

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
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A	This return/report is for: ☐ a multiemployer plan ☒ a single-employer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) ____
B	This return/report is: ☐ the first return/report ☐ an amended return/report ☒ the final 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: ☒ Form 5558 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>KE GUTRIDGE, LLC PROFIT SHARING & 401K</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>06/28/1996</u>
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) <u>KE GUTRIDGE, LLC</u> <u>88 SOUTH SECOND STREET</u> <u>NEWARK, OH 43055</u>	2b	Employer Identification Number (EIN) <u>31-1118236</u>
		2c	Plan Sponsor's telephone number <u>740-345-5760</u>
		2d	Business code (see instructions) <u>238220</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2020	SHELLY A GUTRIDGE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2020	SHELLY A GUTRIDGE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☒ 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	5 285
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 255 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g 0 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2H 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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)** ☒ **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)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ 0 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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 KE GUTRIDGE, LLC PROFIT SHARING & 401K	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 KE GUTRIDGE, LLC	D Employer Identification Number (EIN) 31-1118236	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

PARK NATIONAL BANK

P O BOX 3500
50 NORTH THIRD STREET
NEWARK, OH 43058-3500

31-1179518

(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?
21 64		13785	Yes ☒ No ☐	Yes ☒ No ☐	4	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 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 KE GUTRIDGE, LLC PROFIT SHARING & 401K				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 KE GUTRIDGE, LLC				D Employer Identification Number (EIN) 31-1118236	
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: CAPITAL PRESERVATION FUND					
b Name of sponsor of entity listed in (a): FEDERATED INVESTORS TRUST COMPANY					
c EIN-PN 22-2712853-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 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)	
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	

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan KE GUTRIDGE, LLC PROFIT SHARING & 401K	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 KE GUTRIDGE, LLC	D Employer Identification Number (EIN) 31-1118236	

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	401	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	238	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	218244	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	592957	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	861007	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	139119	0
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	2396735	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	4208701	0

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4208701	0
---	-----------	---------	---

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)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2153	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	8587	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		10740
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	6959	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1569	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		8528
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	8600990	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	8297008	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		303982
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-237
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		323013

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	77311	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		77311
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	13789	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		13789
j Total expenses. Add all expense amounts in column (b) and enter total	2j		91100

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		231913
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		4440614

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) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: **SEO CPA GROUP, LTD**

(2) EIN: **83-1639096**

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
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.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		450000
4e	X		450000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
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?		X	
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.)	X		
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.)		X	
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?	X		
4k	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☒ Yes ☐ No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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)
GROUP MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST	34-1707723	001

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 KE GUTRIDGE, LLC PROFIT SHARING & 401K		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 KE GUTRIDGE, LLC		D Employer Identification Number (EIN) 31-1118236
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 73-1721841		
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2019 v. 190130		

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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**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 _____

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

Financial Statements and Supplemental Information
Liquidation Basis of Accounting

Year Ended December 31, 2019



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

INDEX

Page 1	Independent Auditors' Report. (2 pages)
Page 2	Statement of Net Assets Available for Benefits in Liquidation as of December 31, 2019 (liquidation basis) and Statement of Net Assets Available for Benefits as of December 31, 2018 (accrual basis).
Page 3	Statement of Changes in Net Assets Available for Benefits in Liquidation for the year ended December 31, 2019.
Page 4	Notes to Financial Statements. (6 pages)
Page 5	Supplemental Schedule of Assets (Held at End of Year) as of December 31, 2019. (3 pages)



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INDEPENDENT AUDITORS' REPORT

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

Report on the Financial Statements

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

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note I, which was certified by Park National Bank, the 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 the custodian holds the Plan's investment assets and executes transactions. The Plan Administrator has obtained a certification from the custodian as of December 31, 2019 and 2018 and for the year ended December 31, 2019, that the information provided to the Plan Administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion, on the 2019 financial statements. Accordingly, we do not express an opinion on these financial statements.

Other Matter – Supplemental Schedule

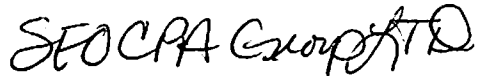
The supplemental schedule of assets (held at end of year) as of December 31, 2019, is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule

Emphasis of Matter

As discussed in Note F to the financial statements, Owners of KE Gutridge, LLC, the Plan's Sponsor, voted on November 30, 2018 to terminate the Plan, and management determined liquidation is imminent as of January 1, 2019. As a result, the Plan changed its basis of accounting from the going concern (accrual) basis used in presenting the 2018 financial statements to the liquidation basis used in presenting the 2019 financial statements. Our disclaimer of opinion is not modified with respect to this matter.

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, 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.



SEO CPA Group, LTD
Zanesville, Ohio

October 8, 2020

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

Statement of Net Assets Available for Benefits in Liquidation

As of December 31, 2019 (liquidation basis)

Statement of Net Assets Available for Benefits

As of December 31, 2018 (accrual basis)

	2019	2018
	<u>(Liquidation Basis)</u>	<u>(Accrual Basis)</u>
ASSETS:		
Cash	\$ -	\$ 401
Investments at fair value	-	4,068,944
Receivables:		
Notes receivable from participants	-	139,119
Total receivables	-	139,119
 TOTAL ASSETS	-	4,208,464
 LIABILITIES:		
Excess contributions payable	-	8,489
TOTAL LIABILITIES	-	8,489
 Net assets available for benefits in liquidation	<u>\$ -</u>	<u>\$ 4,199,975</u>

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

GUTRIDGE PLUMBING, INC. PROFIT SHARING AND 401(k) PLAN
Statement of Changes in Net Assets Available for Benefits in Liquidation
For Year Ended December 31, 2019

	<u>2019</u>
ADDITIONS:	
Investment income:	
Net appreciation in fair value of investments	\$ 312,471
Interest	10,740
Dividends	8,528
	<u>331,739</u>
Contributions:	
Participants	-
Employer	-
Rollovers	-
	<u>-</u>
TOTAL ADDITIONS	331,739
DEDUCTIONS:	
Benefits paid to participants	77,311
Administrative expenses	13,789
	<u>91,100</u>
TOTAL DEDUCTIONS	<u>91,100</u>
NET INCREASE	240,639
Transfers to Multi-Employer plan	(4,440,614)
NET ASSETS AVAILABLE FOR BENEFITS IN LIQUIDATION:	
Beginning of year	4,199,975
End of year	<u><u>\$ -</u></u>

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

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

NOTE A - DESCRIPTION OF PLAN

The following description of the Gutridge Plumbing, Inc. (Employer) Profit Sharing and 401(k) Plan (Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions. An amendment was made to the plan effective January 1, 2019 to merge to a multi-employer profit sharing plan, Group Management Services, Inc. 401(k) Profit Sharing Plan & Trust. The remaining assets of the Plan were transferred and the Plan was liquidated December 31, 2019.

1. *General.* The Plan is a defined contribution plan covering all full-time employees of the Employer who have one year of service working more than 1,000 hours, are age 21 or older, and are not a nonresident alien or covered by a collective bargaining agreement. Effective January 1, 2018, an amendment was made to allow employees of the Employer who have six months of service, are age 18 or older, and are not a nonresident alien or covered by a collective bargaining agreement. Eligible participants could enter the Plan semi-annually on the first day of the Plan Year and the first day of the seventh month of the Plan Year until January 1, 2018, when an amendment was made to allow eligible participants to enter the plan on the first day of every month. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan Administrator and shareholders are responsible for oversight of the Plan. The Plan Administrator and management determine the appropriateness of the Plan's investment offerings, monitor investment performance and report to the shareholders.
2. *Contributions.* Each year, participants may contribute up to 100% of an amount equal to a dollar amount or percentage of compensation, not to exceed certain limitations, of pretax and post tax (Roth) annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). In 2018, the Plan allows a discretionary employer match and, as of January 1, 2018, the Employer elected to match 100% of the employee deferral up to two percent. Participants direct the investment of their contributions and employer match into various investment options offered by the Plan. The Employer discretionary profit sharing contributions are made to the Plan based on Employer performance, the amount is determined by the owners of the Company annually and invested in a portfolio of investments as directed by the Employer. Eligible participants must work at least 500 hours during the Plan year and be employed on the last day of the year to receive profit sharing contributions. Contributions are subject to certain IRS limitations. No profit sharing contributions were made by the Employer during the years ended December 31, 2019 and 2018. Beginning January 1, 2019, no employee contributions and matching employer contributions were made to the Plan.
3. *Participant accounts.* Each participant's account is credited with the participant's contributions and Employer matching contributions, as well as allocations of the Employer's profit sharing contribution and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Each participant's profit sharing account is credited with the Employer's contributions using a pro rata formula based on wages of eligible participants.
4. *Vesting.* Participants in the Plan are vested immediately in their contributions plus actual earnings on the contributions. Vesting in the Employer's matching contribution is based on years of continuous service, and is 100 percent vested after three years of credited service. Vesting in the Employer's profit sharing contribution is also based on years of continuous service, and is 100 percent vested after six years of credited service. As a result of the decision to terminate the Plan during 2019, all participants became fully vested in their account balances.

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

NOTE A - DESCRIPTION OF PLAN (CONTINUED)

5. *Notes receivables from participants.* Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their account balance. The loans are secured by the balance in the participant's account. The loan interest rate is set at Prime Rate as reported by the Federal Reserve website plus one percent. Principal and interest is paid ratably through weekly payroll deductions. Loans in the amount of \$139,794 were transferred to the multi-employer plan.
6. *Payment of benefits.* On termination of service due to death, disability, or retirement, a participant may request to receive a lump sum distribution equal to the value of the participant's vested interest in his or her account. A participant may also withdraw all of his or her account once they reach age 65 or older, if fully vested. Upon termination, retirement, or severance, involuntary cash outs apply if a participant's account balance is \$5,000 or less. The participant may choose to cash out the balance or rollover the funds to an IRA or other qualified Plan. However, if the vested balance is greater than \$5,000 and the participant is not at retirement age then he or she can withdraw his or her account balance including employer plan matching and profit sharing contributions. Vested involuntary cashout distributions of \$1,000 or less are paid in a lump sum to terminated participants that do not elect a form of distribution. Participants may request a hardship distribution of their pre-tax elective deferrals and Roth elective deferrals and will be subject to the six-month suspension of contributions. In-service distributions of pre-tax elective deferrals can be made if the participant has attained the age of 59 ½ while Employer matching contributions and profit sharing contributions can be distributed after becoming 100 percent vested and participating in the Plan for one year. Distributions pursuant to the Plan merger were paid to the multi-employer plan and totaled \$4,279,841.
7. *Forfeited accounts.* For the year ended December 31, 2019 and 2018, forfeited nonvested accounts totaled \$2,614 and \$20,164, respectively. These accounts are allocated to qualifying participants on a pro rata formula based upon participants' compensation for the Plan year.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

Effective January 1, 2019, the Plan merged to a multi-employer profit sharing plan. Therefore, liquidation was deemed imminent and the Plan changed its basis of accounting from the going concern (accrual) basis used to prepare the financial statements for the year ended December 31, 2018 to the liquidation basis for the year ended December 31, 2019. As such, assets and liabilities are valued at their liquidation value for the year ended December 31, 2019.

Investment Valuation and Income Recognition

There were no investments remaining at December 31, 2019.

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians. See Note C for discussion of fair value measurements as of December 31, 2018.

Purchases and sales of securities are recorded on a trade-date basis, and interest income is recorded on the accrual basis for the year ended December 31, 2018. Dividends are recorded on the ex-dividend date during 2018. Purchases and sales of securities are recorded on a settlement-date basis, and interest income and dividends are recorded on the liquidation basis for the year ended December 31, 2019. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

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

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Notes Receivable from Participants

The Plan document was amended to allow loans effective January 1, 2018. 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. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document. No allowance for credit losses has been recorded as of December 31, 2019 or 2018.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Employer. Expenses that are paid by the Employer 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 of fair value of investments.

NOTE C - FAIR VALUE MEASUREMENTS

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

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: a. Quoted prices for similar assets or liabilities in active markets; b. Quoted prices for identical or similar assets or liabilities in inactive markets; c. Inputs other than quoted prices that are observable for the asset or liability; d. Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

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 net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

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

NOTE C - FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

There were no investments remaining at December 31, 2019.

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

Assets at Fair Value as of December 31, 2018

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market	\$ —	\$ 218,245	\$ —	\$ 218,245
Mutual funds	2,396,735	—	—	2,396,735
Common stock	861,007	—	—	861,007
Corporate bonds	592,957	—	—	592,957
Investments at fair value	<u>\$ 3,850,699</u>	<u>\$ 218,245</u>	<u>\$ —</u>	<u>\$ 4,068,944</u>

Transfers between Levels

For the year ended December 31, 2019 and 2018, there were no significant transfers between levels 1 and 2 and no transfers in or out of level 3.

NOTE D – NONPARTICIPANT-DIRECTED INVESTMENTS

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

	<u>2019</u>	<u>2018</u>
Net Assets:		
Money market	\$ —	\$ 44,003
Mutual funds	—	532,355
Common stock	—	861,007
U.S government securities	—	—
Corporate bonds	—	592,957
Total Investments	<u>\$ —</u>	<u>\$ 2,030,322</u>

	<u>Year Ended December 31, 2019</u>
Changes in Net Assets:	
Contributions received	\$ —
Interest	8,499
Dividends	8,228
Net Appreciation	128,485
Benefits paid to participants	—
Transfers from plan	(2,166,483)
Administrative expenses	(9,452)
	<u>\$ (2,030,723)</u>

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

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

Certain Plan investments are managed by Park National Bank (Park). Park is the trustee and recordkeeper for the Plan and, therefore, these transactions qualify as party-in-interest transactions.

The Plan Administrator is an employee of the Plan Sponsor and participant of the Plan. Relatives, including brothers and son, of the Plan Administrator participate in the Plan. The Plan holds a Park National Bank money market account.

NOTE F - PLAN TERMINATION

The Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants become 100 percent vested in their Employer contributions.

As of November 30, 2018, the Plan Sponsor signed an agreement to merge the Plan with Group Management Services, Inc. 401(k) Profit Sharing Plan & Trust, a multiple employer profit sharing plan, effective January 1, 2019. As a result, all participants' accounts were transferred to this new Plan during 2019 and the Guttridge Plumbing, Inc. Profit Sharing and 401(k) Plan was terminated. As a result, management determined liquidation was imminent at January 1, 2019.

NOTE G - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. 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 H - TAX STATUS

The IRS has determined and informed Park National Bank by a letter dated March 31, 2014, that the Prototype Non-standardized Profit Sharing Plan, in effect, is acceptable under section 401 of the Internal Revenue Code (IRC) for use by the Employer for the benefit of their employees. The letter states that the IRC opinion on the acceptability of the form of the plan is not a ruling or determination as to whether an employer's plan qualifies under Code Section 401(a). However, an employer that adopts this plan may rely on this letter with respect to the qualification of its plan under Code Section 401(a). Although the Plan has been amended since receiving the determination letter and due to the qualification of the prototype document abovementioned, the plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt. Management believes the Plan termination does not adversely affect the qualification of the Plan.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2015.

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

NOTE I - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

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

	<u>2019</u>	<u>2018</u>
Investments, at fair value:		
Money market	\$ —	\$ 218,245
Mutual funds	—	2,396,735
Common stock	—	861,007
U.S government securities	—	—
Corporate bonds	—	592,957
Total Investments	\$ —	\$ 4,068,944
Participant Loans	\$ —	\$ 139,119
Investment Income, net of expenses	\$ (309,273)	\$ (130,418)

NOTE J - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits at beginning of year per the financial statements as of December 31, 2019, to Form 5500:

	<u>2019</u>
Net assets available for benefits, beginning of year per the financial statements	\$ 4,199,975
Amounts allocated for other receivables in prior year	237
Amounts allocated to refunded excess contributions in prior year	8,489
Net assets, beginning of year per the Form 5500	\$ 4,208,701

NOTE K - SUBSEQUENT EVENT

The Plan has evaluated subsequent events through October 8, 2020, the date the financial statements were available to be issued.

GUTRIDGE PLUMBING, INC. PROFIT SHARING AND 401(k) PLAN
Supplemental Schedule of Assets (Held at End of Year)
as of December 31, 2019

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

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	Park National Bank FDIC Account (P999)	Money Market	\$	\$
	American Honda Finance Corp	Corporate Bonds & Notes	-	-
	Barclays Bank PLC Step-Up	Corporate Bonds & Notes	-	-
	Canadian Imperial Bank	Corporate Bonds & Notes	-	-
	Caterpillar Financial Svc	Corporate Bonds & Notes	-	-
	DanaHER Corp	Corporate Bonds & Notes	-	-
	JPMorgan Chase & Co	Corporate Bonds & Notes	-	-
	Luana Savings Bank	Corporate Bonds & Notes	-	-
	Mastercard Inc	Corporate Bonds & Notes	-	-
	MB Financial Bank NA	Corporate Bonds & Notes	-	-
	Microsoft Corp	Corporate Bonds & Notes	-	-
	Pepsico Inc	Corporate Bonds & Notes	-	-
	Ralph Lauren Corp	Corporate Bonds & Notes	-	-
	Texas Instruments Inc	Corporate Bonds & Notes	-	-
	Toronto-Dominion Bank Step	Corporate Bonds & Notes	-	-
	Xilinx Inc	Corporate Bonds & Notes	-	-
	3M Company	Common Stock	-	-
	Abbott Laboratories	Common Stock	-	-
	AbbVie Inc	Common Stock	-	-
	Air Products & Chemicals Inc	Common Stock	-	-
	American Express Co	Common Stock	-	-
	Apple Inc	Common Stock	-	-
	AT&T Inc	Common Stock	-	-
	Automatic Data Processing Inc	Common Stock	-	-
	Bank Of America Corp	Common Stock	-	-
	Bank of New York Mellon Corp	Common Stock	-	-
	Chevron Corp	Common Stock	-	-
	Cisco Systems Inc	Common Stock	-	-
	Coca-Cola Company	Common Stock	-	-
	Comcast Corporation Class A (New)	Common Stock	-	-
	Consolidated Edison Inc	Common Stock	-	-
	CSX Corporation	Common Stock	-	-
	DanaHER Corporation	Common Stock	-	-
	Disney (Walt) Company	Common Stock	-	-
	DowDuPont Inc	Common Stock	-	-
	Duke Energy Corporation (New)	Common Stock	-	-
	Emerson Electric Company	Common Stock	-	-
	Estee Lauder Companies Inc Class A	Common Stock	-	-
	Exxon Mobil Corporation	Common Stock	-	-
	Facebook Inc Class A	Common Stock	-	-
	Fortive Corporation	Common Stock	-	-
	General Dynamics Corporation	Common Stock	-	-
	General Electric Company	Common Stock	-	-
	Genuine Parts Company	Common Stock	-	-
	Halliburton Company	Common Stock	-	-
	Home Depot Inc	Common Stock	-	-
	Intel Corporation	Common Stock	-	-
	Intercontinental Exchange Inc	Common Stock	-	-
	J P Morgan Chase & Company	Common Stock	-	-

Continued on page 5-2

See independent auditors' report.
Page 5-1

GUTRIDGE PLUMBING, INC. PROFIT SHARING AND 401(k) PLAN
Supplemental Schedule of Assets (Held at End of Year)
as of December 31, 2019

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

Continued from page 5-1

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) <u>Cost</u>	(e) Current <u>value</u>
	Johnson & Johnson	Common Stock	-	-
	Merck & Company Inc (New)	Common Stock	-	-
	Microsoft Corporation	Common Stock	-	-
	National Oilwell Varco Inc	Common Stock	-	-
	Nike Inc Class B	Common Stock	-	-
	PepsiCo Inc	Common Stock	-	-
	Procter & Gamble Company	Common Stock	-	-
	Southern Company	Common Stock	-	-
	SYSCO Corporation	Common Stock	-	-
	Target Corporation	Common Stock	-	-
	US Bancorp (DE)	Common Stock	-	-
	Verizon Communications Inc	Common Stock	-	-
	Allergan PLC	ADR/Foreign - Equities	-	-
	BP PLC Sponsored ADR	ADR/Foreign - Equities	-	-
	Chubb Ltd (New)	ADR/Foreign - Equities	-	-
	Novartis AG Sponsored ADR	ADR/Foreign - Equities	-	-
	Royal Dutch Shell PLC Sponsored ADR Class A	ADR/Foreign - Equities	-	-
	Schlumberger Limited	ADR/Foreign - Equities	-	-
	Vanguard REIT ETF	Mutual Fd ETF - Sector Funds	-	-
	Vanguard Financials ETF	Mutual Fd ETF - Sector Funds	-	-
	Vanguard Health Care ETF	Mutual Fd ETF - Sector Funds	-	-
	Vanguard Information Technology ETF	Mutual Fd ETF - Sector Funds	-	-
	Vanguard European Stock Index Fund Inst'l Shs	Mutual Fd -Equity	-	-
	Vanguard Institutional Extended Market Index	Mutual Fd -Equity	-	-
	Vanguard Institutional Index Fund	Mutual Fd -Equity	-	-
	Vanguard Pacific Stock Index Fund Inst'l Shs	Mutual Fd -Equity	-	-
	Vanguard High-Yield Corp Fund Admiral Shares	Mutual Fd -Equity	-	-
	Vanguard Intermediate-Term Bond Index Adm	Mutual Fd -Equity	-	-
	Vanguard Short-Term Bond Index Fund Adm Shs	Mutual Fd -Equity	-	-
	Vanguard Short-Term Investment-Grade Fund Adm	Mutual Fd -Equity	-	-
	Vanguard Total International Bond Indx Fd Adm	Mutual Fd -Equity	-	-
	Vanguard Ultra-Short-Term Bond Fund Adm	Mutual Fd -Equity	-	-
	Park National Bank FDIC	Money Market	-	-
	American Fds - Europacific Growth Fund CI R6	Mutual Fd -Equity	-	-
	American Fds - Income Fund Of America CI R6	Mutual Fd -Equity	-	-
	American Fds - Investment Co Of America CI R6	Mutual Fd -Equity	-	-
	American Fds - New Perspective Fund Class R6	Mutual Fd -Equity	-	-
	Dodge & Cox Income Fund	Mutual Fd -Bond	-	-
	Federated Capital Preservation Fund R6	Guaranteed Investment Contract	-	-
	Fidelity Advisor New Insights Fund Class I	Mutual Fd -Equity	-	-
	Fidelity Small Cap Growth Fund	Mutual Fd -Equity	-	-
	Vanguard 500 Index Fund Admiral Shares	Mutual Fd -Equity	-	-
	Vanguard Emerging Markets Stock Index Fd Adm	Mutual Fd -Equity	-	-
	Vanguard Global Equity Fund Investor Class	Mutual Fd -Equity	-	-
	Vanguard Growth Index Fund Admiral Shares	Mutual Fd -Equity	-	-
	Vanguard Health Care Fund Admiral Shares	Mutual Fd -Equity	-	-

Continued on page 5-3

See independent auditors' report.
Page 5-2

GUTRIDGE PLUMBING, INC. PROFIT SHARING AND 401(k) PLAN
Supplemental Schedule of Assets (Held at End of Year)
as of December 31, 2019

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

Continued from page 5-2

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Vanguard High-Yield Corp Fund Admiral Shares	Mutual Fd -Bond	-	-
	Vanguard Intermediate-Term Bond Index Adm	Mutual Fd -Bond	-	-
	Vanguard LifeStrategy Conservative Growth Fd	Mutual Fd -Equity	-	-
	Vanguard LifeStrategy Growth Fund Inv Shares	Mutual Fd -Equity	-	-
	Vanguard LifeStrategy Moderate Growth Fund	Mutual Fd -Equity	-	-
	Vanguard Materials Index Fund Admiral Shares	Mutual Fd -Equity	-	-
	Vanguard Mid Cap Growth Index Fund Admiral Sh	Mutual Fd -Equity	-	-
	Vanguard Real Estate Index Fund Admiral Shs	Mutual Fd -Equity	-	-
	Vanguard Short-Term Investment-Grade Fund Adm	Mutual Fd -Bond	-	-
	Vanguard Small-Cap Index Fund Admiral Shares	Mutual Fd -Equity	-	-
	Vanguard STAR Fund Investor Shares	Mutual Fd -Equity	-	-
	Vanguard Target Retirement 2025 Fund Inv Shs	Mutual Fd -Equity	-	-
	Vanguard Target Retirement 2030 Fund Inv Shs	Mutual Fd -Equity	-	-
	Vanguard Target Retirement 2040 Fund Inv Shs	Mutual Fd -Equity	-	-
	Vanguard Target Retirement 2050 Fund Inv Shs	Mutual Fd -Equity	-	-
	Vanguard Target Retirement 2060 Fund Inv Shs	Mutual Fd -Equity	-	-
	Vanguard Total International Bond Indx Fd Adm	Mutual Fd -Bond	-	-
	Vanguard Value Index Fund Admiral Shares	Mutual Fd -Equity	-	-
	Participant Loans	Prime Rate plus 1%	-	-
			\$ -	\$ -

* Indicates party-in-interest to plan.

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
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
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.) ☒ 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:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan KE GUTRIDGE, LLC PROFIT SHARING & 401K	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 06/28/1996</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 06/28/1996	
1b Three-digit plan number (PN) ▶	001				
1c Effective date of plan 06/28/1996					
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) KE GUTRIDGE, LLC 88 SOUTH SECOND STREET NEWARK OH 43055	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 31-1118236</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 740-345-5760</td> </tr> <tr> <td>2d Business code (see instructions) 238220</td> </tr> </table>	2b Employer Identification Number (EIN) 31-1118236	2c Plan Sponsor's telephone number 740-345-5760	2d Business code (see instructions) 238220	
2b Employer Identification Number (EIN) 31-1118236					
2c Plan Sponsor's telephone number 740-345-5760					
2d Business code (see instructions) 238220					

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

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

SIGN HERE	<i>Shelly Guttridge</i>	Oct 13, 2020	SHELLY A GUTRIDGE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Shelly Guttridge</i>	Oct 13, 2020	SHELLY A GUTRIDGE
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2019)
v. 190130

GUTRIDGE PLUMBING, INC. PROFIT SHARING AND 401(k) PLAN
Supplemental Schedule of Assets (Held at End of Year)
as of December 31, 2019

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

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	Park National Bank FDIC Account (P999)	Money Market	\$	\$
	American Honda Finance Corp	Corporate Bonds & Notes	-	-
	Barclays Bank PLC Step-Up	Corporate Bonds & Notes	-	-
	Canadian Imperial Bank	Corporate Bonds & Notes	-	-
	Caterpillar Financial Svc	Corporate Bonds & Notes	-	-
	DanaHER Corp	Corporate Bonds & Notes	-	-
	JPMorgan Chase & Co	Corporate Bonds & Notes	-	-
	Luana Savings Bank	Corporate Bonds & Notes	-	-
	Mastercard Inc	Corporate Bonds & Notes	-	-
	MB Financial Bank NA	Corporate Bonds & Notes	-	-
	Microsoft Corp	Corporate Bonds & Notes	-	-
	Pepsico Inc	Corporate Bonds & Notes	-	-
	Ralph Lauren Corp	Corporate Bonds & Notes	-	-
	Texas Instruments Inc	Corporate Bonds & Notes	-	-
	Toronto-Dominion Bank Step	Corporate Bonds & Notes	-	-
	Xilinx Inc	Corporate Bonds & Notes	-	-
	3M Company	Common Stock	-	-
	Abbott Laboratories	Common Stock	-	-
	AbbVie Inc	Common Stock	-	-
	Air Products & Chemicals Inc	Common Stock	-	-
	American Express Co	Common Stock	-	-
	Apple Inc	Common Stock	-	-
	AT&T Inc	Common Stock	-	-
	Automatic Data Processing Inc	Common Stock	-	-
	Bank Of America Corp	Common Stock	-	-
	Bank of New York Mellon Corp	Common Stock	-	-
	Chevron Corp	Common Stock	-	-
	Cisco Systems Inc	Common Stock	-	-
	Coca-Cola Company	Common Stock	-	-
	Comcast Corporation Class A (New)	Common Stock	-	-
	Consolidated Edison Inc	Common Stock	-	-
	CSX Corporation	Common Stock	-	-
	DanaHER Corporation	Common Stock	-	-
	Disney (Walt) Company	Common Stock	-	-
	DowDuPont Inc	Common Stock	-	-
	Duke Energy Corporation (New)	Common Stock	-	-
	Emerson Electric Company	Common Stock	-	-
	Estee Lauder Companies Inc Class A	Common Stock	-	-
	Exxon Mobil Corporation	Common Stock	-	-
	Facebook Inc Class A	Common Stock	-	-
	Fortive Corporation	Common Stock	-	-
	General Dynamics Corporation	Common Stock	-	-
	General Electric Company	Common Stock	-	-
	Genuine Parts Company	Common Stock	-	-
	Halliburton Company	Common Stock	-	-
	Home Depot Inc	Common Stock	-	-
	Intel Corporation	Common Stock	-	-
	Intercontinental Exchange Inc	Common Stock	-	-
	J P Morgan Chase & Company	Common Stock	-	-

Continued on page 5-2

See independent auditors' report.
Page 5-1

GUTRIDGE PLUMBING, INC. PROFIT SHARING AND 401(k) PLAN
Supplemental Schedule of Assets (Held at End of Year)
as of December 31, 2019

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

Continued from page 5-1

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Johnson & Johnson	Common Stock	-	-
	Merck & Company Inc (New)	Common Stock	-	-
	Microsoft Corporation	Common Stock	-	-
	National Oilwell Varco Inc	Common Stock	-	-
	Nike Inc Class B	Common Stock	-	-
	PepsiCo Inc	Common Stock	-	-
	Procter & Gamble Company	Common Stock	-	-
	Southern Company	Common Stock	-	-
	SYSCO Corporation	Common Stock	-	-
	Target Corporation	Common Stock	-	-
	US Bancorp (DE)	Common Stock	-	-
	Verizon Communications Inc	Common Stock	-	-
	Allergan PLC	ADR/Foreign - Equities	-	-
	BP PLC Sponsored ADR	ADR/Foreign - Equities	-	-
	Chubb Ltd (New)	ADR/Foreign - Equities	-	-
	Novartis AG Sponsored ADR	ADR/Foreign - Equities	-	-
	Royal Dutch Shell PLC Sponsored ADR Class A	ADR/Foreign - Equities	-	-
	Schlumberger Limited	ADR/Foreign - Equities	-	-
	Vanguard REIT ETF	Mutual Fd ETF - Sector Funds	-	-
	Vanguard Financials ETF	Mutual Fd ETF - Sector Funds	-	-
	Vanguard Health Care ETF	Mutual Fd ETF - Sector Funds	-	-
	Vanguard Information Technology ETF	Mutual Fd ETF - Sector Funds	-	-
	Vanguard European Stock Index Fund Inst'l Shs	Mutual Fd -Equity	-	-
	Vanguard Institutional Extended Market Index	Mutual Fd -Equity	-	-
	Vanguard Institutional Index Fund	Mutual Fd -Equity	-	-
	Vanguard Pacific Stock Index Fund Inst'l Shs	Mutual Fd -Equity	-	-
	Vanguard High-Yield Corp Fund Admiral Shares	Mutual Fd -Equity	-	-
	Vanguard Intermediate-Term Bond Index Adm	Mutual Fd -Equity	-	-
	Vanguard Short-Term Bond Index Fund Adm Shs	Mutual Fd -Equity	-	-
	Vanguard Short-Term Investment-Grade Fund Adm	Mutual Fd -Equity	-	-
	Vanguard Total International Bond Indx Fd Adm	Mutual Fd -Equity	-	-
	Vanguard Ultra-Short-Term Bond Fund Adm	Mutual Fd -Equity	-	-
	Park National Bank FDIC	Money Market	-	-
	American Fds - Europacific Growth Fund CI R6	Mutual Fd -Equity	-	-
	American Fds - Income Fund Of America CI R6	Mutual Fd -Equity	-	-
	American Fds - Investment Co Of America CI R6	Mutual Fd -Equity	-	-
	American Fds - New Perspective Fund Class R6	Mutual Fd -Equity	-	-
	Dodge & Cox Income Fund	Mutual Fd -Bond	-	-
	Federated Capital Preservation Fund R6	Guaranteed Investment Contract	-	-
	Fidelity Advisor New Insights Fund Class I	Mutual Fd -Equity	-	-
	Fidelity Small Cap Growth Fund	Mutual Fd -Equity	-	-
	Vanguard 500 Index Fund Admiral Shares	Mutual Fd -Equity	-	-
	Vanguard Emerging Markets Stock Index Fd Adm	Mutual Fd -Equity	-	-
	Vanguard Global Equity Fund Investor Class	Mutual Fd -Equity	-	-
	Vanguard Growth Index Fund Admiral Shares	Mutual Fd -Equity	-	-
	Vanguard Health Care Fund Admiral Shares	Mutual Fd -Equity	-	-

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See independent auditors' report.
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GUTRIDGE PLUMBING, INC. PROFIT SHARING AND 401(k) PLAN
Supplemental Schedule of Assets (Held at End of Year)
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Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
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Continued from page 5-2

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Vanguard High-Yield Corp Fund Admiral Shares	Mutual Fd -Bond	-	-
	Vanguard Intermediate-Term Bond Index Adm	Mutual Fd -Bond	-	-
	Vanguard LifeStrategy Conservative Growth Fd	Mutual Fd -Equity	-	-
	Vanguard LifeStrategy Growth Fund Inv Shares	Mutual Fd -Equity	-	-
	Vanguard LifeStrategy Moderate Growth Fund	Mutual Fd -Equity	-	-
	Vanguard Materials Index Fund Admiral Shares	Mutual Fd -Equity	-	-
	Vanguard Mid Cap Growth Index Fund Admiral Sh	Mutual Fd -Equity	-	-
	Vanguard Real Estate Index Fund Admiral Shs	Mutual Fd -Equity	-	-
	Vanguard Short-Term Investment-Grade Fund Adm	Mutual Fd -Bond	-	-
	Vanguard Small-Cap Index Fund Admiral Shares	Mutual Fd -Equity	-	-
	Vanguard STAR Fund Investor Shares	Mutual Fd -Equity	-	-
	Vanguard Target Retirement 2025 Fund Inv Shs	Mutual Fd -Equity	-	-
	Vanguard Target Retirement 2030 Fund Inv Shs	Mutual Fd -Equity	-	-
	Vanguard Target Retirement 2040 Fund Inv Shs	Mutual Fd -Equity	-	-
	Vanguard Target Retirement 2050 Fund Inv Shs	Mutual Fd -Equity	-	-
	Vanguard Target Retirement 2060 Fund Inv Shs	Mutual Fd -Equity	-	-
	Vanguard Total International Bond Indx Fd Adm	Mutual Fd -Bond	-	-
	Vanguard Value Index Fund Admiral Shares	Mutual Fd -Equity	-	-
	Participant Loans	Prime Rate plus 1%	-	-
			\$ -	\$ -

* Indicates party-in-interest to plan.