

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 24pt; font-weight: bold;">2019</div><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u> |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |

|                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                       | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                               |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>MESSER CONSTRUCTION CO. HOURLY EMPLOYEES' RETIREMENT PLAN</u>                                                                                                                                                                                                                                                                           | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/1993</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>002</u>                                                       | <b>1c</b> Effective date of plan<br><u>01/01/1993</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                             | <u>002</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>01/01/1993</u>                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>MESSER CONSTRUCTION CO.</u><br><br><u>643 W COURT STREET</u><br><u>CINCINNATI, OH 45203-1511</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>31-0740877</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>513-242-1541</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>236200</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>31-0740877</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>513-242-1541</u> | <b>2d</b> Business code (see instructions)<br><u>236200</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>31-0740877</u>                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>513-242-1541</u>                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>236200</u>                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/14/2020 | E.PAUL HITTER,JR.                                            |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/14/2020 | E.PAUL HITTER,JR.                                            |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2019)  
v. 190130

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
| <b>4</b> 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><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 1112                                                                                                                                                    |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 641<br><b>6a(2)</b> 751<br><b>6b</b> 15<br><b>6c</b> 502<br><b>6d</b> 1268<br><b>6e</b> 2<br><b>6f</b> 1270<br><b>6g</b> 1248<br><b>6h</b> 0        |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>7</b>                                                                                                                                                         |

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

2E 2H 2I 2O 2Q 2T 3H

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

|                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> 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)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2019</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019 |                                                             |     |
| <b>A</b> Name of plan<br>MESSER CONSTRUCTION CO. HOURLY EMPLOYEES' RETIREMENT PLAN         | <b>B</b> Three-digit plan number (PN) ▶                     | 002 |
|                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>MESSER CONSTRUCTION CO.   | <b>D</b> Employer Identification Number (EIN)<br>31-0740877 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

PARMS & COMPANY

01-0548473

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | ACCOUNTANT                                                                                        | 20500                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

PRINCIPAL FINANCIAL GROUP

42-0127290

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 50 64               | CONTRACT ADMINISTRATOR                                                                            | 72354                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

PNC

25-1211909

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19 51                  | CUSTODIAN                                                                                         | 28567                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

JPMCB

13-4994650

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 51                  | INVESTMENT ADVISORY                                                                               | 56774                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EAGLE CAPITAL MGMT

22-3361201

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 51                  | INVESTMENT ADVISORY                                                                               | 68392                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

FIDUCIARY MGMT

39-1346018

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 51                  | INVESTMENT ADVISORY                                                                               | 13831                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

ANDCO CONSULTING

59-3676225

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 27 51                         | INVESTMENT ADVISORY                                                                                      | 30000                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

SAWGRASS ASSET MGMT

59-3488505

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 27 51                         | INVESTMENT ADVISORY                                                                                      | 17674                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2019 or fiscal plan year beginning <b>01/01/2019</b> and ending <b>12/31/2019</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><b>MESSER CONSTRUCTION CO. HOURLY EMPLOYEES' RETIREMENT PLAN</b>                                                                                                                                                                                |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <b>►</b> <b>002</b>                                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>MESSER CONSTRUCTION CO.</b>                                                                                                                                                                          |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><b>31-0740877</b>                        |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    | 285311                | 305200          |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    | 0                     | 0               |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    | 64260                 | 87368           |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    | 1192169               | 1114283         |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b> | 8709929               | 9088828         |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> | 13941733              | 9516435         |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 26063450              | 38788539        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 50256852              | 58900653        |

**Liabilities**

|                                                                           |           |      |       |
|---------------------------------------------------------------------------|-----------|------|-------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | 0    |       |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 9029 | 17868 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> | 0    |       |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 0    |       |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 9029 | 17868 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 50247823 | 58882785 |
|-----------------------------------------------------------|-----------|----------|----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 3465267    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 0          |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 0          |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    | 0          |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 3465267   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 0          |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 0          |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 586577     |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> | 0          |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 0          |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 586577    |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> | 0          |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 0          |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 1260699    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 1260699   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            | 0         |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 0          |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 0          |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> | 0          |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 4965691    |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 4965691   |

|                                                                                                        |               | (a) Amount | (b) Total |
|--------------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| <b>(6)</b> Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            | 0         |
| <b>(7)</b> Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            | 0         |
| <b>(8)</b> Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            | 0         |
| <b>(9)</b> Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            | 0         |
| <b>(10)</b> Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 2708671   |
| <b>c</b> Other income .....                                                                            | <b>2c</b>     |            | 0         |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | <b>2d</b>     |            | 12986905  |

**Expenses**

|                                                                                             |              |         |         |
|---------------------------------------------------------------------------------------------|--------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |              |         |         |
| <b>(1)</b> Directly to participants or beneficiaries, including direct rollovers .....      | <b>2e(1)</b> | 4046841 |         |
| <b>(2)</b> To insurance carriers for the provision of benefits .....                        | <b>2e(2)</b> | 0       |         |
| <b>(3)</b> Other .....                                                                      | <b>2e(3)</b> | 0       |         |
| <b>(4)</b> Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....          | <b>2e(4)</b> |         | 4046841 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>    |         | 0       |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>    |         |         |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>    |         | 0       |
| <b>i</b> Administrative expenses: <b>(1)</b> Professional fees .....                        | <b>2i(1)</b> | 20500   |         |
| <b>(2)</b> Contract administrator fees .....                                                | <b>2i(2)</b> | 72354   |         |
| <b>(3)</b> Investment advisory and management fees .....                                    | <b>2i(3)</b> | 212248  |         |
| <b>(4)</b> Other .....                                                                      | <b>2i(4)</b> | 0       |         |
| <b>(5)</b> Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....   | <b>2i(5)</b> |         | 305102  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>    |         | 4351943 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 8634962 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| <b>(1)</b> To this plan .....                                                 | <b>2l(1)</b> |  | 0       |
| <b>(2)</b> From this plan .....                                               | <b>2l(2)</b> |  |         |

**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: PARMS + COMPANY

**(2)** EIN: 01-0548473

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

|           | Yes | No | Amount |
|-----------|-----|----|--------|
| <b>4a</b> |     | X  | 0      |
| <b>4b</b> |     | X  | 0      |

|                                                                                                                                                                                                                               | Yes | No | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>c</b> 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.) .....                                          |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                     |     | X  | 0      |
| <b>d</b> 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.).....                                |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                     |     | X  | 0      |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |        |
| <b>4f</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>g</b> 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?.....                                                     |     |    |        |
| <b>4g</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>h</b> 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?.....                                           |     |    |        |
| <b>4h</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |        |
| <b>4i</b>                                                                                                                                                                                                                     | X   |    |        |
| <b>j</b> 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.) ..... |     |    |        |
| <b>4j</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     |    |        |
| <b>4k</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             |     |    |        |
| <b>4l</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     |    |        |
| <b>4m</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>n</b> 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. ....                                      |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                     |     |    |        |

**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.)

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                                 |                                                                    |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>MESSER CONSTRUCTION CO. HOURLY EMPLOYEES' RETIREMENT PLAN</u>       | <b>B</b> Three-digit plan number (PN) ▶<br><u>002</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>MESSER CONSTRUCTION CO.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>31-0740877</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....                                                                                                                             | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>42-0127290</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                   | <b>3</b> |          |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                             |                              |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                             |                              |
| <b>c</b> 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) .....                                                                                                                                                                                                            | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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? .....                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                                         |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |

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

Schedule R (Form 5500) 2019  
v. 190130

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                      |            |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>14</b> | Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:                                                                                                                    |            |
| <b>a</b>  | The current year .....                                                                                                                                                                                                                               | <b>14a</b> |
| <b>b</b>  | The plan year immediately preceding the current plan year .....                                                                                                                                                                                      | <b>14b</b> |
| <b>c</b>  | The second preceding plan year .....                                                                                                                                                                                                                 | <b>14c</b> |
| <b>15</b> | 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:                                                                         |            |
| <b>a</b>  | The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                         | <b>15a</b> |
| <b>b</b>  | The corresponding number for the second preceding plan year .....                                                                                                                                                                                    | <b>15b</b> |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                 |            |
| <b>a</b>  | Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                      | <b>16a</b> |
| <b>b</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 .....                                                                                        | <b>16b</b> |
| <b>17</b> | 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. .... <input type="checkbox"/> |            |

**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 \_\_\_\_\_

# AUDIT REPORT

## Messer Construction Co. Hourly Employees' Retirement Plan

EIN: 31-0740877

Plan No: 002

Financial Statements as of and for the  
Years Ended December 31, 2019 and 2018,  
Supplemental Schedules as of and for the  
Year Ended December 31, 2019, and  
Independent Auditors' Report

# MESSER CONSTRUCTION CO. HOURLY EMPLOYEES' RETIREMENT PLAN

## TABLE OF CONTENTS

---

|                                                                                                                                                                                                                                                       | <b>Page</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| INDEPENDENT AUDITOR'S REPORT                                                                                                                                                                                                                          | 1-2         |
| FINANCIAL STATEMENTS:                                                                                                                                                                                                                                 |             |
| Statements of Net Assets Available for Benefits as of December 31, 2019 and 2018                                                                                                                                                                      | 3           |
| Statements of Changes in Net Assets Available for Benefits for the Years Ended<br>December 31, 2019 and 2018                                                                                                                                          | 4           |
| Notes to Financial Statements as of and for the Years Ended December 31, 2019 and 2018                                                                                                                                                                | 5-10        |
| SUPPLEMENTAL SCHEDULES:                                                                                                                                                                                                                               | 11          |
| Form 5500, Schedule H, Part IV, Line 4i — Schedule of Assets (Held at End of Year)<br>as of December 31, 2019                                                                                                                                         | 12-16       |
| Form 5500, Schedule H, Part IV, Line 4j — Schedule of Reportable Transactions<br>for the Year Ended December 31, 2019                                                                                                                                 | 17          |
| NOTE: All other schedules required by Section 2520.103-10 Department of Labor's Rules and<br>Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of<br>1974 have been omitted because they are not applicable. |             |

## **INDEPENDENT AUDITOR'S REPORT**

Messer Construction Co. Hourly Employees' Retirement Plan  
Trustees and Participants:

We have audited the accompanying financial statements of the Messer Construction Co. Hourly Employees' Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

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

### **Auditors' Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2019 and 2018, and the changes in net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

## Report on Supplemental Schedules

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules listed in the Table of Contents, together referred to as “supplemental information,” are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and were derived from and relate directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in our audit of the financial statements and certain additional procedures, including comparing and reconciling such schedules and information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, such schedules and information are fairly stated in all material respects in relation to the financial statements as a whole.

*Parms & Company, LLC*

October 12, 2020  
Columbus, Ohio

**MESSER CONSTRUCTION CO. HOURLY EMPLOYEES' RETIREMENT PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
AS OF DECEMBER 31, 2019 AND 2018**

---

|                                   | <b>2019</b>                 | <b>2018</b>                 |
|-----------------------------------|-----------------------------|-----------------------------|
| ASSETS:                           |                             |                             |
| Investments at fair value:        | 58,490,219                  | 49,898,252                  |
| Receivables:                      |                             |                             |
| Employer contribution receivable  | 305,200                     | 285,311                     |
| Accrued dividends                 | <u>87,368</u>               | <u>64,260</u>               |
| Total receivables                 | <u>392,568</u>              | <u>349,571</u>              |
| TOTAL ASSETS                      | 58,882,787                  | 50,247,823                  |
| LIABILITIES                       | <u>                    </u> | <u>                    </u> |
| NET ASSETS AVAILABLE FOR BENEFITS | <u><u>\$ 58,882,787</u></u> | <u><u>\$ 50,247,823</u></u> |

See notes to financial statements.

**MESSER CONSTRUCTION CO. HOURLY EMPLOYEES' RETIREMENT PLAN****STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018**

---

|                                                                 | 2019                 | 2018                 |
|-----------------------------------------------------------------|----------------------|----------------------|
| ADDITIONS:                                                      |                      |                      |
| Additions to net assets attributed to:                          |                      |                      |
| Investment income (loss):                                       |                      |                      |
| Net appreciation (depreciation) in<br>fair value of investments | \$ 7,674,365         | \$ (3,121,503)       |
| Interest and dividends                                          | <u>1,847,276</u>     | <u>1,377,655</u>     |
|                                                                 | 9,521,641            | (1,743,848)          |
| Less: investment expense                                        | <u>(182,248)</u>     | <u>(214,185)</u>     |
|                                                                 | 9,339,393            | (1,958,033)          |
| Contributions — employer contributions                          | <u>3,465,267</u>     | <u>2,866,406</u>     |
| Total additions                                                 | <u>12,804,660</u>    | <u>908,373</u>       |
| DEDUCTIONS:                                                     |                      |                      |
| Benefits paid to participants                                   | (4,046,841)          | (4,633,818)          |
| Plan expenses                                                   | <u>(122,855)</u>     | <u>(119,012)</u>     |
| Total deductions                                                | <u>(4,169,696)</u>   | <u>(4,752,830)</u>   |
| INCREASE IN NET ASSETS                                          | 8,634,964            | (3,844,457)          |
| NET ASSETS AVAILABLE FOR BENEFITS:                              |                      |                      |
| Beginning of year                                               | <u>50,247,823</u>    | <u>54,092,280</u>    |
| End of year                                                     | <u>\$ 58,882,787</u> | <u>\$ 50,247,823</u> |

See notes to financial statements.

## MESSER CONSTRUCTION CO. HOURLY EMPLOYEES' RETIREMENT PLAN

### NOTES TO FINANCIAL STATEMENTS

AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018

---

#### 1. DESCRIPTION OF THE PLAN

The following description of the Messer Construction Co. Hourly Employees' Retirement Plan (the "Plan"), is provided for general information purposes only. Participants should refer to the Plan Document for more information.

**General** — The Plan, effective January 1, 1993, and amended and restated January 1, 2009, is a defined contribution plan covering eligible hourly employees of the Messer Construction Co. (the "Company") who meet stipulated service requirements. An appointed committee controls and manages the operations and administration of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

**Contributions** — The Company's contribution to the Plan is determined by the Board of Directors. Participant contributions are not permitted.

**Participant Accounts** — Each participant's account is credited with an allocation of the Company's contribution and Plan earnings. Plan expenses are allocated to each participant's account based on each participant's relative share of assets. Allocations are based on participant earnings or account balances, as defined, or the requirements of the prevailing wage laws.

**Investments** — Investment decisions are made by the trustees within the provisions of the trust agreement and based on consultation with an investment advisor independent of the Company. The Plan invests primarily in money market funds, mutual funds, certificates of deposits, U.S. government securities, common stocks, and corporate bonds in accordance with the Plan's Investment Policy Statement.

**Vesting** — Participants are immediately vested in their account balances.

**Payment of Benefits** — Upon retirement or termination of service, as defined, a participant is entitled to receive their vested balance in a lump-sum distribution. At December 31, 2019 and 2018 there were no amounts allocated to accounts of persons who have elected to withdraw from the Plan, but have not yet been paid.

#### 2. SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting** — The accompanying financial statements are prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).

**Use of Estimates** — The preparation of financial statements in conformity with GAAP requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**Risks and Uncertainties** — The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially differ from the amounts reported in the financial statements.

## 2. SIGNIFICANT ACCOUNTING POLICIES (continued)

**Investment Valuation and Income Recognition** — The Plan's investments are stated at fair value. Fair value is the price that would be received upon sale of an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion on fair value measurements.

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

Management fees and operating expenses charged to the Plan for investments in the diversified portfolio are deducted from income and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

**Asset Valuation Techniques** — Valuation technologies maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

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

*Mutual Funds* — Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Corporate Bonds* — Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote, if available.

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

*Cash Equivalents* — Held primarily in short-term money market commingled funds, which are valued at cost plus accrued interest.

*Collective Trust Fund* — Valued using pricing models maximizing the use of observable inputs consistent with practices prevailing within real estate appraisal and real estate investment management industries. Collective trust investments that are measured at fair value using the net asset value per share as practical expedient have not been classified in the fair value hierarchy.

**Items Measured at Net Asset Value** — In accordance with ASU No. 2009-12, the Plan includes disclosures to address the category, fair value, redemption frequency, and redemption notice period for those assets whose fair value is estimated using the net asset value per share as of September 30, 2019 and 2018. The mutual funds (investments other than Collective Trust Fund) do not have a finite life, unfunded commitments, or significant restrictions on redemptions.

## 2. SIGNIFICANT ACCOUNTING POLICIES (continued)

| Fair Value Estimated Using Net Asset Value |                     |                      |                               |                          |
|--------------------------------------------|---------------------|----------------------|-------------------------------|--------------------------|
| December 31, 2019                          |                     |                      |                               |                          |
| Investment                                 | Fair Value*         | Redemption Frequency | Other Redemption Restrictions | Redemption Notice Period |
| JPMCB Strategic Property Fund              | <u>5,875,456</u>    | Quarterly            | None                          | 45 days prior            |
| Total                                      | <u>\$ 5,875,456</u> |                      |                               |                          |

  

| Fair Value Estimated Using Net Asset Value |                     |                      |                               |                          |
|--------------------------------------------|---------------------|----------------------|-------------------------------|--------------------------|
| December 31, 2018                          |                     |                      |                               |                          |
| Investment                                 | Fair Value*         | Redemption Frequency | Other Redemption Restrictions | Redemption Notice Period |
| JPMCB Strategic Property Fund              | <u>5,683,655</u>    | Quarterly            | None                          | 45 days prior            |
| Total                                      | <u>\$ 5,683,655</u> |                      |                               |                          |

The use of net asset value as a fair value is deemed appropriate, as these funds do not have a finite life, unfunded commitments, or significant restrictions on redemptions.

**Administrative Expenses** — The Plan has elected to pay its administrative expenses. The Plan also pays investment related expenses inclusive of investment manager fees.

**Subsequent Events** — The Plan has evaluated subsequent events through October 12, 2020, the date that these financial statements were available for issuance, to determine if either recognition or disclosure of significant events or transactions is required.

In December 2019, a novel strain of coronavirus surfaced in Wuhan, China, and has spread around the world, with resulting business and social disruption. The coronavirus was declared a Public Health Emergency of International Concern by the World Health Organization on January 30, 2020. The results of the Plan's investment performance could be materially adversely affected by the impact this situation has had on the financial market. The extent to which the coronavirus may impact investment results will depend on future developments, which are highly uncertain and cannot be predicted, including new information which may emerge concerning the severity of the coronavirus and the actions required to contain the coronavirus or treat its impact, among others.

## 3. FAIR VALUE MEASUREMENTS

ASC 820, *Fair Value Measurements and Disclosures*, provides a framework for measuring fair value. In accordance with generally accepted accounting principles, the Plan classifies its investments into Level 1, which refers to securities valued using quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's policy is to recognize significant transfers between levels at the end of the reporting period. The following tables set forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value on a recurring basis at December 31, 2019 and 2018.

### 3. FAIR VALUE MEASUREMENTS (continued)

**Transfers Between Levels** — The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period.

We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2019 and 2018, there were no transfers between levels. The table below includes the major categorization for debt and equity securities on the basis of the nature and risk of the investments at December 31, 2019:

| Fair Value Measurements<br>at December 31, 2019, Using |                                                     |                                         |                                                 |                   |
|--------------------------------------------------------|-----------------------------------------------------|-----------------------------------------|-------------------------------------------------|-------------------|
|                                                        | Active Markets<br>for Identical<br>Assets (Level 1) | Other<br>Observable<br>Inputs (Level 2) | Significant<br>Unobservable<br>Inputs (Level 3) | Total             |
| Cash and cash equivalents                              | \$ 1,096,416                                        | -                                       | -                                               | \$ 1,096,416      |
| Corporate bonds                                        | -                                                   | 1,316,561                               | -                                               | \$ 1,316,561      |
| U.S. government securities                             | -                                                   | 7,772,267                               | -                                               | \$ 7,772,267      |
| Corporate common stocks:                               | 9,516,436                                           | -                                       | -                                               | \$ 9,516,436      |
| Mutual fixed income funds                              | 6,813,003                                           | -                                       | -                                               | \$ 6,813,003      |
| Mutual equity funds                                    | 26,100,080                                          |                                         |                                                 | 26,100,080        |
| Investments at fair value                              | <u>43,525,935</u>                                   | <u>9,088,828</u>                        | <u>-</u>                                        | <u>52,614,763</u> |
| Collective trust fund*                                 |                                                     |                                         |                                                 | 5,875,456         |
| Total Investments                                      |                                                     |                                         |                                                 | <u>58,490,219</u> |

\* In accordance with ASU 2015-07, certain investments that are measured at fair value using the net asset value per share as practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the total investments of the Master Trust.

### 3. FAIR VALUE MEASUREMENTS (continued)

The table below includes the major categorization for debt and equity securities on the basis of the nature and risk of the investments at December 31, 2018:

| Fair Value Measurements<br>at December 31, 2018, Using |                                                     |                                         |                                                 |                   |
|--------------------------------------------------------|-----------------------------------------------------|-----------------------------------------|-------------------------------------------------|-------------------|
|                                                        | Active Markets<br>for Identical<br>Assets (Level 1) | Other<br>Observable<br>Inputs (Level 2) | Significant<br>Unobservable<br>Inputs (Level 3) | Total             |
| Cash and cash equivalents                              | \$ 1,183,140                                        | -                                       | -                                               | \$ 1,183,140      |
| Corporate bonds                                        | -                                                   | 4,622,096                               | -                                               | \$ 4,622,096      |
| U.S. government securities                             | -                                                   | 4,087,833                               | -                                               | \$ 4,087,833      |
| Corporate common stocks:                               | 13,941,733                                          | -                                       | -                                               | \$ 13,941,733     |
| Mutual fixed income funds                              | 6,356,447                                           | -                                       | -                                               | \$ 6,356,447      |
| Mutual equity funds                                    | 14,023,348                                          |                                         |                                                 | 14,023,348        |
| Investments at fair value                              | <u>35,504,668</u>                                   | <u>8,709,929</u>                        | <u>-</u>                                        | <u>44,214,597</u> |
| Collective trust fund*                                 |                                                     |                                         |                                                 | <u>5,683,655</u>  |
| Total Investments                                      |                                                     |                                         |                                                 | <u>49,898,252</u> |

\* In accordance with ASU 2015-07, certain investments that are measured at fair value using the net asset value per share as practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the total investments of the Master Trust.

During the years ended December 31, 2019 and 2018, the Plan's investments (including gains and losses on investments bought and sold, as well as changes in position during the year), appreciated (depreciated) by \$7,674,365 and (\$3,121,503), respectively.

### 4. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

The Plan has certain investments in shares of a money market fund managed by BlackRock of which PNC has an ownership in. PNC is the custodian, as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

### 5. PLAN TERMINATION

Although it has not expressed any intention 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 set forth in ERISA.

## 6. FEDERAL INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated March 15, 2018, that the Plan and related trust are designed in accordance with applicable regulations of the Internal Revenue Code (IRC). The Company and Plan management believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## 7. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

### Reconciliation of Financial Statements to Form 5500

As of December 31, 2019 and 2018

#### Statement of Assets Available for Benefits:

|                                                        | 2019                | 2018                |
|--------------------------------------------------------|---------------------|---------------------|
| Cash and cash equivalents - per financial statements   | \$ 1,096,416        | \$ 1,183,140        |
| Add operating expense disbursement recorded as payable | 17,868              | 9,029               |
| Cash and cash equivalents - per Form 5500              | <u>\$ 1,114,284</u> | <u>\$ 1,192,169</u> |
| <br>Total Assets - per financial statements            | <br>\$58,882,787    | <br>\$50,247,823    |
| Add operating expense disbursement recorded as payable | 17,868              | 9,029               |
| Total assets - per Form 5500                           | <u>\$58,900,655</u> | <u>\$50,256,852</u> |
| <br>Liabilities - per financial statements             | <br>\$ -            | <br>\$ -            |
| Add operating expense disbursement recorded as payable | 17,868              | 9,029               |
| Liabilities - per Form 5500                            | <u>\$ 17,868</u>    | <u>\$ 9,029</u>     |

## **SUPPLEMENTAL SCHEDULE**

# MESSER CONSTRUCTION CO. HOURLY EMPLOYEES' RETIREMENT PLAN

## SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2019

| Identity of Issuer,<br><br>Borrower, or Similar Party | Description of Investment Including<br>Maturity<br>Date, Rate of Interest, Par, or<br>Maturity Value | Cost              | Current<br>Value  |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------|-------------------|
| <b>Cash and Cash Equivalents</b>                      |                                                                                                      |                   |                   |
| Fidelity US Government Reserves                       | MMKT-Premium Class FD #2741                                                                          | 15,283            | 15,283            |
| PNC Bank                                              | PNC Bank Checking Account                                                                            | 4,281             | 4,281             |
| Federated Government OBL-SEL                          | ERISA & DISC IRA FD#07                                                                               | <u>1,076,852</u>  | <u>1,076,852</u>  |
|                                                       | Subtotal                                                                                             | <u>1,096,416</u>  | <u>1,096,416</u>  |
| <b>Mutual Equity Funds:</b>                           |                                                                                                      |                   |                   |
| American Euro pacific Growth Fund                     | American Europacific Growth Fund Class-<br>R6                                                        | 2,844,146         | 3,867,422         |
| WCM Focused Intl Growth Ins                           | WCM Focused Intl Growth-Ins                                                                          | 2,464,128         | 3,919,830         |
| Nuance MID CAP VALUE-Z                                | Nuance MID CAP VALUE-Z                                                                               | 2,616,527         | 2,877,087         |
| Jackson Square SMID- CAP Growth                       | SMID- CAP Growth                                                                                     | 2,628,950         | 2,647,504         |
| Primecap Odyssey Growth                               | Primcecap Odyseeey Growth Fund #1650                                                                 | 8,172,236         | 9,976,194         |
| Vanguard SM-CAP                                       | SM-CAP Indx #548                                                                                     | <u>2,600,782</u>  | <u>2,812,043</u>  |
|                                                       | Subtotal                                                                                             | <u>21,326,769</u> | <u>26,100,080</u> |
| <b>Mutual Fixed Income Funds:</b>                     |                                                                                                      |                   |                   |
| PIMCO All Asset Fund Instl                            | FD #034                                                                                              | 2,800,732         | 2,832,946         |
| Templeton Global Bond Fun R6                          | N/A                                                                                                  | <u>4,647,881</u>  | <u>3,980,057</u>  |
|                                                       | Subtotal                                                                                             | <u>7,448,613</u>  | <u>6,813,003</u>  |
| <b>US Government Securities:</b>                      |                                                                                                      |                   |                   |
| USA Treasury Notes                                    | 2.500% Due 02/15/2045 Rating AAA                                                                     | 426,603           | 451,024           |
| USA Treasury Notes                                    | 2.000% Due 08/15/2025 Rating AAA                                                                     | 1,296,816         | 1,287,412         |
| USA Treasury Notes                                    | 1.750% Due 12/31/2020 Rating AAA                                                                     | 250,322           | 250,235           |
| USA Treasury Notes                                    | 2.750% Due 11/15/2023 Rating AAA                                                                     | 99,148            | 104,082           |
| USA Treasury Notes                                    | 2.625% Due 01/31/2026 Rating AAA                                                                     | 125,838           | 125,874           |
| USA Treasury Notes                                    | 2.500% Due 02/28/2026 Rating AAA                                                                     | 106,477           | 104,215           |
| Federal Home Loan Mtg Corp                            | 4.000% Due 08/01/2024 Rating N/A                                                                     | 10,485            | 10,793            |
| Federal Home Loan Mtg Corp                            | 3.500% Due 05/01/2046 Rating N/A                                                                     | 140,849           | 139,107           |
| Federal Home Loan Mtg Corp                            | 4.000% Due 05/01/2024 Rating N/A                                                                     | 11,299            | 11,613            |
| Federal Home Loan Mtg Corp                            | 5.000% Due 08/01/2039 Rating N/A                                                                     | 59,537            | 63,117            |
| Federal Home Loan Bank                                | 3.370% Due 02/12/2030 Rating AAA                                                                     | 50,635            | 50,483            |
| Federal Home Loan Bank                                | 3.700% Due 10/22/2025 Rating AAA                                                                     | 220,352           | 225,267           |
| Federal Home Loan Mtg Corp                            | 2.500% Due 11/01/2049 Rating N/A                                                                     | 695,430           | 698,140           |
| Federal Home Loan Mtg                                 | 2.500% Due 01/01/2050 Rating NA                                                                      | 266,709           | 267,025           |
| Federal Home Loan Mtg                                 | 2.000% Due 11/01/2034 Rating N/A                                                                     | 272,524           | 272,209           |
| Federal Farm Credit Bank                              | 2.390% Due 11/01/2034 <sup>12</sup> Rating AAA                                                       | 328,267           | 325,245           |

# MESSER CONSTRUCTION CO. HOURLY EMPLOYEES' RETIREMENT PLAN

## SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2019

|                          |        |                             |         |         |
|--------------------------|--------|-----------------------------|---------|---------|
| Federal Farm Credit Bank | 2.420% | Due 12/18/2034 Rating A A A | 168,256 | 168,019 |
| Federal Natl Mtg Assn    | 4.000% | Due 04/01/2026 Rating N/A   | 30,102  | 30,203  |
| Federal Natl Mtg Assn    | 3.500% | Due 06/01/2042 Rating N/A   | 115,008 | 115,377 |
| Federal Natl Mtg Assn    | 3.500% | Due 07/01/2042 Rating N/A   | 38,661  | 38,227  |
| Federal Natl Mtg Assn    | 3.000% | Due 10/01/2046 Rating N/A   | 207,609 | 205,367 |
| Federal Natl Mtg Assn    | 3.500% | Due 12/01/2047 Rating N/A   | 372,015 | 381,382 |
| Federal Natl Mtg Assn    | 3.500% | Due 01/01/2048 Rating N/A   | 238,232 | 249,258 |
| Federal Natl Mtg Assn    | 5.000% | Due 05/01/2038 Rating N/A   | 15,901  | 16,970  |
| Federal Natl Mtg Assn    | 5.000% | Due 02/01/2039 Rating N/A   | 5,536   | 5,950   |
| Federal Natl Mtg Assn    | 4.500% | Due 05/01/2039 Rating N/A   | 21,457  | 22,769  |
| Federal Natl Mtg Assn    | 3.000% | Due 01/01/2029 Rating N/A   | 36,274  | 35,973  |
| Federal Natl Mtg Assn    | 3.500% | Due 06/01/2046 Rating N/A   | 229,242 | 226,527 |
| Federal Natl Mtg Assn    | 3.500% | Due 04/01/2029 Rating N/A   | 479,551 | 481,702 |
| Federal Natl Mtg Assn    | 3.500% | Due 05/01/2029 Rating N/A   | 373,016 | 376,868 |
| Federal Natl Mtg Assn    | 2.500% | Due 11/01/2034 Rating N/A   | 414,689 | 416,054 |
| Federal Natl Mtg Assn    | 4.500% | Due 08/01/2040 Rating N/A   | 31,282  | 33,299  |

Subtotal 7,138,122 7,189,786

### Municipal Bonds:

|                                |        |            |         |         |
|--------------------------------|--------|------------|---------|---------|
| Massachusetts Sch Bldg Auth    | 3.395% | 10/15/2040 | 151,816 | 149,955 |
| Oregon St Dept of Transpm HI   | 2.951% | 11/15/1933 | 182,627 | 180,525 |
| Texas St                       | 3.211% | 4/1/1944   | 171,991 | 171,697 |
| Virginia St Resources Auth Inf | 2.850% | 11/1/1932  | 80,973  | 80,304  |

Subtotal 587,407 582,481

Government Secutities Subtotal 7,725,529 7,772,267

### Corporate Bonds:

|                          |        |           |         |         |
|--------------------------|--------|-----------|---------|---------|
| American Water Capital C | 2.950% | 9/1/2027  | 106,679 | 112,444 |
| BB&T Corporation         | 3.050% | 6/20/2022 | 102,406 | 102,499 |
| Bank of America Corp     | VAR%   | 3/5/2024  | 20,007  | 20,757  |
| Beeing Co                | 2.500% | 3/1/2025  | 87,087  | 90,468  |
| Citigroup Inc            | VAR%   | 11/4/2022 | 180,475 | 180,560 |
| Commonwealth Edison Co   | 3.100% | 11/1/2024 | 67,202  | 72,664  |
| JP Morgan Chase & Co     | 3.900% | 7/15/2025 | 57,729  | 59,404  |
| State Street Corp        | VAR%   | 11/1/2025 | 50,000  | 50,221  |
| Virginia Elec & Power Co | 3.150% | 1/15/2026 | 19,572  | 20,910  |
| Virginia Elec & Power Co | 3.500% | 3/15/2027 | 49,807  | 53,490  |
| Virginia Elec & Power Co | 3.800% | 4/1/2028  | 119,912 | 119,701 |
| Wells Fargo & Company    | 3.000% | 2/19/2025 | 275,954 | 278,618 |

### Asset Backed:

|                      |      |            |         |         |
|----------------------|------|------------|---------|---------|
| JP Morgan Chase & Co | VAR% | 10/15/2025 | 155,000 | 154,825 |
|----------------------|------|------------|---------|---------|

Subtotal 1,291,830 1,316,561

## MESSER CONSTRUCTION CO. HOURLY EMPLOYEES' RETIREMENT PLAN

### SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2019

| <b>Common Stock:</b>          | <b>Shares</b>         | <b>Common Stock</b> |                   |
|-------------------------------|-----------------------|---------------------|-------------------|
| Amazon Com Inc                | 281                   | 83,893              | 519,243           |
| General Motors Co             | 6,050                 | 215,806             | 221,430           |
| Hilton Worldwide Hldgs-W/I    | 2,200                 | 163,388             | 244,002           |
| Liberty Tripadvisor Hdg-A     | 1,765                 | 17,299              | 12,973            |
| Marriott International Inc    | 2,913                 | 239,736             | 441,116           |
| Mohawk Inds Inc               | 1,000                 | 173,599             | 136,380           |
| AON PLC                       | 1,055                 | 40,442              | 219,746           |
| Berkshire Hathaway inc        | 3,010                 | 308,533             | 681,765           |
| Citigroup Inc                 | 7,742                 | 395,235             | 618,508           |
| Goldman Sachs Group Inc       | 2,300                 | 371,740             | 528,839           |
| Morgan Stanley                | 4,753                 | 163,048             | 242,973           |
| Wells Fargo & Company         | 8,575                 | 448,024             | 461,335           |
| Unitedhealth Group Inc        | 1,050                 | 29,044              | 308,679           |
| Aercap Holdings Nv            | 2,455                 | 130,256             | 150,909           |
| General Electric              | 38,576                | 359,096             | 430,508           |
| Wabtec Corp                   | 1,319                 | 91,395              | 102,618           |
| Fiserv Inc                    | 1,164                 | 86,067              | 134,593           |
| Microsoft Corp                | 5,770                 | 146,095             | 909,929           |
| Oracle Corp                   | 4,509                 | 138,062             | 238,887           |
| Liberty Global Plc Series C   | 12,225                | 269,014             | 266,444           |
| Alphabet Inc/CA CL C          | 621                   | 385,315             | 830,289           |
| Comcast Corporation CL A      | 10,870                | 381,621             | 488,824           |
| Disney Walt Co                | 49                    | 5,364               | 7,087             |
| Dish Network Corp             | 2,776                 | 129,208             | 98,465            |
| Facebook Inc                  | 1,934                 | 325,230             | 396,954           |
| GCI Liberty Inc Class A       | 1,000                 | 59,637              | 70,850            |
| Liberty Broadband -A          | 3,900                 | 286,029             | 485,784           |
| Netflix Inc                   | 582                   | 166,581             | 188,318           |
| Trip Advisor Inc Class I      | 2,600                 | 84,566              | 78,988            |
|                               | Subtotal              | 5,693,323           | 9,516,436         |
| <b>Other Assets</b>           |                       |                     |                   |
| JPMCB Strategic Property Fund | 20-70-002-3839662     | 5,377,277           | 5,875,456         |
|                               | Other Assets Subtotal | 5,377,277           | 5,875,456         |
|                               | <b>Grand total</b>    | <b>49,959,756</b>   | <b>58,490,219</b> |

**MESSER CONSTRUCTION CO. HOURLY EMPLOYEES' RETIREMENT PLAN**

Employer ID No: 31-0740877

Plan No: 002

**FORM 5500, SCHEDULE H, PART IV, LINE 4j — SCHEDULE OF REPORTABLE TRANSACTIONS****FOR THE YEAR ENDED DECEMBER 31, 2019**

---

| Identity of Party              | Description of Assets  | Purchase Price | Selling Price | Cost of Assets | Net Gain (Loss) | Number of Transactions |
|--------------------------------|------------------------|----------------|---------------|----------------|-----------------|------------------------|
| Vanguard                       | Sm-Cap Indx #548       | 2,570,000      |               |                |                 | 1                      |
| <b>SERIES IN SAME SECURITY</b> |                        |                |               |                |                 |                        |
| Nuance                         | Mid-Cap Value-Z        | 2,616,527      |               |                |                 | 6                      |
| Jackson Sq                     | SMID-Cap Growth        | 2,629,950      |               |                |                 | 5                      |
| USA                            | Treasury Notes         | 2,849,163      |               |                |                 | 18                     |
| USA                            | Treasury Notes         |                | 1,541,520     | 1,552,346      | (10,826)        | 9                      |
| USA                            | Treasury Notes         | 2,979,227      |               |                |                 | 28                     |
| USA                            | Treasury Notes         |                | 2,862,109     | 2,853,389      | 8,720           | 26                     |
| Vanguard                       | Sm-Cap Indx #548 Adm   | 2,600,782      |               |                |                 | 4                      |
| *PNC                           | Money Market Fund #405 |                |               |                | (A)             |                        |
| *PNC                           | PNC Checking Account   |                |               |                | (A)             |                        |

(A) The current value of all assets acquired or disposed of, at the time of acquisition or disposition, is equal to the purchase price or selling price respectively.

\* Party-in-interest

# AUDIT REPORT

## Messer Construction Co. Hourly Employees' Retirement Plan

EIN: 31-0740877  
Plan No: 002

Financial Statements as of and for the  
Years Ended December 31, 2019 and 2018,  
Supplemental Schedules as of and for the  
Year Ended December 31, 2019, and  
Independent Auditors' Report

# MESSER CONSTRUCTION CO. HOURLY EMPLOYEES' RETIREMENT PLAN

## TABLE OF CONTENTS

---

|                                                                                                                                                                                                                                                       | <b>Page</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| INDEPENDENT AUDITOR'S REPORT                                                                                                                                                                                                                          | 1-2         |
| FINANCIAL STATEMENTS:                                                                                                                                                                                                                                 |             |
| Statements of Net Assets Available for Benefits as of December 31, 2019 and 2018                                                                                                                                                                      | 3           |
| Statements of Changes in Net Assets Available for Benefits for the Years Ended<br>December 31, 2019 and 2018                                                                                                                                          | 4           |
| Notes to Financial Statements as of and for the Years Ended December 31, 2019 and 2018                                                                                                                                                                | 5-10        |
| SUPPLEMENTAL SCHEDULES:                                                                                                                                                                                                                               | 11          |
| Form 5500, Schedule H, Part IV, Line 4i — Schedule of Assets (Held at End of Year)<br>as of December 31, 2019                                                                                                                                         | 12-16       |
| Form 5500, Schedule H, Part IV, Line 4j — Schedule of Reportable Transactions<br>for the Year Ended December 31, 2019                                                                                                                                 | 17          |
| NOTE: All other schedules required by Section 2520.103-10 Department of Labor's Rules and<br>Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of<br>1974 have been omitted because they are not applicable. |             |

## **INDEPENDENT AUDITOR'S REPORT**

Messer Construction Co. Hourly Employees' Retirement Plan  
Trustees and Participants:

We have audited the accompanying financial statements of the Messer Construction Co. Hourly Employees' Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

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

### **Auditors' Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2019 and 2018, and the changes in net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

## Report on Supplemental Schedules

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules listed in the Table of Contents, together referred to as “supplemental information,” are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and were derived from and relate directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in our audit of the financial statements and certain additional procedures, including comparing and reconciling such schedules and information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, such schedules and information are fairly stated in all material respects in relation to the financial statements as a whole.

*Parms & Company, LLC*

October 12, 2020  
Columbus, Ohio

**MESSER CONSTRUCTION CO. HOURLY EMPLOYEES' RETIREMENT PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
AS OF DECEMBER 31, 2019 AND 2018**

---

|                                   | <b>2019</b>                 | <b>2018</b>                 |
|-----------------------------------|-----------------------------|-----------------------------|
| ASSETS:                           |                             |                             |
| Investments at fair value:        | 58,490,219                  | 49,898,252                  |
| Receivables:                      |                             |                             |
| Employer contribution receivable  | 305,200                     | 285,311                     |
| Accrued dividends                 | <u>87,368</u>               | <u>64,260</u>               |
| Total receivables                 | <u>392,568</u>              | <u>349,571</u>              |
| TOTAL ASSETS                      | 58,882,787                  | 50,247,823                  |
| LIABILITIES                       | <u>                    </u> | <u>                    </u> |
| NET ASSETS AVAILABLE FOR BENEFITS | <u><u>\$ 58,882,787</u></u> | <u><u>\$ 50,247,823</u></u> |

See notes to financial statements.

# MESSER CONSTRUCTION CO. HOURLY EMPLOYEES' RETIREMENT PLAN

## STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018

---

|                                                                 | 2019                 | 2018                 |
|-----------------------------------------------------------------|----------------------|----------------------|
| ADDITIONS:                                                      |                      |                      |
| Additions to net assets attributed to:                          |                      |                      |
| Investment income (loss):                                       |                      |                      |
| Net appreciation (depreciation) in<br>fair value of investments | \$ 7,674,365         | \$ (3,121,503)       |
| Interest and dividends                                          | <u>1,847,276</u>     | <u>1,377,655</u>     |
|                                                                 | 9,521,641            | (1,743,848)          |
| Less: investment expense                                        | <u>(182,248)</u>     | <u>(214,185)</u>     |
|                                                                 | 9,339,393            | (1,958,033)          |
| Contributions — employer contributions                          | <u>3,465,267</u>     | <u>2,866,406</u>     |
| Total additions                                                 | <u>12,804,660</u>    | <u>908,373</u>       |
| DEDUCTIONS:                                                     |                      |                      |
| Benefits paid to participants                                   | (4,046,841)          | (4,633,818)          |
| Plan expenses                                                   | <u>(122,855)</u>     | <u>(119,012)</u>     |
| Total deductions                                                | <u>(4,169,696)</u>   | <u>(4,752,830)</u>   |
| INCREASE IN NET ASSETS                                          | 8,634,964            | (3,844,457)          |
| NET ASSETS AVAILABLE FOR BENEFITS:                              |                      |                      |
| Beginning of year                                               | <u>50,247,823</u>    | <u>54,092,280</u>    |
| End of year                                                     | <u>\$ 58,882,787</u> | <u>\$ 50,247,823</u> |

See notes to financial statements.

## MESSER CONSTRUCTION CO. HOURLY EMPLOYEES' RETIREMENT PLAN

### NOTES TO FINANCIAL STATEMENTS

AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018

---

#### 1. DESCRIPTION OF THE PLAN

The following description of the Messer Construction Co. Hourly Employees' Retirement Plan (the "Plan"), is provided for general information purposes only. Participants should refer to the Plan Document for more information.

**General** — The Plan, effective January 1, 1993, and amended and restated January 1, 2009, is a defined contribution plan covering eligible hourly employees of the Messer Construction Co. (the "Company") who meet stipulated service requirements. An appointed committee controls and manages the operations and administration of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

**Contributions** — The Company's contribution to the Plan is determined by the Board of Directors. Participant contributions are not permitted.

**Participant Accounts** — Each participant's account is credited with an allocation of the Company's contribution and Plan earnings. Plan expenses are allocated to each participant's account based on each participant's relative share of assets. Allocations are based on participant earnings or account balances, as defined, or the requirements of the prevailing wage laws.

**Investments** — Investment decisions are made by the trustees within the provisions of the trust agreement and based on consultation with an investment advisor independent of the Company. The Plan invests primarily in money market funds, mutual funds, certificates of deposits, U.S. government securities, common stocks, and corporate bonds in accordance with the Plan's Investment Policy Statement.

**Vesting** — Participants are immediately vested in their account balances.

**Payment of Benefits** — Upon retirement or termination of service, as defined, a participant is entitled to receive their vested balance in a lump-sum distribution. At December 31, 2019 and 2018 there were no amounts allocated to accounts of persons who have elected to withdraw from the Plan, but have not yet been paid.

#### 2. SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting** — The accompanying financial statements are prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).

**Use of Estimates** — The preparation of financial statements in conformity with GAAP requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**Risks and Uncertainties** — The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially differ from the amounts reported in the financial statements.

## 2. SIGNIFICANT ACCOUNTING POLICIES (continued)

**Investment Valuation and Income Recognition** — The Plan's investments are stated at fair value. Fair value is the price that would be received upon sale of an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion on fair value measurements.

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

Management fees and operating expenses charged to the Plan for investments in the diversified portfolio are deducted from income and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

**Asset Valuation Techniques** — Valuation technologies maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

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

*Mutual Funds* — Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Corporate Bonds* — Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote, if available.

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

*Cash Equivalents* — Held primarily in short-term money market commingled funds, which are valued at cost plus accrued interest.

*Collective Trust Fund* — Valued using pricing models maximizing the use of observable inputs consistent with practices prevailing within real estate appraisal and real estate investment management industries. Collective trust investments that are measured at fair value using the net asset value per share as practical expedient have not been classified in the fair value hierarchy.

**Items Measured at Net Asset Value** — In accordance with ASU No. 2009-12, the Plan includes disclosures to address the category, fair value, redemption frequency, and redemption notice period for those assets whose fair value is estimated using the net asset value per share as of September 30, 2019 and 2018. The mutual funds (investments other than Collective Trust Fund) do not have a finite life, unfunded commitments, or significant restrictions on redemptions.

## 2. SIGNIFICANT ACCOUNTING POLICIES (continued)

| Fair Value Estimated Using Net Asset Value |                     |                      |                               |                          |
|--------------------------------------------|---------------------|----------------------|-------------------------------|--------------------------|
| December 31, 2019                          |                     |                      |                               |                          |
| Investment                                 | Fair Value*         | Redemption Frequency | Other Redemption Restrictions | Redemption Notice Period |
| JPMCB Strategic Property Fund              | <u>5,875,456</u>    | Quarterly            | None                          | 45 days prior            |
| Total                                      | <u>\$ 5,875,456</u> |                      |                               |                          |

  

| Fair Value Estimated Using Net Asset Value |                     |                      |                               |                          |
|--------------------------------------------|---------------------|----------------------|-------------------------------|--------------------------|
| December 31, 2018                          |                     |                      |                               |                          |
| Investment                                 | Fair Value*         | Redemption Frequency | Other Redemption Restrictions | Redemption Notice Period |
| JPMCB Strategic Property Fund              | <u>5,683,655</u>    | Quarterly            | None                          | 45 days prior            |
| Total                                      | <u>\$ 5,683,655</u> |                      |                               |                          |

The use of net asset value as a fair value is deemed appropriate, as these funds do not have a finite life, unfunded commitments, or significant restrictions on redemptions.

**Administrative Expenses** — The Plan has elected to pay its administrative expenses. The Plan also pays investment related expenses inclusive of investment manager fees.

**Subsequent Events** — The Plan has evaluated subsequent events through October 12, 2020, the date that these financial statements were available for issuance, to determine if either recognition or disclosure of significant events or transactions is required.

In December 2019, a novel strain of coronavirus surfaced in Wuhan, China, and has spread around the world, with resulting business and social disruption. The coronavirus was declared a Public Health Emergency of International Concern by the World Health Organization on January 30, 2020. The results of the Plan's investment performance could be materially adversely affected by the impact this situation has had on the financial market. The extent to which the coronavirus may impact investment results will depend on future developments, which are highly uncertain and cannot be predicted, including new information which may emerge concerning the severity of the coronavirus and the actions required to contain the coronavirus or treat its impact, among others.

## 3. FAIR VALUE MEASUREMENTS

ASC 820, *Fair Value Measurements and Disclosures*, provides a framework for measuring fair value. In accordance with generally accepted accounting principles, the Plan classifies its investments into Level 1, which refers to securities valued using quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's policy is to recognize significant transfers between levels at the end of the reporting period. The following tables set forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value on a recurring basis at December 31, 2019 and 2018.

### 3. FAIR VALUE MEASUREMENTS (continued)

**Transfers Between Levels** — The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period.

We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2019 and 2018, there were no transfers between levels. The table below includes the major categorization for debt and equity securities on the basis of the nature and risk of the investments at December 31, 2019:

| Fair Value Measurements<br>at December 31, 2019, Using |                                                     |                                         |                                                 |                   |
|--------------------------------------------------------|-----------------------------------------------------|-----------------------------------------|-------------------------------------------------|-------------------|
|                                                        | Active Markets<br>for Identical<br>Assets (Level 1) | Other<br>Observable<br>Inputs (Level 2) | Significant<br>Unobservable<br>Inputs (Level 3) | Total             |
| Cash and cash equivalents                              | \$ 1,096,416                                        | -                                       | -                                               | \$ 1,096,416      |
| Corporate bonds                                        | -                                                   | 1,316,561                               | -                                               | \$ 1,316,561      |
| U.S. government securities                             | -                                                   | 7,772,267                               | -                                               | \$ 7,772,267      |
| Corporate common stocks:                               | 9,516,436                                           | -                                       | -                                               | \$ 9,516,436      |
| Mutual fixed income funds                              | 6,813,003                                           | -                                       | -                                               | \$ 6,813,003      |
| Mutual equity funds                                    | 26,100,080                                          |                                         |                                                 | 26,100,080        |
| Investments at fair value                              | <u>43,525,935</u>                                   | <u>9,088,828</u>                        | <u>-</u>                                        | <u>52,614,763</u> |
| Collective trust fund*                                 |                                                     |                                         |                                                 | 5,875,456         |
| Total Investments                                      |                                                     |                                         |                                                 | <u>58,490,219</u> |

\* In accordance with ASU 2015-07, certain investments that are measured at fair value using the net asset value per share as practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the total investments of the Master Trust.

### 3. FAIR VALUE MEASUREMENTS (continued)

The table below includes the major categorization for debt and equity securities on the basis of the nature and risk of the investments at December 31, 2018:

| Fair Value Measurements<br>at December 31, 2018, Using |                                                     |                                         |                                                 |                   |
|--------------------------------------------------------|-----------------------------------------------------|-----------------------------------------|-------------------------------------------------|-------------------|
|                                                        | Active Markets<br>for Identical<br>Assets (Level 1) | Other<br>Observable<br>Inputs (Level 2) | Significant<br>Unobservable<br>Inputs (Level 3) | Total             |
| Cash and cash equivalents                              | \$ 1,183,140                                        | -                                       | -                                               | \$ 1,183,140      |
| Corporate bonds                                        | -                                                   | 4,622,096                               | -                                               | \$ 4,622,096      |
| U.S. government securities                             | -                                                   | 4,087,833                               | -                                               | \$ 4,087,833      |
| Corporate common stocks:                               | 13,941,733                                          | -                                       | -                                               | \$ 13,941,733     |
| Mutual fixed income funds                              | 6,356,447                                           | -                                       | -                                               | \$ 6,356,447      |
| Mutual equity funds                                    | 14,023,348                                          |                                         |                                                 | 14,023,348        |
| Investments at fair value                              | <u>35,504,668</u>                                   | <u>8,709,929</u>                        | <u>-</u>                                        | <u>44,214,597</u> |
| Collective trust fund*                                 |                                                     |                                         |                                                 | <u>5,683,655</u>  |
| Total Investments                                      |                                                     |                                         |                                                 | <u>49,898,252</u> |

\* In accordance with ASU 2015-07, certain investments that are measured at fair value using the net asset value per share as practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the total investments of the Master Trust.

During the years ended December 31, 2019 and 2018, the Plan's investments (including gains and losses on investments bought and sold, as well as changes in position during the year), appreciated (depreciated) by \$7,674,365 and (\$3,121,503), respectively.

### 4. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

The Plan has certain investments in shares of a money market fund managed by BlackRock of which PNC has an ownership in. PNC is the custodian, as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

### 5. PLAN TERMINATION

Although it has not expressed any intention 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 set forth in ERISA.

## 6. FEDERAL INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated March 15, 2018, that the Plan and related trust are designed in accordance with applicable regulations of the Internal Revenue Code (IRC). The Company and Plan management believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## 7. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

### Reconciliation of Financial Statements to Form 5500

As of December 31, 2019 and 2018

### Statement of Assets Available for Benefits:

|                                                        | 2019                | 2018                |
|--------------------------------------------------------|---------------------|---------------------|
| Cash and cash equivalents - per financial statements   | \$ 1,096,416        | \$ 1,183,140        |
| Add operating expense disbursement recorded as payable | 17,868              | 9,029               |
| Cash and cash equivalents - per Form 5500              | <u>\$ 1,114,284</u> | <u>\$ 1,192,169</u> |
| <br>Total Assets - per financial statements            | <br>\$58,882,787    | <br>\$50,247,823    |
| Add operating expense disbursement recorded as payable | 17,868              | 9,029               |
| Total assets - per Form 5500                           | <u>\$58,900,655</u> | <u>\$50,256,852</u> |
| <br>Liabilities - per financial statements             | <br>\$ -            | <br>\$ -            |
| Add operating expense disbursement recorded as payable | 17,868              | 9,029               |
| Liabilities - per Form 5500                            | <u>\$ 17,868</u>    | <u>\$ 9,029</u>     |

## **SUPPLEMENTAL SCHEDULE**

# MESSER CONSTRUCTION CO. HOURLY EMPLOYEES' RETIREMENT PLAN

## SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2019

| Identity of Issuer,<br><br>Borrower, or Similar Party | Description of Investment Including<br>Maturity<br>Date, Rate of Interest, Par, or<br>Maturity Value | Cost              | Current<br>Value  |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------|-------------------|
| <b>Cash and Cash Equivalents</b>                      |                                                                                                      |                   |                   |
| Fidelity US Government Reserves                       | MMKT-Premium Class FD #2741                                                                          | 15,283            | 15,283            |
| PNC Bank                                              | PNC Bank Checking Account                                                                            | 4,281             | 4,281             |
| Federated Government OBL-SEL                          | ERISA & DISC IRA FD#07                                                                               | <u>1,076,852</u>  | <u>1,076,852</u>  |
|                                                       | Subtotal                                                                                             | <u>1,096,416</u>  | <u>1,096,416</u>  |
| <b>Mutual Equity Funds:</b>                           |                                                                                                      |                   |                   |
| American Euro pacific Growth Fund                     | American Europacific Growth Fund Class-<br>R6                                                        | 2,844,146         | 3,867,422         |
| WCM Focused Intl Growth Ins                           | WCM Focused Intl Growth-Ins                                                                          | 2,464,128         | 3,919,830         |
| Nuance MID CAP VALUE-Z                                | Nuance MID CAP VALUE-Z                                                                               | 2,616,527         | 2,877,087         |
| Jackson Square SMID- CAP Growth                       | SMID- CAP Growth                                                                                     | 2,628,950         | 2,647,504         |
| Primecap Odyssey Growth                               | Primcecap Odyseeey Growth Fund #1650                                                                 | 8,172,236         | 9,976,194         |
| Vanguard SM-CAP                                       | SM-CAP Indx #548                                                                                     | <u>2,600,782</u>  | <u>2,812,043</u>  |
|                                                       | Subtotal                                                                                             | <u>21,326,769</u> | <u>26,100,080</u> |
| <b>Mutual Fixed Income Funds:</b>                     |                                                                                                      |                   |                   |
| PIMCO All Asset Fund Instl                            | FD #034                                                                                              | 2,800,732         | 2,832,946         |
| Templeton Global Bond Fun R6                          | N/A                                                                                                  | <u>4,647,881</u>  | <u>3,980,057</u>  |
|                                                       | Subtotal                                                                                             | <u>7,448,613</u>  | <u>6,813,003</u>  |
| <b>US Government Securities:</b>                      |                                                                                                      |                   |                   |
| USA Treasury Notes                                    | 2.500% Due 02/15/2045 Rating AAA                                                                     | 426,603           | 451,024           |
| USA Treasury Notes                                    | 2.000% Due 08/15/2025 Rating AAA                                                                     | 1,296,816         | 1,287,412         |
| USA Treasury Notes                                    | 1.750% Due 12/31/2020 Rating AAA                                                                     | 250,322           | 250,235           |
| USA Treasury Notes                                    | 2.750% Due 11/15/2023 Rating AAA                                                                     | 99,148            | 104,082           |
| USA Treasury Notes                                    | 2.625% Due 01/31/2026 Rating AAA                                                                     | 125,838           | 125,874           |
| USA Treasury Notes                                    | 2.500% Due 02/28/2026 Rating AAA                                                                     | 106,477           | 104,215           |
| Federal Home Loan Mtg Corp                            | 4.000% Due 08/01/2024 Rating N/A                                                                     | 10,485            | 10,793            |
| Federal Home Loan Mtg Corp                            | 3.500% Due 05/01/2046 Rating N/A                                                                     | 140,849           | 139,107           |
| Federal Home Loan Mtg Corp                            | 4.000% Due 05/01/2024 Rating N/A                                                                     | 11,299            | 11,613            |
| Federal Home Loan Mtg Corp                            | 5.000% Due 08/01/2039 Rating N/A                                                                     | 59,537            | 63,117            |
| Federal Home Loan Bank                                | 3.370% Due 02/12/2030 Rating AAA                                                                     | 50,635            | 50,483            |
| Federal Home Loan Bank                                | 3.700% Due 10/22/2025 Rating AAA                                                                     | 220,352           | 225,267           |
| Federal Home Loan Mtg Corp                            | 2.500% Due 11/01/2049 Rating N/A                                                                     | 695,430           | 698,140           |
| Federal Home Loan Mtg                                 | 2.500% Due 01/01/2050 Rating NA                                                                      | 266,709           | 267,025           |
| Federal Home Loan Mtg                                 | 2.000% Due 11/01/2034 Rating N/A                                                                     | 272,524           | 272,209           |
| Federal Farm Credit Bank                              | 2.390% Due 11/01/2034 <sup>12</sup> Rating AAA                                                       | 328,267           | 325,245           |

# MESSER CONSTRUCTION CO. HOURLY EMPLOYEES' RETIREMENT PLAN

## SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2019

|                                |        |                             |           |           |
|--------------------------------|--------|-----------------------------|-----------|-----------|
| Federal Farm Credit Bank       | 2.420% | Due 12/18/2034 Rating A A A | 168,256   | 168,019   |
| Federal Natl Mtg Assn          | 4.000% | Due 04/01/2026 Rating N/A   | 30,102    | 30,203    |
| Federal Natl Mtg Assn          | 3.500% | Due 06/01/2042 Rating N/A   | 115,008   | 115,377   |
| Federal Natl Mtg Assn          | 3.500% | Due 07/01/2042 Rating N/A   | 38,661    | 38,227    |
| Federal Natl Mtg Assn          | 3.000% | Due 10/01/2046 Rating N/A   | 207,609   | 205,367   |
| Federal Natl Mtg Assn          | 3.500% | Due 12/01/2047 Rating N/A   | 372,015   | 381,382   |
| Federal Natl Mtg Assn          | 3.500% | Due 01/01/2048 Rating N/A   | 238,232   | 249,258   |
| Federal Natl Mtg Assn          | 5.000% | Due 05/01/2038 Rating N/A   | 15,901    | 16,970    |
| Federal Natl Mtg Assn          | 5.000% | Due 02/01/2039 Rating N/A   | 5,536     | 5,950     |
| Federal Natl Mtg Assn          | 4.500% | Due 05/01/2039 Rating N/A   | 21,457    | 22,769    |
| Federal Natl Mtg Assn          | 3.000% | Due 01/01/2029 Rating N/A   | 36,274    | 35,973    |
| Federal Natl Mtg Assn          | 3.500% | Due 06/01/2046 Rating N/A   | 229,242   | 226,527   |
| Federal Natl Mtg Assn          | 3.500% | Due 04/01/2029 Rating N/A   | 479,551   | 481,702   |
| Federal Natl Mtg Assn          | 3.500% | Due 05/01/2029 Rating N/A   | 373,016   | 376,868   |
| Federal Natl Mtg Assn          | 2.500% | Due 11/01/2034 Rating N/A   | 414,689   | 416,054   |
| Federal Natl Mtg Assn          | 4.500% | Due 08/01/2040 Rating N/A   | 31,282    | 33,299    |
| Subtotal                       |        |                             | 7,138,122 | 7,189,786 |
| <b>Municipal Bonds:</b>        |        |                             |           |           |
| Massachusetts Sch Bldg Auth    | 3.395% | 10/15/2040                  | 151,816   | 149,955   |
| Oregon St Dept of Transpm HI   | 2.951% | 11/15/1933                  | 182,627   | 180,525   |
| Texas St                       | 3.211% | 4/1/1944                    | 171,991   | 171,697   |
| Virginia St Resources Auth Inf | 2.850% | 11/1/1932                   | 80,973    | 80,304    |
| Subtotal                       |        |                             | 587,407   | 582,481   |
| Government Securities Subtotal |        |                             | 7,725,529 | 7,772,267 |
| <b>Corporate Bonds:</b>        |        |                             |           |           |
| American Water Capital C       | 2.950% | 9/1/2027                    | 106,679   | 112,444   |
| BB&T Corporation               | 3.050% | 6/20/2022                   | 102,406   | 102,499   |
| Bank of America Corp           | VAR%   | 3/5/2024                    | 20,007    | 20,757    |
| Beeing Co                      | 2.500% | 3/1/2025                    | 87,087    | 90,468    |
| Citigroup Inc                  | VAR%   | 11/4/2022                   | 180,475   | 180,560   |
| Commonwealth Edison Co         | 3.100% | 11/1/2024                   | 67,202    | 72,664    |
| JP Morgan Chase & Co           | 3.900% | 7/15/2025                   | 57,729    | 59,404    |
| State Street Corp              | VAR%   | 11/1/2025                   | 50,000    | 50,221    |
| Virginia Elec & Power Co       | 3.150% | 1/15/2026                   | 19,572    | 20,910    |
| Virginia Elec & Power Co       | 3.500% | 3/15/2027                   | 49,807    | 53,490    |
| Virginia Elec & Power Co       | 3.800% | 4/1/2028                    | 119,912   | 119,701   |
| Wells Fargo & Company          | 3.000% | 2/19/2025                   | 275,954   | 278,618   |
| Asset Backed:                  |        |                             |           |           |
| JP Morgan Chase & Co           | VAR%   | 10/15/2025                  | 155,000   | 154,825   |
| Subtotal                       |        |                             | 1,291,830 | 1,316,561 |

# MESSER CONSTRUCTION CO. HOURLY EMPLOYEES' RETIREMENT PLAN

## SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2019

| <b>Common Stock:</b>          | <b>Shares</b>         | <b>Common Stock</b> |                   |
|-------------------------------|-----------------------|---------------------|-------------------|
| Amazon Com Inc                | 281                   | 83,893              | 519,243           |
| General Motors Co             | 6,050                 | 215,806             | 221,430           |
| Hilton Worldwide Hldgs-W/I    | 2,200                 | 163,388             | 244,002           |
| Liberty Tripadvisor Hdg-A     | 1,765                 | 17,299              | 12,973            |
| Marriott International Inc    | 2,913                 | 239,736             | 441,116           |
| Mohawk Inds Inc               | 1,000                 | 173,599             | 136,380           |
| AON PLC                       | 1,055                 | 40,442              | 219,746           |
| Berkshire Hathaway inc        | 3,010                 | 308,533             | 681,765           |
| Citigroup Inc                 | 7,742                 | 395,235             | 618,508           |
| Goldman Sachs Group Inc       | 2,300                 | 371,740             | 528,839           |
| Morgan Stanley                | 4,753                 | 163,048             | 242,973           |
| Wells Fargo & Company         | 8,575                 | 448,024             | 461,335           |
| Unitedhealth Group Inc        | 1,050                 | 29,044              | 308,679           |
| Aercap Holdings Nv            | 2,455                 | 130,256             | 150,909           |
| General Electric              | 38,576                | 359,096             | 430,508           |
| Wabtec Corp                   | 1,319                 | 91,395              | 102,618           |
| Fiserv Inc                    | 1,164                 | 86,067              | 134,593           |
| Microsoft Corp                | 5,770                 | 146,095             | 909,929           |
| Oracle Corp                   | 4,509                 | 138,062             | 238,887           |
| Liberty Global Plc Series C   | 12,225                | 269,014             | 266,444           |
| Alphabet Inc/CA CL C          | 621                   | 385,315             | 830,289           |
| Comcast Corporation CL A      | 10,870                | 381,621             | 488,824           |
| Disney Walt Co                | 49                    | 5,364               | 7,087             |
| Dish Network Corp             | 2,776                 | 129,208             | 98,465            |
| Facebook Inc                  | 1,934                 | 325,230             | 396,954           |
| GCI Liberty Inc Class A       | 1,000                 | 59,637              | 70,850            |
| Liberty Broadband -A          | 3,900                 | 286,029             | 485,784           |
| Netflix Inc                   | 582                   | 166,581             | 188,318           |
| Trip Advisor Inc Class I      | 2,600                 | 84,566              | 78,988            |
|                               | Subtotal              | 5,693,323           | 9,516,436         |
| <b>Other Assets</b>           |                       |                     |                   |
| JPMCB Strategic Property Fund | 20-70-002-3839662     | 5,377,277           | 5,875,456         |
|                               | Other Assets Subtotal | 5,377,277           | 5,875,456         |
|                               | <b>Grand total</b>    | <b>49,959,756</b>   | <b>58,490,219</b> |

**MESSER CONSTRUCTION CO. HOURLY EMPLOYEES' RETIREMENT PLAN**

Employer ID No: 31-0740877

Plan No: 002

**FORM 5500, SCHEDULE H, PART IV, LINE 4j — SCHEDULE OF REPORTABLE TRANSACTIONS****FOR THE YEAR ENDED DECEMBER 31, 2019**

---

| Identity of<br>Party           | Description<br>of Assets | Purchase<br>Price | Selling<br>Price | Cost of<br>Assets | Net Gain<br>(Loss) | Number<br>of<br>Transactions |
|--------------------------------|--------------------------|-------------------|------------------|-------------------|--------------------|------------------------------|
| Vanguard                       | Sm-Cap Indx #548         | 2,570,000         |                  |                   |                    | 1                            |
| <b>SERIES IN SAME SECURITY</b> |                          |                   |                  |                   |                    |                              |
| Nuance                         | Mid-Cap Value-Z          | 2,616,527         |                  |                   |                    | 6                            |
| Jackson Sq                     | SMID-Cap Growth          | 2,629,950         |                  |                   |                    | 5                            |
| USA                            | Treasury Notes           | 2,849,163         |                  |                   |                    | 18                           |
| USA                            | Treasury Notes           |                   | 1,541,520        | 1,552,346         | (10,826)           | 9                            |
| USA                            | Treasury Notes           | 2,979,227         |                  |                   |                    | 28                           |
| USA                            | Treasury Notes           |                   | 2,862,109        | 2,853,389         | 8,720              | 26                           |
| Vanguard                       | Sm-Cap Indx #548 Adm     | 2,600,782         |                  |                   |                    | 4                            |
| *PNC                           | Money Market Fund #405   |                   |                  |                   | (A)                |                              |
| *PNC                           | PNC Checking Account     |                   |                  |                   | (A)                |                              |

(A) The current value of all assets acquired or disposed of, at the time of acquisition or disposition, is equal to the purchase price or selling price respectively.

\* Party-in-interest