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 06/01/2018 and ending 05/31/2019

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
PBK ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/01/1987

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)
PBK ARCHITECTS, INC.

11 GREENWAY PLAZA 22ND FLOOR
HOUSTON, TX 77046

2b Employer Identification Number (EIN)
74-1975450

2c Plan Sponsor's telephone number
713-965-0608

2d Business code (see instructions)
541310

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.	03/16/2020	ELIZABETH CHAPMAN
	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**	556
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)**	386
a(2) Total number of active participants at the end of the plan year	**6a(2)**	427
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	141
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	568
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f Total. Add lines **6d** and **6e**.	**6f**	569
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	524
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	27
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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

(1)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[ ]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	[X]	**H** (Financial Information)
(2)	[ ]	**I** (Financial Information – Small Plan)
(3)	[ ]	**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 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 06/01/2018 and ending 05/31/2019

A Name of plan
PBK ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
74-1975450

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

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

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

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(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 52 59 60 62 71 72	RECORDKEEPER	79391	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

PMB HELLN DONOVAN, LLP

74-3001153

(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?
50	OTHER	16500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 06/01/2018 and ending 05/31/2019

A Name of plan
PBK ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
PBK ARCHITECTS, INC.

D Employer Identification Number (EIN)
74-1975450

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: INVESCO STABLE VALUE RETIREMENT FUN

b Name of sponsor of entity listed in (a): INVESCO NATIONAL TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-3868124-001	C	1714012

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

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 06/01/2018 and ending 05/31/2019

A Name of plan
PBK ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
74-1975450

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	825
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	228444	315759
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1363600	7
(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)	254801	369526
(9) Value of interest in common/collective trusts	1c(9)	0	1714012
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	26514737	25103277
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	1364212

			(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	28361582	28867618
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	28361582	28867618

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)	315759	
	(B) Participants	2a(1)(B)	2225786	
	(C) Others (including rollovers)	2a(1)(C)	174381	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2715926
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	7	
	(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)	9222	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		9229
	(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)	1604792	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1604792
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		39357
(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)		-1203440
c Other income	2c		-286175
d Total income. Add all **income** amounts in column (b) and enter total	2d		2879689
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2236619	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2236619
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		42542
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	94492	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		94492
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2373653
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		506036
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: PMB HELIN DONOVAN LLP **(2)** EIN: 74-3001153

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		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		

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 06/01/2018 and ending 05/31/2019

A Name of plan
PBK ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
74-1975450

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): 94-1687665

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):

PBK ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN AND TRUST

Report of Independent Auditor and Financial Statements with Supplementary Information

May 31, 2019 and 2018

PBK ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN & TRUST

Index to Financial Statements and Supplemental Schedule

May 31, 2019 and 2018

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pmb

Report of Independent Auditor

To the Plan Administrator
PBK Architects, Inc. 401(k) Profit Sharing Plan and Trust:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of PBK Architects Inc. 401(k) Profit Sharing Plan and Trust (the "Plan"), which comprise the statements of net assets available for benefits as of May 31, 2019 and 2018, and the related statement of changes in net assets available for benefits for the year ended May 31, 2019, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Bank of America – Merrill Lynch and Fidelity Management Trust Company, the Trustees of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from Bank of America – Merrill Lynch as of May 31, 2019 and for the year ended May 31, 2019 and from Fidelity Management Trust Company as of May 31, 2018, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

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

PMB Helin Donovan, LLP
14090 Southwest Freeway
Suite 300
Sugar Land, TX 77478

Other Matter

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

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

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

PMB HELIN DONOVAN, LLP

PMB Helin Donovan, LLP

March 13, 2020
Sugar Land, Texas

PBK ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN & TRUST

Statements of Net Assets Available for Benefits

May 31, 2019 and 2018

	2019	2018
Assets		
Investments, at fair value		
Cash	$ 832	$ -
Money market funds	-	1,363,600
Mutual funds	25,103,277	26,514,737
Common collective trust	1,714,012	-
Self directed brokerage account	1,364,212	-
Total investments	28,182,333	27,878,337
Receivables		
Notes receivable from participants	369,526	254,801
Employer contributions receivable	315,759	228,444
Total receivables	685,285	483,245
Total assets	28,867,618	28,361,582
Net assets available for benefits	$ 28,867,618	$ 28,361,582

See report of independent auditor and accompanying notes.

PBK ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN & TRUST

Statement of Changes in Net Assets Available for Benefits

Year Ended May 31, 2019

Additions:	
Additions to net assets attributable to:	
Investment income:	
Net depreciation in fair value of investments	$ (1,203,440)
Interest and dividends	1,571,298
Total investment income	367,858
Interest on notes receivable from participants	9,222
Contributions:	
Participants	2,225,786
Employer	315,759
Rollovers	174,381
Total contributions	2,715,926
Total additions	3,093,006
Deductions:	
Deductions from net assets attributable to:	
Benefits paid to participants	2,279,161
Administrative expenses	94,492
Other expense - forfeitures applied	213,317
Total deductions	2,586,970
Net increase	506,036
Net assets available for benefits:	
Beginning of the year	28,361,582
End of year	$ 28,867,618

See report of independent auditor and accompanying notes.

NOTE A - DESCRIPTION OF PLAN

The following description of the PBK Architects, Inc. 401(k) Profit Sharing Plan & Trust ("the Plan") provides only general information. Participants should refer to the Plan agreement or Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution profit-sharing plan with 401(k) option covering all employees of PBK Architects, Inc. ("the Company", "Plan Sponsor", or "Plan Administrator") who have completed a consecutive three-month period of service, except for those subject to a collective bargaining agreement and certain non-resident aliens and residents of Puerto Rico. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

On June 1, 2018, the Plan's trustee was changed from Fidelity Management Trust Company to Bank of America-Merrill Lynch ("Plan Trustee"); and all the Plan's assets were transferred to the new Trustee on such date. At that time, the Plan adopted the Bank of America-Merrill Lynch Adoption Agreement. The terms of the new agreement were consistent with the previous adoption agreement in place with Fidelity Management Trust Company.

The Plan year which began June 1, 2018 and ended May 31, 2019 is referred to herein as the 2018 Plan Year, which is consistent with the Form 5500. Similarly, the Plan year which began June 1, 2017 and ended May 31, 2018 is referred to as the 2017 Plan Year. PBK Architects, Inc. is the Plan Sponsor and Plan Administrator.

Contributions

Each year, participants may contribute up to the lesser of 50% of their eligible compensation or the maximum amount allowed by law ($18,500 for the 2018 Plan year) of pretax annual compensation, as defined in the Plan. Participants may designate some or all of their contributions as Roth deferrals. Once designated as Roth deferral, this election is irrevocable and cannot be changed back to pretax contribution. This Plan also allows for catch-up contributions (up to $6,000 for the 2018 Plan year) for participants over 50 years of age. Participants may also contribute amounts representing distributions (rollovers) from other qualified defined benefit or contribution plans.

The Company may make annual discretionary contributions in an amount determined at each Plan year end by the Company's 401(k) Management Committee. To be eligible for the discretionary contribution, a participant must work at least 1,000 hours annually and must be employed on the last day of the Plan year. The Company contribution is invested pro-rata with the participant contributions. Contributions are subject to certain limitations. For the 2018 Plan Year, the Company elected to make discretionary contributions of $315,759, which are accrued as employer contributions receivable at May 31, 2019.

Participant Accounts

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

Notes Receivable from Participants
Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000, or 50% of their account balance, whichever is less. Participants may have up to two notes receivable outstanding at any given time. The notes receivable are secured by the balance in the participant's account and bear interest at rates ranging from 3.25% - 5.50%, which are commensurate with prevailing rates as determined by the Plan Administrator. All Plan notes receivable must be repaid in 5 years, except those that are used for the purchase of a principal residence, in which case the notes receivable repayment period can be extended for 10 years. In most cases, repayment of the notes receivable will be made through after-tax payroll deductions. If a participant defaults on the loan, the outstanding loan balance plus accumulated interest is deemed a distribution and reported as income to the participant, subject to early withdrawal penalty.

Rollovers and Transfers
Participants who have a balance in another qualified employee benefit plan, as described in Section 401(a) of the Internal Revenue Code ("IRC"), may transfer or rollover the lump sum values of their account directly into the Plan, provided it meets the requirements of the IRC.

Vesting
Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested in the Company's contributions after six years of credited service, summarized as follows:

Years of Service	Vested Percentage
Less than two years	0%
Two years	20%
Three years	40%
Four years	60%
Five years	80%
Six years or more	100%

Participants will become fully vested in the Company's matching contributions and discretionary profit-sharing upon termination of the Plan, upon the death or permanent disability of a participant, or upon reaching retirement age.

Forfeited Accounts
At May 31, 2019 and 2018, forfeited non-vested accounts totaled $1,909 and $272,452, respectively. These accounts may be used to reduce future Plan administrative expenses and Company contributions. In the 2018 Plan Year, $88,311 of the forfeited non-vested account balance was utilized to pay administrative expenses. The Plan Administrator used $228,444 of the forfeitures to fund employer contributions in August 2018. The use of forfeiture funds during the 2018 plan, less additional forfeitures incurred during the year, resulted in the Plan recognizing other expenses of $213,317 for the year ended May 31, 2019.

Plan Expenses
Certain expenses of operating and maintaining the Plan have been paid by the Company and are excluded from the accompanying financial statements. In the event the Company does not continue to pay such Plan expenses, the Plan expenses will be paid by the Plan and charged on a pro-rata basis to the value of the participants' account balances.

Corrective Distributions Payable
Corrective distributions represent amounts contributed by certain participants which are in excess of the maximum amounts allowed under the Plan. Such amounts are to be refunded to the applicable participants. There were no corrective distributions payable at May 31, 2019 and 2018.

Participant Directed Investments
Participants direct the investment of their contributions and the Plan Sponsor contributions into various investment options offered by the Plan. The Plan currently offers common collective trusts, mutual funds, and brokerage accounts as investment options for participants. Participants may change their investment options at any time.

Payment of Benefits
Benefits become available to participants on the earliest of five events: (1) termination of employment, (2) death of the participant (benefits are payable to the participant's spouse or beneficiary), (3) upon the participant's retirement, (4) disability or (5) minimum required distributions. Benefits are payable as lump sums, rollover distributions, or installment distributions.

If the terminating participant's account balance exceeds $1,000, the participant may choose to keep the funds in the Plan, request a direct rollover to another qualified plan, or take a distribution (with consent of the participant's spouse, if applicable). If the participant's account balance is $1,000 or less the funds cannot remain in the Plan, in which case the Plan Administrator may direct the Trustee to distribute via lump sum distribution without the participant's consent.

On termination of service due to death prior to retirement, 100% of the Company contributions become immediately vested. The account balance is paid to the participant's spouse or beneficiary in a lump sum or installments.

On termination of service due to retirement after age 65, the account balance is paid to the participant in a lump sum or installments. However, should a participant reach age 59 1/2 and not elect to terminate employment, the participant can take an in-service distribution from the vested account balance.

If the participant becomes disabled and is eligible for Social Security disability benefits or is determined disabled by a physician selected by the Plan Administrator, the participant may choose to keep the funds in the Plan, request a direct rollover to another qualified plan, or take a lump sum distribution (with consent of the participant's spouse, if applicable).

The participant is required to begin taking minimum distributions no later than April 1 of the calendar year following the calendar year the participant turns 70 ½ or terminates employment, whichever is later.

Distributions During Employment
As a general rule, a participant's contributions will remain in the Plan as long as the participant remains employed by the Company. The Plan does provide exceptions to this rule for withdrawals of the participant's vested balance under certain circumstances (subject to the satisfaction of the Plan Administrator) that include the following:

- Age 59 1/2 (in-service distributions),
- Medical expenses,
- Purchase of a principal residence,
- Post-secondary education for participant or their dependents,
- To prevent eviction from or foreclosure on the participant's principal residence.
- Burial expenses for dependents,
- Expenses for the repair of damage to a participant's principal residence that would qualify for the casualty deduction under the IRC (determined without regard to whether the loss exceeds 10% of adjusted gross income).

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting
The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Estimates
The preparation of financial statements in conformity with GAAP requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates. Significant estimates of the Plan include the methods used to determine the fair value of investments.

Income Recognition
The Plan presents in the statement of changes in net assets available for benefits the net appreciation or depreciation in the fair value of its investments, which consists of realized gains or losses and the unrealized appreciation or depreciation on those investments. Purchases and sales of securities are recorded on a settlement date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Investment Valuation
Investments are reflected in the accompanying statements of net assets available for benefits at their estimated fair values. Fair value at May 31, 2019 and 2018, as determined by the Trustee, is based primarily on the quoted market prices of the underlying securities. Money market investments are valued at cost plus accrued earnings, which approximates fair value, as determined by the Trustee. Because of the inherent uncertainty of these valuations, the estimated values may differ from the actual fair values that may or may not be ultimately realized.

Certified Investments
Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at May 31, 2019 and 2018, and net appreciation and depreciation in the fair value of investments, interest and dividends for the year ended May 31, 2019, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by the Trustee of the Plan.

Contributions Receivable
The amount of participant-related contributions that have been deducted from the participant's payroll as of the end of the Plan year but that have not been deposited with the Plan until after the end of the year are reflected as participant contributions receivable in the Plan's financial statements. In addition, any annual discretionary contribution from the Company that is due and payable at the end of the Plan year is reflected as employer contributions receivable in the Plan's financial statements.

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest. Delinquent participant loans are classified as distributions based upon the terms of the Plan document. During the year ended May 31, 2019, $9,222 was recorded as interest income on notes receivable from participants.

Payment of Benefits
Benefits are recorded when paid.

Administrative Expenses
Certain administrative expenses, including legal and accounting, are paid by the Plan Sponsor and, accordingly, are not reflected in the accompanying financial statements of the Plan. Certain transaction processing fees are charged to the participants and, therefore, are reflected in the accompanying statement of changes in net assets available for benefits as administrative expenses. Investment related expenses are included in net appreciation of the fair value of investments.

Income Tax
GAAP requires the Plan Sponsor to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service ("IRS"). The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of May 31, 2019, there were no uncertain tax positions taken or expected to be taken. 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 Plan years prior to 2015.

Recently Issued Accounting Principles
The Plan's management is not aware of any recently issued accounting pronouncements that would have a material impact on the Plan's financial statements.

Subsequent Events
The Plan Administrator evaluates events that occur subsequent to the balance sheet date of periodic reports, but before financial statements are issued for periods ending on such balance sheet dates, for possible adjustment to such financial statements or other disclosure. This evaluation generally occurs through the date at which the Plan's financial statements are electronically prepared for filing with the Department of Labor. For the financial statements as of and for the year ended May 31, 2019, this date was March 13, 2020.

NOTE C - INVESTMENTS (UNAUDITED)

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee of the Plan has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

a. Investments, as shown in the Statements of Net Assets Available for Benefits, as of May 31, 2019 and 2018.
b. Net depreciation in fair value of investments, dividends and interest, as shown in the Statement of Changes in Net Assets Available for Benefits, for the year ended May 31, 2019.
c. The Schedule of Assets Held at End of Year as of May 31, 2019, as shown in the attached schedule at pages 14-15.

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

NOTE D - FAIR VALUE MEASUREMENTS

The fair value of the Plan's financial instruments reflects the amounts that the Plan estimates to receive in connection with the sale of an asset or paid in connection with the transfer of a liability in an orderly transaction between market participants at the measurement date (exit price). The Plan utilizes 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1 Unadjusted quoted exchange prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2 Quoted prices in markets that are not active, or inputs that are observable either directly or indirectly (i.e., quoted prices on similar assets), for substantially the full term of the asset or liability;

Level 3 Prices or valuation techniques that require inputs that are both significant to the fair value measurement and unobservable (i.e., supported by little or no market activity).

Financial assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value:

Mutual funds - Valued based on quoted market prices of the underlying investments in active markets.

Money market funds - Held in primarily short-term duration, highly liquid securities, which are valued at cost plus accrued interest.

Common collective trusts - As permitted by accounting principles generally accepted in the United States of America, the Plan uses net asset value ("NAV") as a practical expedient to determine the fair value of the common collective trust fund. Net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. Participant transactions (purchases and sales) may occur daily. Redemption for the common collective trust is permitted daily with no other restrictions or notice periods and there are no unfunded commitments. In accordance with GAAP, the common collective trust fund measured at net asset value has not been classified in the fair value hierarchy. The fair value amounts presented in the table below are intended to permit reconciliation to the amounts presented in the Statements of Net Assets Available for Benefits.

Self-directed brokerage accounts – The accounts consists of common stock and money market funds. Common stocks are valued on the basis of readily determinable market prices. Money market funds are valued at cost plus accrued interest.

The following table represents the Plan's fair value hierarchy for its investments measured at fair value on a recurring basis as of May 31, 2019 and 2018:

Fair Value Measurements at May 31, 2019

	Quoted Prices (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Investments:				
Mutual funds	$ 25,103,277	$ -	$ -	$ 25,103,277
Self directed brokerage accounts	1,364,212	-	-	1,364,212
Total assets in the fair value hierarchy	$ 26,467,489	$ -	$ -	26,467,489
Common collective trusts, at net asset value (a)				1,714,012
Investments at fair value				$ 28,181,501

Fair Value Measurements at May 31, 2018

	Quoted Prices (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Investments:				
Mutual funds	$ 26,514,737	$ -	$ -	$ 26,514,737
Money market funds	1,363,600	-	-	1,363,600
Total investments at fair value	$ 27,878,337	$ -	$ -	$ 27,878,337

(a) The common collective trust (CCT) invests in a diversified portfolio of stable value investment contracts. The CCT can be redeemed at NAV as of the measurement date. Unfunded commitments typically are found in private equity funds and therefore are not applicable to CCTs. These investments typically have no transfer restrictions. The transfer restriction applies to all participant directed transfers out of this investment, including non-scheduled rebalancing activity. Once the number of allowed transfers out is met, participants are not allowed to transfer back into this investment option until the holding period elapses. Contributions into the investment option are not impacted.

There have been no changes in the valuation methodologies used as of May 31, 2019 or 2018. The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE E - RISK AND UNCERTAINTIES

The assets of the Plan consist primarily of investments held at fair value. These investments are subject to market risks and are influenced by such factors as investment objectives, interest rates, stock market performance, economic conditions, and world affairs. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements and supplemental schedule.

NOTE F - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Company provided certain Plan administrative services without compensation during the year ended May 31, 2019. In addition, the Company paid a total of $119,692 in Plan expenses for administrative, record keeping, investment management, and audit services, which are not included in the accompanying financial statements.

The Plan Trustee receives fees for administration and investment management. The investments of the Plan are maintained in a trust that was managed by the Plan Trustee as of May 31, 2019 and 2018.

NOTE G - PLAN TERMINATION

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

NOTE H - TAX STATUS

The Plan obtained its latest determination letter, dated March 31, 2014, in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE I - FIDELITY BOND

The Plan was covered by a $1,000,000 fidelity bond during the 2018 Plan Year.

NOTE J - SUBSEQUENT EVENTS

The Plan Sponsor acquired two companies subsequent to the year end and executed two amendments effective July 1, 2019 and January 1, 2020 to allow employees of the acquired companies to use their original hire date for purposes of eligibility and vesting.

The plan was amended effective July 1, 2019 to allow for all expenses and fees to be paid by the Plan.

PBK ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN & TRUST

EIN # 74-1975450 Plan #001

Schedule H, Line 4i Schedule of Assets Held at End of Year

May 31, 2019

(Unaudited)

(a)	(b) Identity of Issuer, 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
	Collective Investment Trust			
	Invesco	INVESCO STABLE VALUE RET CL 1	**	$ 1,710,918
	Invesco	INVESCO STABLE VAL RET CL 1 GM	**	3,094
				1,714,012
	Mutual Funds			
	Oakmark	THE OAKMARK INTL FD INV	**	80,121
	Oakmark	THE OAKMARK INTL FD INV GM	**	7,176
	American Funds	AMERICAN CAPITAL INCOME	**	2,825,083
	American Funds	AMERICAN FUNDAMENTAL	**	315,720
	American Funds	AMERICAN NEW PERSPECTIVE	**	1,026
	American Funds	AMERICAN NEW PERSPECTIVE GM	**	6,275
	Allianz NFJ	ALLIANZGI NFJ MID-CP VL INSTL	**	163,471
	Allianz NFJ	ALLIANZGI NFJ MID-CP VL INS GM	**	7,278
	Atlanta Capital	EATON VANCE ATLANTA	**	2,370,935
	Atlanta Capital	EATON VANCE ATLANTA GM	**	7,096
	Pimco	PIMCO GLB BO OPPS USO HDGD GM	**	6,547
	Harbor	HARBOR:SM CAP VAL;INST	**	239,879
	Harbor	HARBOR:SM CAP VAL; INST GM	**	1,440
	JP Morgan	JPMORGAN LGCP GRO R6	**	3,778,189
	JP Morgan	JPMORGAN LGCP GRO R6 GM	**	16,120
	Black Rock	ISHARES RUSSELL 2000 SML-CP K	**	8,589
	Black Rock	BLACKROCK LIFEPATH INDX 2025 K	**	226,509
	Black Rock	BLACKROCK LIFEPATH INDX 2045 K	**	755,664
	Black Rock	BLACKROCK LIFEPATH INDX 2035 K	**	758,040
	Black Rock	BLACKROCK LIFEPATH INDX 2040 K	**	504,688
	Black Rock	BLACKROCK LIFEPATH INDX 2020 K	**	373,343
	Black Rock	BLACKROCK LIFEPATH INDX 2030 K	**	1,359,214
	Black Rock	BLACKROCK LIFEPATH INDX 2050 K	**	538,612
	Black Rock	BLACKROCK LIFEPATH INDX RET K	**	177,692
	Black Rock	BLACKROCK LIFEPATH INDX 2055 K	**	794,597
	John Hancock	JOHN HANCOCK DISCIPLIND VAL R6	**	746
	John Hancock	JOHN HANCOCK DISCIPLIND R6 GM	**	4,268
	Prudential	PGIM HIGH YIELD FUND R6	**	138,440
	Prudential	PGIM HIGH YIELD FUND R6 GM	**	6,134
	Ivy Funds	IVY EMERGING MARKETS EQTY CL I	**	107,519
	Ivy Funds	IVY EMERGING MRKTS EQTY I GM	**	6,867
	Legg Mason	CLEARBRIDGE INTRNATIONAL	**	46,010
	Legg Mason	CLEARBRIDGE INTRNATIONAL GM	**	7,601
	Black Rock	ISHARES RUSSELL MID-CAP IDX K	**	1,650
	T Rowe Price	T ROWE PRICE INTL DISCOVERY I	**	637,721
	T Rowe Price	T ROWE PRICE INTL DSCVRY I GM	**	7,672
	BlackRock	BLACKROCK LIFEPATH INDX 2060 K	**	143,743
	Janus Adviser	JANUS HENDERSON TRITON FUND N	**	16,480
	Janus Adviser	JANUS HENDERSON TRITON FD N GM	**	3,231
	Invesco	INVESCO CORE PLUS BOND R6	**	181,407
	Invesco	INVESCO CORE PLUS BOND R6 GM	**	43,371
	Columbia	COLUMBIA DIVIDND INCOME INSTL3	**	2,091,965
	Columbia	COLUMBIA DIV INCM INSTL 3 GM	**	16,512
	Columbia	COLUMBIA SMALL CAP VAL FD ADV	**	110,641
	Columbia	COLUMBIA SML CAP VAL FD ADV GM	**	4,112
	BlackRock	ISHARES U.S. AGGREGATE BND K	**	17,413
	BlackRock	ISHARES S&P 500 INDEX FD CL K	**	1,374,668
	Fidelity Mgmt. Trust Co.	FIDELITY ADVSR NEW INSIGHTS Z	**	4,801,076
	Fidelity Mgmt. Trust Co.	FIDELITY ADV NEW INSIGHTS Z GM	**	10,726
				$ 25,103,277

See report of independent auditor and accompanying notes.

PBK ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN & TRUST

EIN # 74-1975450 Plan #001

Schedule H, Line 4i Schedule of Assets Held at End of Year

May 31, 2019

(Unaudited)

(a)	(b) Identity of Issuer, 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
**	**Self-Directed Brokerage Accounts**			1,364,212
*	**Participant Loans**	(3.25% - 5.50%)		369,526
	Total Assets Held for Investment Purposes			**$ 28,551,027**

***** **Party-in-interest**

****** **Self-directed investment**

See report of independent auditor and accompanying notes.

Attachment to 2018 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: PBK Architects, Inc. 401(k) Profit Sharing Plan & Trust **EIN:74-1975450**
Plan Sponsor's Name: PBK Architects, Inc. **PN:001**

(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
	ACCRUED INCOME	ACCRUED INCOME	7	7
	INVESCO STABLE VAL RET CL 1 GM	COMMON / COLLECTIVE TRUSTS	3,093	3,093
	INVESCO STABLE VALUE RET CL 1	COMMON / COLLECTIVE TRUSTS	1,710,918	1,710,918
	LOAN FUND	LOANS	369,526	369,526
	ALLIANZGI NFJ MID-CP VL INS GM	MUTUAL FUNDS	7,577	7,278
	ALLIANZGI NFJ MID-CP VL INSTL	MUTUAL FUNDS	170,931	163,471
	AMERICAN CAPITAL INCOME	MUTUAL FUNDS	2,887,791	2,825,083
	AMERICAN FUNDAMENTAL	MUTUAL FUNDS	348,990	315,720
	AMERICAN NEW PERSPECTIVE	MUTUAL FUNDS	1,063	1,026
	AMERICAN NEW PERSPECTIVE GM	MUTUAL FUNDS	6,497	6,275
	BLACKROCK LIFEPATH INDX 2020 K	MUTUAL FUNDS	372,425	373,343
	BLACKROCK LIFEPATH INDX 2025 K	MUTUAL FUNDS	226,966	226,509
	BLACKROCK LIFEPATH INDX 2030 K	MUTUAL FUNDS	1,367,583	1,359,214
	BLACKROCK LIFEPATH INDX 2035 K	MUTUAL FUNDS	767,993	758,040
	BLACKROCK LIFEPATH INDX 2040 K	MUTUAL FUNDS	511,983	504,688
	BLACKROCK LIFEPATH INDX 2045 K	MUTUAL FUNDS	770,867	755,664
	BLACKROCK LIFEPATH INDX 2050 K	MUTUAL FUNDS	549,473	538,612
	BLACKROCK LIFEPATH INDX 2055 K	MUTUAL FUNDS	810,979	794,597
	BLACKROCK LIFEPATH INDX 2060 K	MUTUAL FUNDS	145,414	143,743

Attachment to 2018 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: PBK Architects, Inc. 401(k) Profit Sharing Plan & Trust **EIN:74-1975450**
Plan Sponsor's Name: PBK Architects, Inc. **PN:001**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	BLACKROCK LIFEPATH INDX RET K	MUTUAL FUNDS	176,377	177,692
	CLEARBRIDGE INTRNATIONAL	MUTUAL FUNDS	57,030	46,010
	CLEARBRIDGE INTRNATIONAL GM	MUTUAL FUNDS	8,383	7,601
	COLUMBIA DIV INCM INSTL 3 GM	MUTUAL FUNDS	17,005	16,512
	COLUMBIA DIVIDND INCOME INSTL3	MUTUAL FUNDS	2,122,149	2,091,965
	COLUMBIA SMALL CAP VAL FD ADV	MUTUAL FUNDS	139,182	110,641
	COLUMBIA SML CAP VAL FD ADV GM	MUTUAL FUNDS	4,609	4,112
	EATON VANCE ATLANTA	MUTUAL FUNDS	2,357,501	2,370,935
	EATON VANCE ATLANTA GM	MUTUAL FUNDS	7,134	7,096
	FIDELITY ADV NEW INSIGHTS Z GM	MUTUAL FUNDS	11,141	10,725
	FIDELITY ADVSR NEW INSIGHTS Z	MUTUAL FUNDS	5,188,456	4,801,076
	HARBOR:SM CAP VAL;INST	MUTUAL FUNDS	287,878	239,879
	HARBOR:SM CAP VAL;INST GM	MUTUAL FUNDS	1,596	1,440
	INVESCO CORE PLUS BOND R6	MUTUAL FUNDS	177,776	181,407
	INVESCO CORE PLUS BOND R6 GM	MUTUAL FUNDS	42,780	43,371
	ISHARES RUSSELL 2000 SML-CP K	MUTUAL FUNDS	10,108	8,589
	ISHARES RUSSELL MID-CAP IDX K	MUTUAL FUNDS	1,763	1,650
	ISHARES S&P 500 INDEX FD CL K	MUTUAL FUNDS	1,372,796	1,374,668
	ISHARES U.S. AGGREGATE BND K	MUTUAL FUNDS	16,752	17,413

Attachment to 2018 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: PBK Architects, Inc. 401(k) Profit Sharing Plan & Trust **EIN:74-1975450**
Plan Sponsor's Name: PBK Architects, Inc. **PN:001**

(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
	IVY EMERGING MARKETS EQTY CL I	MUTUAL FUNDS	118,925	107,519
	IVY EMERGING MRKTS EQTY I GM	MUTUAL FUNDS	6,964	6,867
	JANUS HENDERSON TRITON FD N GM	MUTUAL FUNDS	3,339	3,231
	JANUS HENDERSON TRITON FUND N	MUTUAL FUNDS	17,961	16,480
	JOHN HANCOCK DISCIPLIND R6 GM	MUTUAL FUNDS	4,580	4,268
	JOHN HANCOCK DISCIPLIND VAL R6	MUTUAL FUNDS	775	746
	JPMORGAN LGCP GRO R6	MUTUAL FUNDS	4,017,089	3,778,189
	JPMORGAN LGCP GRO R6 GM	MUTUAL FUNDS	16,518	16,120
	PGIM HIGH YIELD FUND R6	MUTUAL FUNDS	138,621	138,440
	PGIM HIGH YIELD FUND R6 GM	MUTUAL FUNDS	6,161	6,134
	PIMCO GLB BD OPPS USD HDGD GM	MUTUAL FUNDS	6,495	6,547
	T ROWE PRICE INTL DISCOVERY I	MUTUAL FUNDS	752,269	637,721
	T ROWE PRICE INTL DSCVRY I GM	MUTUAL FUNDS	8,010	7,672
	THE OAKMARK INTL FD INV	MUTUAL FUNDS	98,387	80,121
	THE OAKMARK INTL FD INV GM	MUTUAL FUNDS	7,816	7,176
	SELF-DIRECT ACCT	OTHER ASSETS	1,364,212	1,364,212
	PENDING SETTLEMENT FUND	PENDING SETTLEMENT FUNDS	825	825
	UNINVESTED CASH	UNINVESTED CASH	0	0

Attachment to 2018 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: PBK Architects, Inc. 401(k) Profit Sharing Plan & Trust **EIN:74-1975450**
Plan Sponsor's Name: PBK Architects, Inc. **PN:001**

(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