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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2014</b><br><br><b>This Form is Open to Public Inspection</b> |
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| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2014 or fiscal plan year beginning <u>07/01/2014</u> and ending <u>06/30/2015</u> |                                                                                                                                                                                                                                                                                                                                                 |
| A This return/report is for:                                                                             | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) _____ |
| B This return/report is:                                                                                 | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).                                                                                                       |
| C If the plan is a collectively-bargained plan, check here. ....                                         | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                        |
| D Check box if filing under:                                                                             | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                                                                                                                       |

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| <b>Part II</b>                                                                                                                                                                                                      | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                              |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>GUTRIDGE PLUMBING, INC. PROFIT-SHARING &amp; 401(K) RETIREMENT PLAN</u>                                                                                                                | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>06/28/1996</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                       | <b>1c</b> Effective date of plan<br><u>06/28/1996</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                            | <u>001</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>06/28/1996</u>                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><u>GUTRIDGE PLUMBING, INC.</u><br><br><u>88 SOUTH SECOND STREET</u><br><u>NEWARK, OH 43055</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>31-1118236</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>740-345-5760</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>238220</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>31-1118236</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>740-345-5760</u> | <b>2d</b> Business code (see instructions)<br><u>238220</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>31-1118236</u>                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>740-345-5760</u>                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>238220</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.

|                                                                                                                                                                                                                                                     |                                                                                                    |                        |                                                                                         |
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| <b>SIGN HERE</b>                                                                                                                                                                                                                                    | Filed with authorized/valid electronic signature.<br><br><b>Signature of plan administrator</b>    | 04/18/2016<br><br>Date | SHELLY A. HARTFIELD<br><br>Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                                                                                                                                                                    | Filed with authorized/valid electronic signature.<br><br><b>Signature of employer/plan sponsor</b> | 04/18/2016<br><br>Date | SHELLY A. HARTFIELD<br><br>Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                                                                                                                                                                    | _____<br><br><b>Signature of DFE</b>                                                               | _____<br><br>Date      | _____<br><br>Enter name of individual signing as DFE                                    |
| Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)<br><u>NOBLE B. SNOW, III, CPA</u><br><u>WILSON, SHANNON &amp; SNOW, INC.</u><br><u>TEN WEST LOCUST STREET</u><br><u>NEWARK, OH 43055</u> |                                                                                                    |                        | Preparer's telephone number (optional)<br><u>740-345-6611</u>                           |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>         |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><b>a</b> Sponsor's name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                        |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>5</b> 126                                                                                                                                                             |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits.....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b><br><br><b>6a(2)</b> 106<br><br><b>6b</b><br><br><b>6c</b> 31<br><br><b>6d</b> 137<br><br><b>6e</b><br><br><b>6f</b> 137<br><br><b>6g</b><br><br><b>6h</b> 1 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>7</b>                                                                                                                                                                 |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2J<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                          |

|                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                   | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>a Pension Schedules</b><br>(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 2014 Form M-1 annual report. If the plan was not required to file the 2014 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 \_\_\_\_\_

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
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| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2014</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

|                                                                                                     |                                                                    |            |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>GUTRIDGE PLUMBING, INC. PROFIT-SHARING &amp; 401(K) RETIREMENT PLAN</u> | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <u>001</u> |
|                                                                                                     |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>GUTRIDGE PLUMBING, INC.</u>     | <b>D</b> Employer Identification Number (EIN)<br><u>31-1118236</u> |            |

|               |                                                        |
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| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| <u>PARK NATIONAL BANK</u> <u>50 NORTH THIRD STREET, P.O. BOX 350</u><br><u>NEWARL, OH 43058-3500</u>              |
| <u>31-1179518</u>                                                                                                 |

|                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation |
|------------------------------------------------------------------------------------------------------------------|

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

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

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

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

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**(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)

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

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

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

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

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

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

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

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

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

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

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

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

**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<br>(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<br>(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<br>(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 |
|--------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2014</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2014 or fiscal plan year beginning <u>07/01/2014</u> and ending <u>06/30/2015</u> |                                                                    |            |
| <b>A</b> Name of plan<br><u>GUTRIDGE PLUMBING, INC. PROFIT-SHARING &amp; 401(K) RETIREMENT PLAN</u>      | <b>B</b> Three-digit plan number (PN) ►                            | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>GUTRIDGE PLUMBING, INC.</u>          | <b>D</b> Employer Identification Number (EIN)<br><u>31-1118236</u> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                            | <b>1b(1)</b>    | 150000                | 150000          |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    | 3370                  | 6409            |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>    | 93193                 | 264469          |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    | 372897                | 249126          |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> | 398760                | 429580          |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                            | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                 | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 1044475               | 1098051         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 2062695               | 2197635         |

**Liabilities**

|                                                                           |           |  |  |
|---------------------------------------------------------------------------|-----------|--|--|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |  |  |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |  |  |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |  |  |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |  |  |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> |  |  |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 2062695 | 2197635 |
|-----------------------------------------------------------|-----------|---------|---------|

**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 Contributions:**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 150000     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 44370      |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 194370    |

**b Earnings on investments:****(1) Interest:**

|                                                                                                      |                 |      |      |
|------------------------------------------------------------------------------------------------------|-----------------|------|------|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> | 882  |      |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> | 3453 |      |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> | 3877 |      |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |      |      |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> |      |      |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> | 23   |      |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |      | 8235 |

|                                                                                           |                 |       |       |
|-------------------------------------------------------------------------------------------|-----------------|-------|-------|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | <b>2b(2)(A)</b> |       |       |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> | 19723 |       |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> | 11820 |       |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |       | 31543 |

|                 |              |  |  |
|-----------------|--------------|--|--|
| (3) Rents ..... | <b>2b(3)</b> |  |  |
|-----------------|--------------|--|--|

|                                                                                           |                 |  |  |
|-------------------------------------------------------------------------------------------|-----------------|--|--|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> |  |  |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> |  |  |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | <b>2b(4)(C)</b> |  |  |

|                                                                                                       |                 |  |  |
|-------------------------------------------------------------------------------------------------------|-----------------|--|--|
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                    | <b>2b(5)(A)</b> |  |  |
| <b>(B)</b> Other .....                                                                                | <b>2b(5)(B)</b> |  |  |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> ..... | <b>2b(5)(C)</b> |  |  |

|                                                                                                 |        | (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) |            | 18892     |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 253040    |

**Expenses**

|                                                                                      |       |        |        |
|--------------------------------------------------------------------------------------|-------|--------|--------|
| e Benefit payment and payments to provide benefits:                                  |       |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 105547 |        |
| (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) |        | 105547 |
| 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) |        |        |
| (3) Investment advisory and management fees .....                                    | 2i(3) |        |        |
| (4) Other .....                                                                      | 2i(4) | 12553  |        |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |        | 12553  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |        | 118100 |

**Net Income and Reconciliation**

|                                                          |       |  |        |
|----------------------------------------------------------|-------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 134940 |
| l Transfers of assets:                                   |       |  |        |
| (1) To this plan .....                                   | 2l(1) |  |        |
| (2) From this plan .....                                 | 2l(2) |  |        |

**Part III Accountant's Opinion**

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

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

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

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: MCLAIN, HILL, RUGG & ASSOCIATES, IN

(2) EIN: 31-1038077

**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   |    | 18732  |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               |           | Yes | No | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|--------|
| <b>c</b> 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.) .....                                          | <b>4c</b> |     | X  |        |
| <b>d</b> 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.) .....                               | <b>4d</b> |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | <b>4e</b> | X   |    | 250000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       | <b>4f</b> |     | X  |        |
| <b>g</b> 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? .....                                                    | <b>4g</b> |     | X  |        |
| <b>h</b> 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? .....                                          | <b>4h</b> |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | <b>4i</b> | X   |    |        |
| <b>j</b> 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.) ..... | <b>4j</b> |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           | <b>4k</b> |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            | <b>4l</b> |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  | <b>4m</b> |     | X  |        |
| <b>n</b> 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. ....                                      | <b>4n</b> |     | X  |        |

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

**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

## Part V Trust Information (optional)

|                         |                       |
|-------------------------|-----------------------|
| <b>6a</b> Name of trust | <b>6b</b> Trust's EIN |
|-------------------------|-----------------------|

GUTRIDGE PLUMBING, INC. PROFIT SHARING AND 401(K) PLAN

Financial Statements and Supplemental Information

Year Ended June 30, 2015 and 2014 (Unaudited)

GUTRIDGE PLUMBING, INC. PROFIT SHARING AND 401(K) PLAN

I N D E X

|        |                                                                                                 |
|--------|-------------------------------------------------------------------------------------------------|
| Page 1 | Independent Auditors' Report. (2 pages)                                                         |
| Page 2 | Statements of Net Assets Available for Benefits as of June 30, 2015 and 2014(Unaudited).        |
| Page 3 | Statement of Changes in Net Assets Available for Benefits for the year ended June 30, 2015.     |
| Page 4 | Notes to the Financial Statements. (4 pages)                                                    |
| Page 5 | Supplemental Schedule of Assets (Held at End of Year) as of June 30, 2015. (2 pages)            |
| Page 6 | Supplemental Schedule of Delinquent Participant Contributions for the year ended June 30, 2015. |



INDEPENDENT AUDITORS' REPORT

To the Plan Administrator  
Gutridge Plumbing, Inc. Profit Sharing and 401(k) Plan

**Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Gutridge Plumbing, Inc. Profit Sharing and 401(k) (the "Plan"), which comprise the statements of net assets available for benefits as of June 30, 2015, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

**Management's Responsibility for the Financial Statements**

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

**Auditors' Responsibility**

Our responsibility is to express an opinion on these financial statements based on 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 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 H, which was certified by Park National Bank, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended June 30, 2015, that the information provided to the plan administrator by the trustee 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. Accordingly, we do not express an opinion on these financial statements.

**Other Matter**

The supplemental schedules of assets (held at end of year) as of June 30, 2015 and schedule of delinquent participant contributions for the year ended June 30, 2015, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are 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 schedules referred to above.

**Report on Compiled June 30, 2014 Financial Statement**

Plan management is responsible the accompanying financial statement of Gutridge Plumbing, Inc.'s Profit Sharing and 401(k) Plan, which comprise the statement of net assets available for benefits as of June 30, 2014. We have performed a compilation engagement in accordance with the Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statement nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by plan management. Accordingly, we do not express an opinion, a conclusion, or provide any form of assurance on the financial statement.

**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 schedules, other than that derived from the information certified by the trustee, 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.

*McLain, Hill, Rugg & Associates, Inc.*

McLain, Hill, Rugg & Associates, Inc.  
Zanesville, Ohio

April 11, 2016

GUTRIDGE PLUMBING, INC. PROFIT SHARING AND 401(k) PLAN  
 Statements of Net Assets Available for Benefits  
 As of June 30, 2015 and 2014 (Unaudited)

|                                       | <u>2015</u>                    | <u>Unaudited<br/>2014</u>      |
|---------------------------------------|--------------------------------|--------------------------------|
| ASSETS:                               |                                |                                |
| Investments at fair value             | \$ 2,041,226                   | \$ 1,909,325                   |
| Receivables:                          |                                |                                |
| Employer contribution                 | 150,000                        | 150,000                        |
| Participant contribution              | <u>6,409</u>                   | <u>3,370</u>                   |
| Total receivables                     | <u>156,409</u>                 | <u>153,370</u>                 |
| <br>TOTAL ASSETS                      | <br><u>2,197,635</u>           | <br><u>2,062,695</u>           |
| <br>Net assets available for benefits | <br><u><u>\$ 2,197,635</u></u> | <br><u><u>\$ 2,062,695</u></u> |

GUTRIDGE PLUMBING, INC. PROFIT SHARING AND 401(k) PLAN  
Statement of Changes in Net Assets Available for Benefits  
For Year Ended June 30, 2015

|                                               | <u>2015</u>                |
|-----------------------------------------------|----------------------------|
| ADDITIONS:                                    |                            |
| Additions to net assets attributed to:        |                            |
| Investment income:                            |                            |
| Net appreciation in fair value of investments | \$ 18,892                  |
| Interest                                      | 8,235                      |
| Dividends                                     | <u>31,543</u>              |
|                                               | 58,670                     |
| Contributions:                                |                            |
| Participants                                  | 44,370                     |
| Employer                                      | <u>150,000</u>             |
|                                               | <u>194,370</u>             |
| TOTAL ADDITIONS                               | 253,040                    |
| DEDUCTIONS:                                   |                            |
| Deductions to net assets attributed to:       |                            |
| Benefits paid to participants                 | 105,547                    |
| Administrative expenses                       | <u>12,553</u>              |
| TOTAL DEDUCTIONS                              | <u>118,100</u>             |
| NET INCREASE                                  | 134,940                    |
| NET ASSETS AVAILABLE FOR BENEFITS:            |                            |
| Beginning of year                             | <u>2,062,695</u>           |
| End of year                                   | <u><u>\$ 2,197,635</u></u> |

See independent auditors' report and accompanying notes to the financial statements.

GUTRIDGE PLUMBING, INC. PROFIT SHARING AND 401(K) PLAN  
NOTES TO FINANCIAL STATEMENTS

**NOTE A - DESCRIPTION OF PLAN**

The following description of the Guttridge Plumbing, Inc. (Employer) Profit Sharing and 401(k) Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. *General.* The Plan is a defined contribution plan covering all full-time employees of the Employer who have one year of service, are age 21 or older, and are not a nonresident alien or covered by a collective bargaining agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).
2. *Contributions.* Each year, participants may contribute a percentage, up to 75%, of pretax annual compensation into the 401(k) plan, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). The employer makes no matching contributions. The assets of the Plan shall be invested in those investments described by the investment policy allowed by the employer. Contributions are not participant directed; assets of the Plan shall be invested only in those investments per the investment policy allowed by the Employer. The Employer profit sharing contributions are made to the Plan based on Employer performance and the amount is determined by the owners of the Company annually. Profit sharing contributions in the amount of \$150,000 were made by the Employer during the years ended June 30, 2015 and 2014. Contributions are subject to certain IRS limitations.
3. *Participant accounts.* Each participant's 401(k) account is credited with the participant's contributions and allocations of the Plan earnings. Participant accounts are charged with an allocation of administrative expenses. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. Each participant's profit sharing account is credited with the Employer's contributions using a pro rata formula based on wages of eligible participants. The benefit to which a profit sharing participant is entitled is the benefit that can be provided from the participant's vested account.
4. *Vesting.* Participants in the 401(k) plan are vested immediately in their contributions plus actual earnings thereon. Vesting in the Employer's contribution of the profit sharing is based on years of continuous service. A participant in the profit sharing plan is 100 percent vested after six years of credited service.
6. *Payment of benefits.* On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, installment payments, or toward the purchase of an annuity contract. A participant may also withdraw all or part of his or her account once they reach age 59 1/2 or older or early retirement date at age 55 or older, if fully vested. For termination of service for other reasons, a participant may receive all or any part of his or her account. Upon termination or retirement, if a participant's account balance is \$1,000 or less, it will be automatically withdrawn and distributed to the participant, unless he or she elects to rollover the funds to an IRA or other qualified Plan.
7. *Forfeited accounts.* At June 30, 2015, forfeited nonvested accounts totaled \$5,167. These accounts are allocated to qualifying participants on a pro rata formula based participants' compensation for the Plan year.

**NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

*Basis of Accounting*

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

*Use of Estimates*

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

GUTRIDGE PLUMBING, INC. PROFIT SHARING AND 401(K) PLAN  
NOTES TO FINANCIAL STATEMENTS

**NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Administrator determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians. See note C 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 includes the Plan's gains and losses on investments purchased and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

Expenses

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

Subsequent Events

The Plan has evaluated subsequent events through April 11, 2016, the date the financial statements were available to be issued.

Recent Accounting Pronouncement

In July 2015, the FASB issued Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contributions Pension Plans (Topic 962), and Health and Welfare Benefit Plan (Topic 965): I. Fully Benefit Responsive Investment Contracts, II. Plan Investment Disclosures, and III. Measurement Date Practical Expedient (ASU 2015-12). The objective to issuing this update is to reduce complexity in employee benefit accounting, which is consistent with its Simplification Initiative. The purpose of the Simplification Initiative is to identify, evaluate, and improve areas of generally accepted accounting principles (GAAP) for which costs and complexity can be reduced while maintaining or improving the usefulness of the information provided to the users of financial statements. Under this amendment, fully benefit-responsive investment contracts are measured, presented and disclosed only at contract value; classes of assets are grouped and disclosed by general type; and the disclosure of individual investments that represent 5 percent or more of net assets available are eliminated. The amendments to this Update are effective for fiscal years beginning after December 31, 2015 and early adoption is permitted. The Plan has early adopted this new pronouncement as of June 30, 2015 and 2014, and for the year ended June 30, 2015.

**NOTE C - FAIR VALUE MEASUREMENTS**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of fair value hierarchy under Topic 820 are described as follows:

|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 1 | Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Level 2 | <p>Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:</p> <ul style="list-style-type: none"> <li>a. Quoted prices for similar assets or liabilities in active markets</li> <li>b. Quoted prices for identical or similar assets or liabilities in inactive markets</li> <li>c. Inputs other than quoted prices that are observable for the asset or liability</li> <li>d. Inputs that are derived principally from or corroborated by observable market data by correlation or other means.</li> </ul> <p>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.</p> |
| Level 3 | Inputs that are unobservable inputs for the asset or liability.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

GUTRIDGE PLUMBING, INC. PROFIT SHARING AND 401(K) PLAN  
NOTES TO FINANCIAL STATEMENTS

**NOTE C - FAIR VALUE MEASUREMENTS (CONTINUED)**

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2015 and 2014.

*Money market:* Valued at net asset value of \$1, including interest.

*Mutual funds:* Valued at the daily closing prices reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Common Stocks:* Valued at the closing price reported on the active market on which the individual securities are traded.

*U.S. Government securities:* Valued using pricing models maximizing the use of observable inputs for similar securities.

*Corporate bonds:* Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing the value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, those corporate bonds are valued under a discounted cash flow approach that maximizes observable inputs, such as current yields or similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2015 and 2014. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

**Assets at Fair Value as of June 30, 2015**

|                           | <i>Level 1</i>      | <i>Level 2</i> | <i>Level 3</i> | <i>Total</i>        |
|---------------------------|---------------------|----------------|----------------|---------------------|
| Money market              | \$ 139,152          | \$ —           | \$ —           | \$ 139,152          |
| Mutual funds              | 545,542             | —              | —              | 545,542             |
| Common stock              | 758,105             | —              | —              | 758,105             |
| U.S government securities | 249,126             | —              | —              | 249,126             |
| Corporate bonds           | 349,301             | —              | —              | 349,301             |
| Investments at fair value | <u>\$ 2,041,226</u> | <u>\$ —</u>    | <u>\$ —</u>    | <u>\$ 2,041,226</u> |

**Assets at Fair Value as of June 30, 2014**

|                           | <i>Level 1</i>      | <i>Level 2</i> | <i>Level 3</i> | <i>Total</i>        |
|---------------------------|---------------------|----------------|----------------|---------------------|
| Money market              | \$ 93,196           | \$ —           | \$ —           | \$ 93,196           |
| Mutual funds              | 517,268             | —              | —              | 517,268             |
| Common stock              | 721,753             | —              | —              | 721,753             |
| U.S government securities | 372,896             | —              | —              | 372,896             |
| Corporate bonds           | 204,212             | —              | —              | 204,212             |
| Investments at fair value | <u>\$ 1,909,325</u> | <u>\$ —</u>    | <u>\$ —</u>    | <u>\$ 1,909,325</u> |

**Transfers between Levels**

For the years ended June 30, 2015, and 2014, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

GUTRIDGE PLUMBING, INC. PROFIT SHARING AND 401(K) PLAN  
NOTES TO FINANCIAL STATEMENTS

**NOTE D – RELATED-PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS**

Certain Plan investments are managed by Park National Bank. Park National Bank is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred and paid directly by the Plan for the investment management services were \$12,553.

The Plan Administrator is an employee of the Plan Sponsor, participant of the Plan and relation to the owners. Owners' of Gutridge Plumbing, Inc. have account balances that comprise 45 percent of the total Plan assets.

**NOTE E- PLAN TERMINATION**

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

**NOTE F - TAX STATUS**

The IRS has determined and informed the Employer by a letter dated March 31, 2008, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would 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. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2012.

**NOTE G - 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. Because of the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

**NOTE H - INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN**

The following information included in the accompanying financial statements and supplemental schedules were obtained from data that has been prepared and certified to as complete and accurate by the trustee, Park National Bank.

|                                     | 2015                | 2014                |
|-------------------------------------|---------------------|---------------------|
| Investments, participant directed:  |                     |                     |
| Money market                        | \$ 139,152          | \$ 93,196           |
| Mutual funds                        | 545,542             | 517,268             |
| Common stock                        | 758,105             | 721,753             |
| U.S government securities           | 249,126             | 372,896             |
| Corporate bonds                     | 349,301             | 204,212             |
| Total Investments                   | <u>\$ 2,041,226</u> | <u>\$ 1,909,325</u> |
| Total assets certified by custodian | <u>\$ 2,041,226</u> | <u>\$ 1,909,325</u> |
| Investment Income, net of expenses  | <u>\$ 58,670</u>    | <u>\$ 206,738</u>   |

GUTRIDGE PLUMBING, INC. PROFIT SHARING AND 401(k) PLAN  
Supplemental Schedule of Assets (Held at End of Year)  
as of June 30, 2015

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
EIN 31-1118236, PN 001

| (a) | (b) Identity of issue, borrower,<br>lessor or similar party | (c) Description of investment,<br>including maturity date,<br>rate of interest, collateral,<br>par or maturity value | (d) Cost | (e) Current<br>value |
|-----|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------|----------------------|
| *   | Park National Bank                                          | Money Market                                                                                                         | \$ -     | \$ 30,905            |
|     | Vanguard Intermediate - Term Bond Index Adm                 | Mutual Fd - Fixed Inc Tax                                                                                            | -        | 76,136               |
|     | Vanguard Institutional Index Fund                           | Mutual Fd - Fixed Inc Tax                                                                                            | -        | 176,415              |
| *   | Park National Bank                                          | Money Market                                                                                                         | -        | 108,248              |
|     | Goldman Sachs Bank USA                                      | Marketable CD                                                                                                        | -        | 25,074               |
|     | Peoples United Bank NA CT                                   | Marketable CD                                                                                                        | -        | 50,127               |
|     | Alley Bank Midvale UT                                       | Marketable CD                                                                                                        | -        | 25,081               |
|     | BMW Bank of North Amer Ut                                   | Marketable CD                                                                                                        | -        | 25,035               |
|     | Wal-Mart Stores Inc                                         | Corporate Bonds & Notes                                                                                              | -        | 25,000               |
|     | AT&T Inc                                                    | Corporate Bonds & Notes                                                                                              | -        | 24,999               |
|     | Halliburton Company                                         | Corporate Bonds & Notes                                                                                              | -        | 24,988               |
|     | Disney (Walt) Company                                       | Corporate Bonds & Notes                                                                                              | -        | 25,124               |
|     | Toronto-Dominion Bank                                       | Corporate Bonds & Notes                                                                                              | -        | 25,036               |
|     | Pepsico Incorporated                                        | Corporate Bonds & Notes                                                                                              | -        | 25,042               |
|     | Texas Instruments Inc                                       | Corporate Bonds & Notes                                                                                              | -        | 24,648               |
|     | Bank of Nova Scotia Step-Up                                 | Corporate Step-Up Bonds & Nts                                                                                        | -        | 49,148               |
|     | FHLB                                                        | U.S. Govt Agy/Exempt State                                                                                           | -        | 50,318               |
|     | FHLB                                                        | U.S. Govt Agy/Exempt State                                                                                           | -        | 49,825               |
|     | FFCB                                                        | U.S. Govt Agy/Exempt State                                                                                           | -        | 49,874               |
|     | FHLB                                                        | U.S. Govt Agy/Exempt State                                                                                           | -        | 49,490               |
|     | FHLB                                                        | U.S. Govt Agy/Exempt State                                                                                           | -        | 49,618               |
|     | Vanguard Short-Term Bond Index Fund Adm Shs                 | Mutual Fd - Fixed Inc Tax                                                                                            | -        | 104,645              |
|     | Vanguard Short-Term Investment-Grade Fund Adm               | Mutual Fd - Fixed Inc Tax                                                                                            | -        | 24,814               |
|     | 3M Company                                                  | Common Stock                                                                                                         | -        | 21,602               |
|     | Abbott Laboratories                                         | Common Stock                                                                                                         | -        | 18,454               |
|     | AbbVie Inc                                                  | Common Stock                                                                                                         | -        | 11,489               |
|     | Air Products & Chemicals Inc                                | Common Stock                                                                                                         | -        | 13,273               |
|     | American Express Co                                         | Common Stock                                                                                                         | -        | 17,098               |
|     | Apple Inc                                                   | Common Stock                                                                                                         | -        | 25,085               |
|     | AT&T Inc                                                    | Common Stock                                                                                                         | -        | 5,328                |
|     | Automatic Data Processing Inc                               | Common Stock                                                                                                         | -        | 24,470               |
|     | Bank of New York Mellon Corp                                | Common Stock                                                                                                         | -        | 22,454               |
|     | CDK Global Inc                                              | Common Stock                                                                                                         | -        | 5,452                |
|     | Chevron Corp                                                | Common Stock                                                                                                         | -        | 21,706               |
|     | Chubb Corp                                                  | Common Stock                                                                                                         | -        | 20,836               |
|     | Cisco Systems Inc                                           | Common Stock                                                                                                         | -        | 17,245               |
|     | Coach Inc                                                   | Common Stock                                                                                                         | -        | 5,192                |
|     | Coca-Cola Company                                           | Common Stock                                                                                                         | -        | 15,692               |
|     | Comcast Corporation Class A (New) Special                   | Common Stock                                                                                                         | -        | 8,991                |
|     | Conoco Phillips                                             | Common Stock                                                                                                         | -        | 18,730               |
|     | Coming Inc                                                  | Common Stock                                                                                                         | -        | 12,548               |
|     | Danaher Corporation                                         | Common Stock                                                                                                         | -        | 19,600               |
|     | Du Pont E I de Nemours & Company                            | Common Stock                                                                                                         | -        | 12,342               |
|     | Duke Energy Corporation (New)                               | Common Stock                                                                                                         | -        | 8,121                |
|     | EMC Corporation                                             | Common Stock                                                                                                         | -        | 5,410                |
|     | Emerson Electric Company                                    | Common Stock                                                                                                         | -        | 17,072               |
|     | Exon Mobil Corporation                                      | Common Stock                                                                                                         | -        | 22,464               |
|     | Ford Motor Company                                          | Common Stock                                                                                                         | -        | 18,342               |
|     | General Electric Company                                    | Common Stock                                                                                                         | -        | 23,568               |
|     | Genuine Parts Company                                       | Common Stock                                                                                                         | -        | 20,055               |
|     | Haliburton Company                                          | Common Stock                                                                                                         | -        | 1,981                |
|     | Harley-Davidson Inc                                         | Common Stock                                                                                                         | -        | 4,621                |
|     | Home Depot Inc                                              | Common Stock                                                                                                         | -        | 5,001                |

Continued on page 5-2

See independent auditors' report.

GUTRIDGE PLUMBING, INC. PROFIT SHARING AND 401(K) PLAN  
Supplemental Schedule of Assets (Held at End of Year)  
as of June 30, 2015

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
EIN 31-1118236, PN 001

Continued from page 5-1

| (a) | (b) Identity of issue, borrower,<br>lessor or similar party | (c) Description of investment,<br>including maturity date,<br>rate of interest, collateral,<br>par or maturity value | (d) Cost | (e) Current<br>value |
|-----|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------|----------------------|
|     | Intel Corporation                                           | Common Stock                                                                                                         | -        | 23,420               |
|     | International Business Machines Corporation                 | Common Stock                                                                                                         | -        | 16,103               |
|     | JP Morgan Chase & Company                                   | Common Stock                                                                                                         | -        | 25,342               |
|     | Johnson & Johnson                                           | Common Stock                                                                                                         | -        | 20,174               |
|     | Johnson Controls Inc                                        | Common Stock                                                                                                         | -        | 19,218               |
|     | Merck & Company Inc (New)                                   | Common Stock                                                                                                         | -        | 7,970                |
|     | Microsoft Corporation                                       | Common Stock                                                                                                         | -        | 20,132               |
|     | Nike Inc Class B                                            | Common Stock                                                                                                         | -        | 19,444               |
|     | NiSource Inc                                                | Common Stock                                                                                                         | -        | 9,255                |
|     | Pepsico Incorporated                                        | Common Stock                                                                                                         | -        | 18,668               |
|     | Procter & Gamble Company                                    | Common Stock                                                                                                         | -        | 15,648               |
|     | US Bancorp (DE)                                             | Common Stock                                                                                                         | -        | 30,814               |
|     | Verison Communications Inc                                  | Common Stock                                                                                                         | -        | 5,360                |
|     | Wal-Mart Stores Inc                                         | Common Stock                                                                                                         | -        | 12,767               |
|     | Wells Fargo & Co (New)                                      | Common Stock                                                                                                         | -        | 16,478               |
|     | Medtronic PLC                                               | ADR/Foreign - Equities                                                                                               | -        | 19,562               |
|     | Noble Corp PLC                                              | ADR/Foreign - Equities                                                                                               | -        | 4,386                |
|     | Novartis AG Sponsored ADR                                   | ADR/Foreign - Equities                                                                                               | -        | 21,635               |
|     | Teva Pharmaceutical Industries Ltd Spons ADR                | ADR/Foreign - Equities                                                                                               | -        | 7,506                |
|     | Vanguard Financials ETF                                     | Mutual Fd ETF - Sector Funds                                                                                         | -        | 1,490                |
|     | Vanguard Health Care ETF                                    | Mutual Fd ETF - Sector Funds                                                                                         | -        | 27,992               |
|     | Vanguard Information Technology ETF                         | Mutual Fd ETF - Sector Funds                                                                                         | -        | 11,154               |
|     | Vanguard European Stock Index Fund Inst'l Shs               | Mutual Fd -Equity                                                                                                    | -        | 15,007               |
|     | Vanguard Institutional Extended Market Index                | Mutual Fd -Equity                                                                                                    | -        | 35,478               |
|     | Vanguard Institutional Index Fund                           | Mutual Fd -Equity                                                                                                    | -        | 55,169               |
|     | Vanguard Pacific Stock Index Fund Inst'l Shs                | Mutual Fd -Equity                                                                                                    | -        | 17,242               |
|     |                                                             |                                                                                                                      | \$ -     | \$ 2,041,226         |

\* Indicates party-in-interest to plan.

GUTRIDGE PLUMBING, INC. PROFIT SHARING AND 401(k) PLAN  
 Supplemental Schedule of Delinquent Participant Contributions  
 For the year ended June 30, 2015

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions  
 EIN 31-1118236, PN 001

| Participant<br>Contributions<br>Transferred<br>Late to Plan           | Total that Constitute Nonexempt Prohibited Transactions |                                            |                                                   | Total Fully<br>Corrected<br>Under VFCP<br>and PTE<br>2002-51 |
|-----------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------|---------------------------------------------------|--------------------------------------------------------------|
| Check Here if Late<br>Participant Loan<br>Repayments are<br>Included: | Contributions Not<br>Corrected                          | Contributions<br>Corrected<br>Outside VFCP | Contributions<br>Pending<br>Correction In<br>VFCP |                                                              |
| <input type="checkbox"/>                                              | \$ -                                                    | \$ 18,732                                  | \$ -                                              | \$ -                                                         |