Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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
FABCO, LLC 401(K) PROFIT SHARING PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2014

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)
FABCO, LLC

13835 BEAUMONT HWY
HOUSTON, TX 77049

2b Employer Identification Number (EIN)
01-0933826

2c Plan Sponsor's telephone number
832-350-7344

2d Business code (see instructions)
238290

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.	10/05/2020	LAURA BUTLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2020	MARK PAUL
	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**	334
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)**	280
a(2) Total number of active participants at the end of the plan year	**6a(2)**	198
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	20
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	218
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	218
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	160
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	11
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 3B 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)	[X]	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)	[X]	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)	[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 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
FABCO, LLC 401(K) PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FABCO, LLC

D Employer Identification Number (EIN)
01-0933826

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
LINCOLN NATIONAL 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
35-0472300	65676	31016	0	01/01/2019	05/31/2019

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
2660	629

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

SAGEPOINT FINANCIAL INC
PO BOX 53043
PHOENIX, AZ 85072

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
2660	0		4

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

UBS FINANCIAL SERVICES INC.
750 TOWN AND COUNTRY BLVD
STE 400
HOUSTON, TX 77024

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
2264	0		4

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

LOREN D STARK COMPANY INC

10750 ROCKLEY RD
HOUSTON, TX 77099-0000

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
0	629		5

(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	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	0
c	Premiums due but unpaid at the end of the year	6c	0
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	0

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 ▶ GROUP VAR ANNUITY W/GUAR FUND

b	Balance at the end of the previous year			7b	50089
c	Additions: (1) Contributions deposited during the year	7c(1)	3437		
	(2) Dividends and credits	7c(2)	448		
	(3) Interest credited during the year	7c(3)	0		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	500		
	▶ MAY INCLUDE - LOAN REPAY/FORF/TAKEOVER/ADJUSTMENTS				
	(6) Total additions			7c(6)	4385
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	54474
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	54280		
	(2) Administration charge made by carrier	7e(2)	194		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	0		
	▶ MAY INCLUDE - LOAN ISSUES/FORF/FEES/CORRECTIVES/ADJUSTMENTS/INS PREM)				
	(5) Total deductions			7e(5)	54474
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	0
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	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.**	**2019** **This Form is Open to Public Inspection.**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
FABCO, LLC 401(K) PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FABCO, LLC

D Employer Identification Number (EIN)
01-0933826

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65	RECORDKEEPER	3563	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

NATIONAL FINANCIAL SERVICES LLC

04-3523567

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
61	PAYING AGENT	0	Yes [X] No [ ]	Yes [X] No [ ]	26327	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AF AMER MUTUAL R4 - AMERICAN FUNDS 95-2566717	0.10%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CBA LG CAP GR A - BNY MELLON INVES	P.O. BOX 9793 PROVIDENCE, RI 02940	0.25%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
IS R MID-CAP IDX A - BNY MELLON IN	P.O. BOX 9793 PROVIDENCE, RI 02940	0.05%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
IS R2000 SM-CAP A - BNY MELLON INV P.O. BOX 9793 PROVIDENCE, RI 02940	0.05%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
J H TRITON S - JANUS SERVICES LLC 43-1804048	0.25%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MFS MA INV TRUST R3 - MFS SERVICE 04-2865649	0.25%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MFS MID CAP GRTH R3 - MFS SERVICE 04-2865649	0.25%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MFS MID CAP VALUE R3 - MFS SERVICE 04-2865649	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	61	3501

(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.
FA FREEDOM 2025 A - FIDELITY DISTR 04-2270522	

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
NATIONAL FINANCIAL SERVICES LLC	61	1106
(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.	
FA FREEDOM 2030 A - FIDELITY DISTR 04-2270522		

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	61	2159
(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.	
FA FREEDOM 2035 A - FIDELITY DISTR 04-2270522		

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	61	2735
(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.	
FA FREEDOM 2040 A - FIDELITY DISTR 04-2270522		

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
NATIONAL FINANCIAL SERVICES LLC	61	5091
(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.	
FA FREEDOM 2045 A - FIDELITY DISTR 04-2270522		

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	61	7095
(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.	
FA FREEDOM 2050 A - FIDELITY DISTR 04-2270522		

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	61	2720
(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.	
FA FREEDOM 2055 A - FIDELITY DISTR 04-2270522		

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

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
FABCO, LLC 401(K) PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FABCO, LLC

D Employer Identification Number (EIN)
01-0933826

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: LINCOLN LIFE SEPARATE ACCOUNT 4K

b Name of sponsor of entity listed in (a): LINCOLN NATIONAL 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)
35-0472300-402	P	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
FABCO, LLC 401(K) PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FABCO, LLC

D Employer Identification Number (EIN)
01-0933826

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	13598
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	111090	173184
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	2328590	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	3003555
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	50089	
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	2489769	3190337
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2489769	3190337

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)	125825	
	(B) Participants	2a(1)(B)	519905	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		645730
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	48103	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	7640	
	(F) Other	2b(1)(F)	448	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		56191
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	19246	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		19246
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		205844
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		207144
c Other income	2c		-146900
d Total income. Add all **income** amounts in column (b) and enter total	2d		987255
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	253710	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		253710
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		18167
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	14810	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		14810
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		286687
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		700568
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unmodified **(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: BRIGGS & VESELKA CO **(2)** EIN: 74-1769118

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		65972
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	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

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
FABCO, LLC 401(K) PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FABCO, LLC

D Employer Identification Number (EIN)
01-0933826

Part I Distributions

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

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

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

EIN(s): 04-6568107 35-0472300

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):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

FABco LLC 401(k) Profit Sharing Plan and Trust

Financial Statements and Supplemental Schedules
As of December 31, 2019 and 2018,
and for the Year Ended December 31, 2019

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Schedules other than those listed above are omitted because of the conditions under which they are required.

Briggs & Veselka Co.
A LIMITED LIABILITY PARTNERSHIP
Certified Public Accountants and Business Advisors

INDEPENDENT AUDITORS' REPORT

To Those Charged With Governance of
FABco LLC 401(k) Profit Sharing Plan and Trust
Houston, Texas

Report on the Financial Statements

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

Management's Responsibility for the Financial Statements

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

Auditors' 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 4*, which was certified by The Lincoln National Life Insurance Company and Fidelity Management Trust Company, the custodian and trustee 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 Fidelity Management Trust Company held the Plan's investment assets and executed investment transactions from June 1, 2019 to December 31, 2019, and that The Lincoln National Life Insurance Company held the Plan's investment assets and executed investment transactions as of December 31, 2018, and for the period January 1, 2018 to May 31, 2019. The plan administrator has obtained certifications from the custodian and trustee as of and for the years ended December 31, 2019, and 2018, that the information provided to the plan administrator by the custodian and trustee is complete and accurate.

To Those Charged With Governance of
FABco LLC 401(k) Profit Sharing Plan and Trust
Re: Independent Auditors' Report

Disclaimer of Opinion

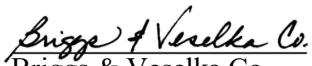
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2019, and Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2019, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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 custodian and trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Briggs & Veselka Co.
Houston, Texas

September 1, 2020

FABCO LLC 401(K) PROFIT SHARING PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2019 AND 2018

	2019	2018
ASSETS		
Investments at fair value	**$ 3,017,153**	$ 2,328,590
Investment at contract value	**-**	50,089
Notes receivable from participants	**173,184**	111,090
NET ASSETS AVAILABLE FOR BENEFITS	**$ 3,190,337**	$ 2,489,769

The accompanying notes are an integral part of these financial statements.

FABCO LLC 401(K) PROFIT SHARING PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2019

ADDITIONS	
Investment income:	
Net appreciation in fair value of investments	$ 412,988
Interest, dividends and other income	66,255
Total investment income	479,243
Interest income on notes receivable from participants	7,640
Contributions:	
Participants	519,905
Employer	125,825
Total contributions	645,730
Total additions	1,132,613
DEDUCTIONS	
Benefits paid to participants	417,235
Administrative expenses	14,810
Total deductions	432,045
Net increase	700,568
Net assets available for benefits, beginning of year	2,489,769
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 3,190,337

The accompanying notes are an integral part of these financial statements.

NOTE 1 – DESCRIPTION OF PLAN

FABco LLC 401(k) Profit Sharing Plan and Trust (the Plan) is a defined contribution plan adopted by FABco, LLC (the Company), originally effective on January 1, 2014, to enable eligible employees to save for retirement. The Plan is administered by the Company and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was amended and restated effective June 1, 2019 when the Plan adopted a Volume Submitter Defined Contribution Plan offered by Fidelity Management Trust Company, the trustee of the Plan.

The summary of significant provisions of the Plan presented below provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

Eligibility – All nonexcluded employees of the Company who have completed one month of service and have attained the age of 21 are eligible to participate in the Plan. The Plan's entry date is the first day of the month coinciding with or next following the date an employee satisfies the eligibility requirements.

Contributions – Participants may elect to defer up to 92% of their eligible compensation into the Plan on a pre-tax or Roth basis, not to exceed the dollar limit set by law. Participants who are age 50 or over, or will attain age 50 before the end of a calendar year, may also defer an additional amount called a catch-up contribution. Participants may elect to start, increase or reduce elections to contribute to the Plan effective as soon as administratively feasible. Participants may suspend their elections at any time.

The Company may make a discretionary matching contribution to the Plan equal to a uniform percentage of the participant's salary deferrals. From January 1, 2018 to March 31, 2018, the Company made matching contributions equal to 100% of each participant's salary deferrals that did not exceed 3% of the participant's compensation. On April 1, 2018, the Company made matching contributions equal to 50% of each participant's salary deferrals that did not exceed 4% of the participant's compensation.

The Company may also make a discretionary profit sharing contribution to the Plan on behalf of eligible participants in an allocated amount. Participants are eligible to receive profit sharing contributions to the Plan if they are employed by the Company on the last day of the Plan year or if the participant is credited with more than 500 hours of service during the Plan year. For 2019, the Company did not make a profit sharing contribution.

Participants can roll over part or all of an eligible rollover distribution they receive from an eligible retirement plan into the Plan.

Participant Accounts – Each participant's account is credited with the participant's contributions, employer contributions, rollovers and Plan earnings or losses. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations of administrative expenses are based on participant earnings or losses, account balances or specific participant transactions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Options – Participants are responsible for their investment decisions under the Plan and any resulting investment activity. The Plan currently offers a money market fund and various mutual funds as investment options for participants. Prior to June 1, 2019, the Plan offered various pooled separate accounts and a guaranteed investment contract as investment options for participants. The value of participant accounts is updated each business day to reflect any contributions, exchanges between investment options, investment earnings or losses for each investment option and withdrawals.

Vesting – Participants are always 100% vested in their deferral contributions, including catch-up contributions and rollover contributions, plus any Plan earnings or losses thereon. Vesting in profit sharing contributions is based on years of vesting service. Participants will become 100% vested after two years of service.

Notes Receivable From Participants – Participants may borrow from their accounts a minimum of $1,000 up to a maximum amount equal to the lesser of 50% of their vested balance or $50,000, reduced by the highest outstanding balance of loans from the Plan during the prior 12 month period. Loans are secured by the balance in a participant's account. All loans bear a reasonable rate of interest. Principal and interest is paid ratably through after-tax payroll deductions or payment by check. The term of the loan may not exceed five years unless it is for the purchase of a participant's principal residence in which case the loan repayment period may not extend beyond 10 years from the date of the loan. Participants may only have one loan outstanding at any given time.

Payment of Benefits – Participants may receive a distribution of the vested portion of some or all of their accounts in the Plan upon termination of employment, normal retirement, disability or death. If a participant's vested account balance does not exceed $1,000, then the participant's account balance may only be distributed in a single lump-sum payment. If a participant's account balance does not exceed $5,000 but is greater than $1,000, then the participant's account will be distributed to an IRA. If the participant's account exceeds $5,000, the participant must consent to any distribution before it may be made.

Participants who have attained age 59½ may receive an in-service distribution from their vested accounts. Hardship distributions may also be made to satisfy certain immediate and heavy financial needs that a participant may have.

Forfeited Accounts – If a participant terminates employment before being fully vested, they will forfeit the nonvested portion of their account balance when they receive a distribution. Forfeitures may be used to pay Plan expenses or to reduce amounts otherwise required to be contributed to the Plan. Forfeitures totaled $12,702 and $3,082 at December 31, 2019 and 2018, respectively. During 2019, the Company used $50,885 to reduce employer contributions and $925 to pay Plan expenses.

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting – The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) requires the Company to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and the disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

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 3* for discussion of fair value measurements.

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

Notes Receivable From Participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2019 or 2018.

Benefits Payments – Benefits are recorded when paid.

Administrative 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 the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

Subsequent Events – The Plan has evaluated subsequent events through September 1, 2020, the date the financial statements were available to be issued (*see Note 11*).

NOTE 3 – 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; or 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 in the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. 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, 2019 and 2018.

Money Market Fund – Valued based upon quoted market prices of the net asset value (NAV) of shares held by the Plan at year-end.

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

Pooled Separate Accounts – Fair value is calculated as the number of units of the sub-account held on a particular date multiplied by the unit value on that date, and generally is the value that would be paid out for participant-initiated or benefit withdrawals.

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

	2019			
	Level 1	**Level 2**	**Level 3**	**Total**
Money market fund	**$ 13,598**	**$ -**	**$ -**	**$ 13,598**
Mutual funds	**3,003,555**	**-**	**-**	**3,003,555**
Investments at fair value	**$ 3,017,153**	**$ -**	**$ -**	**$ 3,017,153**

	2018			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts	$ 2,328,590	$ -	$ -	$ 2,328,590
Investments at fair value	$ 2,328,590	$ -	$ -	$ 2,328,590

NOTE 4 – INFORMATION CERTIFIED BY CUSTODIAN AND TRUSTEE

The Company has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, The Lincoln National Life Insurance Company and Fidelity Management Trust Company, the custodian and trustee of the Plan, has certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2019 and 2018, the supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2019 and the related investment activity reflected in the statement of changes in net assets available for benefits for the year ended December 31, 2019. Accordingly, as permitted under such election, the Company instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified by the custodian and trustee, except for comparing such information certified by the custodian and trustee with information included in the Plan's financial statements and supplemental schedules.

NOTE 5 – GUARANTEED STABLE VALUE ACCOUNT

The Company held an investment in the Guaranteed Stable Value Account (the Contract) until May 31, 2019. The Contract was a fully benefit-responsive investment contract issued by The Lincoln National Life Insurance Company, the custodian, with the backing of their general account. As it was not a portfolio of contracts whose yields are based on changes in fair value of underlying assets, this type of investment was considered fairly valued at contract value. The methodology for calculating the interest crediting rate was defined in the Contract. Under the terms of the Contract, the composite crediting rate was being reset on a quarterly basis and was never less than the guaranteed minimum interest rate, as defined in the Contract.

The Contract had an average yield of 2.67% for 2018. The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts was dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may have been affected by economic and regulatory developments.

Certain events might have limited the availability of the Plan to transact at contract value with the Contract issuer. Examples of such events include the Plan's failure to qualify under section 401(a) of the Internal Revenue Code (IRC) or the failure of the trust to be tax-exempt under section 501(a) of the IRC; premature termination of the Contract; Plan termination or merger; changes to the Plan's prohibition on competing investment options; or bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations. No events are probable of occurring that might have limited the ability of the Plan to transact at contract value with the participants. In addition, certain events allow the issuer to terminate the Contract with the Plan and settle at an amount different from contract value. Examples of such events include an uncured violation of the Plan's investment guidelines, a breach of material obligation under the Contract, a material misrepresentation, or a material amendment to the agreements without the consent of the issuer.

NOTE 6 – RELATED PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS

Certain Plan investments are managed by the trustee. These transactions qualify as party in interest transactions. Such transactions are permitted under the provisions of the Plan and are exempt from the prohibited transactions rules under ERISA.

NOTE 7 – PLAN TERMINATION

Although the Company intends to maintain the Plan indefinitely, the Company reserves the right to terminate the Plan at any time. Upon termination, no further contributions will be made to the Plan and all amounts credited to participants' accounts will become 100% vested. A termination includes complete discontinuance of contributions under the Plan or a partial termination. If the Plan is terminated, all amounts will be credited to participants' accounts from the prohibited transactions rules under ERISA.

NOTE 8 – TAX STATUS

The Company adopted a volume submitter profit sharing plan with CODA sponsored by Loren D Stark Company which obtained its latest opinion letter on March 31, 2014. Effective June 1, 2019, the Company adopted a volume submitter profit sharing plan with CODA by Fidelity Management & Research Co. The volume submitter plan received its latest opinion letter dated March 31, 2014, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was acceptable under section 401 of the IRC for use by employers for the benefit of their employees. The Plan has not requested its own determination letter from the IRS. Although the Plan has been amended since receiving the opinion letter, the Company believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires the Company to evaluate the tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 9 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 10 – PROHIBITED TRANSACTIONS

During 2019, 2018, and 2016 the Company failed to remit to the custodian and trustee certain participant contributions and loan repayments totaling $36,193, $29,779 and $9,920, respectively, within the timeframe called for within the DOL's regulations. Delays in remitting participant contributions and loan repayments were due to unintentional administrative errors. During 2019, the Company recalculated the related lost earnings on the 2016 delinquent participant contributions and loan repayments, and remitted them to the Plan. The Company is currently working to determine related lost earnings for the 2019 and 2018 delinquent participant contributions and loan repayments, if any, and intends to remit them to the Plan.

NOTE 11 – SUBSEQUENT EVENTS

Subsequent to year-end, many countries around the world, including the United States of America, were impacted by the COVID-19 outbreak. While the virus is continuing to evolve, its implications are triggering volatility in financial markets and a significant negative impact to the global economy. As a result, the values of the Plan's individual investments have and will fluctuate in response to changing market conditions, and the amount of losses that will be recognized in subsequent periods, if any, cannot be determined. At this time, management cannot quantify the extent of any market fluctuations that the virus may have on the Plan's financial information.

As a result of the COVID-19 pandemic, on March 27, 2020, the Coronavirus Aid, Relief, and Economic Security (CARES) Act was signed into law. The CARES Act includes certain relief provisions available to tax-qualified retirement plans and their participants. Plan management is continuing to evaluate the relief provisions available to plan participants under the CARES Act and evaluating provisions for implementation by the Plan.

FABCO LLC 401(K) PROFIT SHARING PLAN AND TRUST
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2019

EIN: 01-0933826
Plan No. 001

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
*	Fidelity Government Money Market Portfolio	Money market fund	**	$ 13,598
	American Funds American Mutual Class R4 Fund	Mutual fund	**	269
	ClearBridge Large Cap Growth Fund	Mutual fund	**	4,771
*	Fidelity 500 Index Fund	Mutual fund	**	51,299
*	Fidelity Advisor Freedom 2015 Class A Fund	Mutual fund	**	75,059
*	Fidelity Advisor Freedom 2020 Class A Fund	Mutual fund	**	66,016
*	Fidelity Advisor Freedom 2025 Class A Fund	Mutual fund	**	394,741
*	Fidelity Advisor Freedom 2030 Class A Fund	Mutual fund	**	122,608
*	Fidelity Advisor Freedom 2035 Class A Fund	Mutual fund	**	254,084
*	Fidelity Advisor Freedom 2040 Class A Fund	Mutual fund	**	242,998
*	Fidelity Advisor Freedom 2045 Class A Fund	Mutual fund	**	510,620
*	Fidelity Advisor Freedom 2050 Class A Fund	Mutual fund	**	783,349
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*	Fidelity Advisor Freedom 2060 Class A Fund	Mutual fund	**	85,242
*	Fidelity Advisor Total Bond Class A Fund	Mutual fund	**	1,721
	iShares Russell 2000 Small-Cap Index Fund	Mutual fund	**	15,860
	iShares Russell Mid-Cap Index Fund	Mutual fund	**	5,458
	Janus Henderson Triton S Fund	Mutual fund	**	5,591
	MFS Massachusetts Investors Trust Class R3 Fund	Mutual fund	**	133
	MFS Mid Cap Growth Class R3 Fund	Mutual fund	**	35,951
	MFS Mid Cap Value Class R3 Fund	Mutual fund	**	6,760
*	Participant Loans	Interest rate range: 4.25% - 6.50%	-	173,184
	Total assets held for investment			$ 3,190,337

* A party in interest as defined by ERISA.
** Cost information is not required as these assets are participant-directed.

See independent auditors' report.

FABCO LLC 401(K) PROFIT SHARING PLAN AND TRUST
SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED DECEMBER 31, 2019

EIN: 01-0933826
Plan No. 001

	Total That Constitutes Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check here if late participant loan repayments are included: ☒				
$ 75,892	$ 65,972	$ 9,920	$ -	$ -

See independent auditors' report.

FABco LLC 401(k) Profit Sharing Plan and Trust

Financial Statements and Supplemental Schedules
As of December 31, 2019 and 2018,
and for the Year Ended December 31, 2019

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Schedules other than those listed above are omitted because of the conditions under which they are required.

Briggs & Veselka Co.
A LIMITED LIABILITY PARTNERSHIP
Certified Public Accountants and Business Advisors

INDEPENDENT AUDITORS' REPORT

To Those Charged With Governance of
FABco LLC 401(k) Profit Sharing Plan and Trust
Houston, Texas

Report on the Financial Statements

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

Management's Responsibility for the Financial Statements

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

Auditors' 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 4*, which was certified by The Lincoln National Life Insurance Company and Fidelity Management Trust Company, the custodian and trustee 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 Fidelity Management Trust Company held the Plan's investment assets and executed investment transactions from June 1, 2019 to December 31, 2019, and that The Lincoln National Life Insurance Company held the Plan's investment assets and executed investment transactions as of December 31, 2018, and for the period January 1, 2018 to May 31, 2019. The plan administrator has obtained certifications from the custodian and trustee as of and for the years ended December 31, 2019, and 2018, that the information provided to the plan administrator by the custodian and trustee is complete and accurate.

To Those Charged With Governance of
FABco LLC 401(k) Profit Sharing Plan and Trust
Re: Independent Auditors' Report

Disclaimer of Opinion

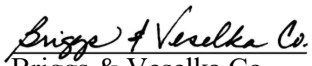
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2019, and Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2019, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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 custodian and trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Briggs & Veselka Co.
Houston, Texas

September 1, 2020

FABCO LLC 401(K) PROFIT SHARING PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2019 AND 2018

	2019	2018
ASSETS		
Investments at fair value	**$ 3,017,153**	$ 2,328,590
Investment at contract value	**-**	50,089
Notes receivable from participants	**173,184**	111,090
NET ASSETS AVAILABLE FOR BENEFITS	**$ 3,190,337**	$ 2,489,769

The accompanying notes are an integral part of these financial statements.

FABCO LLC 401(K) PROFIT SHARING PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2019

ADDITIONS	
Investment income:	
Net appreciation in fair value of investments	$ 412,988
Interest, dividends and other income	66,255
Total investment income	479,243
Interest income on notes receivable from participants	7,640
Contributions:	
Participants	519,905
Employer	125,825
Total contributions	645,730
Total additions	1,132,613
DEDUCTIONS	
Benefits paid to participants	417,235
Administrative expenses	14,810
Total deductions	432,045
Net increase	700,568
Net assets available for benefits, beginning of year	2,489,769
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 3,190,337

The accompanying notes are an integral part of these financial statements.

NOTE 1 – DESCRIPTION OF PLAN

FABco LLC 401(k) Profit Sharing Plan and Trust (the Plan) is a defined contribution plan adopted by FABco, LLC (the Company), originally effective on January 1, 2014, to enable eligible employees to save for retirement. The Plan is administered by the Company and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was amended and restated effective June 1, 2019 when the Plan adopted a Volume Submitter Defined Contribution Plan offered by Fidelity Management Trust Company, the trustee of the Plan.

The summary of significant provisions of the Plan presented below provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

Eligibility – All nonexcluded employees of the Company who have completed one month of service and have attained the age of 21 are eligible to participate in the Plan. The Plan's entry date is the first day of the month coinciding with or next following the date an employee satisfies the eligibility requirements.

Contributions – Participants may elect to defer up to 92% of their eligible compensation into the Plan on a pre-tax or Roth basis, not to exceed the dollar limit set by law. Participants who are age 50 or over, or will attain age 50 before the end of a calendar year, may also defer an additional amount called a catch-up contribution. Participants may elect to start, increase or reduce elections to contribute to the Plan effective as soon as administratively feasible. Participants may suspend their elections at any time.

The Company may make a discretionary matching contribution to the Plan equal to a uniform percentage of the participant's salary deferrals. From January 1, 2018 to March 31, 2018, the Company made matching contributions equal to 100% of each participant's salary deferrals that did not exceed 3% of the participant's compensation. On April 1, 2018, the Company made matching contributions equal to 50% of each participant's salary deferrals that did not exceed 4% of the participant's compensation.

The Company may also make a discretionary profit sharing contribution to the Plan on behalf of eligible participants in an allocated amount. Participants are eligible to receive profit sharing contributions to the Plan if they are employed by the Company on the last day of the Plan year or if the participant is credited with more than 500 hours of service during the Plan year. For 2019, the Company did not make a profit sharing contribution.

Participants can roll over part or all of an eligible rollover distribution they receive from an eligible retirement plan into the Plan.

Participant Accounts – Each participant's account is credited with the participant's contributions, employer contributions, rollovers and Plan earnings or losses. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations of administrative expenses are based on participant earnings or losses, account balances or specific participant transactions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Options – Participants are responsible for their investment decisions under the Plan and any resulting investment activity. The Plan currently offers a money market fund and various mutual funds as investment options for participants. Prior to June 1, 2019, the Plan offered various pooled separate accounts and a guaranteed investment contract as investment options for participants. The value of participant accounts is updated each business day to reflect any contributions, exchanges between investment options, investment earnings or losses for each investment option and withdrawals.

Vesting – Participants are always 100% vested in their deferral contributions, including catch-up contributions and rollover contributions, plus any Plan earnings or losses thereon. Vesting in profit sharing contributions is based on years of vesting service. Participants will become 100% vested after two years of service.

Notes Receivable From Participants – Participants may borrow from their accounts a minimum of $1,000 up to a maximum amount equal to the lesser of 50% of their vested balance or $50,000, reduced by the highest outstanding balance of loans from the Plan during the prior 12 month period. Loans are secured by the balance in a participant's account. All loans bear a reasonable rate of interest. Principal and interest is paid ratably through after-tax payroll deductions or payment by check. The term of the loan may not exceed five years unless it is for the purchase of a participant's principal residence in which case the loan repayment period may not extend beyond 10 years from the date of the loan. Participants may only have one loan outstanding at any given time.

Payment of Benefits – Participants may receive a distribution of the vested portion of some or all of their accounts in the Plan upon termination of employment, normal retirement, disability or death. If a participant's vested account balance does not exceed $1,000, then the participant's account balance may only be distributed in a single lump-sum payment. If a participant's account balance does not exceed $5,000 but is greater than $1,000, then the participant's account will be distributed to an IRA. If the participant's account exceeds $5,000, the participant must consent to any distribution before it may be made.

Participants who have attained age 59½ may receive an in-service distribution from their vested accounts. Hardship distributions may also be made to satisfy certain immediate and heavy financial needs that a participant may have.

Forfeited Accounts – If a participant terminates employment before being fully vested, they will forfeit the nonvested portion of their account balance when they receive a distribution. Forfeitures may be used to pay Plan expenses or to reduce amounts otherwise required to be contributed to the Plan. Forfeitures totaled $12,702 and $3,082 at December 31, 2019 and 2018, respectively. During 2019, the Company used $50,885 to reduce employer contributions and $925 to pay Plan expenses.

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting – The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) requires the Company to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and the disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

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 3* for discussion of fair value measurements.

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

Notes Receivable From Participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2019 or 2018.

Benefits Payments – Benefits are recorded when paid.

Administrative 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 the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

Subsequent Events – The Plan has evaluated subsequent events through September 1, 2020, the date the financial statements were available to be issued (*see Note 11*).

NOTE 3 – 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; or 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 in the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. 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, 2019 and 2018.

Money Market Fund – Valued based upon quoted market prices of the net asset value (NAV) of shares held by the Plan at year-end.

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

Pooled Separate Accounts – Fair value is calculated as the number of units of the sub-account held on a particular date multiplied by the unit value on that date, and generally is the value that would be paid out for participant-initiated or benefit withdrawals.

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

	2019			
	Level 1	**Level 2**	**Level 3**	**Total**
Money market fund	**$ 13,598**	**$ -**	**$ -**	**$ 13,598**
Mutual funds	**3,003,555**	**-**	**-**	**3,003,555**
Investments at fair value	**$ 3,017,153**	**$ -**	**$ -**	**$ 3,017,153**

	2018			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts	$ 2,328,590	$ -	$ -	$ 2,328,590
Investments at fair value	$ 2,328,590	$ -	$ -	$ 2,328,590

NOTE 4 – INFORMATION CERTIFIED BY CUSTODIAN AND TRUSTEE

The Company has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, The Lincoln National Life Insurance Company and Fidelity Management Trust Company, the custodian and trustee of the Plan, has certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2019 and 2018, the supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2019 and the related investment activity reflected in the statement of changes in net assets available for benefits for the year ended December 31, 2019. Accordingly, as permitted under such election, the Company instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified by the custodian and trustee, except for comparing such information certified by the custodian and trustee with information included in the Plan's financial statements and supplemental schedules.

NOTE 5 – GUARANTEED STABLE VALUE ACCOUNT

The Company held an investment in the Guaranteed Stable Value Account (the Contract) until May 31, 2019. The Contract was a fully benefit-responsive investment contract issued by The Lincoln National Life Insurance Company, the custodian, with the backing of their general account. As it was not a portfolio of contracts whose yields are based on changes in fair value of underlying assets, this type of investment was considered fairly valued at contract value. The methodology for calculating the interest crediting rate was defined in the Contract. Under the terms of the Contract, the composite crediting rate was being reset on a quarterly basis and was never less than the guaranteed minimum interest rate, as defined in the Contract.

The Contract had an average yield of 2.67% for 2018. The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts was dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may have been affected by economic and regulatory developments.

Certain events might have limited the availability of the Plan to transact at contract value with the Contract issuer. Examples of such events include the Plan's failure to qualify under section 401(a) of the Internal Revenue Code (IRC) or the failure of the trust to be tax-exempt under section 501(a) of the IRC; premature termination of the Contract; Plan termination or merger; changes to the Plan's prohibition on competing investment options; or bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations. No events are probable of occurring that might have limited the ability of the Plan to transact at contract value with the participants. In addition, certain events allow the issuer to terminate the Contract with the Plan and settle at an amount different from contract value. Examples of such events include an uncured violation of the Plan's investment guidelines, a breach of material obligation under the Contract, a material misrepresentation, or a material amendment to the agreements without the consent of the issuer.

NOTE 6 – RELATED PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS

Certain Plan investments are managed by the trustee. These transactions qualify as party in interest transactions. Such transactions are permitted under the provisions of the Plan and are exempt from the prohibited transactions rules under ERISA.

NOTE 7 – PLAN TERMINATION

Although the Company intends to maintain the Plan indefinitely, the Company reserves the right to terminate the Plan at any time. Upon termination, no further contributions will be made to the Plan and all amounts credited to participants' accounts will become 100% vested. A termination includes complete discontinuance of contributions under the Plan or a partial termination. If the Plan is terminated, all amounts will be credited to participants' accounts from the prohibited transactions rules under ERISA.

NOTE 8 – TAX STATUS

The Company adopted a volume submitter profit sharing plan with CODA sponsored by Loren D Stark Company which obtained its latest opinion letter on March 31, 2014. Effective June 1, 2019, the Company adopted a volume submitter profit sharing plan with CODA by Fidelity Management & Research Co. The volume submitter plan received its latest opinion letter dated March 31, 2014, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was acceptable under section 401 of the IRC for use by employers for the benefit of their employees. The Plan has not requested its own determination letter from the IRS. Although the Plan has been amended since receiving the opinion letter, the Company believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires the Company to evaluate the tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 9 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 10 – PROHIBITED TRANSACTIONS

During 2019, 2018, and 2016 the Company failed to remit to the custodian and trustee certain participant contributions and loan repayments totaling $36,193, $29,779 and $9,920, respectively, within the timeframe called for within the DOL's regulations. Delays in remitting participant contributions and loan repayments were due to unintentional administrative errors. During 2019, the Company recalculated the related lost earnings on the 2016 delinquent participant contributions and loan repayments, and remitted them to the Plan. The Company is currently working to determine related lost earnings for the 2019 and 2018 delinquent participant contributions and loan repayments, if any, and intends to remit them to the Plan.

NOTE 11 – SUBSEQUENT EVENTS

Subsequent to year-end, many countries around the world, including the United States of America, were impacted by the COVID-19 outbreak. While the virus is continuing to evolve, its implications are triggering volatility in financial markets and a significant negative impact to the global economy. As a result, the values of the Plan's individual investments have and will fluctuate in response to changing market conditions, and the amount of losses that will be recognized in subsequent periods, if any, cannot be determined. At this time, management cannot quantify the extent of any market fluctuations that the virus may have on the Plan's financial information.

As a result of the COVID-19 pandemic, on March 27, 2020, the Coronavirus Aid, Relief, and Economic Security (CARES) Act was signed into law. The CARES Act includes certain relief provisions available to tax-qualified retirement plans and their participants. Plan management is continuing to evaluate the relief provisions available to plan participants under the CARES Act and evaluating provisions for implementation by the Plan.

FABCO LLC 401(K) PROFIT SHARING PLAN AND TRUST
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2019

EIN: 01-0933826
Plan No. 001

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
*	Fidelity Government Money Market Portfolio	Money market fund	**	$ 13,598
	American Funds American Mutual Class R4 Fund	Mutual fund	**	269
	ClearBridge Large Cap Growth Fund	Mutual fund	**	4,771
*	Fidelity 500 Index Fund	Mutual fund	**	51,299
*	Fidelity Advisor Freedom 2015 Class A Fund	Mutual fund	**	75,059
*	Fidelity Advisor Freedom 2020 Class A Fund	Mutual fund	**	66,016
*	Fidelity Advisor Freedom 2025 Class A Fund	Mutual fund	**	394,741
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*	Fidelity Advisor Total Bond Class A Fund	Mutual fund	**	1,721
	iShares Russell 2000 Small-Cap Index Fund	Mutual fund	**	15,860
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	MFS Massachusetts Investors Trust Class R3 Fund	Mutual fund	**	133
	MFS Mid Cap Growth Class R3 Fund	Mutual fund	**	35,951
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*	Participant Loans	Interest rate range: 4.25% - 6.50%	-	173,184
	Total assets held for investment			$ 3,190,337

* A party in interest as defined by ERISA.
** Cost information is not required as these assets are participant-directed.

See independent auditors' report.

FABCO LLC 401(K) PROFIT SHARING PLAN AND TRUST
SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED DECEMBER 31, 2019

EIN: 01-0933826
Plan No. 001

	Total That Constitutes Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check here if late participant loan repayments are included: ☒				
$ 75,892	$ 65,972	$ 9,920	$ -	$ -

See independent auditors' report.

FABco LLC 401(k) Profit Sharing Plan and Trust

Financial Statements and Supplemental Schedules
As of December 31, 2019 and 2018,
and for the Year Ended December 31, 2019

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Schedules other than those listed above are omitted because of the conditions under which they are required.

Briggs & Veselka Co.
A LIMITED LIABILITY PARTNERSHIP
Certified Public Accountants and Business Advisors

INDEPENDENT AUDITORS' REPORT

To Those Charged With Governance of
FABco LLC 401(k) Profit Sharing Plan and Trust
Houston, Texas

Report on the Financial Statements

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

Management's Responsibility for the Financial Statements

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

Auditors' 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 4*, which was certified by The Lincoln National Life Insurance Company and Fidelity Management Trust Company, the custodian and trustee 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 Fidelity Management Trust Company held the Plan's investment assets and executed investment transactions from June 1, 2019 to December 31, 2019, and that The Lincoln National Life Insurance Company held the Plan's investment assets and executed investment transactions as of December 31, 2018, and for the period January 1, 2018 to May 31, 2019. The plan administrator has obtained certifications from the custodian and trustee as of and for the years ended December 31, 2019, and 2018, that the information provided to the plan administrator by the custodian and trustee is complete and accurate.

To Those Charged With Governance of
FABco LLC 401(k) Profit Sharing Plan and Trust
Re: Independent Auditors' Report

Disclaimer of Opinion

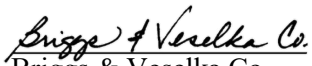
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2019, and Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2019, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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 custodian and trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Briggs & Veselka Co.
Houston, Texas

September 1, 2020

FABCO LLC 401(K) PROFIT SHARING PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2019 AND 2018

	2019	2018
ASSETS		
Investments at fair value	**$ 3,017,153**	$ 2,328,590
Investment at contract value	**-**	50,089
Notes receivable from participants	**173,184**	111,090
NET ASSETS AVAILABLE FOR BENEFITS	**$ 3,190,337**	$ 2,489,769

The accompanying notes are an integral part of these financial statements.

FABCO LLC 401(K) PROFIT SHARING PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2019

ADDITIONS	
Investment income:	
Net appreciation in fair value of investments	$ 412,988
Interest, dividends and other income	66,255
Total investment income	479,243
Interest income on notes receivable from participants	7,640
Contributions:	
Participants	519,905
Employer	125,825
Total contributions	645,730
Total additions	1,132,613
DEDUCTIONS	
Benefits paid to participants	417,235
Administrative expenses	14,810
Total deductions	432,045
Net increase	700,568
Net assets available for benefits, beginning of year	2,489,769
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 3,190,337

The accompanying notes are an integral part of these financial statements.

NOTE 1 – DESCRIPTION OF PLAN

FABco LLC 401(k) Profit Sharing Plan and Trust (the Plan) is a defined contribution plan adopted by FABco, LLC (the Company), originally effective on January 1, 2014, to enable eligible employees to save for retirement. The Plan is administered by the Company and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was amended and restated effective June 1, 2019 when the Plan adopted a Volume Submitter Defined Contribution Plan offered by Fidelity Management Trust Company, the trustee of the Plan.

The summary of significant provisions of the Plan presented below provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

Eligibility – All nonexcluded employees of the Company who have completed one month of service and have attained the age of 21 are eligible to participate in the Plan. The Plan's entry date is the first day of the month coinciding with or next following the date an employee satisfies the eligibility requirements.

Contributions – Participants may elect to defer up to 92% of their eligible compensation into the Plan on a pre-tax or Roth basis, not to exceed the dollar limit set by law. Participants who are age 50 or over, or will attain age 50 before the end of a calendar year, may also defer an additional amount called a catch-up contribution. Participants may elect to start, increase or reduce elections to contribute to the Plan effective as soon as administratively feasible. Participants may suspend their elections at any time.

The Company may make a discretionary matching contribution to the Plan equal to a uniform percentage of the participant's salary deferrals. From January 1, 2018 to March 31, 2018, the Company made matching contributions equal to 100% of each participant's salary deferrals that did not exceed 3% of the participant's compensation. On April 1, 2018, the Company made matching contributions equal to 50% of each participant's salary deferrals that did not exceed 4% of the participant's compensation.

The Company may also make a discretionary profit sharing contribution to the Plan on behalf of eligible participants in an allocated amount. Participants are eligible to receive profit sharing contributions to the Plan if they are employed by the Company on the last day of the Plan year or if the participant is credited with more than 500 hours of service during the Plan year. For 2019, the Company did not make a profit sharing contribution.

Participants can roll over part or all of an eligible rollover distribution they receive from an eligible retirement plan into the Plan.

Participant Accounts – Each participant's account is credited with the participant's contributions, employer contributions, rollovers and Plan earnings or losses. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations of administrative expenses are based on participant earnings or losses, account balances or specific participant transactions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Options – Participants are responsible for their investment decisions under the Plan and any resulting investment activity. The Plan currently offers a money market fund and various mutual funds as investment options for participants. Prior to June 1, 2019, the Plan offered various pooled separate accounts and a guaranteed investment contract as investment options for participants. The value of participant accounts is updated each business day to reflect any contributions, exchanges between investment options, investment earnings or losses for each investment option and withdrawals.

Vesting – Participants are always 100% vested in their deferral contributions, including catch-up contributions and rollover contributions, plus any Plan earnings or losses thereon. Vesting in profit sharing contributions is based on years of vesting service. Participants will become 100% vested after two years of service.

Notes Receivable From Participants – Participants may borrow from their accounts a minimum of $1,000 up to a maximum amount equal to the lesser of 50% of their vested balance or $50,000, reduced by the highest outstanding balance of loans from the Plan during the prior 12 month period. Loans are secured by the balance in a participant's account. All loans bear a reasonable rate of interest. Principal and interest is paid ratably through after-tax payroll deductions or payment by check. The term of the loan may not exceed five years unless it is for the purchase of a participant's principal residence in which case the loan repayment period may not extend beyond 10 years from the date of the loan. Participants may only have one loan outstanding at any given time.

Payment of Benefits – Participants may receive a distribution of the vested portion of some or all of their accounts in the Plan upon termination of employment, normal retirement, disability or death. If a participant's vested account balance does not exceed $1,000, then the participant's account balance may only be distributed in a single lump-sum payment. If a participant's account balance does not exceed $5,000 but is greater than $1,000, then the participant's account will be distributed to an IRA. If the participant's account exceeds $5,000, the participant must consent to any distribution before it may be made.

Participants who have attained age 59½ may receive an in-service distribution from their vested accounts. Hardship distributions may also be made to satisfy certain immediate and heavy financial needs that a participant may have.

Forfeited Accounts – If a participant terminates employment before being fully vested, they will forfeit the nonvested portion of their account balance when they receive a distribution. Forfeitures may be used to pay Plan expenses or to reduce amounts otherwise required to be contributed to the Plan. Forfeitures totaled $12,702 and $3,082 at December 31, 2019 and 2018, respectively. During 2019, the Company used $50,885 to reduce employer contributions and $925 to pay Plan expenses.

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting – The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) requires the Company to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and the disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

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 3* for discussion of fair value measurements.

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

Notes Receivable From Participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2019 or 2018.

Benefits Payments – Benefits are recorded when paid.

Administrative 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 the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

Subsequent Events – The Plan has evaluated subsequent events through September 1, 2020, the date the financial statements were available to be issued (*see Note 11*).

NOTE 3 – 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; or 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 in the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. 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, 2019 and 2018.

Money Market Fund – Valued based upon quoted market prices of the net asset value (NAV) of shares held by the Plan at year-end.

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

Pooled Separate Accounts – Fair value is calculated as the number of units of the sub-account held on a particular date multiplied by the unit value on that date, and generally is the value that would be paid out for participant-initiated or benefit withdrawals.

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

	2019			
	Level 1	**Level 2**	**Level 3**	**Total**
Money market fund	**$ 13,598**	**$ -**	**$ -**	**$ 13,598**
Mutual funds	**3,003,555**	**-**	**-**	**3,003,555**
Investments at fair value	**$ 3,017,153**	**$ -**	**$ -**	**$ 3,017,153**

	2018			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts	$ 2,328,590	$ -	$ -	$ 2,328,590
Investments at fair value	$ 2,328,590	$ -	$ -	$ 2,328,590

NOTE 4 – INFORMATION CERTIFIED BY CUSTODIAN AND TRUSTEE

The Company has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, The Lincoln National Life Insurance Company and Fidelity Management Trust Company, the custodian and trustee of the Plan, has certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2019 and 2018, the supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2019 and the related investment activity reflected in the statement of changes in net assets available for benefits for the year ended December 31, 2019. Accordingly, as permitted under such election, the Company instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified by the custodian and trustee, except for comparing such information certified by the custodian and trustee with information included in the Plan's financial statements and supplemental schedules.

NOTE 5 – GUARANTEED STABLE VALUE ACCOUNT

The Company held an investment in the Guaranteed Stable Value Account (the Contract) until May 31, 2019. The Contract was a fully benefit-responsive investment contract issued by The Lincoln National Life Insurance Company, the custodian, with the backing of their general account. As it was not a portfolio of contracts whose yields are based on changes in fair value of underlying assets, this type of investment was considered fairly valued at contract value. The methodology for calculating the interest crediting rate was defined in the Contract. Under the terms of the Contract, the composite crediting rate was being reset on a quarterly basis and was never less than the guaranteed minimum interest rate, as defined in the Contract.

The Contract had an average yield of 2.67% for 2018. The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts was dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may have been affected by economic and regulatory developments.

Certain events might have limited the availability of the Plan to transact at contract value with the Contract issuer. Examples of such events include the Plan's failure to qualify under section 401(a) of the Internal Revenue Code (IRC) or the failure of the trust to be tax-exempt under section 501(a) of the IRC; premature termination of the Contract; Plan termination or merger; changes to the Plan's prohibition on competing investment options; or bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations. No events are probable of occurring that might have limited the ability of the Plan to transact at contract value with the participants. In addition, certain events allow the issuer to terminate the Contract with the Plan and settle at an amount different from contract value. Examples of such events include an uncured violation of the Plan's investment guidelines, a breach of material obligation under the Contract, a material misrepresentation, or a material amendment to the agreements without the consent of the issuer.

NOTE 6 – RELATED PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS

Certain Plan investments are managed by the trustee. These transactions qualify as party in interest transactions. Such transactions are permitted under the provisions of the Plan and are exempt from the prohibited transactions rules under ERISA.

NOTE 7 – PLAN TERMINATION

Although the Company intends to maintain the Plan indefinitely, the Company reserves the right to terminate the Plan at any time. Upon termination, no further contributions will be made to the Plan and all amounts credited to participants' accounts will become 100% vested. A termination includes complete discontinuance of contributions under the Plan or a partial termination. If the Plan is terminated, all amounts will be credited to participants' accounts from the prohibited transactions rules under ERISA.

NOTE 8 – TAX STATUS

The Company adopted a volume submitter profit sharing plan with CODA sponsored by Loren D Stark Company which obtained its latest opinion letter on March 31, 2014. Effective June 1, 2019, the Company adopted a volume submitter profit sharing plan with CODA by Fidelity Management & Research Co. The volume submitter plan received its latest opinion letter dated March 31, 2014, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was acceptable under section 401 of the IRC for use by employers for the benefit of their employees. The Plan has not requested its own determination letter from the IRS. Although the Plan has been amended since receiving the opinion letter, the Company believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires the Company to evaluate the tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 9 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 10 – PROHIBITED TRANSACTIONS

During 2019, 2018, and 2016 the Company failed to remit to the custodian and trustee certain participant contributions and loan repayments totaling $36,193, $29,779 and $9,920, respectively, within the timeframe called for within the DOL's regulations. Delays in remitting participant contributions and loan repayments were due to unintentional administrative errors. During 2019, the Company recalculated the related lost earnings on the 2016 delinquent participant contributions and loan repayments, and remitted them to the Plan. The Company is currently working to determine related lost earnings for the 2019 and 2018 delinquent participant contributions and loan repayments, if any, and intends to remit them to the Plan.

NOTE 11 – SUBSEQUENT EVENTS

Subsequent to year-end, many countries around the world, including the United States of America, were impacted by the COVID-19 outbreak. While the virus is continuing to evolve, its implications are triggering volatility in financial markets and a significant negative impact to the global economy. As a result, the values of the Plan's individual investments have and will fluctuate in response to changing market conditions, and the amount of losses that will be recognized in subsequent periods, if any, cannot be determined. At this time, management cannot quantify the extent of any market fluctuations that the virus may have on the Plan's financial information.

As a result of the COVID-19 pandemic, on March 27, 2020, the Coronavirus Aid, Relief, and Economic Security (CARES) Act was signed into law. The CARES Act includes certain relief provisions available to tax-qualified retirement plans and their participants. Plan management is continuing to evaluate the relief provisions available to plan participants under the CARES Act and evaluating provisions for implementation by the Plan.

FABCO LLC 401(K) PROFIT SHARING PLAN AND TRUST
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2019

EIN: 01-0933826
Plan No. 001

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
*	Fidelity Government Money Market Portfolio	Money market fund	**	$ 13,598
	American Funds American Mutual Class R4 Fund	Mutual fund	**	269
	ClearBridge Large Cap Growth Fund	Mutual fund	**	4,771
*	Fidelity 500 Index Fund	Mutual fund	**	51,299
*	Fidelity Advisor Freedom 2015 Class A Fund	Mutual fund	**	75,059
*	Fidelity Advisor Freedom 2020 Class A Fund	Mutual fund	**	66,016
*	Fidelity Advisor Freedom 2025 Class A Fund	Mutual fund	**	394,741
*	Fidelity Advisor Freedom 2030 Class A Fund	Mutual fund	**	122,608
*	Fidelity Advisor Freedom 2035 Class A Fund	Mutual fund	**	254,084
*	Fidelity Advisor Freedom 2040 Class A Fund	Mutual fund	**	242,998
*	Fidelity Advisor Freedom 2045 Class A Fund	Mutual fund	**	510,620
*	Fidelity Advisor Freedom 2050 Class A Fund	Mutual fund	**	783,349
*	Fidelity Advisor Freedom 2055 Class A Fund	Mutual fund	**	341,025
*	Fidelity Advisor Freedom 2060 Class A Fund	Mutual fund	**	85,242
*	Fidelity Advisor Total Bond Class A Fund	Mutual fund	**	1,721
	iShares Russell 2000 Small-Cap Index Fund	Mutual fund	**	15,860
	iShares Russell Mid-Cap Index Fund	Mutual fund	**	5,458
	Janus Henderson Triton S Fund	Mutual fund	**	5,591
	MFS Massachusetts Investors Trust Class R3 Fund	Mutual fund	**	133
	MFS Mid Cap Growth Class R3 Fund	Mutual fund	**	35,951
	MFS Mid Cap Value Class R3 Fund	Mutual fund	**	6,760
*	Participant Loans	Interest rate range: 4.25% - 6.50%	-	173,184
	Total assets held for investment			$ 3,190,337

* A party in interest as defined by ERISA.
** Cost information is not required as these assets are participant-directed.

See independent auditors' report.

FABCO LLC 401(K) PROFIT SHARING PLAN AND TRUST
SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED DECEMBER 31, 2019

EIN: 01-0933826
Plan No. 001

	Total That Constitutes Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check here if late participant loan repayments are included: ☒				
$ 75,892	$ 65,972	$ 9,920	$ -	$ -

See independent auditors' report.