Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

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

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [X] special extension (enter description) IRS EXT FOR TROPIAL STORM IMELDA

Part II Basic Plan Information—enter all requested information

1a Name of plan
MCCORVEY SHEET METAL WORKS, L.P. PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 05/01/1989

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)
MCCORVEY SHEET METAL WORKS, L.P.

8610 WALLISVILLE ROAD
HOUSTON, TX 77029

2b Employer Identification Number (EIN)
74-1363754

2c Plan Sponsor's telephone number
713-672-7545

2d Business code (see instructions)
332900

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.	10/18/2019	KRISTAL MCCORVEY CRITES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	767
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)**	519
a(2) Total number of active participants at the end of the plan year	**6a(2)**	424
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	294
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	718
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	718
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	714
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	100
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2T 3D 3H 3B 2A

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)	[X] 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)** [X] 1 **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 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
MCCORVEY SHEET METAL WORKS, L.P. PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MCCORVEY SHEET METAL WORKS, L.P.

D Employer Identification Number (EIN)
74-1363754

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

1 Coverage Information:

(a) Name of insurance carrier
MASS MUTUAL LIFE INSURANCE CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	GA839150	234	01/01/2018	12/31/2018

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
22399	3803

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

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

MERRILL LYNCH LIFE AGENCY INC
1400 MERRILL LYNCH DR
PENNINGTON, NJ 08534

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
19459			7

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

NOVA 401(K) ASSOCIATES
10777 NORTHWEST FREEWAY
SUITE440
HOUSTON, TX 77092

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	2940	TPA FEES	5

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

MERRILL LYNCH PIERCE FENNER &
1400 AMERICAN BLVD BLDG #4
PENNINGTON, NJ 08534

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	863	SALES/MARKETING	3

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	454108
5	Current value of plan's interest under this contract in separate accounts at year end	5	6692691

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	470024
c	Additions: (1) Contributions deposited during the year	7c(1)	31308		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	7026		
	(4) Transferred from separate account	7c(4)	5787		
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	44121
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	514145
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	11806		
	(2) Administration charge made by carrier	7e(2)	39065		
	(3) Transferred to separate account	7e(3)	9166		
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	60037
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	454108

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2018** **This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
MCCORVEY SHEET METAL WORKS, L.P. PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MCCORVEY SHEET METAL WORKS, L.P.

D Employer Identification Number (EIN)
74-1363754

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MASS MUTUAL LIFE INSURANCE CO

04-1590850

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 23 37 38 50 54 55 59 60 62 63 64 65 66 99	RECORD KEEPER	1020	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

NOVA 401(K) ASSOCIATES

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	TPA	40268	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
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name: FERGUSON CAMP POLL
b EIN: 46-0236864
c Position: AUDITOR
d Address:
e Telephone:

Explanation: CPA WHO HANDLED THE POSITION IN THE FIRM TO PROVIDE AUDIT SERVICES RESIGNED AND POSITION WAS NOT FILLED.

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

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
MCCORVEY SHEET METAL WORKS, L.P. PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MCCORVEY SHEET METAL WORKS, L.P.

D Employer Identification Number (EIN)
74-1363754

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: SEPARATE ACCOUNT SCAI

b Name of sponsor of entity listed in (a): MASS MUTUAL LIFE INSURANCE CO

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)
04-1590850-000	P	6692691

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):

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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

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

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
MCCORVEY SHEET METAL WORKS, L.P. PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MCCORVEY SHEET METAL WORKS, L.P.

D Employer Identification Number (EIN)
74-1363754

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	98394	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	7062371	6692691
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10641522	10544673
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	470024	454108
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	18272311	17691472
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	18272311	17691472

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)	1331652	
	(B) Participants	2a(1)(B)	724439	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2056091
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	0	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-978345
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1077746
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1558816	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1558816
f Corrective distributions (see instructions)	2f		7309
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	92460	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		92460
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1658585
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-580839
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [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: HESS HOPKINS ALEXANDER LLP **(2)** EIN: 20-0215006

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
MCCORVEY SHEET METAL WORKS, L.P. PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MCCORVEY SHEET METAL WORKS, L.P.

D Employer Identification Number (EIN)
74-1363754

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 04-1590850

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

MCCORVEY SHEET METAL WORKS, L.P.
PROFIT SHARING PLAN AND TRUST

DECEMBER 31, 2018

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

MCCORVEY SHEET METAL WORKS, L.P. PROFIT SHARING PLAN AND TRUST

December 31, 2018

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Hess Hopkins Alexander LLP

CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of the
McCorvey Sheet Metal Works, L.P. Profit Sharing Plan and Trust
Houston, Texas

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of McCorvey Sheet Metal Works, L.P. Profit Sharing Plan and Trust, which comprise the statement of net assets available for benefits as of December 31, 2018, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Mass Mutual Life Insurance Company, a custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that this custodian holds certain Plan investment assets and executes investment transactions. The plan administrator has obtained a certification from this custodian as of and for the year ended December 31, 2018, that the information provided to the plan administrator by this 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 on the 2018 financial statements. Accordingly, we do not express an opinion on the 2018 financial statements.

2211 Norfolk, Suite 700 · Houston, TX 77098
713-520-1181 Telephone · 713-520-1180 Fax
www.hess-cpa.com

INDEPENDENT AUDITOR'S REPORT (Continued)

Other Matter – Supplemental Schedule

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2018 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Other Matter – 2017 Financial Statement

The financial statement of the plan as of December 31, 2017, was audited by a predecessor auditor. 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(ERISA), the plan administrator instructed the predecessor auditor not to perform and they did not perform any auditing procedures with respect to the information certified by Mass Mutual Life Insurance Company. Their report, dated October 8, 2018, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements (b) the form and content of the information included in the financial statements other than that derived from the information certified by Mass Mutual Life Insurance Company, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

The form and content of the information included in the 2018 financial statements and supplemental schedule, other than that derived from the information certified by Mass Mutual Life Insurance Company, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Hess Hopkins Alexander LLP

October 15, 2019

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

McCorvey Sheet Metal Works, L.P. Profit Sharing Plan and Trust

	December 31, 2018	December 31, 2017
ASSETS		
Investments at fair value (See Notes C and D)	$ 17,237,366	$ 17,703,893
Investments at contract value (See Note F)	454,108	470,024
TOTAL INVESTMENTS	17,691,474	18,173,917
Receivables:		
Employer contributions receivable	2,866	-0-
Employee contributions receivable	9,501	-0-
Other	-0-	98,394
TOTAL RECEIVABLES	12,367	98,394
LIABILITIES		
Excess contributions payable (See Notes M and N)	13,693	6,400
TOTAL LIABILITIES	13,693	6,400
NET ASSETS AVAILABLE FOR BENEFITS	$ 17,690,148	$ 18,265,911

See accompanying notes to the financial statements

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

McCorvey Sheet Metal Works, L.P. Profit Sharing Plan and Trust

For the year ended December 31, 2018

ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Interest income		$ 6,196
Dividend income		198,106
	TOTAL INVESTMENT INCOME	204,302
Contributions:		
Participants		720,247
Employer		1,334,518
	TOTAL CONTRIBUTIONS	2,054,765
	TOTAL ADDITIONS	2,259,067
DEDUCTIONS FROM NET ASSETS ATTRIBUTABLE TO:		
Net depreciation in fair value of investments		1,182,647
Benefits paid to participants		1,559,725
Administrative expenses		92,458
	TOTAL DEDUCTIONS	2,834,830
	NET DECREASE	(575,763)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year		18,265,911
	END OF YEAR	$ 17,690,148

See accompanying notes to the financial statements

NOTES TO FINANCIAL STATEMENTS

MCCORVEY SHEET METAL WORKS, L.P. PROFIT SHARING PLAN AND TRUST

December 31, 2018

NOTE A - DESCRIPTION OF THE PLAN

The following description of the McCorvey Sheet Metal Works, L.P. Profit Sharing Plan and Trust (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 was formed and adopted by McCorvey Sheet Metal Works, L.P. (the "Company"), effective May 1, 1989 and restated on November 30, 2017. The Plan consists of a profit sharing feature and a 401(k) feature. The profit sharing feature is a discretionary, non-contributing defined contribution plan covering all employees, except union employees, who have six months of service and are age twenty-one or older. The 401(k) salary deferral and employer matching contribution features are available to employees who meet the eligibility requirements of the profit sharing feature. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Generally, participants may contribute up to 90 percent of pretax compensation, as defined in the Plan, subject to certain IRS limitations. Participants may also make Roth 401(k) deferrals. These deferrals are subject to federal income tax in the year of deferral. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds and an insurance investment contract as investment options for participants. The Company at the discretion of its Board of Directors may make matching contributions to the Plan. Such contributions are allocated to plan participants in the same ratio as each participant's eligible contributions, as defined in the Plan, bears to the total of such eligible contributions made by all participants. For the plan year ended December 31, 2018, the Company elected to contribute 50% of the first 4% of base compensation that a participant contributes to the Plan. Additional profit sharing amounts may be contributed at the option of the Company's Board of Directors and invested in a portfolio of investments as directed by the Company. For the year ended December 31, 2018, the Company made matching contributions of $236,400 to the Plan.

For the profit sharing feature, Company contributions are discretionary and determined each year. Such contributions are invested in a portfolio of investments as directed by the Company. When contributions are made, they are allocated to Plan participants in the same ratio as each participant's compensation, as defined by the Plan, bears to the total of such compensation for all participants. Participants are allocated profit sharing contributions if they are employed and have completed at least 1,000 hours of service. Terminated participants are allocated profit sharing contributions after completing one year of service. For the year ended December 31, 2018, the Company made profit sharing contributions of $1,098,118 to the Plan.

NOTE A - DESCRIPTION OF THE PLAN (Continued)

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of the Company's contribution(s) and Plan earnings or losses, forfeitures of terminated participant's non-vested accounts and is charged with an allocation of administrative expenses. 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 immediately vested in their contributions plus actual earnings thereon. Vesting in the Company matching and profit sharing contributions portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is vested ratably over six years of credited service, as defined in the Plan.

Payment of Benefits

Benefits are payable from participant account balances, subject to certain limitations, upon attainment of retirement age, death, termination, hardship, or permanent disability, according to the form of payment elected by the participant within limitations defined by the Plan. Distributions shall be made in the form of lump-sum payments, installments or partial withdrawals.

Forfeited Accounts

Forfeitures represent the portion of non-vested benefits remaining from employees who have withdrawn from the Plan before becoming fully vested. At December 31, 2018 and 2017, there was $44,139 and $39,604, respectively of forfeited non-vested funds. These accounts can be used to reduce future Company contributions. In 2018, there were no forfeited funds used to reduce Company contributions or plan expenses.

NOTE B - SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

NOTE B - SUMMARY OF ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition

Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note D for discussion on fair value measurements.

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

Excess Contributions Payable

As of December 31, 2018 and 2017, amounts payable to participants totaling $13,693 and $6,400, respectively for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan did not distribute the 2018 excess contributions to the applicable participants prior to March 15, 2019. Therefore, additional penalties and taxes were assessed.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to payment of benefits are charged directly to the participant's account are deducted from the total amount of benefits paid to participants. Investment related expenses are included in net appreciation or depreciation of fair value of investments, as applicable.

Payment of Benefits

Benefits are recorded when paid.

Reclassifications

Certain accounts in the prior-year financial statements have been reclassified for comparative purposes to conform with the presentation in the current-year financial statements.

NOTE C - INFORMATION PREPARED AND CERTIFIED BY THE PLAN'S CUSTODIAN

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

NOTE C - INFORMATION PREPARED AND CERTIFIED BY THE PLAN'S CUSTODIAN (Continued)

Accordingly, as permitted under such election, certain investment information related to pooled separate accounts maintained at Mass Mutual Life Insurance Company as disclosed in the accompanying financial statements and supplemental schedule, including investments held in those pooled separate accounts and guaranteed investment account as of December 31, 2018 and 2017 of $$7,146,802 and $7,532,415, respectively, net depreciation in fair value of those accounts of $439,667 and interest and dividend income related to those accounts for the year ended December 31, 2018, was obtained and derived from information supplied to the plan administrator and certified as complete and accurate by Mass Mutual Life Insurance Company, a custodian of the Plan.

NOTE D – 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:

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;
- 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 fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

NOTE D – FAIR VALUE MEASUREMENTS (Continued)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2018 and 2017.

Cash and cash equivalents: valued at carrying amounts which approximates fair value.

Common stock: certain common stocks are valued at the closing price reported on the active market on which the individual securities are traded. Investments in certain privately held common stocks are valued at closing price of sales recorded nearest to Plan year end.

Corporate/Government Bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Mutual funds: Valued at the net asset value (NAV) of shares held by the Plan at year end.

Pooled Separate Accounts: Valued at the unit value based on the observable NAV of the underlying investment.

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

The following table sets forth the level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2018 and 2017:

	Assets at Fair Value as of December 31, 2018			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 768,666	$ -0-	$ -0-	$ 768,666
Common Stock	6,061,985	-0-	227,800	6,289,785
Corporate/Government Bonds	-0-	1,431,828	-0-	1,431,828
Mutual Funds	903,637	-0-	-0-	903,637
Multi-Asset Fund	-0-	106,921	-0-	106,921
Pooled Separate Accounts	-0-	6,692,694	-0-	6,692,694
U.S. Government Securities	-0-	1,043,835	-0-	1,043,835
Total investments at fair value	$ 7,734,288	$ 9,275,278	$ 227,800	$ 17,237,366

NOTE D – FAIR VALUE MEASUREMENTS (Continued)

	Assets at Fair Value as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 733,066	$ -0-	$ -0-	$ 733,066
Common Stock	6,936,380	-0-	136,200	7,072,580
Corporate/Government Bonds	-0-	1,187,356	-0-	1,187,356
Mutual Funds	916,496	-0-	-0-	916,496
Pooled Separate Accounts	-0-	7,062,391	-0-	7,062,391
U.S. Government Securities	-0-	732,025	-0-	732,025
Total investments at fair value	$ 8,585,942	$ 8,981,772	$ 136,200	$ 17,703,914

The following table sets forth a summary of changes in the fair value of the plan's level 3 assets for the year ended December 31, 2018:

	Year ended December 31, 2018
Balance, beginning of year	$ 136,200
Realized gains/(losses)	-0-
Unrealized gains/(losses)	91,600
Balance, end of year	$ 227,800

Gains and losses are included in changes in net assets for the periods above are reporting in net appreciation or depreciation in fair value investments in the Statements of Changes in Net Assets Available for Benefits.

NOTE E – NONPARTICIPANT DIRECTED INVESTMENTS

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments is as follows:

	December 31,	
Net Assets:	2018	2017
Cash and cash equivalents	$ 768,666	733,066
Common Stock	6,289,785	7,072,580
Corporate/Government Bonds	1,431,828	1,187,356
Mutual Funds	903,637	916,496
U.S. Government Securities	1,043,835	732,025
	$ 10,437,751	10,641,523

NOTE E – NONPARTICIPANT DIRECTED INVESTMENTS (Continued)

	Year ended December 31, 2018
Changes in Net Assets:	
Contributions	$ (1,098,118)
Interest and Dividends	(204,302)
Net depreciation in fair value of investments	301,561
Administrative expenses	94,844
Benefits paid to participants	702,243
	$ (203,772)

NOTE F - GUARANTEED INVESTMENT CONTRACT

The Plan has entered into a fully benefit-responsive investment with Mass Mutual Life Insurance Company (“Mass Mutual”) totaling $454,108 and $470,024 for 2018 and 2017, respectively. Mass Mutual maintains the contributions in the general account. The account is credited with earnings on the underlying investments and charged for withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 1.65%. The crediting rate is reviewed on a quarterly basis for resetting. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Certain events might limit the ability to the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan’s prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Company or other Company events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the plan to transact at contract value with the participants.

NOTE F - GUARANTEED INVESTMENT CONTRACT (Continued)

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, (4) a material amendment to the agreement without the consent of the issuer.

NOTE G – PARTIES-IN-INTEREST TRANSACTIONS

The Company provides the Plan with certain accounting and administrative services for which no fees are charged. Mass Mutual is considered a party-in-interest, as defined by ERISA, since it provides services to the Plan as an investment custodian. Administrative expenses paid to Mass Mutual by the Plan was approximately $2,238 for the year ended December 31, 2018.

Certain other Plan investments are managed by First Houston Capital, Alliance Bernstein, and Stifel, Nicolaus & Company whom also provides investment advisory services to the Plan. Therefore, these transactions qualify as "parties-in-interest" transactions. Administrative expenses paid to these investment advisors by the Plan was approximately $90,222 for the year ended December 31, 2018.

NOTE H - 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 percent vested in their employer contributions.

NOTE I - TAX STATUS

The Plan adopted and currently operates under an Internal Revenue Service ("IRS") approved prototype plan sponsored by AUL that has received a favorable determination letter dated March 31, 2014, under the applicable provisions of the Internal Revenue Code ("IRC"). Companies who adopted this plan without changes could rely on the sponsor's determination letter. The Company adopted the AUL prototype plan without any changes. However, the Plan has been amended since the latest determination letter. The plan administrator and tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and 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 taxing authorities. 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 J - RISKS AND UNCERTAINTIES

The Plan provides various investment options for participants to direct in any combination. These investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risks associated with the investment options offered by the Plan and the level of uncertainty related to changes in the value of the investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits and the statement of changes in the net assets available for benefits.

NOTE K – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the net assets available for benefits according to the financial statements to Form 5500 as of December 31, 2018 and December 31, 2017:

	2018	2017
Net assets available for benefits per financial statements	$ 17,690,148	$ 18,265,911
Adjustments to financial statements for:		
Amount of excess contributions refundable to participants	13,693	6,400
Employee contributions receivable	(9,501)	-0-
Employer contributions receivable	(2,866)	-0-
Other	(2)	-0-
Net assets available for benefits per Form 5500	$ 17,691,472	$ 18,272,311

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to Form 5500 for the year ended December 31, 2018:

Net decrease per financial statements	$ (575,763)
Adjustments to financial statements for:	
Amount of excess contributions refundable to participants at December 31, 2017	(6,400)
Amount of excess contributions refundable to participants at December 31, 2018	13,693
Employee contributions receivable at December 31, 2018	(9,501)
Employer contributions receivable at December 31, 2018	(2,866)
Other	(2)
Net decrease per Form 5500	$ (580,839)

NOTE K – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (Continued)

Amounts allocated to withdrawing participants are recorded on the Form 5500 for benefit claims that have been processed and approved for payment prior to year-end, but not yet paid as of that date. At December 31, 2018 and 2017, there were no such benefit claims.

NOTE L - SUBSEQUENT EVENTS

Management has evaluated subsequent events as of October 15, 2019, which was the date the financial statements were available for issuance, and has determined that there are no subsequent events to be reported.

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

McCorvey Sheet Metal Works, L.P. Profit Sharing Plan and Trust

December 31, 2018 EIN:74-1363754/ PN 002

(a)	(b) Identity of issuer, borrower, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Cash and Cash Equivalents			
	Stifel Nicolaus	Cash	$ 61,546	$ 61,546
	Bernstein Global	Cash	185	185
	Community Bank	Cash	417,790	417,790
	Pershing	Money Market	289,145	289,145
		Total Cash and Cash Equivalents		768,666
	Fixed Account			
*	MassMutual	Fixed Account	$ **	454,108
		Total Fixed Account		454,108
	Pooled Separate Accounts			
*	MassMutual	Oppenheimer Gold and SC Mnrls A	**	659
*	MassMutual	Victory Sycamore Sm Co.	**	35,040
*	MassMutual	MFS Total Return R3	**	100,842
*	MassMutual	MFS Value R3	**	223,274
*	MassMutual	Invesco Small Cap Growth A	**	196,688
*	MassMutual	DWS Real Estate Securities A	**	38,003
*	MassMutual	Oppenheimer Intl Small Mid Co. A	**	28,510
*	MassMutual	The Hartford Intl Opps R4	**	155,941
*	MassMutual	The Hartford Midcap R4	**	173,933
*	MassMutual	JP Morgan Smartretirement 2020	**	127,947
*	MassMutual	JP Morgan Smartretirement 2025	**	239,869
*	MassMutual	JP Morgan Smartretirement 2030	**	225,500
*	MassMutual	JP Morgan Smartretirement 2035	**	215,014
*	MassMutual	JP Morgan Smartretirement 2040	**	318,795
*	MassMutual	JP Morgan Smartretirement 2045	**	157,066
*	MassMutual	JP Morgan Smartretirement 2050	**	199,106
*	MassMutual	JP Morgan Smartretirement 2055	**	74,907
*	MassMutual	JP Morgan Smartretirement Income A	**	86,282
*	MassMutual	Oppenheimer Intl Diversified A	**	228,847
*	MassMutual	MM S&P 500 Index R4	**	627,232
*	MassMutual	Allianz Markets Opps A	**	24,823
*	MassMutual	BlackRock Total Return A	**	418,586
*	MassMutual	MM S&P Mid Cap Index R4	**	97,467
*	MassMutual	Premier Barings Shrt-Dur Bd R4	**	57,988
*	MassMutual	Premier Barings High Yield R4	**	203,522
*	MassMutual	Prem Oppen SC Opps R4	**	134,569
*	MassMutual	Select T Rowe Price/Loomis Sayles Blue C	**	1,809,368
*	MassMutual	Select Western Strategic Bd R4	**	54,996
*	MassMutual	MFS Blended Res CR EQ R3	**	113,707
*	MassMutual	Wells Fargo Special Mid Cap Value A	**	324,213
		Total Pooled Separate Accounts		6,692,694
	Common Stock			
	Accenture PLC Ireleand Class SHS	500 shares	74,528	70,505
	Eaton Corporation PLC SHS	1,000 shares	67,141	68,660
	Ingersoll Rand PLC SHS	1,000 shares	82,454	91,230
	Adobe System Inc. Com	400 shares	94,143	90,496
	Allstate Corp. Com	1,000 shares	68,599	82,630
	Alphabet Inc. Cap Stock Cl C	100 shares	77,415	103,561
	Amazon Com Inc.	50 shares	92,166	75,099
	Anthem Inc. Com	300 shares	74,360	78,789
	Apple Inc. Com	500 shares	61,671	78,870
	Berkshire Hathaway Inc. Del Cl B New	400 shares	78,656	81,672
	Boeing Co. Com	250 shares	86,835	80,625
	CBRE Group Inc. Cl A	1,800 shares	68,775	72,072
	Centene Corp Del Com	700 shares	55,310	80,710
	Cisco Systems Inc.	2,000 shares	58,438	86,660
	Citigroup Inc. Com New	1,500 shares	71,235	78,090
	Comcast Corp Cl A	2,200 shares	82,303	74,910
	Danaher Corp Com	900 shares	84,713	92,808
	Disney Walt Co. Disney Com	800 shares	79,978	87,720
	Dow Dupont Inc. Com	1,200 shares	60,720	64,176
	Eastman Chem Co. Com	1,000 shares	80,641	73,110
	Euronet Worldwide Inc.	1,000 shares	65,007	102,380

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

McCorvey Sheet Metal Works, L.P. Profit Sharing Plan and Trust

December 31, 2018 EIN:74-11363754/ PN 002

(a)	(b) Identity of issuer, borrower, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Facebook Inc. Cl A	500 shares	81,268	65,545
	Fortinet Inc. Com	1,000 shares	76,965	70,430
	Grand Canyon ED Inc. Com	700 shares	79,416	67,298
	HCA Healthcare Com	500 shares	70,454	62,225
	HP Inc. Com	4,000 shares	75,084	81,840
	JP Morgan Chase & Co. Com	800 shares	91,467	78,096
	Lam Research Corp.	500 shares	61,811	68,085
	Microsoft Corp Com	800 shares	44,288	81,256
	Starbucks Corp Com	1,000 shares	62,095	64,400
	Thermo Fisher Scientific Inc. Com	300 shares	71,538	67,137
	US Bancorp Del Com	1,700 shares	75,010	77,690
	UnitedHealth Group Inc. Com	300 shares	56,456	74,736
	Walgreens Boots Alliance Inc. Com	1,000 shares	82,224	68,330
	Frost Bank	3,955 shares	120,824	347,803
	Spirit Bank	10,000 shares	128,300	227,800
	Abbvie Inc.	220 shares	21,129	20,282
	Allison Transmission	618 shares	21,685	27,136
	Analog Devices Inc.	303 shares	23,664	26,006
	Anheuser Busch Inbev	159 shares	20,080	10,464
	Applied Materials Inc.	539 shares	17,374	17,647
	BCE Inc.	647 shares	26,117	25,576
	Baxter International Inc.	385 shares	25,101	25,341
	Becton Dickinson & Co.	121 shares	27,214	27,264
	Biogen Inc.	89 shares	23,258	26,782
	Booz Allen Hamilton	548 shares	21,173	24,698
	Cigna Corp	140 shares	24,833	26,589
	Chevron Corp.	237 shares	26,202	25,783
	Cognizant Technology	363 shares	24,820	23,043
	Constellation Brands	98 shares	21,349	15,760
	Corcept Therapeutics Inc.	2,317 shares	29,130	30,955
	Cummins Inc.	152 shares	25,671	20,313
	DTE Energy Co.	208 shares	20,892	22,942
	Discover Financial Services	271 shares	16,745	15,984
	EOG Resources Inc.	224 shares	26,358	19,535
	East West Bancorp Inc.	364 shares	20,883	15,845
	Ecolab Inc.	171 shares	20,812	25,197
	Fortune Brands Home & SEC Inc.	411 shares	22,351	15,614
	Gentex Corp	1,122 shares	21,264	22,676
	Halliburton Company	467 shares	20,962	12,413
	Home BancShares Inc.	1,231 shares	20,864	20,115
	Imax Corp.	957 shares	20,229	18,001
	Knight Swift Transp. Holdings Inc.	539 shares	26,537	13,513
	Kraft Heinz Co.	332 shares	21,018	14,289
	Leggett & Platt Inc.	631 shares	28,345	22,615
	Mohawk Industries Inc.	139 shares	21,538	16,257
	Occidental Petroleum Corp.	275 shares	18,635	16,880
	PPG Industries Inc.	196 shares	20,103	20,037
	PPL Corp	976 shares	27,559	27,650
	Phillips 66	230 shares	21,497	19,815
	Quest Diagnostics Inc.	237 shares	20,328	19,735
	Rambus Inc.	1,833 shares	24,633	14,059
	Raymond James Financial Inc.	321 shares	25,162	23,886
	Raytheon Company New	121 shares	20,640	18,555
	Stericycle Inc.	279 shares	21,529	10,237
	Sterling Bancorp New	1,099 shares	27,325	18,144
	Summit Materials Inc.	1,393 shares	20,691	17,273
	Westlake Chemical Corp.	347 shares	24,802	22,961
	Weyerhaeuser Co.	873 shares	29,721	19,084
	Worldpay Inc.	276 shares	19,556	21,095
	Allergan PLC	100 shares	22,077	13,366
	Assured Guaranty Limited	559 shares	15,965	21,399
	Sina Corp.	426 shares	28,967	22,851
	TE Connectivity LTD	286 shares	26,163	21,630
	LyondellBasell Ind. N V Ord SHS Cl A	192 shares	17,910	15,967
	Royal Caribbean Cruises Limited	196 shares	21,328	19,167
	Ishares MSCI	2,029 shares	122,988	119,265
	SPDR S&P 500 ETF	2,645 shares	616,832	661,038
	Vanguard FTSE Emerging Markets ETF	2,969 shares	106,927	113,119
	The Boeing Co.	26 shares	6,299	8,385
	Northrop Grumman Corp	24 shares	4,223	5,878
	Raytheon Company	47 shares	8,910	7,207

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

McCorvey Sheet Metal Works, L.P. Profit Sharing Plan and Trust

December 31, 2018 EIN:74-11363754/ PN 002

(a)	(b) Identity of issuer, borrower, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Honeywell International Inc.	63 shares	6,904	8,324
	Magna International Inc.	138 shares	6,796	6,272
	Autozone Inc.	10 shares	6,745	8,383
	Costco Wholesale Corp	37 shares	5,905	7,537
	Dollar General Corp.	31 shares	3,303	3,350
	Home Depot Inc.	76 shares	4,430	13,058
	Ross Stores Inc.	96 shares	6,699	7,987
	TJX Companies Inc.	236 shares	8,916	10,559
	Walmart Inc.	126 shares	10,672	11,737
	Nike Inc. Cl B	129 shares	7,076	9,564
	Biogen Inc.	24 shares	5,133	7,222
	Gilead Sciences Inc.	108 shares	8,367	6,755
	Merck & Co. Inc.	108 shares	6,769	8,252
	Pfizer Inc.	309 shares	9,160	13,488
	Vertex Pharmaceuticals Inc.	19 shares	3,445	3,148
	Walt Disney Co.	77 shares	7,121	8,443
	Edwards LifeSciences	33 shares	3,437	5,055
	Medtronic PLC	61 shares	5,176	7,596
	Zoetis Inc.	85 shares	5,396	7,271
	Total System Services Inc.	61 shares	5,407	4,959
	Alphabet Inc. Cl C	24 shares	22,070	24,855
	Comcast Corp Cl A	391 shares	11,208	13,314
	Constellation Brand Inc. A	30 shares	6,663	4,825
	Pepsico Inc.	84 shares	8,382	9,280
	Ulta Beauty Inc.	11 shares	3,199	2,693
	US Foods Holding Corp.	169 shares	5,799	5,347
	McDonald's Corp.	40 shares	5,854	7,103
	Procter & Gamble Co.	94 shares	8,438	8,640
	Altria Group Inc.	139 shares	8,386	6,865
	AB Emerging Markets Port	1,373 shares	37,101	32,164
	Eog Resources	63 shares	4,841	5,494
	Marathon Petroleum Corp	78 shares	5,085	4,603
	National Oilwell Varco Inc.	116 shares	5,030	2,981
	Royal Dutch Shell Plc-Adr	77 shares	4,535	4,615
	Chevron Corp	81 shares	10,629	8,812
	Exxon Mobil Corp	64 shares	5,173	4,364
	Citigroup Inc.	111 shares	8,702	5,779
	Jpmorgan Chase & Co.	153 shares	13,753	14,936
	Everest Re Group Ltd	42 shares	9,517	9,146
	Bank Of America Corp	501 shares	7,982	12,345
	Wells Fargo & Company	247 shares	12,797	11,382
	Berkshire Hathaway Inc-Cl B	67 shares	13,567	13,680
	Goldman Sachs Group Inc.	37 shares	8,805	6,181
	Regency Centers Corp	137 shares	8,700	8,039
	S&P Global Inc.	21 shares	3,187	3,569
	Synchrony Financial	195 shares	5,491	4,575
	Visa Inc.- Class A Shares	100 shares	6,254	13,194
	Anthem Inc.	37 shares	8,617	9,717
	FNF Group	197 shares	7,205	6,194
	UnitedHealth Group Inc.	56 shares	8,170	13,951
	Progressive Corp	104 shares	3,522	6,274
	CBRE Group Inc.	143 shares	6,822	5,726
	Cubesmart	223 shares	7,008	6,398
	Mid-America Apartment Comm	112 shares	11,431	10,718
	Sun Communities Inc.	63 shares	5,942	6,408
	Lyondellbasell Indu-Cl A	59 shares	6,357	4,906
	AB International Small Cap Portfolio	6,678 shares	74,586	63,973
	AB International Strategic Equities	21,005 shares	244,392	221,397
	Bernstein International Portfolio	8,433 shares	128,687	121,020
	AB Discovery Growth Fund - AD	3,140 shares	30,402	29,486
	AB Discovery Value Fund - ADV	1,600 shares	31,814	28,389
	AB Small Cap Coare Portfolio Adv CL	3,479 shares	36,622	33,057
	Delta Air Lines Inc.	90 shares	3,744	4,491
	Norfolk Southern Corp	36 shares	4,413	5,383
	Cisco Systems Inc.	165 shares	5,131	7,149
	Nokia Corp Spon ADR	815 shares	5,007	4,743
	Adobe Inc.	25 shares	3,214	5,656
	Booking Holdings Inc.	3 shares	5,984	5,167
	Cognizant Tech Solutions - A	65 shares	5,255	4,126
	Fidelity National Information	59 shares	6,364	6,050
	Microsoft Corp Com	233 shares	13,356	23,666

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

McCorvey Sheet Metal Works, L.P. Profit Sharing Plan and Trust

December 31, 2018 EIN:74-11363754/ PN 002

(a)	(b) Identity of issuer, borrower, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Oracle Corp	214 shares	9,106	9,662
	CDW Corp/DE	42 shares	2,603	3,404
	Apple, Inc.	120 shares	13,471	18,929
	HP Inc.	215 shares	2,690	4,399
	Xerox Corp	160 shares	4,476	3,162
	Intel Corp	128 shares	5,569	6,007
	Texas Instruments Inc.	58 shares	4,605	5,481
	Xilinx Inc.	68 shares	3,008	5,792
	Facebook Inc - A	89 shares	9,700	11,667
	American Electric Power	175 shares	10,863	13,080
	Nisource Inc.	280 shares	6,984	7,098
	T-Mobile US Inc.	68 shares	3,478	4,325
	Verizon Communications Inc.	182 shares	9,040	10,232
		Total Common Stock		6,289,784
	Corporate Government Bonds			
	Ishares Tips Bond ETF	656 shares	73,262	71,839
	Ishares IBOXX Investment Grade Corp.	1,144 shares	134,536	129,066
	Ishares 20+ YR Treasury Bond ETF	780 shares	94,369	94,778
	Ishares 7-10YR Treasury Bond ETF	539 shares	54,611	56,164
	Ishares 1-3 YR Treasury Bond ETF	1,496 shares	125,360	125,096
	Ishares MBS ETF	3,807 shares	409,857	398,403
	Ishares Intermediate Term Corp.	2,851 shares	154,963	149,449
	Ishares Short Term Corp Bond ETF	3,479 shares	182,821	179,656
	Ishares 3-7 YR Treasury Bond ETF	328 shares	40,545	39,819
	Ishares Short Treasury Bond ETF	1,091 shares	120,309	120,337
	Ishares Long Term Corp. Bond ETF	1,194 shares	73,576	67,222
		Total Corporate Government Bonds		1,431,828
	Mutual Funds			
	Overlay A Portfolio Class 1	48,989 shares	541,005	582,964
	Overlay B Portfolio Class 1	31,625 shares	339,809	320,672
		Total Mutual Funds		903,637
	Fixed Income			
	AB Bond Inflation Strategy Class	3,162 shares	34,132	32,445
	AB Global Bond Fund	49,770 shares	423,298	406,621
	Bernstein Inter. Duration Portfolio	31,705 shares	427,131	405,509
	United States Treasury Bill	50,000 shares; 0.00%; due 7/18/2019	48,820	49,323
	United States Treasury Bill	50,000 shares; 2.46%; due 4/30/2020	50,005	49,982
	United States Treasury Bill	50,000 shares; 2.46%; due 4/30/2020	49,992	49,982
	United States Treasury Bill	50,000 shares; 2.47%; due 7/31/2020	50,000	49,974
		Total Fixed Income		1,043,836
	Multi Asset			
	Alliance Bernstein All Market A	14,032 shares	115,185	106,921
		Total Multi Asset		106,921
		Total Investments		$ 17,691,474

* Party-in-interest as defined by ERISA

** Cost omitted for participant directed investments

Schedule H, Line 4i

Schedule of Assets (Held At End of Year)

Name of Plan:

► MCCORVEY SHEET METAL WORKS, L.P. PROFIT SHARING PLAN & TRUST

Employer Identification Number:►	74-1363754		
For plan year (beginning/ending):►	01/01/2018 through 12/31/2018	Plan number:►	002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	MASS MUTUAL	OPPEN GLD AND SC MNRLS A		$658.84
*	MASS MUTUAL	VICTORY SYCAMORE SM CO OPP A MFS TOTAL		$35,039.51
*	MASS MUTUAL	MFS TOTAL RETURN R3		$100,841.49
*	MASS MUTUAL	MFS VALUE R3		$223,273.93
*	MASS MUTUAL	INVESCO SMALL CAP GROWTH A		$196,687.78
*	MASS MUTUAL	DEUTSCHE REAL ESTATE SECURITIES A		$38,002.72
*	MASS MUTUAL	OPPENHEIMER INTERNATIONAL SMALL MID COMPANY A		$28,510.01
*	MASS MUTUAL	THE HARTFORD INTERNAT'L OPPS R4		$155,940.90
*	MASS MUTUAL	THE HARTFORD MIDCAP R4		$173,932.77
*	MASS MUTUAL	JPMORGAN SMARTRETIREMENT 2020 A		$127,947.08
*	MASS MUTUAL	JPMORGAN SMARTRETIREMENT 2025 A		$239,868.89
*	MASS MUTUAL	JPMORGAN SMARTRETIREMENT 2030 A		$225,499.81
*	MASS MUTUAL	JP MORGAN SMARTRETIREMENT 2035 A		$215,014.27
*	MASS MUTUAL	JP MORGAN SMARTRETIREMENT 2040 A		$318,794.89
*	MASS MUTUAL	JPMORGAN SMARTRETIREMENT 2045 A		$157,066.43
*	MASS MUTUAL	JP MORGAN SMARTRETIREMENT 2050 A		$199,106.23
*	MASS MUTUAL	JPMORGAN SMARTRETIREMENT INCOME A		$86,281.99
*	MASS MUTUAL	OPPENHEIMER INTERNATIONAL DIVERSIFIED A		$228,846.92
*	MASS MUTUAL	JPMORGAN SMARTRETIREMENT 2055 A		$74,906.80
*	MASS MUTUAL	MM S&P 500 INDEX R4		$627,231.93
*	MASS MUTUAL	ALLIANZGI EM MKTS OPPS A		$24,823.39
*	MASS MUTUAL	BLACKROCK TOTAL RETURN A		$418,585.95
*	MASS MUTUAL	MM S&P MID CAP INDEX R4		$97,466.68
*	MASS MUTUAL	PREMIER BARINGS INFL-PR & INC R4		$0.00
*	MASS MUTUAL	PREMIER BARINGS SHRT-DUR BD R4		$57,987.67
*	MASS MUTUAL	PREMIER BARINGS HIGH YLD R4		$203,522.33
*	MASS MUTUAL	PREM OPPENH SC OPPS R4		$134,568.88
*	MASS MUTUAL	SELECT T. ROWE PRICE/LOOMIS SAYLES BLUE CHIP GROWTH R4		$1,809,368.30
*	MASS MUTUAL	SELECT WSTRN STRTGC BD R4		$54,995.70
*	MASS MUTUAL	MFS BLENDED RES CR EQ R3		$113,706.70
*	MASS MUTUAL	WELLS FARGO SPECIAL MID CAP VALUE A		$324,212.67
*	MASS MUTUAL	FIXED ACCOUNT		$454,108.21
		STIFEL NICOLAUS		$3,399,220.00
		PERSHING		$3,130,246.18
		BERNSTEIN GLOBAL		$3,021,813.00
		FROST NATIONAL BANK		$347,802.70
		ST FINANCIAL GROUP, INC.		$227,800.00
		COMMUNITY BANK OF TEXAS		$417,790.08
			Total	$17,691,471.63