Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
FRESNO PLUMBING & HEATING, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/01/1988

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
FRESNO PLUMBING & HEATING, INC.

2585 N. LARKIN
FRESNO, CA 93727

2b Employer Identification Number (EIN)
94-2774677

2c Plan Sponsor's telephone number
559-292-3003

2d Business code (see instructions)
238220

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/29/2016	DEAN KUMPE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 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:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	291
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	235
a(2) Total number of active participants at the end of the plan year	**6a(2)**	303
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	52
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	355
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	3
f Total. Add lines **6d** and **6e**.	**6f**	358
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	205
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2F 2G 2J 2K 2T 3D 2E

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

(1) [X] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [ ] ___ **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [X] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2015
Department of Labor Employee Benefits Security Administration	▶ File as an attachment to Form 5500.	This Form is Open to Public Inspection.
Pension Benefit Guaranty Corporation		

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan FRESNO PLUMBING & HEATING, INC. 401(K) PROFIT SHARING PLAN	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 FRESNO PLUMBING & HEATING, INC.	**D** Employer Identification Number (EIN) 94-2774677

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Enter name and EIN or address of person who provided you disclosure 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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65	RECORDKEEPER	1225	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

FIRST CLEARING LLC

23-2384840

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
COL SM CAP VAL II A - COLUMBIA MGT 04-3156901	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
COLUMBIA MDCAP VAL A - COLUMBIA MG 04-3156901	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
DREY INTM TERM INC A - DREYFUS TRA 200 PARK AVENUE NEW YORK, NY 10166	0.25%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
DREY OP MIDCAP VAL A - DREYFUS TRA 200 PARK AVENUE NEW YORK, NY 10166	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
DREYFUS S&P 500 INDX - DREYFUS TRA 200 PARK AVENUE NEW YORK, NY 10166	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
FKLN RISING DIVS A - FRANKLIN TEMP 94-3167260	0.25%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
IVY MID CAP GROWTH A - WI SERVICES P.O. BOX 29217 SHAWNEE MISSION, KS 66201	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JANUS OVERSEAS S - JANUS SERVICES 43-1804048	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JPM EQUITY INCOME A - BOSTON FINAN 330 W. 9TH STREET KANSAS CITY, MO 66160	0.25%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JPM US SMALL CO R2 - BOSTON FINANC 330 W. 9TH STREET KANSAS CITY, MO 66160	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
MFS INTL VALUE R2 - MFS SERVICE CE 04-2865649	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIRST CLEARING LLC	61	0

(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.
COL SM CAP VAL II A - COLUMBIA MGT 04-3156901	$0-<$3M=1.00%, $3M-<$50M=0.50%, $50M+=0.25%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIRST CLEARING LLC	61	0

(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.
COLUMBIA MDCAP VAL A - COLUMBIA MG 04-3156901	$0-<$3M=1.00%, $3M-<$50M=0.50%, $50M+=0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIRST CLEARING LLC	61	0

(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.
JPM EQUITY INCOME A - JPMORGAN DIS 13-2624428	$0-<$4M=1.00%, $4M-<$10M=0.75%, $10M-<$50M=0.50%, $50M+=0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
FRESNO PLUMBING & HEATING, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FRESNO PLUMBING & HEATING, INC.

D Employer Identification Number (EIN)
94-2774677

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: FA STABLE VALUE

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3022712-026	C	1060373

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
FRESNO PLUMBING & HEATING, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FRESNO PLUMBING & HEATING, INC.

D Employer Identification Number (EIN)
94-2774677

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	860625	886883
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	219600	169741
(9) Value of interest in common/collective trusts	1c(9)	1032415	1060373
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6061821	5512193
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	8174461	7629190
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	8174461	7629190

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	388370	
(B) Participants	2a(1)(B)	289944	
(C) Others (including rollovers)	2a(1)(C)	23980	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		702294
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	518	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	13224	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		13742
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	284560	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		284560
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2704
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-347970
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		655330
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1185443	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1185443
f Corrective distributions (see instructions)	2f		5541
g Certain deemed distributions of participant loans (see instructions)	2g		8363
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	1254	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1254
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1200601
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-545271
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

(1) Name: WATTS, CAMBELL, ANDERSON & CHI **(2)** EIN: 94-2259577

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X		

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

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

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
FRESNO PLUMBING & HEATING, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FRESNO PLUMBING & HEATING, INC.

D Employer Identification Number (EIN)
94-2774677

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

FRESNO PLUMBING & HEATING, INC.
401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2015 and 2014

FRESNO PLUMBING & HEATING, INC. 401 (k) PROFIT SHARING PLAN

December 31, 2015

TABLE OF CONTENTS

	Page No.
Independent Auditors' report	1 - 2
Statement of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5 - 18
Assets Held for Investment Purposes (Schedule I)	19 - 21
Schedule of Assets Acquired and Disposed of Within Year (Schedule II)	22
Schedule of Reportable Transactions (Schedule III)	23

Baker, Chi & Parkey
Accountancy Corporation

Timothy Baker, CPA
Angela Chi, CPA
Valerie Parkey, CPA
Waymon Watts, Ret

INDEPENDENT AUDITORS REPORT

To the Fresno Plumbing & Heating 401(k) Profit Sharing Plan and Participants:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Fresno Plumbing & Heating 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits (modified cash basis) for the year-ended December 31, 2015, 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 the modified cash basis of accounting as described in Note B; this included determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design implantation, and maintenance of internal control relevance to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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 are 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 G, which was certified by Fidelity Management Trust Company, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee/custodian 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 December 31, 2015 and 2014, that the information provided to the plan administrator by the trustee/custodian 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 as of or for the year ended December 31, 2015 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose 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 these supplemental schedules.

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

The form and content of the information includes in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee/custodian, have been audited by us in accordance with the 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 Act of 1974.

Basis of Accounting

We draw attention to Note B of the financial statement, which describes the basis of accounting. The financial statements are presented on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.

Baker, Chi & Parkey

Baker, Chi & Parkey
Accountancy Corporation
Fresno, California
September 19, 2016

FRESNO PLUMBING & HEATING, INC. 401 (k) PROFIT SHARING PLAN

Statement of Net Assets Available for Benefits

December 31, 2015 and 2014

ASSETS

	2015	2014
Participant direct investments at fair value	7,459,450	7,954,861
Notes receivable from participants	169,741	219,600
Total Assets	7,629,191	8,174,461

LIABILITIES & NET ASSETS

Other Payable	7,951	12,744
Total Liabilities	7,951	12,744
Net Assets Available for Benefits at Fair Value	7,621,240	8,161,717
Adjustment from Fair Value to Contract Value for Fully Benefit Responsive Investment Contracts	(10,054)	(18,006)
Net Assets Available for Benefit	7,611,186	8,143,711

See accompanying notes

FRESNO PLUMBING & HEATING, INC. 401 (k) PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2015

Additions	
Additions to Net Assets Attributed to:	
Investment Income:	
Net Appreciation (Depreciation) in fair value of investment	(355,923)
Dividend/Interest	295,299
Loan interest	13,224
Adjustment	436
Contribution:	
Participants	305,973
Employer (safe harbor match)	160,755
Employer (qualified discretionary)	227,616
Total Additions (Decrease)	647,380
Deductions	
Deductions from Net Assets Attributed to:	
Benefit paid to participants	1,186,603
Administration Fees	1,254
Total Deductions	1,187,857
Net Increase (Decrease)	(540,477)
Net Assets Available for Benefit at Fair Value	
Beginning of Year	8,161,717
End of Year	7,621,240

See accompanying notes

NOTE A - DESCRIPTION OF PLAN

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

General

The Plan is a defined contribution plan covering all full-time employees of Fresno Plumbing & Heating, Inc. (the "Company") who have six months of service by the entry date and are age eighteen or older. It is subject to the provisions of ERISA.

Contributions

The Plan provides for four types of contributions. The first is the employee salary deferral feature. The employer shall determine the amount of salary reduction contribution in accordance with Salary Reduction Agreements voluntarily executed by each eligible participant.

There is an employer discretionary match. The employer will determine annually the amount of matching contribution it will deposit based on Company profitability.

The employer may make an annual employer discretionary contribution to the Plan depending on Company profits.

The employer may make an annual Qualified Non-Elective Contribution (QNEC) to the Plan if necessary to pass the non-discrimination testing. The QNEC will be allocated only to non-highly compensated employees.

The Plan includes an additional contribution source - prevailing wage. These contributions only cover prevailing wage employees and include a separate service and vesting requirement from the 401 (k) deferrals and match. Furthermore, these prevailing wage contributions can be characterized as QNEC (Qualified Non-Elective Contributions) or safe harbor contributions for testing purposes.

Starting in 2015, the Plan adopted a Safe Harbor contribution to all participants.

NOTE A - DESCRIPTION OF PLAN (cont.)

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are always 100% vested in their rollover contributions, salary deferrals and QNEC. Vesting refers to ownership in matching contributions and the employer discretionary contributions. Vesting is a percentage based on years of service with the employer.

Vesting credit will be given according to the following table:

Years of Service	Vesting Percentages
1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Forfeiture

Forfeiture arising from Employer discretionary contributions will be used to fund Employer matching contributions in the year immediately following the plan year in which the forfeiture occurs. Forfeitures arising from matching contributions will be used first to reduce fees and then to supplement employer contributions.

Investment Options

Upon enrollment into the Plan, a participant may direct contributions to any of the investment options which include investments in a registered insurance company's mutual funds.

NOTE A - DESCRIPTION OF PLAN (cont.)

Investment of Contribution

As a participant in the plan, an individual directs the investment of his or her accounts. He or she can also discontinue deferrals at any time, upon written notice to the plan administrator.

It is intended that the Plan meet the requirements of ERISA section 404(c) by providing the participants with sufficient information for them to make informed investment choices. This information will be provided by the financial institutions managing the investment options.

The Plan also allows an after Tax Roth contribution.

Distribution

Hardship distributions of the participants' pre-tax salary deferrals and Roth deferrals are permitted.

The participants may receive in-service distributions of their salary deferral amounts when they reach the normal retirement date.

The participant will reach the plans' normal retirement age when they reach age 65, at the normal retirement age, the participant will be fully vested in the employer contribution account.

Participant Loans/Notes Receivable from Participants

The Plan has adopted a participant loan program that is intended to comply with Labor Regulation 2550.408b-1, and Treasury Regulation sec 1.72(p)-1. Loans will be made pursuant to the term of the Plan and Trust with the provisions listed in the Plan document.

Participants may borrow from their vested fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their vested account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at rates ranging from 5% to 25% for home purchase loans or 7.25% for general purpose loans, which are commensurate with local prevailing rates as determined by the Plan administrator.

NOTE A - DESCRIPTION OF PLAN (cont.)

Administrative Expenses

There were no administrative expenses paid by the Company in the 2015 plan year.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

NOTE B - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the modified cash basis of accounting. Under that basis, certain contributions and the related assets are recognized when received rather than when earned, and certain expenses are recognized when paid rather than when the obligation is incurred. This is a basis of accounting other than Generally Accepted Accounting Principles of the United States of America. Investment income is recorded when incurred while benefits are recorded when paid.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Payment of Benefit

Benefits are recorded when paid.

NOTE B - SIGNIFICANT ACCOUNTING POLICIES (cont.)

Investment Valuation and Income Recognition

The investments in all of the funds are presented at fair value, based on the quoted market prices of the underlying securities within each fund at December 31, 2015 and 2014. 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.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Administrative Expenses

All expenses of maintaining the Plan are paid by the Plan.

Subsequent Events

For the year ended December 31, 2015, the Plan has evaluated subsequent events for potential recognition and disclosure through September 19, 2016 the date the financial statements were available to be issued.

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). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

NOTE C – FAIR VALUE MEASUREMENTS (cont.)

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

Level 2 Inputs to the valuation methodology include

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

The following is a description of the valuation methodologies used for instruments measured at fair value on a recurring basis and recognized in the accompanying balance sheet, as well as, the general classification of such instruments pursuant to the valuation hierarchy.

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

NOTE C – FAIR VALUE MEASUREMENTS (cont.)

Collective trust fund: Valued at the net asset value (NAV) of units of a bank or investment company collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2015 and 2014.

Assets at Fair Value of as of December 31, 2015

	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Asset allocation	1,065,269	-	-	1,065,269
Bond/Equity Balanced funds	231,461	-	-	231.461
Equity funds	3,656,961	-	-	3,656,961
Fixed income funds	1,338,244	-	-	1,338,244
International funds	107,142	-	-	107,142
Total Mutual Funds	6,399,077	-	-	6,399,077
Common/Collective Trust		1,060,373		1,060,373
Total Assets at Fair Value	6,399,077	1,060,373		7,459,450

Assets at Fair Value of as of December 31, 2014

	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Asset allocation	1,232,518	-	-	1,232,518
Equity funds	4,098,998	-	-	4,098,998
Fixed income funds	1,391,390	-	-	1,391,390
International funds	199,540	-	-	199,540
Total Mutual Funds	6,922,446	-	-	6,922,446
Common/Collective Trust		1,032,415		1,032,415
Total Assets at Fair Value	6,922,446	1,032,415		7,954,861

NOTE D – TAX CONSIDERATIONS

The Plan obtained its latest determination letter dated March 31, 2008 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code.

NOTE E – ADMINISTRATIVE EXPENSES

The Company has not paid any fees in 2015. Both fees incurred at the plan level and at the participant's level are disclosed in compliance with the Department of Labor amended regulation under the Employee Retirement Income Security Act of 1974 (ERISA), Section 404.

NOTE F – USE OF ESTIMATES

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

NOTE G – PLAN TERMINATION

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

NOTE H – OTHER PAYABLE

In 2015, there was a participant who over-contributed to the 401(k) plan in the amount of $7,951. The over-contributed amount plus income produced has been refunded to them in 2016.

NOTE I – LIMITED SCOPE AUDIT

At December 31, 2015 and 2014, the Plan's investments were held by the Trustee. The following is a summary of the Plan's financial information that is included in the financial statements based on information certified by Trustee as complete and accurate in accordance with Section 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 fair value of investments at December 31, 2015 and 2014 as reported by the trustee is summarized as follows:

	2015	2014
Equity Fund	3,656,961	4,098,998
Fixed Income Fund	1,338,244	1,391,390
Asset allocation	1,065,268	1,232,518
Bond/Equity Balanced Fund	231,461	-0-
Common/Collective Trust	1,060,373	1,032,415
Total	7,352,307	7,755,321

Each of the above investment represents 5% or more of net assets of the plan at December 31, 2015 and 2014.

	2015	2014
Dividend/interest	295,299	337,634
Net Appreciation (depreciation) in fair value of investment	(355,923)	207,222

NOTE J - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the net assets available for benefit per the financial statements to Form 5500:

	December 31 2015	2014
Net assets available for benefits per the financial statements	7,611,186	8,143,711
Fair value converted to contract value	10,054	18,006
Other payable reported on the financial Statement but not on Form 5500	7,951	12,744
Net Assets Available for Benefit per the Form 5500	7,629,191	8,174,461

The following is a reconciliation of the contribution made per the financial statements to Form 5500:

	2015	2014
Contribution made per Financial Statements (modified cash basis)	305,973	155,498
Add: Employee over-contributed	7,951	12,744
Contribution made per Form 5500	313,924	168,242

The following is a reconciliation of the Benefit paid per the financial statements to Form 5500:

	2015	2014
Benefit paid per Financial Statements (modified cash basis)	1,186,603	1,679,832
Add (Subtract) prior year over-contributed paid in current year	12,744	7,808
Benefit paid per Form 5500	1,199,347	1,687,640

NOTE J – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (cont.)

The following is a reconciliation of the Investment per financial statement at December 31, 2015 and 2014 to Schedule H of Form 5500:

	2015	2014
Total investment for the financial statement	7,459,450	7,954,861
Participant loan is not considered as investment per ASU 2010-25 in the financial statement	169,741	219,600
Total Investment per Form 5500 Schedule H, Line 4i	7,629,191	8,174,461

NOTE K – TAX STATUS

The Internal Revenue Service has determined and informed the company by a letter dated March 31, 2008, that the plan and related trust are 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 Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2015.

NOTE L – CHANGE OF THE PARTICIPANTS LOANS REPORTING REQUIREMENT

In September 2010, the FASB issued ASU 2010-25, *Reporting Loans to Participants by Defined Contribution Pension Plans.* ASU 2010-25 changed the reporting of loans to participants. Prior to ASU 2010-25, loans to participants were reported as investments at fair value. ASU requires that loans to participants be reported as notes receivable from participants at the unpaid principal balance plus any accrued but unpaid interest. ASU 2010-25 is effective for periods ending after December 15, 2010.

Statement of net assets available for benefits of Fresno Plumbing & Heating, Inc. 401 (k) Profit Sharing Plan for December 31, 2015 and 2014 follows the required format.

NOTE M – RISK AND UNCERTAINTIES

The Plan invests in a variety of investment funds. Investments in general are exposed to various risks, such as interest rate, credit, and overall volatility risk. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

NOTE N – CONTRACT VALUE ACCOUNTING OF STABLE VALUE FUNDS

Some of the participants of Fresno Plumbing & Heating, Inc. 401 (k) profit sharing plan invest in Fidelity Advisor Stable Value Portfolio Class II. It is a commingled pool of the Fidelity Group Trust for Employee Benefit Plans and is managed by Fidelity Management Trust Company (FMTC).

The FA Stable Value Portfolio invests in investment contracts issued by insurance companies and other financial institutions ("Wraps"), fixed income securities, and money market funds. Wraps are designed to permit the use of book value accounting to maintain a constant $1 NAV. Wraps are purchased in conjunction with an investment by the FA Stable Value Portfolio in fixed income securities. These securities may include, but are not limited to, U. S. Treasury and agency bonds, corporate bonds, mortgage-backed securities, commercial mortgage-backed securities, asset-backed securities, and bond funds. Through the use of book value accounting, there is no immediate recognition of investment gains and losses on the FA Stable Value Portfolio's securities.

NOTE N – CONTRACT VALUE ACCOUNTING OF STABLE VALUE FUNDS (cont.)

Instead, gains and losses are recognized over time by adjusting the interest rate credited to the FA Stable Value Portfolio under the Wraps. The Wraps provide for the payment of participant-directed withdrawals and exchanges at book value (principal and interest accrued to date) during the term of the Wraps. In order to maintain the Wrap issuers' promise to pay ongoing contractual commitments on the FA Stable Value Portfolio as well as the plans invested in the FA Stable Value Portfolio. Withdrawals from the FA Stable Value Portfolio are subject to certain restrictions. Plan sponsor-directed withdrawals may be required to be preceded by 12 months written notice. Although the FA Stable Value Portfolio seeks to maintain a stable $1 NAV, it is possible to lose money by investing in the FA Stable Value Portfolio. The FA Stable Value Portfolio's yield will fluctuate.

The Financial Accounting Standards Board (FASB) released Staff Position AAG INV-1 and SOP 94-4-1 (the "FSP") which is codified in FASB ASC 962-325, addressing accounting rules for defined contribution plan stable value investment options. Under the FSP, only assets that are attributable to "fully benefit-responsive" investment contracts are eligible for contract value accounting treatment. The FA Stable Value Portfolio is a fully benefit-responsive investment contract thus it will be reported at fair value on the net assets available for benefits, along with an adjustment to contract value with net assets available for benefit shown at contract value.

STABLE VALUE PORTFOLIO

Period ending 12/31/2015

Total Wrap Rebid Value	$	295,780.01
Total Net Assets at Fair Value	$	1,757,025,498.58
Total Adj from Fair Value to Contract Value	$	(16,662,927.91)
Market Value to Book Value Ratio		1.02
Market Yield of Underlying Portfolio		1.43%
Crediting Rate		1.92%

NOTE N – CONTRACT VALUE ACCOUNTING OF STABLE VALUE FUNDS (cont.)

Period ending 12/31/2014

Total Wrap Rebid Value	$	309,731.38
Total Net Assets at Fair Value	$	1,806,792,124.27
Total Adj from Fair Value to Contract Value	$	(31,511,044.78)
Market Value to Book Value Ratio		1.02
Market Yield of Underlying Portfolio		1.23%
Crediting Rate		1.72%

NOTE O – FORFEITURES

As of December 31, 2015 the forfeiture account had a balance of $0. During the year $3,793 was released from the forfeiture account.

Supplemental Schedule
(Modified Cash Basis)

December 31, 2015

FRESNO PLUMBING & HEATING, INC. 401 (k) PROFIT SHARING PLAN

Schedule I

Form 5500, Schedule H, line 4i – Schedule of Assets (Held at End of Year) for Investment

December 31, 2015

Investments at Fair Value
As determined by quoted market price

Marked if is party in interest

(a) *if is party in interest	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Fair Value
	Dreyfus S & P 500 Indx	Mutual Fund	Excluded for	556,917
	Col Sm Cap Val II A	Mutual Fund	participant - directed	2,446
	Drey Intm Term Inc A	Mutual Fund	Investment	414,060
	Drey Op Md Cap Value A	Mutual Fund		226,870
	Columbia Mdcap Val A	Mutual Fund		3,365
	Janus Overseas S	Mutual Fund		-0-
	JPM US Small Co R2	Mutual Fund		353,375
	FID Treasury Fd	Money Market		886,883
	FA Balanced T	Mutual Fund		231,461
	FA Technology T	Mutual Fund		515,119
	JPM Equity Income A	Mutual Fund		272,889
	Fkln Rising Divs A	Mutual Fund		684,775
	FA Equity Growth T	Mutual Fund		568,710
	FA Small Cap T	Mutual Fund		-0-
	FA Stable Value	Common/Collective Trust		1,060,373
	Ivy Mid Cap Growth A	Mutual Fund		225,075
	FA Health Care	Mutual Fund		247,420

See accompanying notes

FRESNO PLUMBING & HEATING, INC. 401 (k) PROFIT SHARING PLAN

Schedule I(continued)
Form 5500, Schedule H, line 4i – Schedule of Assets (Held at End of Year) for Investment
December 31, 2015

Investments at Fair Value
As determined by quoted market price

Marked if is party in interest

(a) *if is party interest	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Fair Value
	FA Freedom 2010 T	Mutual Fund		12,160
	FA Freedom 2020 T	Mutual Fund		24,717
	FA Freedom 2030 T	Mutual Fund		217,093
	FA Freedom 2040 T	Mutual Fund		178,734
	FA Freedom Inc T	Mutual Fund		2,696
	FA Freedom 2015 T	Mutual Fund		-0-
	FA Freedom 2025 T	Mutual Fund		21,555
	FA Freedom 2035 T	Mutual Fund		138,756
	FA Freedom 2045 T	Mutual Fund		226,197
	FA Freedom 2050 T	Mutual Fund		206,847
	FA Freedom 2055 T	Mutual Fund		28,020
	FA Freedom 2060 T	Mutual Fund		8,493
	FA Gov Income T	Mutual Fund		37,301
	MFS INTL Value R2	Mutual Fund		107,143
		Participants' Loans (the rate is 5.25% to 7.25%, various maturity dates)		169,741
	Total			7,629,191

See accompanying notes

FRESNO PLUMBING & HEATING, INC. 401 (k) PROFIT SHARING PLAN

Schedule II

Form 5500, Schedule H, line 4i – Schedule of Assets Acquired and Disposed of Within Year

December 31, 2015

This Schedule is not required to prepare because the variety of investments that are exempt from being reported on this schedule.

FRESNO PLUMBING & HEATING, INC. 401 (k) PROFIT SHARING PLAN

Schedule III

Form 5500, Schedule H, line 4j – Schedule of Reportable Transactions

December 31, 2015

Reportable transactions are not required to be compiled for participant-direct investments.

FRESNO PLUMBING & HEATING, INC.
401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2015 and 2014

FRESNO PLUMBING & HEATING, INC. 401 (k) PROFIT SHARING PLAN

December 31, 2015

TABLE OF CONTENTS

	Page No.
Independent Auditors' report	1 - 2
Statement of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5 - 18
Assets Held for Investment Purposes (Schedule I)	19 - 21
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INDEPENDENT AUDITORS REPORT

To the Fresno Plumbing & Heating 401(k) Profit Sharing Plan and Participants:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Fresno Plumbing & Heating 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits (modified cash basis) for the year-ended December 31, 2015, 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 the modified cash basis of accounting as described in Note B; this included determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design implantation, and maintenance of internal control relevance to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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 are 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 G, which was certified by Fidelity Management Trust Company, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee/custodian 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 December 31, 2015 and 2014, that the information provided to the plan administrator by the trustee/custodian 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 as of or for the year ended December 31, 2015 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose 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 these supplemental schedules.

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

The form and content of the information includes in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee/custodian, have been audited by us in accordance with the 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 Act of 1974.

Basis of Accounting

We draw attention to Note B of the financial statement, which describes the basis of accounting. The financial statements are presented on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.

Baker, Chi & Parkey

Baker, Chi & Parkey
Accountancy Corporation
Fresno, California
September 19, 2016

FRESNO PLUMBING & HEATING, INC. 401 (k) PROFIT SHARING PLAN

Statement of Net Assets Available for Benefits

December 31, 2015 and 2014

ASSETS

	2015	2014
Participant direct investments at fair value	7,459,450	7,954,861
Notes receivable from participants	169,741	219,600
Total Assets	7,629,191	8,174,461

LIABILITIES & NET ASSETS

Other Payable	7,951	12,744
Total Liabilities	7,951	12,744
Net Assets Available for Benefits at Fair Value	7,621,240	8,161,717
Adjustment from Fair Value to Contract Value for Fully Benefit Responsive Investment Contracts	(10,054)	(18,006)
Net Assets Available for Benefit	7,611,186	8,143,711

See accompanying notes

FRESNO PLUMBING & HEATING, INC. 401 (k) PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2015

Additions	
Additions to Net Assets Attributed to:	
Investment Income:	
Net Appreciation (Depreciation) in fair value of investment	(355,923)
Dividend/Interest	295,299
Loan interest	13,224
Adjustment	436
Contribution:	
Participants	305,973
Employer (safe harbor match)	160,755
Employer (qualified discretionary)	227,616
Total Additions (Decrease)	647,380
Deductions	
Deductions from Net Assets Attributed to:	
Benefit paid to participants	1,186,603
Administration Fees	1,254
Total Deductions	1,187,857
Net Increase (Decrease)	(540,477)
Net Assets Available for Benefit at Fair Value	
Beginning of Year	8,161,717
End of Year	7,621,240

See accompanying notes

NOTE A - DESCRIPTION OF PLAN

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

General

The Plan is a defined contribution plan covering all full-time employees of Fresno Plumbing & Heating, Inc. (the "Company") who have six months of service by the entry date and are age eighteen or older. It is subject to the provisions of ERISA.

Contributions

The Plan provides for four types of contributions. The first is the employee salary deferral feature. The employer shall determine the amount of salary reduction contribution in accordance with Salary Reduction Agreements voluntarily executed by each eligible participant.

There is an employer discretionary match. The employer will determine annually the amount of matching contribution it will deposit based on Company profitability.

The employer may make an annual employer discretionary contribution to the Plan depending on Company profits.

The employer may make an annual Qualified Non-Elective Contribution (QNEC) to the Plan if necessary to pass the non-discrimination testing. The QNEC will be allocated only to non-highly compensated employees.

The Plan includes an additional contribution source - prevailing wage. These contributions only cover prevailing wage employees and include a separate service and vesting requirement from the 401 (k) deferrals and match. Furthermore, these prevailing wage contributions can be characterized as QNEC (Qualified Non-Elective Contributions) or safe harbor contributions for testing purposes.

Starting in 2015, the Plan adopted a Safe Harbor contribution to all participants.

NOTE A - DESCRIPTION OF PLAN (cont.)

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are always 100% vested in their rollover contributions, salary deferrals and QNEC. Vesting refers to ownership in matching contributions and the employer discretionary contributions. Vesting is a percentage based on years of service with the employer.

Vesting credit will be given according to the following table:

Years of Service	Vesting Percentages
1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Forfeiture

Forfeiture arising from Employer discretionary contributions will be used to fund Employer matching contributions in the year immediately following the plan year in which the forfeiture occurs. Forfeitures arising from matching contributions will be used first to reduce fees and then to supplement employer contributions.

Investment Options

Upon enrollment into the Plan, a participant may direct contributions to any of the investment options which include investments in a registered insurance company's mutual funds.

NOTE A - DESCRIPTION OF PLAN (cont.)

Investment of Contribution

As a participant in the plan, an individual directs the investment of his or her accounts. He or she can also discontinue deferrals at any time, upon written notice to the plan administrator.

It is intended that the Plan meet the requirements of ERISA section 404(c) by providing the participants with sufficient information for them to make informed investment choices. This information will be provided by the financial institutions managing the investment options.

The Plan also allows an after Tax Roth contribution.

Distribution

Hardship distributions of the participants' pre-tax salary deferrals and Roth deferrals are permitted.

The participants may receive in-service distributions of their salary deferral amounts when they reach the normal retirement date.

The participant will reach the plans' normal retirement age when they reach age 65, at the normal retirement age, the participant will be fully vested in the employer contribution account.

Participant Loans/Notes Receivable from Participants

The Plan has adopted a participant loan program that is intended to comply with Labor Regulation 2550.408b-1, and Treasury Regulation sec 1.72(p)-1. Loans will be made pursuant to the term of the Plan and Trust with the provisions listed in the Plan document.

Participants may borrow from their vested fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their vested account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at rates ranging from 5% to 25% for home purchase loans or 7.25% for general purpose loans, which are commensurate with local prevailing rates as determined by the Plan administrator.

NOTE A - DESCRIPTION OF PLAN (cont.)

Administrative Expenses

There were no administrative expenses paid by the Company in the 2015 plan year.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

NOTE B - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the modified cash basis of accounting. Under that basis, certain contributions and the related assets are recognized when received rather than when earned, and certain expenses are recognized when paid rather than when the obligation is incurred. This is a basis of accounting other than Generally Accepted Accounting Principles of the United States of America. Investment income is recorded when incurred while benefits are recorded when paid.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Payment of Benefit

Benefits are recorded when paid.

NOTE B - SIGNIFICANT ACCOUNTING POLICIES (cont.)

Investment Valuation and Income Recognition

The investments in all of the funds are presented at fair value, based on the quoted market prices of the underlying securities within each fund at December 31, 2015 and 2014. 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.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Administrative Expenses

All expenses of maintaining the Plan are paid by the Plan.

Subsequent Events

For the year ended December 31, 2015, the Plan has evaluated subsequent events for potential recognition and disclosure through September 19, 2016 the date the financial statements were available to be issued.

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). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

NOTE C – FAIR VALUE MEASUREMENTS (cont.)

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

Level 2 Inputs to the valuation methodology include

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

The following is a description of the valuation methodologies used for instruments measured at fair value on a recurring basis and recognized in the accompanying balance sheet, as well as, the general classification of such instruments pursuant to the valuation hierarchy.

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

NOTE C – FAIR VALUE MEASUREMENTS (cont.)

Collective trust fund: Valued at the net asset value (NAV) of units of a bank or investment company collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2015 and 2014.

Assets at Fair Value of as of December 31, 2015

	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Asset allocation	1,065,269	-	-	1,065,269
Bond/Equity Balanced funds	231,461	-	-	231.461
Equity funds	3,656,961	-	-	3,656,961
Fixed income funds	1,338,244	-	-	1,338,244
International funds	107,142	-	-	107,142
Total Mutual Funds	6,399,077	-	-	6,399,077
Common/Collective Trust		1,060,373		1,060,373
Total Assets at Fair Value	6,399,077	1,060,373		7,459,450

Assets at Fair Value of as of December 31, 2014

	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Asset allocation	1,232,518	-	-	1,232,518
Equity funds	4,098,998	-	-	4,098,998
Fixed income funds	1,391,390	-	-	1,391,390
International funds	199,540	-	-	199,540
Total Mutual Funds	6,922,446	-	-	6,922,446
Common/Collective Trust		1,032,415		1,032,415
Total Assets at Fair Value	6,922,446	1,032,415		7,954,861

NOTE D – TAX CONSIDERATIONS

The Plan obtained its latest determination letter dated March 31, 2008 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code.

NOTE E – ADMINISTRATIVE EXPENSES

The Company has not paid any fees in 2015. Both fees incurred at the plan level and at the participant's level are disclosed in compliance with the Department of Labor amended regulation under the Employee Retirement Income Security Act of 1974 (ERISA), Section 404.

NOTE F – USE OF ESTIMATES

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

NOTE G – PLAN TERMINATION

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

NOTE H – OTHER PAYABLE

In 2015, there was a participant who over-contributed to the 401(k) plan in the amount of $7,951. The over-contributed amount plus income produced has been refunded to them in 2016.

NOTE I – LIMITED SCOPE AUDIT

At December 31, 2015 and 2014, the Plan's investments were held by the Trustee. The following is a summary of the Plan's financial information that is included in the financial statements based on information certified by Trustee as complete and accurate in accordance with Section 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 fair value of investments at December 31, 2015 and 2014 as reported by the trustee is summarized as follows:

	2015	2014
Equity Fund	3,656,961	4,098,998
Fixed Income Fund	1,338,244	1,391,390
Asset allocation	1,065,268	1,232,518
Bond/Equity Balanced Fund	231,461	-0-
Common/Collective Trust	1,060,373	1,032,415
Total	7,352,307	7,755,321

Each of the above investment represents 5% or more of net assets of the plan at December 31, 2015 and 2014.

	2015	2014
Dividend/interest	295,299	337,634
Net Appreciation (depreciation) in fair value of investment	(355,923)	207,222

NOTE J - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the net assets available for benefit per the financial statements to Form 5500:

	December 31 2015	2014
Net assets available for benefits per the financial statements	7,611,186	8,143,711
Fair value converted to contract value	10,054	18,006
Other payable reported on the financial Statement but not on Form 5500	7,951	12,744
Net Assets Available for Benefit per the Form 5500	7,629,191	8,174,461

The following is a reconciliation of the contribution made per the financial statements to Form 5500:

	2015	2014
Contribution made per Financial Statements (modified cash basis)	305,973	155,498
Add: Employee over-contributed	7,951	12,744
Contribution made per Form 5500	313,924	168,242

The following is a reconciliation of the Benefit paid per the financial statements to Form 5500:

	2015	2014
Benefit paid per Financial Statements (modified cash basis)	1,186,603	1,679,832
Add (Subtract) prior year over-contributed paid in current year	12,744	7,808
Benefit paid per Form 5500	1,199,347	1,687,640

NOTE J – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (cont.)

The following is a reconciliation of the Investment per financial statement at December 31, 2015 and 2014 to Schedule H of Form 5500:

	2015	2014
Total investment for the financial statement	7,459,450	7,954,861
Participant loan is not considered as investment per ASU 2010-25 in the financial statement	169,741	219,600
Total Investment per Form 5500 Schedule H, Line 4i	7,629,191	8,174,461

NOTE K – TAX STATUS

The Internal Revenue Service has determined and informed the company by a letter dated March 31, 2008, that the plan and related trust are 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 Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2015.

NOTE L – CHANGE OF THE PARTICIPANTS LOANS REPORTING REQUIREMENT

In September 2010, the FASB issued ASU 2010-25, *Reporting Loans to Participants by Defined Contribution Pension Plans.* ASU 2010-25 changed the reporting of loans to participants. Prior to ASU 2010-25, loans to participants were reported as investments at fair value. ASU requires that loans to participants be reported as notes receivable from participants at the unpaid principal balance plus any accrued but unpaid interest. ASU 2010-25 is effective for periods ending after December 15, 2010.

Statement of net assets available for benefits of Fresno Plumbing & Heating, Inc. 401 (k) Profit Sharing Plan for December 31, 2015 and 2014 follows the required format.

NOTE M – RISK AND UNCERTAINTIES

The Plan invests in a variety of investment funds. Investments in general are exposed to various risks, such as interest rate, credit, and overall volatility risk. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

NOTE N – CONTRACT VALUE ACCOUNTING OF STABLE VALUE FUNDS

Some of the participants of Fresno Plumbing & Heating, Inc. 401 (k) profit sharing plan invest in Fidelity Advisor Stable Value Portfolio Class II. It is a commingled pool of the Fidelity Group Trust for Employee Benefit Plans and is managed by Fidelity Management Trust Company (FMTC).

The FA Stable Value Portfolio invests in investment contracts issued by insurance companies and other financial institutions ("Wraps"), fixed income securities, and money market funds. Wraps are designed to permit the use of book value accounting to maintain a constant $1 NAV. Wraps are purchased in conjunction with an investment by the FA Stable Value Portfolio in fixed income securities. These securities may include, but are not limited to, U. S. Treasury and agency bonds, corporate bonds, mortgage-backed securities, commercial mortgage-backed securities, asset-backed securities, and bond funds. Through the use of book value accounting, there is no immediate recognition of investment gains and losses on the FA Stable Value Portfolio's securities.

NOTE N – CONTRACT VALUE ACCOUNTING OF STABLE VALUE FUNDS (cont.)

Instead, gains and losses are recognized over time by adjusting the interest rate credited to the FA Stable Value Portfolio under the Wraps. The Wraps provide for the payment of participant-directed withdrawals and exchanges at book value (principal and interest accrued to date) during the term of the Wraps. In order to maintain the Wrap issuers' promise to pay ongoing contractual commitments on the FA Stable Value Portfolio as well as the plans invested in the FA Stable Value Portfolio. Withdrawals from the FA Stable Value Portfolio are subject to certain restrictions. Plan sponsor-directed withdrawals may be required to be preceded by 12 months written notice. Although the FA Stable Value Portfolio seeks to maintain a stable $1 NAV, it is possible to lose money by investing in the FA Stable Value Portfolio. The FA Stable Value Portfolio's yield will fluctuate.

The Financial Accounting Standards Board (FASB) released Staff Position AAG INV-1 and SOP 94-4-1 (the "FSP") which is codified in FASB ASC 962-325, addressing accounting rules for defined contribution plan stable value investment options. Under the FSP, only assets that are attributable to "fully benefit-responsive" investment contracts are eligible for contract value accounting treatment. The FA Stable Value Portfolio is a fully benefit-responsive investment contract thus it will be reported at fair value on the net assets available for benefits, along with an adjustment to contract value with net assets available for benefit shown at contract value.

STABLE VALUE PORTFOLIO

Period ending 12/31/2015

Total Wrap Rebid Value	$	295,780.01
Total Net Assets at Fair Value	$	1,757,025,498.58
Total Adj from Fair Value to Contract Value	$	(16,662,927.91)
Market Value to Book Value Ratio		1.02
Market Yield of Underlying Portfolio		1.43%
Crediting Rate		1.92%

NOTE N – CONTRACT VALUE ACCOUNTING OF STABLE VALUE FUNDS (cont.)

Period ending 12/31/2014

Total Wrap Rebid Value	$	309,731.38
Total Net Assets at Fair Value	$	1,806,792,124.27
Total Adj from Fair Value to Contract Value	$	(31,511,044.78)
Market Value to Book Value Ratio		1.02
Market Yield of Underlying Portfolio		1.23%
Crediting Rate		1.72%

NOTE O – FORFEITURES

As of December 31, 2015 the forfeiture account had a balance of $0. During the year $3,793 was released from the forfeiture account.

Supplemental Schedule
(Modified Cash Basis)

December 31, 2015

FRESNO PLUMBING & HEATING, INC. 401 (k) PROFIT SHARING PLAN

Schedule I

Form 5500, Schedule H, line 4i – Schedule of Assets (Held at End of Year) for Investment

December 31, 2015

Investments at Fair Value
As determined by quoted market price

Marked if is party in interest

(a) *if is party in interest	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Fair Value
	Dreyfus S & P 500 Indx	Mutual Fund	Excluded for	556,917
	Col Sm Cap Val II A	Mutual Fund	participant - directed	2,446
	Drey Intm Term Inc A	Mutual Fund	Investment	414,060
	Drey Op Md Cap Value A	Mutual Fund		226,870
	Columbia Mdcap Val A	Mutual Fund		3,365
	Janus Overseas S	Mutual Fund		-0-
	JPM US Small Co R2	Mutual Fund		353,375
	FID Treasury Fd	Money Market		886,883
	FA Balanced T	Mutual Fund		231,461
	FA Technology T	Mutual Fund		515,119
	JPM Equity Income A	Mutual Fund		272,889
	Fkln Rising Divs A	Mutual Fund		684,775
	FA Equity Growth T	Mutual Fund		568,710
	FA Small Cap T	Mutual Fund		-0-
	FA Stable Value	Common/Collective Trust		1,060,373
	Ivy Mid Cap Growth A	Mutual Fund		225,075
	FA Health Care	Mutual Fund		247,420

See accompanying notes

FRESNO PLUMBING & HEATING, INC. 401 (k) PROFIT SHARING PLAN

Schedule I(continued)
Form 5500, Schedule H, line 4i – Schedule of Assets (Held at End of Year) for Investment
December 31, 2015

Investments at Fair Value
As determined by quoted market price

Marked if is party in interest

(a) *if is party interest	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Fair Value
	FA Freedom 2010 T	Mutual Fund		12,160
	FA Freedom 2020 T	Mutual Fund		24,717
	FA Freedom 2030 T	Mutual Fund		217,093
	FA Freedom 2040 T	Mutual Fund		178,734
	FA Freedom Inc T	Mutual Fund		2,696
	FA Freedom 2015 T	Mutual Fund		-0-
	FA Freedom 2025 T	Mutual Fund		21,555
	FA Freedom 2035 T	Mutual Fund		138,756
	FA Freedom 2045 T	Mutual Fund		226,197
	FA Freedom 2050 T	Mutual Fund		206,847
	FA Freedom 2055 T	Mutual Fund		28,020
	FA Freedom 2060 T	Mutual Fund		8,493
	FA Gov Income T	Mutual Fund		37,301
	MFS INTL Value R2	Mutual Fund		107,143
		Participants' Loans (the rate is 5.25% to 7.25%, various maturity dates)		169,741
	Total			7,629,191

See accompanying notes

FRESNO PLUMBING & HEATING, INC. 401 (k) PROFIT SHARING PLAN

Schedule II

Form 5500, Schedule H, line 4i – Schedule of Assets Acquired and Disposed of Within Year

December 31, 2015

This Schedule is not required to prepare because the variety of investments that are exempt from being reported on this schedule.

FRESNO PLUMBING & HEATING, INC. 401 (k) PROFIT SHARING PLAN

Schedule III

Form 5500, Schedule H, line 4j – Schedule of Reportable Transactions

December 31, 2015

Reportable transactions are not required to be compiled for participant-direct investments.