# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**2019**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

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

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

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

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

## Part II Basic Plan Information—enter all requested information

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

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 05/01/1989

**2a** Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
MCCORVEY SHEET METAL WORKS, L.P.

8610 WALLISVILLE ROAD
HOUSTON, TX 77029

**2b** Employer Identification Number (EIN) 74-1363754

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

**2d** Business code (see instructions) 332900

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/13/2020 | KRISTAL MCCORVEY CRITES |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

| | | | |
|---|---|---|---|
| **3a** | Plan administrator's name and address [X] Same as Plan Sponsor | **3b** | Administrator's EIN |
| | | **3c** | Administrator's telephone number |
| **4** | If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br>**a** Sponsor's name<br>**c** Plan Name | **4b** | EIN |
| | | **4d** | PN |
| **5** | Total number of participants at the beginning of the plan year | **5** | 1012 |
| **6** | Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** | Total number of active participants at the beginning of the plan year | **6a(1)** | 744 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 745 |
| **b** | Retired or separated participants receiving benefits | **6b** | |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 328 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 1073 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 1 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 1074 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 912 |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 98 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

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

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

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

**a Pension Schedules**

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

**b General Schedules**

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

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

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

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

OMB No. 1210-0110

**2019**

**This Form is Open to Public Inspection**

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

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

**B** Three-digit plan number (PN) ▶ 002

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

**D** Employer Identification Number (EIN)
74-1363754

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

**1** Coverage Information:

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

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 04-1590850 | 65935 | GA839150 | 301 | 01/01/2019 | 12/31/2019 |

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

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| 15392 | 4239 |

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

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

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

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 15392 | 0 | BROKER COMMISSION | 7 |

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

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

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 0 | 4024 | TPA FEES | 5 |

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

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

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| 0 | 215 | SALES/MARKETING | 3 |

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| **4** | Current value of plan's interest under this contract in the general account at year end | **4** | 504608 |
| **5** | Current value of plan's interest under this contract in separate accounts at year end | **5** | 10493148 |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

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

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

| | | | | | |
|---|---|---|---|---|---|
| **b** | Balance at the end of the previous year | | | **7b** | 454108 |
| **c** | Additions: (1) Contributions deposited during the year | **7c(1)** | 32675 | | |
| | (2) Dividends and credits | **7c(2)** | 0 | | |
| | (3) Interest credited during the year | **7c(3)** | 8004 | | |
| | (4) Transferred from separate account | **7c(4)** | 24097 | | |
| | (5) Other (specify below) | **7c(5)** | 83467 | | |
| | ▶ ROLLOVER | | | | |
| | (6)Total additions | | | **7c(6)** | 148243 |
| **d** | Total of balance and additions (add lines **7b** and **7c(6)**). | | | **7d** | 602351 |
| **e** | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | **7e(1)** | 6923 | | |
| | (2) Administration charge made by carrier | **7e(2)** | 25 | | |
| | (3) Transferred to separate account | **7e(3)** | 90795 | | |
| | (4) Other (specify below) | **7e(4)** | 0 | | |
| | ▶ | | | | |
| | (5) Total deductions | | | **7e(5)** | 97743 |
| **f** | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | **7f** | 504608 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

**a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

**e** ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

**i** ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

**m** ☐ Other (specify) ▶

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

Specify nature of costs.

## Part IV Provision of Information

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

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

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2019**<br>**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 | **B** Three-digit plan number (PN) ▶ |
|---|---|
| MCCORVEY SHEET METAL WORKS, L.P. PROFIT SHARING PLAN & TRUST | 002 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500 | **D** Employer Identification Number (EIN) |
| MCCORVEY SHEET METAL WORKS, L.P. | 74-1363754 |

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MASS MUTUAL LIFE INSURANCE CO

04-1590850

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 23 37 38 50 54 55 59 60 62 63 64 65 66 99 | RECORD KEEPER | 3415 | Yes [X] No [ ] | Yes [X] No [ ] | 257 | Yes [X] No [ ] |

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

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

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

**B** Three-digit plan number (PN) ▶ 002

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

**D** Employer Identification Number (EIN)
74-1363754

**Part I** **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT SCAI

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 04-1590850-000 | P | 10493148 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**2019**

**This Form is Open to Public Inspection**

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

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

**B** Three-digit plan number (PN) ▶ 002

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

**D** Employer Identification Number (EIN)
74-1363754

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 0 | 0 |
| **(2)** Participant contributions | 1b(2) | 0 | 0 |
| **(3)** Other | 1b(3) | 0 | 8912 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 0 | 0 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 6692691 | 10493148 |
| **(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) | 10544673 | 13093627 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 454108 | 504608 |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | **1d(1)** | | |
| | **(2)** Employer real property | **1d(2)** | | |
| **e** | Buildings and other property used in plan operation | **1e** | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | **1f** | 17691472 | 24100295 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | **1g** | | 17252 |
| **h** | Operating payables | **1h** | | |
| **i** | Acquisition indebtedness | **1i** | | |
| **j** | Other liabilities | **1j** | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | **1k** | | 17252 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | **1l** | 17691472 | 24083043 |

## 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)** | 1421230 | |
| | **(B)** Participants | **2a(1)(B)** | 887607 | |
| | **(C)** Others (including rollovers) | **2a(1)(C)** | 1608194 | |
| | **(2)** Noncash contributions | **2a(2)** | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | **2a(3)** | | 3917031 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | **2b(1)(A)** | 0 | |
| | **(B)** U.S. Government securities | **2b(1)(B)** | | |
| | **(C)** Corporate debt instruments | **2b(1)(C)** | | |
| | **(D)** Loans (other than to participants) | **2b(1)(D)** | | |
| | **(E)** Participant loans | **2b(1)(E)** | 0 | |
| | **(F)** Other | **2b(1)(F)** | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | **2b(1)(G)** | | 0 |
| | **(2)** Dividends: **(A)** Preferred stock | **2b(2)(A)** | | |
| | **(B)** Common stock | **2b(2)(B)** | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | **2b(2)(C)** | 0 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | **2b(2)(D)** | | 0 |
| | **(3)** Rents | **2b(3)** | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | **2b(4)(A)** | | |
| | **(B)** Aggregate carrying amount (see instructions) | **2b(4)(B)** | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | **2b(4)(C)** | | |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | **2b(5)(A)** | | |
| | **(B)** Other | **2b(5)(B)** | | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | **2b(5)(C)** | | |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **(6)** Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| **(7)** Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| **(8)** Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| **(9)** Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| **(10)** Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 3734529 |
| **c** Other income | 2c | | |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 7651560 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1140186 | |
| **(2)** To insurance carriers for the provision of benefits | 2e(2) | 0 | |
| **(3)** Other | 2e(3) | | |
| **(4)** Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 1140186 |
| **f** Corrective distributions (see instructions) | 2f | | 13693 |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | 0 |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: **(1)** Professional fees | 2i(1) | | |
| **(2)** Contract administrator fees | 2i(2) | 106110 | |
| **(3)** Investment advisory and management fees | 2i(3) | | |
| **(4)** Other | 2i(4) | | |
| **(5)** Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 106110 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 1259989 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | 6391571 |
| **l** Transfers of assets: | | | |
| **(1)** To this plan | 2l(1) | | |
| **(2)** From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

**(1)** ☐ 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: HESS HOPKINS ALEXANDER LLP **(2)** EIN: 20-2151006

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

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

## Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

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

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

OMB No. 1210-0110

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

**B** Three-digit plan number (PN) ▶ 002

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

**D** Employer Identification Number (EIN)
74-1363754

## Part I Distributions

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

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

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

EIN(s): 04-1590850

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**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_____

# FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

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

DECEMBER 31, 2019

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

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

December 31, 2019

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Hess Hopkins Alexander LLP

CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

# INDEPENDENT AUDITOR'S REPORT

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

**Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of McCorvey Sheet Metal Works, L.P. Profit Sharing Plan and Trust, which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

**Management's Responsibility for the Financial Statements**

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

**Auditor's Responsibility**

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

**Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Mass Mutual Life Insurance Company, a custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that this custodian holds certain Plan investment assets and executes investment transactions. The plan administrator has obtained a certification from this custodian as of December 31, 2019 and 2018, and for the year ended December 31, 2019, that the information provided to the plan administrator by this custodian is complete and accurate.

**Disclaimer of Opinion**

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

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**INDEPENDENT AUDITOR'S REPORT (Continued)**

**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 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.

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

Hess Hopkins Alexander LLP

October 13, 2020

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

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

| | December 31, 2019 | December 31, 2018 |
|---|---|---|
| ASSETS | | |
| Investments at fair value (See Notes C and D) | $ 23,586,775 | $ 17,237,366 |
| Investments at contract value (See Note F) | 504,608 | 454,108 |
| TOTAL INVESTMENTS | 24,091,383 | 17,691,474 |
| Receivables: | | |
| Employer contributions receivable | 4,608 | 2,866 |
| Employee contributions receivable | 12,641 | 9,501 |
| Other | 8,912 | -0- |
| TOTAL RECEIVABLES | 26,161 | 12,367 |
| LIABILITIES | | |
| Benefit claims payable | 17,252 | -0- |
| Excess contributions payable | 58,096 | 13,693 |
| TOTAL LIABILITIES | 75,348 | 13,693 |
| NET ASSETS AVAILABLE FOR BENEFITS | $ 24,042,196 | $ 17,690,148 |

See accompanying notes to the financial statements

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

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

For the year ended December 31, 2019

| | | |
|---|---|---|
| ADDITIONS TO NET ASSETS ATTRIBUTED TO: | | |
| Net appreciation in fair value of investments | $ | 3,497,981 |
| Investment income: | | |
| Interest income | | 15,753 |
| Dividend income | | 220,796 |
| TOTAL INVESTMENT INCOME | | 236,549 |
| Contributions: | | |
| Participants | | 832,651 |
| Employer | | 1,422,972 |
| Rollover | | 1,599,282 |
| Other | | 8,912 |
| TOTAL CONTRIBUTIONS | | 3,863,817 |
| TOTAL ADDITIONS | | 7,598,347 |
| DEDUCTIONS FROM NET ASSETS ATTRIBUTABLE TO: | | |
| Benefits paid to participants | | 1,140,186 |
| Administrative expenses | | 106,113 |
| TOTAL DEDUCTIONS | | 1,246,299 |
| NET INCREASE | | 6,352,048 |
| NET ASSETS AVAILABLE FOR BENEFITS | | |
| Beginning of year | | 17,690,148 |
| END OF YEAR | $ | 24,042,196 |

See accompanying notes to the financial statements

NOTES TO FINANCIAL STATEMENTS

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

December 31, 2019

NOTE A - DESCRIPTION OF THE PLAN

The following description of the McCorvey Sheet Metal Works, L.P. Profit Sharing Plan and Trust (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

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

Contributions

Generally, participants may contribute up to 90 percent of pretax compensation, as defined in the Plan, subject to certain IRS limitations. Participants may also make Roth 401(k) deferrals. These deferrals are subject to federal income tax in the year of deferral. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds and an insurance investment contract as investment options for participants. The Company at the discretion of its Board of Directors may make matching contributions to the Plan. Such contributions are allocated to plan participants in the same ratio as each participant's eligible contributions, as defined in the Plan, bears to the total of such eligible contributions made by all participants. For the plan year ended December 31, 2018, the Company elected to contribute 50% of the first 4% of base compensation that a participant contributes to the Plan. Additional profit sharing amounts may be contributed at the option of the Company's Board of Directors and invested in a portfolio of investments as directed by the Company. For the year ended December 31, 2019, the Company made matching contributions of $275,673 to the Plan.

For the profit sharing feature, Company contributions are discretionary and determined each year. Such contributions are invested in a portfolio of investments as directed by the Company. When contributions are made, they are allocated to Plan participants in the same ratio as each participant's compensation, as defined by the Plan, bears to the total of such compensation for all participants. Participants are allocated profit sharing contributions if they are employed and have completed at least 1,000 hours of service. Terminated participants are allocated profit sharing contributions after completing one year of service. For the year ended December 31, 2019, the Company made profit sharing contributions of $1,147,299 to the Plan.

NOTE A - DESCRIPTION OF THE PLAN (Continued)

Participant Accounts

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

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company matching and profit sharing contributions portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is vested ratably over six years of credited service, as defined in the Plan.

Payment of Benefits

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

Forfeited Accounts

Forfeitures represent the portion of non-vested benefits remaining from employees who have withdrawn from the Plan before becoming fully vested. These accounts can be used to reduce future Company contributions. In 2019, there were no forfeited funds used to reduce Company contributions or plan expenses. At December 31, 2019 and 2018, there was $88,926 and $44,139, respectively of forfeited non-vested funds.

NOTE B - SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

NOTE B - SUMMARY OF ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition

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

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

Excess Contributions Payable

As of December 31, 2019 and 2018, amounts payable to participants totaling $58,096 and $13,693, respectively, for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2019 excess contributions to the applicable participants prior to March 15, 2020.

Expenses

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

Payment of Benefits

Benefits are recorded when paid.

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

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

Accordingly, as permitted under such election, certain investment information related to pooled separate accounts maintained at Mass Mutual Life Insurance Company as disclosed in the accompanying financial statements and supplemental schedule, including investments held in those pooled separate accounts and guaranteed investment account as of December 31, 2019 and 2018 of $10,997,755 and $7,146,802, respectively, net appreciation in fair value of those accounts of $1,766,324 and interest and dividend income related to those accounts for the year ended December 31, 2019, was obtained and derived from information supplied to the plan administrator and certified as complete and accurate by Mass Mutual Life Insurance Company, a custodian of the Plan.

NOTE D – FAIR VALUE MEASUREMENTS

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

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

Level 2 - Inputs to the valuation methodology include

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

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

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

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

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.

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

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

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

NOTE D – FAIR VALUE MEASUREMENTS (Continued)

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

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

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

The following table sets forth the level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and 2018:

| | Assets at Fair Value as of December 31, 2019 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Cash and cash equivalents | $ 1,176,693 | $ -0- | $ -0- | $ 1,176,693 |
| Common Stock | 7,660,207 | -0- | 230,000 | 7,890,207 |
| Corporate/Government Bonds | -0- | 1,531,369 | -0- | 1,531,369 |
| Exchange Traded Products | 174,383 | -0- | -0- | 174,383 |
| Mutual Funds | 1,109,951 | -0- | -0- | 1,109,951 |
| Multi-Asset Fund | -0- | 146,050 | -0- | 146,050 |
| Pooled Separate Accounts | -0- | 10,493,147 | -0- | 10,493,147 |
| U.S. Government Securities | -0- | 1,064,975 | -0- | 1,064,975 |
| Total investments at fair value | $ 10,121,234 | $ 13,235,541 | $ 230,000 | $ 23,586,775 |

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

The following table sets forth a summary of changes in the fair value of the plan's level 3 assets for the year ended December 31, 2019:

| | |
|---|---|
| Balance, beginning of year | $ 227,800 |
| Realized gains/(losses) | -0- |
| Unrealized gains/(losses) | 2,200 |
| Balance, end of year | $ 230,000 |

NOTE D – FAIR VALUE MEASUREMENTS (Continued)

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

NOTE E – NONPARTICIPANT DIRECTED INVESTMENTS

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

| | December 31, | |
|---|---|---|
| Net Assets: | 2019 | 2018 |
| Cash and cash equivalents | $ 1,176,693 | 768,666 |
| Common Stock | 7,890,207 | 6,289,785 |
| Corporate/Government Bonds | 1,531,369 | 1,431,828 |
| Exchange Traded Products | 174,383 | -0- |
| Multi-Asset Fund | 146,050 | 106,921 |
| Mutual Funds | 1,109,951 | 903,637 |
| U.S. Government Securities | 1,064,975 | 1,043,835 |
| | $ 13,093,628 | 10,544,672 |

| | For the year ended December 31, 2019 |
|---|---|
| Changes in Net Assets: | |
| Contributions | $ (1,147,299) |
| Interest and Dividends | (236,549) |
| Net appreciation in fair value of investments | (1,741,117) |
| Administrative expenses | 98,547 |
| Benefits paid to participants | 477,462 |
| | $ (2,548,956) |

NOTE F - GUARANTEED INVESTMENT CONTRACT

The Plan has entered into a fully benefit-responsive investment with Mass Mutual Life Insurance Company (“Mass Mutual”) totaling $504,608 and $454,108 as of December 31, 2019 and 2018, respectively. Mass Mutual maintains the contributions in the general account. The account is credited with earnings on the underlying investments and charged for withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 1.55%. The crediting rate is reviewed on a quarterly basis for resetting. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

NOTE F - GUARANTEED INVESTMENT CONTRACT (Continued)

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

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

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

NOTE G – PARTIES-IN-INTEREST TRANSACTIONS

The Company provides the Plan with certain accounting and administrative services for which no fees are charged. Mass Mutual Life Insurance Company is considered a party-in-interest, as defined by ERISA, since it provides services to the Plan as an investment custodian. Administrative expenses paid to Mass Mutual by the Plan was approximately $6,715 for the year ended December 31, 2019.

Certain other Plan investments are managed by First Houston Capital, Alliance Bernstein, and Stifel, Nicolaus & Company whom also provides investment advisory services to the Plan. Therefore, these transactions qualify as "parties-in-interest" transactions. Administrative expenses paid to these investment advisors by the Plan was approximately $99,395 for the year ended December 31, 2019.

NOTE H - PLAN TERMINATION

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

NOTE I - TAX STATUS

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

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2016.

NOTE J - RISKS AND UNCERTAINTIES

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

NOTE K – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the net assets available for benefits according to the financial statements to Form 5500 as of December 31, 2019 and December 31, 2018:

| | December 31, | |
|---|---|---|
| | 2019 | 2018 |
| Net assets available for benefits per financial statements | $ 24,042,196 | $ 17,690,148 |
| Adjustments to financial statements for: | | |
| Amount of excess contributions refundable to participants | 58,096 | 13,693 |
| Employee contributions receivable | (12,641) | (9,501) |
| Employer contributions receivable | (4,608) | (2,866) |
| Other | -0- | (2) |
| Net assets available for benefits per Form 5500 | $ 24,083,043 | $ 17,691,472 |

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

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

| | |
|---|---|
| Net increase per financial statements | $ 6,352,048 |
| Adjustments to financial statements for: | |
| Amount of excess contributions refundable to participants at December 31, 2018 | (13,693) |
| Amount of excess contributions refundable to participants at December 31, 2019 | 58,096 |
| Employee contributions receivable at December 31, 2018 | 9,501 |
| Employer contributions receivable at December 31, 2018 | 2,866 |
| Employee contributions receivable at December 31, 2019 | (12,641) |
| Employer contributions receivable at December 31, 2019 | (4,608) |
| Other | 2 |
| Net increase per Form 5500 | $ 6,391,571 |

Amounts allocated to withdrawing participants are recorded on the Form 5500 for benefit claims that have been processed and approved for payment prior to year-end, but not yet paid as of that date. At December 31, 2019 and 2018, there were no such benefit claims.

NOTE L - SUBSEQUENT EVENTS

Management has evaluated subsequent events as of October 13, 2020, which was the date the financial statements were available for issuance, and has determined that there are no subsequent events to be reported.

In March 2020, the World Health Organization declared COVID-19 a global pandemic, and governmental authorities around the world have implemented measures to reduce the spread of COVID-19 including restrictions on business operations, public gatherings and travel, as well as stay-at-home orders, social distancing, and quarantines. COVID-19 is having a significant effect on overall economic conditions in nearly all regions around the world and has caused volatility in financial markets, which may continue to affect the market price of the Company's Plan assets. While this is expected to be temporary, the current circumstances are dynamic and the impacts of COVID-19 cannot be reasonably estimated at this time.

On March 27, 2020, in response to the COVID-19 pandemic, the U.S. Congress enacted the Coronavirus Aid, Relief and Economic Security Act ("CARES Act"), which among other things, includes provisions that impact retirement plan rules for 2020. These provisions include allowing qualified individuals who are impacted by the virus to withdraw up to $100,000 from the retirement accounts without penalty regardless of their age, as well as suspending the required minimum distributions for 2020. Plan management has elected to provide these CARES Act provisions in the Plan.

NOTE L - SUBSEQUENT EVENTS (Continued)

Effective October 1, 2020, NOVA 401(k) Associates, the record keeper of the Plan, terminated its service agreement with the Plan. In addition, Mass Mutual Life Insurance Company was acquired by Empower Retirement Company. This acquisition is expected to close by the end of 2020. The plan administrator believes these subsequent events will not materially impact the Plan.

In February 2020, an asset custodian changed from Pershing, a unit of the Bank of New York, to Charles Schwab. These assets were transferred "in kind", and no transaction fees were incurred.

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

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

December 31, 2019 EIN:74-1363754/ PN 002

| (a) | (b) Identity of issuer, borrower, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Cash and Cash Equivalents | | | |
| * | Stifel Nicolaus | Cash | $ 171,787 | $ 171,787 |
| * | Bernstein Global | Cash | 746 | 746 |
| | Community Bank | Cash | 526,114 | 526,114 |
| * | Pershing | Money Market | 478,046 | 478,046 |
| | | Total Cash and Cash Equivalents | | 1,176,693 |
| | Fixed Account | | | |
| * | MassMutual | Fixed Account | $ ** | 504,608 |
| | | Total Fixed Account | | 504,608 |
| | Pooled Separate Accounts | | | |
| * | MassMutual | Oppenheimer Gold and SC Mnrls A | ** | 1,959 |
| * | MassMutual | Victory Sycamore Sm Co. | ** | 49,434 |
| * | MassMutual | MFS Total Return R3 | ** | 114,301 |
| * | MassMutual | MFS Value R3 | ** | 350,791 |
| * | MassMutual | Invesco Small Cap Growth A | ** | 263,767 |
| * | MassMutual | DWS Real Estate Securities A | ** | 58,620 |
| * | MassMutual | Oppenheimer Intl Small Mid Co. A | ** | 36,583 |
| * | MassMutual | The Hartford Intl Opps R4 | ** | 241,034 |
| * | MassMutual | The Hartford Midcap R4 | ** | 229,292 |
| * | MassMutual | JP Morgan Smartretirement 2020 | ** | 359,840 |
| * | MassMutual | JP Morgan Smartretirement 2025 | ** | 789,724 |
| * | MassMutual | JP Morgan Smartretirement 2030 | ** | 400,646 |
| * | MassMutual | JP Morgan Smartretirement 2035 | ** | 314,715 |
| * | MassMutual | JP Morgan Smartretirement 2040 | ** | 576,293 |
| * | MassMutual | JP Morgan Smartretirement 2045 | ** | 300,077 |
| * | MassMutual | JP Morgan Smartretirement 2050 | ** | 351,757 |
| * | MassMutual | JP Morgan Smartretirement 2055 | ** | 291,842 |
| * | MassMutual | JP Morgan Smartretirement Income A | ** | 61,344 |
| * | MassMutual | Oppenheimer Intl Diversified A | ** | 326,495 |
| * | MassMutual | MM S&P 500 Index R4 | ** | 860,813 |
| * | MassMutual | Allianz Markets Opps A | ** | 34,992 |
| * | MassMutual | BlackRock Total Return A | ** | 580,805 |
| * | MassMutual | MM S&P Mid Cap Index R4 | ** | 130,830 |
| * | MassMutual | Premier Barings Shrt-Dur Bd R4 | ** | 66,291 |
| * | MassMutual | Premier Barings High Yield R4 | ** | 347,228 |
| * | MassMutual | Prem Oppen SC Opps R4 | ** | 163,101 |
| * | MassMutual | Select T Rowe Price/Loomis Sayles Blue C | ** | 2,399,885 |
| * | MassMutual | Select Western Strategic Bd R4 | ** | 179,678 |
| * | MassMutual | MFS Blended Res CR EQ R3 | ** | 199,647 |
| * | MassMutual | Wells Fargo Special Mid Cap Value A | ** | 411,363 |
| | | Total Pooled Separate Accounts | | 10,493,147 |
| | Common Stock | | | |
| | AB Discovery Growth Fund - AD | 3,254.546 shares | 32,026 | 37,590 |
| | AB Discovery Value - ADV | 1,825.426 shares | 36,254 | 37,312 |
| | AB Emerging Markets Port | 1,601.248 shares | 42,784 | 46,004 |
| | AB International Small Cap Portfolio | 8,607.287 shares | 93,791 | 96,574 |
| | AB International Strategic Equities | 25,765.354 shares | 297,260 | 318,717 |
| | AB Small Cap Core Portfolio ADV-CL | 3,710.143 shares | 39,100 | 43,631 |
| | Abbvie Inc. | 226 shares | 21,556 | 20,010 |
| | Accenture PLC Ireland Class SHS | 500 shares | 74,528 | 105,285 |
| | Adobe Inc. | 14 shares | 2,139 | 4,617 |
| | Adobe System Inc. | 300 shares | 72,426 | 98,943 |
| | Affiliated Managers Group Inc. | 258 shares | 27,656 | 21,863 |
| | Allstate Corp Com | 1,000 shares | 68,599 | 112,450 |
| | Alphabet Inc. Cl A | 19 shares | 21,247 | 25,448 |
| | Alphabet Inc. Cl C | 127 shares | 114,749 | 169,802 |
| | Altria Group Inc. | 94 shares | 5,678 | 4,692 |
| | Amazon Com Inc. | 5 shares | 9,411 | 9,239 |
| | American Electric Power | 123 shares | 7,997 | 11,625 |
| | American Express Company | 800 shares | 78,627 | 99,592 |
| | Analog Devices Inc. | 208 shares | 16,531 | 24,719 |
| | Anheuser Busch Inbev SA/NV | 325 shares | 32,115 | 26,663 |
| | Anthem Inc. | 437 shares | 117,423 | 131,987 |

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

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

December 31, 2019 EIN:74-11363754/ PN 002

| (a) | (b) Identity of issuer, borrower, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Apple Inc. | 504 shares | 61,563 | 148,031 |
| | Automatic Data Processing Inc. | 198 shares | 31,413 | 33,759 |
| | Autozone Inc. | 8 shares | 5,459 | 9,530 |
| | Bank of America Corp. | 526 shares | 8,801 | 18,526 |
| | Becton Dickinson & Co. | 124 shares | 27,959 | 33,724 |
| | Berkshire Hathaway Inc. - CL B | 72 shares | 14,599 | 16,308 |
| | Bernstein International Port | 10,316.22 shares | 157,764 | 177,130 |
| | Best Buy Inc. Com | 1,200 shares | 79,323 | 105,360 |
| | Biogen Inc. | 92 shares | 23,929 | 27,299 |
| | Boeing Co Com | 300 shares | 106,675 | 97,728 |
| | Booking Holdings Inc. | 4 shares | 7,760 | 8,215 |
| | Bristol Myers Squibb Company | 517 shares | 24,990 | 33,186 |
| | Broadcom Inc. | 328 shares | 85,947 | 103,655 |
| | Cadence Bancorp Cl A | 1,164 shares | 23,327 | 21,103 |
| | Caretrust REIT Inc. | 1,252 shares | 25,311 | 25,829 |
| | Carnival Corp Paired CTF | 2,000 shares | 109,028 | 101,660 |
| | CBRE Group Inc. | 1,943 shares | 75,597 | 119,086 |
| | CDW Corp | 42 shares | 2,603 | 5,999 |
| | Checkpoint Software Tech | 43 shares | 5,276 | 4,771 |
| | Chevron Corp. | 83 shares | 10,592 | 10,002 |
| | Childrens Place Inc. | 204 shares | 18,668 | 12,754 |
| | Cigna Corp | 140 shares | 24,833 | 28,629 |
| | Cinemark Holdings Inc. | 751 shares | 25,471 | 25,421 |
| | Cisco Systems Inc. | 742 shares | 33,428 | 35,586 |
| | Citigroup Inc. | 1,359 shares | 68,156 | 108,571 |
| | Citrix Systems Inc. | 32 shares | 3,106 | 3,549 |
| | Cognizant Tech Solutions - A | 374 shares | 25,478 | 23,195 |
| | Comcast Corp. CL A | 2,571 shares | 93,974 | 115,618 |
| | Constellation Brands | 101 shares | 21,932 | 19,165 |
| | Corning Inc. | 880 shares | 25,687 | 25,617 |
| | Costco Wholesale Corp. | 321 shares | 76,263 | 94,348 |
| | CubeSmart | 153 shares | 4,747 | 4,816 |
| | Danaher Corp | 600 shares | 56,476 | 92,088 |
| | Delta Air Lines Inc. | 135 shares | 6,053 | 7,895 |
| | Disney Walt Co. Disney | 700 shares | 69,980 | 101,241 |
| | Dollar General Corp. | 42 shares | 4,814 | 6,551 |
| | Dominion Energy Inc. | 318 shares | 24,427 | 26,337 |
| | DTE Energy Co. | 214 shares | 21,671 | 27,792 |
| | East West Bancorp Inc. | 376 shares | 21,362 | 18,311 |
| | Eaton Corporation PLC | 49 shares | 3,881 | 4,641 |
| | Ecolab Inc. | 131 shares | 16,284 | 25,282 |
| | Edwards Lifesciences | 30 shares | 3,152 | 6,999 |
| | Electronic Arts Inc. | 61 shares | 5,878 | 6,558 |
| | Emerson Electric Co. | 342 shares | 22,395 | 26,081 |
| | EOG Resources Inc. | 349 shares | 35,693 | 29,232 |
| | Euronet Worldwide Inc. | 500 shares | 30,608 | 78,780 |
| | Everest RE Group LTD | 19 shares | 4,499 | 5,260 |
| | F5 Networks Inc. | 24 shares | 3,355 | 3,352 |
| | Facebook Inc.-Cl A | 513 shares | 92,085 | 105,293 |
| | Fastenal Co. | 779 shares | 23,979 | 28,784 |
| | Fidelity National Information | 50 shares | 5,385 | 6,955 |
| | FNF Group | 138 shares | 5,420 | 6,258 |
| | Frost Bank | 3,955 shares | 120,824 | 386,720 |
| | Gilead Sciences Inc. | 70 shares | 5,184 | 4,549 |
| | Goldman Sachs Group Inc. | 45 shares | 10,490 | 10,347 |
| | Halliburton Company | 479 shares | 21,179 | 11,721 |
| | HCA Healthcare Inc. | 700 shares | 86,281 | 103,467 |
| | HD Supply Holdings Inc. | 687 shares | 26,140 | 27,631 |
| | Home Depot Inc. | 465 shares | 88,744 | 101,547 |
| | Honeywell International Inc. | 63 shares | 6,904 | 11,151 |
| | Ingersoll Rand PLC SHS | 600 shares | 48,778 | 79,752 |
| | Intel Corp. | 64 shares | 3,695 | 3,830 |
| | Interpublic Group Company Inc. | 1,039 shares | 22,971 | 24,001 |
| | Ishares MSCI | 2,323 shares | 141,151 | 161,309 |
| | Johnson & Johnson | 678 shares | 93,394 | 98,900 |
| | JP Morgan Chase & Co. | 430 shares | 43,590 | 59,942 |
| | LAM Research Corp | 400 shares | 78,422 | 116,960 |

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

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

December 31, 2019 EIN:74-11363754/ PN 002

| (a) | (b) Identity of issuer, borrower, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | LyondellBasell Ind. N V Ord SHS Cl A | 201 shares | 18,575 | 18,990 |
| | Magna International Inc. | 144 shares | 7,151 | 7,897 |
| | Medtronics PLC | 70 shares | 7,379 | 7,942 |
| | Merck & Co. Inc. | 122 shares | 8,282 | 11,096 |
| | Microsoft Corp. | 1,093 shares | 65,939 | 172,366 |
| | Mid-America Apartment Comm | 84 shares | 8,574 | 11,076 |
| | Mohawk Industries Inc. | 144 shares | 22,127 | 19,639 |
| | NetApp Inc. | 391 shares | 22,785 | 24,340 |
| | New Residential Investment Corp | 1,672 shares | 25,755 | 26,936 |
| | Nextera Energy Inc. | 22 shares | 5,129 | 5,328 |
| | Nike Inc. - Cl B | 103 shares | 6,018 | 10,435 |
| | Norfolk Southern Corp. | 36 shares | 4,413 | 6,989 |
| | Novo Nordisk A S ADR | 88 shares | 4,463 | 5,093 |
| | NXP Semiconductors NV Com | 800 shares | 82,028 | 101,808 |
| | Oracle Corp | 1,857 shares | 95,994 | 98,384 |
| | PayPal Holdings Inc. | 55 shares | 4,988 | 5,949 |
| | Pepsico Inc. | 84 shares | 8,382 | 11,480 |
| | Pfizer Inc. | 1,230 shares | 41,593 | 48,191 |
| | Phillips 66 | 278 shares | 26,464 | 30,972 |
| | PNC Financial Services Group | 34 shares | 5,095 | 5,427 |
| | Progressive Corp. | 149 shares | 6,759 | 10,786 |
| | Raymond James Financial Inc. | 331 shares | 25,936 | 29,611 |
| | Raytheon Company | 35 shares | 6,920 | 7,691 |
| | Regency Centers Corp. | 95 shares | 6,134 | 5,994 |
| | Regeneron Pharmaceuticals | 13 shares | 4,497 | 4,881 |
| | Reinsurance Group of America | 34 shares | 5,323 | 5,544 |
| | Roche Hldg LTD Sponsored ADR | 298 shares | 10,352 | 12,079 |
| | Ross Stores Inc. | 56 shares | 4,218 | 6,520 |
| | Royal Caribbean Cruises Limited | 201 shares | 21,841 | 26,836 |
| | Royal Dutch Shell PLC ADR | 1,384 shares | 79,948 | 81,810 |
| | Simon Property Group Inc. New | 137 shares | 22,191 | 20,408 |
| | Sina Corp. | 431 shares | 29,168 | 17,210 |
| | SPDR S&P 500 ETF | 2,443 shares | 698,117 | 786,304 |
| | Spirit Bank | 10,000 shares | 128,300 | 230,000 |
| | Starbucks Corp. | 76 shares | 6,372 | 6,682 |
| | Sterling Bancorp New | 1,123 shares | 27,780 | 23,673 |
| | Synchrony Financial | 2,679 shares | 85,941 | 96,471 |
| | Sysco Corp | 1,000 shares | 80,128 | 85,540 |
| | Tapestry Inc. | 761 shares | 27,181 | 20,524 |
| | TD Ameritrade Holding Corp. | 531 shares | 26,059 | 26,391 |
| | TE Connectivity LTD | 293 shares | 26,780 | 28,081 |
| | Texas Instruments Inc. | 79 shares | 6,773 | 10,135 |
| | The Boeing Co. | 20 shares | 4,876 | 6,515 |
| | The Proctor & Gamble | 94 shares | 8,438 | 11,741 |
| | Thermo Fisher Scientific Inc. | 300 shares | 71,538 | 97,461 |
| | TJX Companies Inc. | 168 shares | 6,355 | 10,258 |
| | UGI Corp New | 591 shares | 25,806 | 26,690 |
| | United Technologies Corp. | 600 shares | 81,139 | 89,856 |
| | UnitedHealth Group Inc. | 473 shares | 93,013 | 139,053 |
| | Urban Outfitters Inc. | 1,017 shares | 23,373 | 28,242 |
| | US Bancorp Del | 1,500 shares | 64,174 | 88,935 |
| | US Foods Holding Corp. | 113 shares | 3,590 | 4,734 |
| | Vanguard FTSE Emerging Markets ETF | 3,586 shares | 131,541 | 159,469 |
| | Verizon Communications Inc. | 647 shares | 34,830 | 39,726 |
| | Vertex Pharmaceuticals Inc. | 33 shares | 6,326 | 7,225 |
| | Visa Inc. - Class A Shares | 88 shares | 6,792 | 16,535 |
| | Wabtec | 324 shares | 24,286 | 25,207 |
| | Walmart Inc. | 101 shares | 8,703 | 12,003 |
| | Walt Disney Co. | 50 shares | 5,188 | 7,232 |
| | Waste Connections Inc. | 282 shares | 25,349 | 25,603 |
| | Wells Fargo & Company | 288 shares | 15,005 | 15,494 |
| | Westlake Chemical Corp. | 438 shares | 31,170 | 30,726 |
| | Xilinx Inc. | 30 shares | 1,312 | 2,933 |
| | Zoetis Inc. | 68 shares | 4,872 | 10,613 |
| | | Total Common Stock | | 7,890,208 |

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

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

December 31, 2019 EIN:74-11363754/ PN 002

| (a) | (b) Identity of issuer, borrower, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Exchange Traded Products | | | |
| | Ishares TR Russell Mid-Cap Growth ETF | 600 shares | 84,256 | 91,548 |
| | Ishares TR Russell 20000 ETF | 500 shares | 80,540 | 82,835 |
| | | Total Exchange Traded Products | | 174,383 |
| | Corporate Government Bonds | | | |
| | Ishares 20+ YR Treasury Bond ETF | 744 shares | 90,665 | 100,797 |
| | Ishares 7-10YR Treasury Bond ETF | 899 shares | 93,119 | 99,088 |
| | Ishares 1-3 YR Treasury Bond ETF | 1,333 shares | 111,493 | 112,812 |
| | Ishares MBS ETF | 4,018 shares | 431,537 | 434,185 |
| | Ishares Intermediate Term Corp. | 1,291 shares | 69,880 | 74,852 |
| | Ishares Short Term Corp Bond ETF | 4,033 shares | 212,223 | 216,290 |
| | Ishares 3-7 YR Treasury Bond ETF | 2,672 shares | 329,137 | 336,004 |
| | Ishares Long Term Corp. Bond ETF | 2,360 shares | 144,536 | 157,341 |
| | | Total Corporate Government Bonds | | 1,531,369 |
| | Mutual Funds | | | |
| | Overlay A Portfolio Class 1 | 54,557 shares | 612,665 | 742,527 |
| | Overlay B Portfolio Class 1 | 33,958 shares | 365,024 | 367,424 |
| | | Total Mutual Funds | | 1,109,951 |
| | Fixed Income | | | |
| | AB Bond Inflation Strategy Class | 3,763.006 shares | 40,642 | 40,829 |
| | AB Global Bond Fund | 51,542.31 shares | 438,310 | 437,594 |
| * | Bernstein Inter. Duration Portfolio | 32,386.353 shares | 435,816 | 436,568 |
| | United States Treasury Bill | 50,000 shares; 1.558%; due 4/30/2020 | 50,005 | 49,999 |
| | United States Treasury Bill | 50,000 shares; 1.558%; due 4/30/2020 | 49,992 | 49,999 |
| | United States Treasury Bill | 50,000 shares; 1.558%; due 7/31/2020 | 50,000 | 49,987 |
| | | Total Fixed Income | | 1,064,975 |
| | Multi Asset | | | |
| * | Alliance Bernstein All Market | 16,884 shares | 138,264 | 146,050 |
| | | Total Multi Asset | | 146,050 |
| | | Total Investments | | $ 24,091,383 |

* Party-in-interest as defined by ERISA

** Cost omitted for participant directed investments

## Schedule H, Line 4i

## Schedule of Assets (Held At End of Year)

Name of Plan:

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

| | | | |
|---|---|---|---|
| Employer Identification Number:► | 74-1363754 | | |
| For plan year (beginning/ending):► | 01/01/2019 through 12/31/2019 | Plan number:► | 002 |

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| * | MASS MUTUAL | OPPEN GLD AND SC MNRLS A | | $1,958.65 |
| * | MASS MUTUAL | VICTORY SYCAMORE SM CO OPP A MFS TOTAL | | $49,434.04 |
| * | MASS MUTUAL | MFS TOTAL RETURN R3 | | $114,300.93 |
| * | MASS MUTUAL | MFS VALUE R3 | | $350,791.31 |
| * | MASS MUTUAL | INVESCO SMALL CAP GROWTH A | | $263,767.29 |
| * | MASS MUTUAL | DEUTSCHE REAL ESTATE SECURITIES A | | $58,620.40 |
| * | MASS MUTUAL | OPPENHEIMER INTERNATIONAL SMALL MID COMPANY A | | $36,583.16 |
| * | MASS MUTUAL | THE HARTFORD INTERNAT'L OPPS R4 | | $241,034.40 |
| * | MASS MUTUAL | THE HARTFORD MIDCAP R4 | | $229,292.42 |
| * | MASS MUTUAL | JPMORGAN SMARTRETIREMENT 2020 A | | $359,840.03 |
| * | MASS MUTUAL | JPMORGAN SMARTRETIREMENT 2025 A | | $789,724.22 |
| * | MASS MUTUAL | JPMORGAN SMARTRETIREMENT 2030 A | | $400,645.78 |
| * | MASS MUTUAL | JP MORGAN SMARTRETIREMENT 2035 A | | $314,715.24 |
| * | MASS MUTUAL | JP MORGAN SMARTRETIREMENT 2040 A | | $576,292.90 |
| * | MASS MUTUAL | JPMORGAN SMARTRETIREMENT 2045 A | | $300,077.38 |
| * | MASS MUTUAL | JP MORGAN SMARTRETIREMENT 2050 A | | $351,756.65 |
| * | MASS MUTUAL | JPMORGAN SMARTRETIREMENT INCOME A | | $61,344.06 |
| * | MASS MUTUAL | OPPENHEIMER INTERNATIONAL DIVERSIFIED A | | $326,494.57 |
| * | MASS MUTUAL | JPMORGAN SMARTRETIREMENT 2055 A | | $291,842.20 |
| * | MASS MUTUAL | MM S&P 500 INDEX R4 | | $860,813.40 |
| * | MASS MUTUAL | ALLIANZGI EM MKTS OPPS A | | $34,991.71 |
| * | MASS MUTUAL | BLACKROCK TOTAL RETURN A | | $580,804.45 |
| * | MASS MUTUAL | MM S&P MID CAP INDEX R4 | | $130,829.56 |
| * | MASS MUTUAL | PREMIER BARINGS SHRT-DUR BD R4 | | $66,291.09 |
| * | MASS MUTUAL | PREMIER BARINGS HIGH YLD R4 | | $347,227.96 |
| * | MASS MUTUAL | PREM OPPENH SC OPPS R4 | | $163,101.31 |
| * | MASS MUTUAL | SELECT T. ROWE PRICE/LOOMIS SAYLES BLUE CHIP GROWTH R4 | | $2,399,884.93 |
| * | MASS MUTUAL | SELECT WSTRN STRTGC BD R4 | | $179,677.45 |
| * | MASS MUTUAL | MFS BLENDED RES CR EQ R3 | | $199,647.27 |
| * | MASS MUTUAL | WELLS FARGO SPECIAL MID CAP VALUE A | | $411,363.30 |
| * | MASS MUTUAL | FIXED ACCOUNT | | $504,607.57 |
| | | STIFEL NICOLAUS 1 | | $3,969,242.73 |
| | | STIFEL NICOLAUS 2 | | $100,081.97 |
| | | PERSHING | | $4,140,788.56 |
| | | BERNSTEIN GLOBAL | | $3,740,680.00 |
| | | FROST NATIONAL BANK | | $386,719.90 |
| | | ST FINANCIAL GROUP, INC. | | $230,000.00 |
| | | COMMUNITY BANK OF TEXAS | | $513,177.24 |
| | | | **Total** | $24,078,446.03 |