		
Notes receivable from participants	136,491	73,348
Interest receivable	7,322	6,464
Total receivables	143,813	79,812
Net assets available for benefits	$ 13,207,034	$ 10,842,695

See notes to financial statements

McCann Industries, Inc. Employees' Retirement Plan

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2019

Additions	
Investment income	
Interest and dividends	$ 348,839
Net appreciation in fair value of investments	1,916,530
Total investment income	2,265,369
Investment from participant notes receivable	4,472
Contributions:	
Participants	448,023
Employer	110,546
Total contributions	558,569
Total additions	2,828,410
Deductions	
Deductions from net assets attributed to	
Benefits paid to participants	398,060
Administrative expenses	66,011
Total deductions	464,071
Net increase	2,364,339
Net Assets Available for Benefits	
Beginning of year	10,842,695
End of year	$ 13,207,034

See notes to financial statements

1. Description of the Plan

The following description of the McCann Industries, Inc. Employees' Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan document and adoption agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all full-time employees of McCann Industries, Inc. and its subsidiaries (the company) who have completed one month of service and are age 21 or older. Union employees, nonresident aliens and leased employees are excluded from participating in the plan. Participants must have one year of credited service, defined as 1,000 hours in order to receive employer contributions. In addition, participants must be employed on the last day of the plan year to eligible for any profit sharing contributions made for that year.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan's Board of Trustees is responsible for oversight of the Plan. The Board of Trustees and plan administrator determine the appropriateness of the Plan's investment offerings, monitors investment performance.

The Plan’s assets are administered under a contract with Great-West Trust Company, LLC, Great-West Life & Annuity Insurance Company (collectively, Great-West) and Kovitz Investment Group (Kovitz), the custodians of the plan. The custodians invest funds received from contributions, investment sales, interest, and dividend income and makes distribution payments to participants. Participants can elect to invest their funds into mutual funds and a guaranteed account with Great-West whereas any investment with Kovitz is invested into a separately managed fund, which consists of corporate stocks, corporate bonds, asset-backed securities, money markets funds and certificates of deposit.

Contributions

Each year, participants may contribute up to 100 percent of pretax annual compensation, as defined in the Plan document, up to the maximum limits of the Internal Revenue Code (IRC). Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution 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 1 percent of eligible compensation and their contributions invested in a designated balanced fund until changed by the participant. The plan does not include auto escalation provisions. The company makes a discretionary matching contribution on behalf of each participant. For the plan year ended December 31, 2019, the company made a matching contribution equal of each participant's contribution up to 2 percent. For the year ended December 31, 2019, the company made discretionary matching contributions of $110,546. In addition, the company may contribute a discretionary profit sharing amount at the option of the Board of Trustees of the company. No profit sharing contribution was made for the plan year ended December 31, 2019. Participants direct the investment of all contributions into various investment options offered by the plan. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

Each participant's account is credited with the participant's contributions and the company's matching contribution, as well as allocation(s) of the company's profit sharing contribution (if any) and the Plan's earnings. Participants are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their salary reduction and rollover contributions plus earnings thereon.
Participants vest in their employer matching and discretionary contributions in accordance with the following table:

Years of Service	Percentage
Less than 1 year	0 %
1	10 %
2	20 %
3	40 %
4	60 %
5	80 %
6	100 %

Notes Receivable From Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their vested account balance reduced by the participant's highest outstanding note balances in the previous 12 months. The loans are secured by the balance in the participant's account and bear interest at rates that range from 4.25 percent to 7.50 percent at December 31, 2019, which are commensurate with local prevailing rates at inception of loan as determined quarterly by the plan administrator. Principal and interest is paid ratably through bi-weekly payroll deductions. Terms range from one to five years or greater for the purchase of a primary residence.

Payment of Benefits

On termination of service due to death, disability, retirement, or other reasons, a participant may receive a lump-sum or partial distribution equal to the value of the participant’s vested interest in their account. In addition, the Plan allows for hardship distributions if certain criteria are met. A participant will become fully vested upon death or total and permanent disability. Benefits are recorded when paid.

Forfeited Accounts

Forfeitures of employer contributions and the earnings on those contributions resulting from participants who leave the Company prior to vesting are retained in an unallocated forfeiture account. The Company may first use forfeitures to pay any administrative expenses and then used to offset any employer contributions. The forfeiture balance was $1,229 and $607 at December 31, 2019 and 2018, respectively. Forfeitures in the amount of $612 were used during the year ended December 31, 2019 to reduce administrative expenses.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting. Investment held by a defined contribution plan are required to be reported at fair value except for fully benefit-responsive investment contracts, which are reported at contract value. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts which are reported at contract 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 plan administrator and Board of Trustees determine the Plan's valuation policies utilizing information provided by the investment advisors, custodians and insurance companies. See Note 4 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 in fair value of investments includes the gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest, with no allowance for credit losses, as repayments of principal and interest are received through payroll deductions and the notes are collateralized by the participants' account balances.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the company. Expenses that are paid by the company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The Plan has evaluated subsequent events for recognition or disclosure through August 28, 2020, the date the financial statements were available to be issued.

In March 2020, the World Health Organization categorized the outbreak of coronavirus (COVID-19) as a pandemic. COVID-19 occurred globally causing significant fluctuations in financial markets in the U.S. and internationally. The extent of the impact on the plan's net assets, including the fair value of investment securities and related net investment income or loss, as well as future contributions, will depend on the duration and continued spread of the COVID-19 outbreak and any other further economic developments. Plan management is unable at this time to estimate the full impact on the Plan's financial statements.

Effective July 20, 2020, plan management approved a resolution to adopt certain provisions of the Coronavirus Aid Relief and Economic Security Act (CARES Act) during 2020, including the following:

- allowing participants to take distributions of up to $100,000 from the Plan,
- increasing new notes receivable available borrowings of up to $100,000 through September 23, 2020 unless otherwise extended,
- providing for the deferment of payments on existing notes receivable through December 31, 2020, and
- deferring minimum required distributions.

Effective July 31, 2020, investments in the amount of $3,699,529 held by Kovitz were transferred to Great-West, resulting in the termination of Kovitz as an asset custodian of the plan.

3. Information Certified by Custodian

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2019 and 2018. Accordingly, Great-West, one of the custodians of the plan, has certified to the completeness and accuracy of the investments below, reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2019 and 2018 and the supplementary Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2019, and the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2019.

	2019	2018
Investments (excluding self-directed brokerage accounts):		
Mutual funds	$ 8,703,560	$ 6,648,344
Guaranteed account	289,579	709,337

	2019
Investment income (excluding self-directed brokerage accounts):	
Net appreciation in fair value of investments	$ 1,281,257
Interest and dividends	276,524

4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under authoritative guidance are described as follows:

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

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- 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's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observables and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There has been no changes in the methodologies used at December 31, 2019 and 2018.

Money market fund is valued at the quoted net asset value (NAV) of shares held by the Plan at year end.

Mutual funds 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 NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Corporate stocks are valued at the closing price reported on the active markets on which the individual securities are traded.

Corporate bonds, certificate of deposit, and asset-backed securities are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

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

	Fair Value Measurements at December 31, 2019			
	Total	**Level 1**	**Level 2**	**Level 3**
Corporate stocks	$ 2,704,517	$ 2,704,517	$ -	$ -
Corporate bonds	915,095	-	915,095	-
Asset-backed securities	140,468	-	140,468	-
Money market fund	279,551	279,551	-	-
Mutual funds	8,703,560	8,703,560	-	-
Certificate of deposits	30,451	30,451	-	-
Total	$ 12,773,642	$ 11,718,079	$ 1,055,563	$ -

	Fair Value Measurements at December 31, 2018			
	Total	**Level 1**	**Level 2**	**Level 3**
Corporate stocks	$ 2,360,387	$ 2,360,387	$ -	$ -
Corporate bonds	857,341	-	857,341	-
Asset-backed securities	180,924	-	180,924	-
Money market fund	6,550	6,550	-	-
Mutual funds	6,648,344	6,648,344	-	-
Total	$ 10,053,546	$ 9,015,281	$ 1,038,265	$ -

5. Fully Benefit-Responsive Investment Contracts

The plan holds a traditional investment contract, which meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses.

The traditional investment contract held by the Plan is a guaranteed investment contract. The contract issuer is contractually obligated to repay the principal and interest at the specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer. The crediting rate is reviewed on a quarterly basis for resetting. The contract cannot be terminated before the scheduled maturity date. For the year ended December 31, 2019, the average crediting rate eared was 1.20 percent.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. These events may be different under each contract. Examples of such events include the following:

1. The Plan's failure to qualify under Section 401(a) of the Internal Revenue Code or the failure of the trust to be tax-exempt under Section 501(a) of the Internal Revenue Code
2. Premature termination of the contracts
3. Plan termination or merger
4. Changes to the Plan's prohibition on competing investment options
5. Bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following:

1. An uncured violation of the Plan's investment guidelines
2. A breach of material obligation under the contract
3. A material misrepresentation

6. Related Party and Party In Interest Transactions

Certain of the Plan's investments are managed by Great-West, as defined by the Plan, and therefore, these transactions qualify as party in interest transactions. Fees incurred by the Plan for the investment manager services are included in net appreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. Additionally, the Plan issues loans to participants, which are secured by the participant's account balances. These transaction qualify as party in interest transactions.

Certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

7. Plan Termination

Although it has not expressed any intent to do so, the company has the right 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 company contributions.

8. Tax Status

The IRS 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 IRC. Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require 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 not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

9. 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 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 Statements of Net Assets Available for Benefits. As of December 31, 2019 and 2018, the Plan held concentrations of two investments totaling $3,535,605 and $2,857,950 respectively.

McCann Industries, Inc. Employees' Retirement Plan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
EIN: 36-2706031 Plan Number: 001
December 31, 2019

(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
	BlackRock	BlackRock Lifepath Index 2025 K	**	$ 2,108,773
	BlackRock	BlackRock Lifepath Index 2030 K	**	576,910
	BlackRock	BlackRock Lifepath Index 2035 K	**	710,620
	BlackRock	BlackRock Lifepath Index 2040 K	**	235,543
	BlackRock	BlackRock Lifepath Index 2045 K	**	121,222
	BlackRock	BlackRock Lifepath Index 2050 K	**	72,336
	BlackRock	BlackRock Lifepath Index 2055 K	**	50,664
	BlackRock	BlackRock Lifepath Index Retirement K	**	1,426,832
	Dimension Fund Advisors	DFA US Targeted Value I	**	54,030
	Fidelity Investments	Fidelity Advisor Mid Cap Value I	**	115,936
	Fidelity Investments	Fidelity Advisor New Insights I	**	165,150
	Ivy Funds	Ivy Mid Cap Growth	**	232,262
	JPMorgan	JPMorgan Government Bond Select	**	4,332
	Oakmark	Oakmark International	**	84,076
	OppenheimerFunds	Oppenheimer Developing Markets	**	58,860
	OppenheimerFunds	Oppenheimer Discovery I	**	307,746
	Prudential Investments	Prudential Total Return Bond Z	**	278,294
	Putmnam Equity	Putnam Equity Income	**	355,988
	Vanguard	Vanguard Large Cap Index Fund Adm	**	687,153
	Vanguard	Vanguard Mid Cap Index Adm	**	560,751
	Vanguard	Vanguard Small Cap Index Adm	**	377,126
	Vanguard	Vanguard Total Intl Stock Index Adm	**	118,956
	American Express	2.375 % 26 May 2020	**	45,054
	Alphabet Inc	3.625% 19 May 2021	**	35,921
	Amazon	3.800% 05 Dec 2024	**	32,381
	Aon PLC	3.500% 06 Jun 2024	**	36,709
	Apple Inc	2.400% 03 May 2023	**	35,597
	Bank of America Corp	0.000% 24 Jun 2030	**	38,188
	Bank of America Corp	0.808% 31 Jan 2032	**	23,400
	Comcast Corp	3.300% 01 Feb 2027	**	47,674
	Expedia Group	5.000% 15 Feb 2026	**	49,646
	General Mtrs Fini Co Inc	4.000% 06 Oct 2026	**	26,215
	Goldman Sachs Group	6.000% 15 Jun 2020	**	30,530
	Haliburton Co	3.500% 01 Aug 2023	**	36,408
	Home Depot Inc	3.950% 15 Sept 2020	**	25,238
	JPMorgan Chase & Co	3.875% 01 Feb 2024	**	42,695
	Kimberly-Clark	3.625% 01 Aug 2020	**	30,273
	Lowes Cos Inc Cbl	3.800% 15 Nov 2021	**	30,902
	McKesson Corp New Cbl	3.796% 15 Mar 2024	**	42,104
	Microsoft Corp Cbl	2.875% 06 Feb 2024	**	31,130
	National Oilwell Varco Inc Cbl	2.600% 01 Dec 2022	**	12,115
	Nike Inc	2.250% 01 May 2023	**	40,655
	Precision Castparts	3.250% 15 Jun 2025	**	21,119
	Schwab Charles Corp	3.850% 21 May 2025	**	43,347
	Starbucks Corp	2.700% 15 Jun 2022	**	40,712
	Verizon Communications	4.125% 16 Mar 2027	**	44,410
	Walt Disney Co	2.350% 01 Dec 2022	**	45,671
	Wells Fargo & Co	4.480% 16 Jan 2024	**	27,001
	Aon Plc Shs Class A	Common Stock	**	92,689
	Alphabet Inc Class A	Common Stock	**	46,879
	Alphabet Inc Class C	Common Stock	**	86,906
	Amerco	Common Stock	**	59,755
	American Express Co	Common Stock	**	67,225
	Analog Devices Inc	Common Stock	**	54,666
	Apple Inc	Common Stock	**	101,309

McCann Industries, Inc. Employees' Retirement Plan

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(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
	Bank of America Corp	Common Stock	**	33,987
	Berkshire Hathaway Inc Cl A	Common Stock	**	339,590
	Boeing Co	Common Stock	**	48,538
	Bookings Hldgs	Common Stock	**	88,310
	CBRE Group Inc Cl A	Common Stock	**	140,354
	Carmax Inc	Common Stock	**	86,355
	Citigroup Inc	Common Stock	**	49,931
	Covetrus Inc Co	Common Stock	**	36,762
	Delta Airlines Inc	Common Stock	**	56,726
	EBAY Inc	Common Stock	**	23,110
	Expedia Group Inc COM New	Common Stock	**	65,425
	Facebook Inc Cl A	Common Stock	**	99,546
	Fedex Corp Co	Common Stock	**	46,119
	General Motors	Common Stock	**	91,866
	Gilden	Common Stock	**	42,966
	GoDaddy Inc	Common Stock	**	42,790
	Goldman Sachs	Common Stock	**	29,891
	JP Morgan Chase	Common Stock	**	50,881
	Jacobs Engr Group Inc	Common Stock	**	56,144
	Mohawk Industries Inc	Common Stock	**	85,101
	Multichoice Group Limited SHS	Common Stock	**	2,298
	PPG INDS Inc	Common Stock	**	66,745
	Phillip Morris Intl Inc Co	Common Stock	**	99,981
	Prosus N V ADR	Common Stock	**	21,009
	Quanta Svcs Inc	Common Stock	**	143,706
	Robert Half Intl	Common Stock	**	12,316
	SS & C Technologies Gldgs Inc Co	Common Stock	**	36,226
	Schwab Charles Corp	Common Stock	**	63,493
	Tencent Hldgs Ltd ADR	Common Stock	**	38,888
	Valmont	Common Stock	**	20,969
	Viacombs Inc Cl B	Common Stock	**	117,936
	Walt Disney Co	Common Stock	**	57,129
	Adjustable Rate Mtg 2004-2	4.125% 25 Feb 2035	**	2,400
	American Home Mtg 2005-1	3.924% 25 Jun 2045	**	7,967
	Bear Stearns Alt-A 2004-11	3.702% 25 Nov 2034	**	14,339
	Bear Sterns Alt-A TR 2006	3.951% 25 Mar 2036	**	3,281
	Csfb Mtg Ptc 2004-8	5.500% 25 Dec 2034	**	8,967
	Cwalt Inc 2006-7CB	5.250% 25 May 2021	**	206
	Cwmbs Chl Mtg Tr 2007	4.364% 25 Jun 2047	**	1,172
	Deutsche Alt-A Secs 2003-2Xs	5.470% 25 Sept 2033	**	438
	First Horizon Alt Mtg 2004-Aa4	3.965% 25 Oct 2034	**	7,724
	Gs Mtg SEC COR	4.441% 25 Sept 2034	**	4,337
	Gsr Mtg Tr 2004-14	4.185% 25 Dec 2034	**	4,241
	Hsi Asset Ln Obl 2007-2	5.500% 25 Sept 2037	**	181
	JP Morgan Accept 2005-A3	4.512% 25 May 2035	**	8,715
	JP Morgan Mtf Tr 2007-A1	4,198% 25 Jul 2035	**	5,645
	Mastr Alternative Ln Tr 2005-5	5.750% 25 Aug 2035	**	8,471
	Mastr Asset Tr 2004-5	5.250% 25 May 2034	**	11,327
	Morgan Stanley Cap 2004-5Ar	4.147% 25 Jul 2034	**	4,376
	Rali Trust 2005-Qs17	6.000% 25 Dec 2035	**	1,874
	Structured Adj Rate 2006-8	4.478% 25 Sept 2036	**	11,851
	Thornburg Mtg Tr 2007-4	3.959% 25 Sept 2037	**	3,036
	Wamu Mtf Cert 2005-Ar7	4.279% 25 Aug 2035	**	4,898
	Wamu Mtg Cert 2006-Ar16	3.336% 25 Dec 2036	**	3,101
	Wamu Mtg Cert 2007-Hy3	4.212% 25 Aug 2036	**	4,077

McCann Industries, Inc. Employees' Retirement Plan

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	Wells Fargo MBS 2004-U	4.623% 25 Oct 2034	**	11,815
	Sallie Mae BK Salt Lake City UT CTF De9	4.400% 25 Dec 2037	**	6,029
*	Great West	Guaranteed Account	**	289,579
	Sallie Mae BK Salt Lake City UT CTF De9	2.500% 06 Dec 2021		30,451
	Dreyfus Treasury Securities Cash Management	Interest rate of 1.200%	**	279,551
*	**Participant Loans**	Maturities through 2032 and interest rates varying from 4.25% to 7.50%	0	136,491
				$ 13,199,712

* A party in interest as defined by ERISA
** N/R - Cost omitted for participant directed investments

McCann Industries, Inc. Employees' Retirement Plan

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	Nike Inc	2.250% 01 May 2023	**	40,655
	Precision Castparts	3.250% 15 Jun 2025	**	21,119
	Schwab Charles Corp	3.850% 21 May 2025	**	43,347
	Starbucks Corp	2.700% 15 Jun 2022	**	40,712
	Verizon Communications	4.125% 16 Mar 2027	**	44,410
	Walt Disney Co	2.350% 01 Dec 2022	**	45,671
	Wells Fargo & Co	4.480% 16 Jan 2024	**	27,001
	Aon Plc Shs Class A	Common Stock	**	92,689
	Alphabet Inc Class A	Common Stock	**	46,879
	Alphabet Inc Class C	Common Stock	**	86,906
	Amerco	Common Stock	**	59,755
	American Express Co	Common Stock	**	67,225
	Analog Devices Inc	Common Stock	**	54,666
	Apple Inc	Common Stock	**	101,309

McCann Industries, Inc. Employees' Retirement Plan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
EIN: 36-2706031 Plan Number: 001
December 31, 2019

(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
	Bank of America Corp	Common Stock	**	33,987
	Berkshire Hathaway Inc Cl A	Common Stock	**	339,590
	Boeing Co	Common Stock	**	48,538
	Bookings Hldgs	Common Stock	**	88,310
	CBRE Group Inc Cl A	Common Stock	**	140,354
	Carmax Inc	Common Stock	**	86,355
	Citigroup Inc	Common Stock	**	49,931
	Covetrus Inc Co	Common Stock	**	36,762
	Delta Airlines Inc	Common Stock	**	56,726
	EBAY Inc	Common Stock	**	23,110
	Expedia Group Inc COM New	Common Stock	**	65,425
	Facebook Inc Cl A	Common Stock	**	99,546
	Fedex Corp Co	Common Stock	**	46,119
	General Motors	Common Stock	**	91,866
	Gilden	Common Stock	**	42,966
	GoDaddy Inc	Common Stock	**	42,790
	Goldman Sachs	Common Stock	**	29,891
	JP Morgan Chase	Common Stock	**	50,881
	Jacobs Engr Group Inc	Common Stock	**	56,144
	Mohawk Industries Inc	Common Stock	**	85,101
	Multichoice Group Limited SHS	Common Stock	**	2,298
	PPG INDS Inc	Common Stock	**	66,745
	Phillip Morris Intl Inc Co	Common Stock	**	99,981
	Prosus N V ADR	Common Stock	**	21,009
	Quanta Svcs Inc	Common Stock	**	143,706
	Robert Half Intl	Common Stock	**	12,316
	SS & C Technologies Gldgs Inc Co	Common Stock	**	36,226
	Schwab Charles Corp	Common Stock	**	63,493
	Tencent Hldgs Ltd ADR	Common Stock	**	38,888
	Valmont	Common Stock	**	20,969
	Viacombs Inc Cl B	Common Stock	**	117,936
	Walt Disney Co	Common Stock	**	57,129
	Adjustable Rate Mtg 2004-2	4.125% 25 Feb 2035	**	2,400
	American Home Mtg 2005-1	3.924% 25 Jun 2045	**	7,967
	Bear Stearns Alt-A 2004-11	3.702% 25 Nov 2034	**	14,339
	Bear Sterns Alt-A TR 2006	3.951% 25 Mar 2036	**	3,281
	Csfb Mtg Ptc 2004-8	5.500% 25 Dec 2034	**	8,967
	Cwalt Inc 2006-7CB	5.250% 25 May 2021	**	206
	Cwmbs Chl Mtg Tr 2007	4.364% 25 Jun 2047	**	1,172
	Deutsche Alt-A Secs 2003-2Xs	5.470% 25 Sept 2033	**	438
	First Horizon Alt Mtg 2004-Aa4	3.965% 25 Oct 2034	**	7,724
	Gs Mtg SEC COR	4.441% 25 Sept 2034	**	4,337
	Gsr Mtg Tr 2004-14	4.185% 25 Dec 2034	**	4,241
	Hsi Asset Ln Obl 2007-2	5.500% 25 Sept 2037	**	181
	JP Morgan Accept 2005-A3	4.512% 25 May 2035	**	8,715
	JP Morgan Mtf Tr 2007-A1	4,198% 25 Jul 2035	**	5,645
	Mastr Alternative Ln Tr 2005-5	5.750% 25 Aug 2035	**	8,471
	Mastr Asset Tr 2004-5	5.250% 25 May 2034	**	11,327
	Morgan Stanley Cap 2004-5Ar	4.147% 25 Jul 2034	**	4,376
	Rali Trust 2005-Qs17	6.000% 25 Dec 2035	**	1,874
	Structured Adj Rate 2006-8	4.478% 25 Sept 2036	**	11,851
	Thornburg Mtg Tr 2007-4	3.959% 25 Sept 2037	**	3,036
	Wamu Mtf Cert 2005-Ar7	4.279% 25 Aug 2035	**	4,898
	Wamu Mtg Cert 2006-Ar16	3.336% 25 Dec 2036	**	3,101
	Wamu Mtg Cert 2007-Hy3	4.212% 25 Aug 2036	**	4,077

McCann Industries, Inc. Employees' Retirement Plan

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(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 Valu
	Wells Fargo MBS 2004-U	4.623% 25 Oct 2034	**	11,815
	Sallie Mae BK Salt Lake City UT CTF De9	4.400% 25 Dec 2037	**	6,029
*	Great West	Guaranteed Account	**	289,579
	Sallie Mae BK Salt Lake City UT CTF De9	2.500% 06 Dec 2021		30,451
	Dreyfus Treasury Securities Cash Management	Interest rate of 1.200%	**	279,551
*	**Participant Loans**	Maturities through 2032 and interest rates varying from 4.25% to 7.50%	0	136,491
				$ 13,199,712

* A party in interest as defined by ERISA
** N/R - Cost omitted for participant directed investments