

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 <u>01/01/2019</u> and ending <u>12/31/2019</u>
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ▶	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>GEO. BYERS SONS, 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶	<u>003</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>GEO. BYERS SONS HOLDING, INC.</u> <u>427 S. HAMILTON ROAD</u> <u>P.O. BOX 16513</u> <u>COLUMBUS, OH 43216</u>	1c Effective date of plan <u>10/01/1985</u>	2b Employer Identification Number (EIN) <u>31-4139860</u>	2c Plan Sponsor's telephone number <u>614-737-7616</u>
		2d Business code (see instructions) <u>441110</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.	<u>10/12/2020</u>	<u>BETTY CALDWELL</u>
	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
	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 PENTEGRA SERVICES, INC. 701 WESTCHESTER AVE, STE 320E WHITE PLAINS, NY 10604	3b Administrator's EIN 13-3745616 3c Administrator's telephone number 844-367-2848
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	5 896
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) 759 6a(2) 733 6b 0 6c 269 6d 1002 6e 0 6f 1002 6g 822 6h 105
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 2G 2J 2K 2S 2T 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
--	--

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) ☒ 1 **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 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 GEO. BYERS SONS, 401(K) PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 GEO. BYERS SONS HOLDING, INC.	D Employer Identification Number (EIN) 31-4139860	

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 NATIONWIDE LIFE 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
31-4156830	66869	436-80046	822	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 19569	(b) Total amount of fees paid 0

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 CAMBRIDGE INVESTMENT RESEARCH 1776 PLEASANT PLAIN RD FAIRFIELD, IA 52556	

(b) Amount of sales and base commissions paid 19569	Fees and other commissions paid		(e) Organization code 4
	(c) Amount 0	(d) Purpose BROKER/INVESTMENT ADVISOR	

(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	

(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	
5 Current value of plan's interest under this contract in separate accounts at year end	5	

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. Specify nature of costs ▶	6d	

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 ▶

b Balance at the end of the previous year.....	7b	4337799
c Additions: (1) Contributions deposited during the year.....	7c(1)	137981
(2) Dividends and credits	7c(2)	0
(3) Interest credited during the year	7c(3)	84648
(4) Transferred from separate account.....	7c(4)	127480
(5) Other (specify below)	7c(5)	30313
▶ LOAN PAYMENT - PRINCIPAL& TRANSFER FROM OUTSIDE NW		
(6) Total additions.....	7c(6)	380422
d Total of balance and additions (add lines 7b and 7c(6))	7d	4718221
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	362314
(2) Administration charge made by carrier	7e(2)	6244
(3) Transferred to separate account.....	7e(3)	310244
(4) Other (specify below)	7e(4)	66018
▶ LOAN WITHDRAWAL		
(5) Total deductions.....	7e(5)	744820
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	3973401

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.....	10b	

Specify nature of costs.

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) 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 GEO. BYERS SONS, 401(K) PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 GEO. BYERS SONS HOLDING, INC.	D Employer Identification Number (EIN) 31-4139860	

Part I	Service Provider Information (see instructions)
--------	---

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(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?
15 26 49 52 59 60 63 64 99	SERVICE PROVIDER	201080	Yes ☒ No ☐	Yes ☒ No ☐	12427	Yes ☐ No ☒

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

CAMBRIDGE INVESTMENT RESEARCH

1776 PLEASANT PLAIN RD
FAIRFIELD, IA 52556

(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?
26 49 52 99	BROKER DEALER	0	Yes ☒ No ☐	Yes ☐ No ☒	104603	Yes ☐ No ☒

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

A P S - PENTEGRA

6830 COMMERCE COURT DR
BLACKLICK, OH 43004

13-3892096

(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 14 15 17 34 37 38 64 99	THIRD PARTY ADMIN	66190	Yes ☒ No ☐	Yes ☐ No ☒	7002	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)

TBS AGENCY INC

1776 PLEASANT PLAIN RD
FAIRFIELD, IA 52556

(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?
26 49 52 99	BROKER DEALER	0	Yes ☒ No ☐	Yes ☐ No ☒	19569	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 GEO. BYERS SONS, 401(K) PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 GEO. BYERS SONS HOLDING, INC.	D Employer Identification Number (EIN) 31-4139860	

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)	1853	5473
(2) Participant contributions.....	1b(2)	41243	49349
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(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)		
(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)	18473232	24848552
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	4337799	3973401
(15) Other.....	1c(15)		

		(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	22854127 28876775
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	22854127 28876775

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)	457027
	(B) Participants	2a(1)(B)	2342880
	(C) Others (including rollovers)	2a(1)(C)	143564
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	2943471
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	84648
	(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)	18433
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	103081
(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)		4528316
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		7574868

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1545976	
(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)		1545976
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)	6244	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		6244
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1552220

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6022648
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: CROWE LLP

(2) EIN: 35-0921680

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 GEO. BYERS SONS, 401(K) PLAN		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 GEO. BYERS SONS HOLDING, INC.		D Employer Identification Number (EIN) 31-4139860
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): 13-3745616		
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 _____

GEO. BYERS SONS, INC.
401(k) Plan
Columbus, Ohio

FINANCIAL STATEMENTS
December 31, 2019 and 2018

GEO. BYERS SONS 401(k) PLAN
Columbus, Ohio

FINANCIAL STATEMENTS
December 31, 2019 and 2018

CONTENTS

INDEPENDENT AUDITOR'S REPORT	1
FINANCIAL STATEMENTS	
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS	3
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS.....	4
NOTES TO FINANCIAL STATEMENTS	5
SUPPLEMENTAL SCHEDULE	
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)	10

INDEPENDENT AUDITOR'S REPORT

Plan Administrator
Geo. Byers Sons 401(k) Plan
Columbus, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Geo. Byers Sons 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits 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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, 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 Nationwide Trust Company, FSB and Nationwide Life Insurance Company, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that Nationwide Trust Company, FSB and Nationwide Life Insurance Company hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from Nationwide Trust Company, FSB and Nationwide Life Insurance Company as of December 31, 2019 and 2018 and for the year ended December 31, 2019 that the information provided to the plan administrator by Nationwide Trust Company, FSB and Nationwide Life Insurance Company is complete and accurate.

(Continued)

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. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2019 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for purposes 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 supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by Nationwide Trust Company, FSB and Nationwide Life Insurance Company, 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Crowe LLP

Columbus, Ohio
September 2, 2020

GEO. BYERS SONS 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
ASSETS		
Investments, at fair value (Note 3)	\$ 28,476,913	\$ 22,811,031
Receivables		
Employer contributions	5,473	1,853
Participant contributions	49,349	41,243
Notes receivable from participants	<u>345,040</u>	<u>-</u>
	<u>399,862</u>	<u>43,096</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 28,876,775</u>	<u>\$ 22,854,127</u>

See accompanying notes to financial statements.

GEO. BYERS SONS 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2019

Investment income	
Net appreciation in fair value of investments (Note 3)	\$ 4,770,180
Interest and dividends	<u>74,562</u>
	4,844,742
 Interest income on notes receivable from participants	 18,105
 Contributions	
Employer	457,193
Participants'	2,377,954
Rollovers	<u>108,324</u>
	<u>2,943,471</u>
 Total additions	 7,806,318
 Deductions	
Benefits paid to participants	1,514,400
Administrative expenses	<u>269,270</u>
	<u>1,783,670</u>
 Total deductions	 1,783,670
 Net increase	 6,022,648
 Net assets available for benefits at beginning of year	 <u>22,854,127</u>
 Net assets available for benefits at end of year	 <u><u>\$ 28,876,775</u></u>

See accompanying notes to financial statements.

GEO. BYERS SONS 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 1 - PLAN DESCRIPTION

The following brief description of the Geo. Byers Sons 401(k) Plan (the "Plan") is provided for general information purposes only. Participants should refer to the plan agreement for more complete information:

General: The Plan is a salary deferral and savings profit sharing plan covering all full-time employees of Geo. Byers Sons Holding, Inc. and affiliated companies (the Company) who are older than 21 years of age and have completed 90 days of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is qualified under Section 401(a) and 401(k) of the Internal Revenue Code. The Plan was restated on January 1, 2018.

Contributions: Participants can contribute any amount of their gross wages during the Plan year subject to certain limitations. The Company matches 50% of the first 6% of gross salary up to \$1,000 per participant. Effective January 1, 2019, employees are automatically enrolled at a deferral rate of 5% of eligible compensation unless the employee completes a salary deferral agreement specifying a different deferral percentage. Participants' deferral rate will automatically increase in future years by 1% of eligible compensation per year up to a maximum of 8%. During 2018 employees were automatically enrolled at a deferral rate of 3% of eligible compensation and annual automatic increases were 1% of eligible compensation per year up to a maximum of 6%.

Investment Options: Participants may direct contributions into various investment options and may change their investment options daily.

Retirement, Death and Disability: A participant is entitled to 100% of his or her account balance upon retirement, death or disability.

Vesting: Participants are immediately vested in their voluntary contributions plus actual earnings thereon. A participant becomes vested in employer contributions as follows:

<u>Years of Service</u>	<u>Vested Percentage of Employer Contribution</u>
Less than 2	0%
2 but less than 3	20%
3 but less than 4	40%
4 but less than 5	60%
5 but less than 6	80%
6 or more	100%

Participant Accounts: Each participant's account is credited with the participant's contribution and an allocation of (a) the Company's contribution and (b) Plan earnings and is charged with his or her withdrawals and an allocation of administrative expenses. Allocations are based on participant contributions, earnings or account balances, as applicable. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Payment of Benefits: Upon termination of service, participants may elect to receive a lump-sum distribution or a direct rollover amount equal to the value of his or her vested interest in their account.

Forfeitures: The non-vested portion of terminated participants accounts plus earnings thereon are forfeited and can be used by the Plan to pay expenses or reduce the amount of future employer contributions to the Plan. At December 31, 2019 and 2018, forfeited accounts totaled \$39,759 and \$24,725, respectively, which is available to reduce future employer contributions to the Plan or to pay future Plan expenses. During 2019, \$12,750 of the forfeiture account was used to pay Plan expenses.

(Continued)

GEO. BYERS SONS 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 1 - PLAN DESCRIPTION (Continued)

Withdrawals: A financial hardship provision is available, enabling a participant to withdraw an amount to cover an immediate and heavy financial need.

In-Service Distribution: Upon the attainment of age 55, participants are entitled to in-service distributions of their vested account balances.

Plan Termination: Although it has not expressed any intent to do so, the Plan sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA and its related regulations. In case of plan termination, participants will become 100% vested in their accounts.

Administrative and Investment Management Expenses: The Plan's record keeping and contract administrator fees are paid by the Plan and are reflected in the financial statements as administrative expenses of the Plan. Investment management fees are charged to the Plan as a reduction of investment return and included in the administrative expenses reported by the Plan. All other expenses of the Plan are paid by the Company.

Notes Receivable from Participants: Effective January 1, 2019, the Plan was amended to allow participants to borrow from their fund accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their vested account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at one percentage point over the prime interest rate. Principal and interest are paid through payroll deductions and become due and payable in entirety upon a participant's termination of employment.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The financial statements of the Plan are prepared under the accrual basis of accounting.

Estimates: The presentation 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 and disclosures and actual results could differ from those estimates.

Risks and Uncertainties: The Plan holds various investments. Investments are exposed to various risks, such as interest rate, market, liquidity and credit risks. Due to the level of risk associated with certain investments and the sensitivity of certain fair value estimates to changes in valuation assumptions, it is at least reasonably possible that changes in the fair values of investments 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.

Investment Valuation and Income Recognition: The Plan's investments are reported at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

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. Related fees are recorded as administrative expenses and are expensed when they are incurred.

(Continued)

GEO. BYERS SONS 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Continued)

Payment of Benefits: Benefits are recorded when paid.

Fair Value Measurements: Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (level 1 measurements) and gives the lowest priority to unobservable inputs (level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan.

Mutual funds: The fair values of mutual fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges (level 1 inputs).

Traditional Guaranteed Investment Contract: Investments in the Plan's traditional guaranteed investment contract contain certain restrictions on participant-directed investment exchanges and fair market value adjustments for lump sum contract withdrawals pursuant to the terms of the contracts, therefore management has determined that the contracts are not fully benefit-responsive and accordingly, it is measured at fair value. Fair value is estimated on an annual basis for financial statement reporting purposes only, as participant transactions are typically executed at contract value. The fair value of the contract is estimated by the insurance company that has issued the contract to the Plan, by discounting the projected cash flows based upon current yields for contracts with comparable durations and credit quality of the issuers (Level 3 inputs). The fair value of the contract has been determined to approximate contract value. The contract value equals the accumulated cash contributions and interest credited to the contracts, less any withdrawals. As these investments are contract-based, they are not transferable and observable prices for identical or similar investments do not exist. Plan management evaluates the terms of the guaranteed interest contract held by the Plan, the fair value information as of the Plan's financial statement dates provided to the Plan by Nationwide Life Insurance Company ("Nationwide") applicable to this contract, and the creditworthiness of Nationwide in assessing the fair values of the contract on an annual basis for financial reporting purposes. Based upon Nationwide's recent credit ratings, Plan management has determined that no adjustment to contract value is required related to the credit quality of the issuer of this contract.

(Continued)

GEO. BYERS SONS 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Continued)

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. 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.

Investments measured at fair value on a recurring basis are summarized below:

Fair Value Measurements at December 31, 2019 Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 24,503,512	\$ -	\$ -
Traditional guaranteed investment contract*	-	-	3,973,401
Total	\$ 24,503,512	\$ -	\$ 3,973,401

Fair Value Measurements at December 31, 2018 Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 18,783,477	\$ -	\$ -
Traditional guaranteed investment contract*	-	-	4,027,554
Total	\$ 18,783,477	\$ -	\$ 4,027,554

*Not fully benefit-responsive

The table below presents a reconciliation of Plan investments measured at fair value on a recurring basis using significant unobservable inputs (level 3) for the year ended December 31, 2019:

Fair Value Measurements Using Significant Unobservable Inputs (Level 3) Traditional guaranteed investment contract	
Beginning balance, January 1, 2019	\$ 4,027,554
Interest income on investment contracts held at end of year	74,562
Purchases, net of exchanges	299,629
Distributions	(428,344)
Ending balance, December 31, 2019	\$ 3,973,401

(Continued)

NOTE 3 - UNAUDITED INFORMATION – CERTIFIED INVESTMENTS AND NOTES RECEIVABLE FROM PARTICIPANTS

Substantially all information pertaining to the Plan's investments and notes receivable from participants included in the financial statements, including the associated investment income and interest earned on notes receivable from participants, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Nationwide Trust Company, FSB and Nationwide Life Insurance Company. This information has not been audited by independent accountants.

NOTE 4 - TAX STATUS

The Internal Revenue Service issued an opinion letter dated March 31, 2014 indicating the prototype adopted by the Plan, as then designed, was in compliance with applicable requirements of the Internal Revenue Code. Although the Plan has been amended from the original prototype document, Plan management believes that the Plan is currently being operated in accordance with the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2019 and 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2016.

NOTE 5 - PARTY-IN-INTEREST TRANSACTION AND INVESTMENTS

Parties in interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. The Plan holds mutual funds with Nationwide Trust Company, FSB and a traditional guaranteed investment contract with Nationwide Life Insurance Company. Nationwide Trust Company, FSB and Nationwide Life Insurance Company are service providers to the Plan and, therefore, these transactions and the Plan's payment of fees and investment management fees to Nationwide Trust Company, FSB and Nationwide Life Insurance Company qualify as party-in-interest transactions. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Some administrative expenses of the Plan are paid directly by the Company. Notes receivable from participants also reflect party-in-interest transactions.

NOTE 6 - SUBSEQUENT EVENTS

Plan management has evaluated subsequent events for recognition and disclosure through September 2, 2020, which is the date the financial statements were available to be issued.

In December 2019, a novel strain of coronavirus surfaced in Wuhan, China, and has spread around the world, with resulting business and social disruption. The coronavirus was declared a Public Health Emergency of International Concern by the World Health Organization on January 30, 2020. The ultimate impact of the coronavirus on the Plan and the Company will depend on future developments, which are highly uncertain and cannot be predicted, including new information which may emerge concerning the severity of the coronavirus and the actions required to contain the coronavirus or treat its impact, among others. As of June 30, 2020, there has not been a significant impact on the financial markets which has resulted in a decrease of approximately 2.66% (unaudited) in the fair value of investments of the Plan since December 31, 2019.

SUPPLEMENTAL SCHEDULE

GEO. BYERS SONS 401(k) PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2019

Name of plan sponsor:	Geo. Byers Sons Holdings, Inc.
Employer identification number:	31-4139860
Three-digit plan number:	003

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
Mutual funds				
	Aberdeen	Global Equity Fund	#	263
	Alliance Bernstein	Discovery Value Fund	#	60,732
	Alger	Small Cap Focus Fund	#	2,906
	Alger	Weatherbie Specialized Growth Fund	#	3,902
	Allianz Global	Technology Institutional	#	2,949
	American Beacon	International Equity Fund	#	628,612
	American Funds	Fundamental Investors Fund	#	3,068,127
	American Funds	Growth Fund of America	#	1,457,351
	American Funds	Capital World Growth Fund	#	362,105
	American Century	Growth Fund	#	65,933
	American Century	Short Dur Inf Pr Bond Fund	#	124
	AveMaria	Growth Fund	#	23,387
	Baron	Opportunity Institutional	#	2,963
	Blackrock	Midcap Growth Equity Institutional	#	1,195
	Blackrock	High Yield Bond Portfolio	#	255,870
	Blackrock	Total Return Fund	#	116,496
	Blackrock	Strategic Income Opportunities Fund	#	176,577
	BNY Mellon	S&P 500 Index Fund	#	944,877
	BNY Mellon	Small/Mid Cap Growth Fund	#	316,240
	Cohen & Steers	Real Estate Securities Fund	#	203,831
	Columbia Select	Large Cap Growth Fund	#	572,121
	Delaware	Extended Duration Bond Inst	#	4,442
	Delaware	Smid Cap Growth Fund	#	2,972
	DFA	Emerging Markets Core Equity Fund	#	553,198
	DFA	Global Real Estate Security Fund	#	291,411
	DFA	Inflation Protected Sec Institution	#	8,858
	DFA	Large Cap Value Fund	#	1,288,068
	DFA	US Target Value Inst	#	295,584
	Eventide	Gilead Fund	#	2,480
	Federated Clover	Government Obligations Fund	#	40,472
	Fidelity	500 Index Fund	#	1,008,248
	Fidelity	Asset Manager ® 50% Fund	#	342,645
	Fidelity	International Index Fund	#	524,793
	Fidelity	US Bond Index Fund	#	290,598
	Fidelity	Advisor Strategic Income Fund	#	79,423
	Franklin Templeton	Gold and Precious Metals Fund	#	239,532
	Franklin Templeton	Utilities Advisor Fund	#	23,336
	Franklin Templeton	Global Bond Fund	#	82
	Franklin Templeton	Global Bond R6	#	9,997
	Harbor	International Institutional Growth Fund	#	650,248
	Harbor	Mid Cap Growth Institutional Fund	#	2,458
	Invesco	Equally-Weighted S&P 500	#	32,560

(Continued)

GEO. BYERS SONS 401(k) PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2019

Name of plan sponsor:	Geo. Byers Sons Holdings, Inc.
Employer identification number:	31-4139860
Three-digit plan number:	003

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
Mutual funds (continued)				
	Ivy	Pictet Emerging Markets Local	#	167,271
	Janus	Henderson Contrarian I	#	2,943
	Janus	Henderson Contrarian N	#	2,941
	Janus	Triton N	#	180,355
	Janus	Forty T	#	1,483,459
	JP Morgan	Core Plus Bond Fund	#	47,548
	JP Morgan	Equity Income Fund	#	18,176
	JP Morgan	Small Cap Equity Fund	#	336,969
	JP Morgan	Equity Income Fund	#	551,254
	JP Morgan	Mid Cap Value Fund	#	386,159
	JP Morgan	Small Growth Fund	#	2,934
	JP Morgan	Small Cap Value Fund	#	130
	Lord Abbett	Floating Rate Fund	#	2,831
	MFS	Research Fund	#	12,122
	MFS	Value Fund R4	#	17,868
	MFS	Value Fund R6	#	438
	MainStay	Epoch International Choice	#	3,963
	Morgan Stanley	Institutional Fund Trust Discovery	#	3,916
	Morgan Stanley	Inception Portfolio	#	2,952
	Morgan Stanley	Institutional Growth Fund	#	4,608
*	Nationwide Trust Company, FSB	Loomis All Cap Growth Fund Class R6	#	532,365
*	Nationwide Trust Company, FSB	Investor Destinations Aggressive Fund Class R6	#	406,101
*	Nationwide Trust Company, FSB	Investor Destinations Conservative Fund Class R6	#	141,563
*	Nationwide Trust Company, FSB	Investor Destinations Moderately Conservative Fund Class R6	#	1,144,603
*	Nationwide Trust Company, FSB	Investor Destinations Moderately Aggressive Fund Class R6	#	1,218,405
*	Nationwide Trust Company, FSB	Investor Destinations Moderate Fund Class R6	#	129,684
*	Nationwide Trust Company, FSB	Government Money Market R6	#	154,291
	Oppenheimer	International Bond Fund	#	60,798
	Oppenheimer	International Growth Fund	#	6,358
	Parnassus	Core Equity Fund	#	88,118
	PGIM	High Yield Fund Class Z	#	10,116
	PGIM	Total Return Bond R6	#	481,310
	PGIM	Total Return Bond Fund	#	10,007
	Pimco	Real Return Institutional Fund	#	345,501
	Pimco	Stock Plus International Fund	#	364,656
	Pimco	Total Return Institutional Fund	#	417,245
	Principal	Real Estate Securities Fund	#	3,265

(Continued)

GEO. BYERS SONS 401(k) PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2019

Name of plan sponsor:	Geo. Byers Sons Holdings, Inc.
Employer identification number:	31-4139860
Three-digit plan number:	003

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
Mutual funds (continued)				
	Prudential	Global Real Estate	#	14,197
	Thornburg	International Value Fund	#	414,322
	TIAA	Lifecycle 2020 Institutional	#	69,780
	TIAA	Lifecycle 2025 Institutional	#	14,285
	TIAA	Lifecycle 2030 Institutional	#	146,624
	TIAA	Lifecycle 2035 Institutional	#	7,696
	TIAA	Lifecycle 2040 Institutional	#	30,758
	TIAA	Lifecycle 2045 Institutional	#	20,778
	TIAA	Lifecycle 2050 Institutional	#	97,167
	Victory	RS Science and Technology Fund	#	2,979
	Vanguard	500 Index Fund	#	130,595
	Vanguard	Emerging Market Stock Index	#	46,381
	Vanguard	Short Term Bond Index Fund	#	10,696
	Vanguard	Total Bond Market Index	#	7,420
	Vanguard	International Stock Index	#	64,125
	Vanguard	Total Stock Market Index Fund	#	102,203
	Vanguard	Explorer Fund	#	402,740
	Vanguard	International Growth Fund	#	617
	Vanguard	Dividend Growth Bond Adv Fund	#	98,809
	Vanguard	Explorer Fund Investor	#	101,253
	Virtus	KAR Small-Cap Growth Fund	#	1,236
	Wells Fargo	Special Small Cap Value	#	14,729
	Wells Fargo	Discovery Institutional	#	2,933
				24,503,512
Traditional guaranteed investment contract				
*	Nationwide Life Insurance Company	Guaranteed investment contract - Fixed Account (contractual rate at 12/31/19 2.00%)	#	3,973,401
Notes receivable from participants				
*	Participants	Interest rates ranging from 5.75% to 6.50% with maturities through 2034	#	345,040
				\$ 28,821,953

* Denotes party-in-interest

All investments are participant directed; therefore, cost information is not required.

See Independent Auditor's Report

GEO. BYERS SONS 401(k) PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2019

Name of plan sponsor:	Geo. Byers Sons Holdings, Inc.
Employer identification number:	31-4139860
Three-digit plan number:	003

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
Mutual funds				
	Aberdeen	Global Equity Fund	#	263
	Alliance Bernstein	Discovery Value Fund	#	60,732
	Alger	Small Cap Focus Fund	#	2,906
	Alger	Weatherbie Specialized Growth Fund	#	3,902
	Allianz Global	Technology Institutional	#	2,949
	American Beacon	International Equity Fund	#	628,612
	American Funds	Fundamental Investors Fund	#	3,068,127
	American Funds	Growth Fund of America	#	1,457,351
	American Funds	Capital World Growth Fund	#	362,105
	American Century	Growth Fund	#	65,933
	American Century	Short Dur Inf Pr Bond Fund	#	124
	AveMaria	Growth Fund	#	23,387
	Baron	Opportunity Institutional	#	2,963
	Blackrock	Midcap Growth Equity Institutional	#	1,195
	Blackrock	High Yield Bond Portfolio	#	255,870
	Blackrock	Total Return Fund	#	116,496
	Blackrock	Strategic Income Opportunities Fund	#	176,577
	BNY Mellon	S&P 500 Index Fund	#	944,877
	BNY Mellon	Small/Mid Cap Growth Fund	#	316,240
	Cohen & Steers	Real Estate Securities Fund	#	203,831
	Columbia Select	Large Cap Growth Fund	#	572,121
	Delaware	Extended Duration Bond Inst	#	4,442
	Delaware	Smid Cap Growth Fund	#	2,972
	DFA	Emerging Markets Core Equity Fund	#	553,198
	DFA	Global Real Estate Security Fund	#	291,411
	DFA	Inflation Protected Sec Institution	#	8,858
	DFA	Large Cap Value Fund	#	1,288,068
	DFA	US Target Value Inst	#	295,584
	Eventide	Gilead Fund	#	2,480
	Federated Clover	Government Obligations Fund	#	40,472
	Fidelity	500 Index Fund	#	1,008,248
	Fidelity	Asset Manager ® 50% Fund	#	342,645
	Fidelity	International Index Fund	#	524,793
	Fidelity	US Bond Index Fund	#	290,598
	Fidelity	Advisor Strategic Income Fund	#	79,423
	Franklin Templeton	Gold and Precious Metals Fund	#	239,532
	Franklin Templeton	Utilities Advisor Fund	#	23,336
	Franklin Templeton	Global Bond Fund	#	82
	Franklin Templeton	Global Bond R6	#	9,997
	Harbor	International Institutional Growth Fund	#	650,248
	Harbor	Mid Cap Growth Institutional Fund	#	2,458
	Invesco	Equally-Weighted S&P 500	#	32,560

(Continued)

GEO. BYERS SONS 401(k) PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2019

Name of plan sponsor:	Geo. Byers Sons Holdings, Inc.
Employer identification number:	31-4139860
Three-digit plan number:	003

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
Mutual funds (continued)				
	Ivy	Pictet Emerging Markets Local	#	167,271
	Janus	Henderson Contrarian I	#	2,943
	Janus	Henderson Contrarian N	#	2,941
	Janus	Triton N	#	180,355
	Janus	Forty T	#	1,483,459
	JP Morgan	Core Plus Bond Fund	#	47,548
	JP Morgan	Equity Income Fund	#	18,176
	JP Morgan	Small Cap Equity Fund	#	336,969
	JP Morgan	Equity Income Fund	#	551,254
	JP Morgan	Mid Cap Value Fund	#	386,159
	JP Morgan	Small Growth Fund	#	2,934
	JP Morgan	Small Cap Value Fund	#	130
	Lord Abbett	Floating Rate Fund	#	2,831
	MFS	Research Fund	#	12,122
	MFS	Value Fund R4	#	17,868
	MFS	Value Fund R6	#	438
	MainStay	Epoch International Choice	#	3,963
	Morgan Stanley	Institutional Fund Trust Discovery	#	3,916
	Morgan Stanley	Inception Portfolio	#	2,952
	Morgan Stanley	Institutional Growth Fund	#	4,608
*	Nationwide Trust Company, FSB	Loomis All Cap Growth Fund Class R6	#	532,365
*	Nationwide Trust Company, FSB	Investor Destinations Aggressive Fund Class R6	#	406,101
*	Nationwide Trust Company, FSB	Investor Destinations Conservative Fund Class R6	#	141,563
*	Nationwide Trust Company, FSB	Investor Destinations Moderately Conservative Fund Class R6	#	1,144,603
*	Nationwide Trust Company, FSB	Investor Destinations Moderately Aggressive Fund Class R6	#	1,218,405
*	Nationwide Trust Company, FSB	Investor Destinations Moderate Fund Class R6	#	129,684
*	Nationwide Trust Company, FSB	Government Money Market R6	#	154,291
	Oppenheimer	International Bond Fund	#	60,798
	Oppenheimer	International Growth Fund	#	6,358
	Parnassus	Core Equity Fund	#	88,118
	PGIM	High Yield Fund Class Z	#	10,116
	PGIM	Total Return Bond R6	#	481,310
	PGIM	Total Return Bond Fund	#	10,007
	Pimco	Real Return Institutional Fund	#	345,501
	Pimco	Stock Plus International Fund	#	364,656
	Pimco	Total Return Institutional Fund	#	417,245
	Principal	Real Estate Securities Fund	#	3,265

(Continued)

GEO. BYERS SONS 401(k) PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2019

Name of plan sponsor:	Geo. Byers Sons Holdings, Inc.
Employer identification number:	31-4139860
Three-digit plan number:	003

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
Mutual funds (continued)				
	Prudential	Global Real Estate	#	14,197
	Thornburg	International Value Fund	#	414,322
	TIAA	Lifecycle 2020 Institutional	#	69,780
	TIAA	Lifecycle 2025 Institutional	#	14,285
	TIAA	Lifecycle 2030 Institutional	#	146,624
	TIAA	Lifecycle 2035 Institutional	#	7,696
	TIAA	Lifecycle 2040 Institutional	#	30,758
	TIAA	Lifecycle 2045 Institutional	#	20,778
	TIAA	Lifecycle 2050 Institutional	#	97,167
	Victory	RS Science and Technology Fund	#	2,979
	Vanguard	500 Index Fund	#	130,595
	Vanguard	Emerging Market Stock Index	#	46,381
	Vanguard	Short Term Bond Index Fund	#	10,696
	Vanguard	Total Bond Market Index	#	7,420
	Vanguard	International Stock Index	#	64,125
	Vanguard	Total Stock Market Index Fund	#	102,203
	Vanguard	Explorer Fund	#	402,740
	Vanguard	International Growth Fund	#	617
	Vanguard	Dividend Growth Bond Adv Fund	#	98,809
	Vanguard	Explorer Fund Investor	#	101,253
	Virtus	KAR Small-Cap Growth Fund	#	1,236
	Wells Fargo	Special Small Cap Value	#	14,729
	Wells Fargo	Discovery Institutional	#	2,933
				24,503,512
Traditional guaranteed investment contract				
*	Nationwide Life Insurance Company	Guaranteed investment contract - Fixed Account (contractual rate at 12/31/19 2.00%)	#	3,973,401
Notes receivable from participants				
*	Participants	Interest rates ranging from 5.75% to 6.50% with maturities through 2034	#	345,040
				\$ 28,821,953

* Denotes party-in-interest

All investments are participant directed; therefore, cost information is not required.

See Independent Auditor's Report