Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ABC PLUMBING, HEATING & COOLING, INC. PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1983

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
ABC PLUMBING, HEATING, COOLING, & ELECTRIC, INC.

220 WEST CAMPUS DRIVE
SUITE 200
ARLINGTON HEIGHTS, IL 60004

2b Employer Identification Number (EIN) 36-2665333

2c Plan Sponsor's telephone number 847-419-1000

2d Business code (see instructions) 238220

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2020	GORDON SCHROLL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5 Total number of participants at the beginning of the plan year	**5**	121
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	107
a(2) Total number of active participants at the end of the plan year	**6a(2)**	107
b Retired or separated participants receiving benefits	**6b**	1
c Other retired or separated participants entitled to future benefits	**6c**	29
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	137
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	137
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	135
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	16
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 3D

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

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

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

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

A Name of plan
ABC PLUMBING, HEATING & COOLING, INC. PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ABC PLUMBING, HEATING, COOLING, & ELECTRIC, INC.

D Employer Identification Number (EIN)
36-2665333

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

EDWARD JONES INVESTMENTS

12555 MANCHESTER ROAD
DES PERES, MO 63131

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
71 72	N/A	14145	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

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

A Name of plan
ABC PLUMBING, HEATING & COOLING, INC. PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ABC PLUMBING, HEATING, COOLING, & ELECTRIC, INC.

D Employer Identification Number (EIN)
36-2665333

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	450000	375000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	27330	26852
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2037150	2995394
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1001924	1360712
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	28669	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	3545073	4757958
	Liabilities			
g	Benefit claims payable	1g	2409	0
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	2409	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3542664	4757958

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	375000	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		375000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	394	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		394
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	42041	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	35584	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		77625
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	566758	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	547328	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		19430
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	650470	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		650470

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		136274
c Other income	2c		4389
d Total income. Add all **income** amounts in column (b) and enter total	2d		1263582
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	34082	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		34082
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	14206	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		14206
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		48288
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1215294
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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 [X] No

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

(1) Name: KUTCHINS, ROBBINS AND DIAMOND, LTD **(2)** EIN: 36-3856676

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		400000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

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

A Name of plan
ABC PLUMBING, HEATING & COOLING, INC. PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ABC PLUMBING, HEATING, COOLING, & ELECTRIC, INC.

D Employer Identification Number (EIN)
36-2665333

Part I Distributions

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

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

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

EIN(s): 32-2665333

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

ABC PLUMBING, HEATING, & COOLING, INC. PROFIT SHARING PLAN & TRUST

Financial Statements
December 31, 2019

KUTCHINS, ROBBINS & DIAMOND, LTD.

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CERTIFIED PUBLIC ACCOUNTANTS

1101 PERIMETER DRIVE, SUITE 760 ■ SCHAUMBURG, IL 60173 ■ 847.240.1040 ■ FAX 847.240.1055 ■ www.krdcpas.com
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krd
ACCOUNTANTS
CONSULTANTS
ADVISORS

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
ABC Plumbing, Heating & Cooling, Inc. Profit Sharing Plan & Trust
Northlake, Illinois

Report on the Financial Statements

We have audited the accompanying financial statements of ABC Plumbing, Heating & Cooling, Inc. Profit Sharing Plan & Trust (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to 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 audits 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 judgement, including the assessment of the risk 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 of 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 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 ABC Plumbing, Heating & Cooling, Inc. Profit Sharing Plan & Trust as of December 31, 2019 and 2018, and the changes in net assets available for benefits for the year ended December 31, 2019 in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at year end) and reportable transactions for the year ended December 31, 2019, together referred to as "supplemental information" are presented for the purpose of additional analysis and are not required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates 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 the audit of the financial statements and certain additional procedures, including comparing and reconciling such 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, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Kutchins, Robbins & Diamond, Ltd.

Schaumburg, Illinois
October 13, 2020

ABC PLUMBING, HEATING, & COOLING, INC.
PROFIT SHARING PLAN & TRUST

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

See notes to financial statements.

	2019	2018
ASSETS		
INVESTMENTS, AT FAIR VALUE		
Money market	**$ 26,852**	$ 27,330
Common stocks	**2,995,394**	2,037,150
Registered investment companies	**1,360,712**	1,001,924
Annuity	**-**	28,669
Total investments	**4,382,958**	3,095,073
EMPLOYER CONTRIBUTION RECEIVABLE	**375,000**	450,000
Total assets	**4,757,958**	3,545,073
LIABILITIES		
Benefit claim payable	-	2,409
NET ASSETS AVAILABLE FOR BENEFITS	**$ 4,757,958**	$ 3,542,664

ABC PLUMBING, HEATING, & COOLING, INC.
PROFIT SHARING PLAN & TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2019

See notes to financial statements.

ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment income		
Interest and dividend income	**$**	**78,019**
Net appreciation in fair value of investments		**806,174**
Other income		**4,389**
		888,582
CONTRIBUTIONS		
Employer		**375,000**
Total additions		**1,263,582**
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to participants		**34,082**
Administrative expenses		**14,206**
		48,288
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS		**1,215,294**
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR		**3,542,664**
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	**$**	**4,757,958**

DESCRIPTION OF PLAN

The following description of the ABC Plumbing, Heating & Cooling, Inc. Profit Sharing Plan & Trust (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The Plan covers both employees of ABC Plumbing, Heating, Cooling, & Electric, Inc. and ABC Southwest Company, Inc. ("the Company").

The Plan is a defined contribution plan covering substantially all employees who must be the age of 21, and completed at least one full year of service during the Plan year. This requirement is not satisfied until the last day of the 12-month period. Once this requirement has been met, an employee will enter the plan on January 1st or July 1st, coincident with satisfaction of the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Company may make an annual discretionary profit sharing contribution in an amount to be determined at Plan year-end by the Board of Directors of the Company. A participant must complete at least 1,000 hours of service during the plan year and be employed as of the last day of the Plan year to be eligible to receive any profit sharing contributions that may be made for that Plan year.

Investment Options: The Plan administrator will determine the investments to be used for all accounts and will direct the deposit of all contributions.

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

Participant Loans: Participants may borrow from their fund accounts, a minimum of $1,000 up to a maximum of the lesser of $50,000 or 50% of the participant's vested account balance. The loans are secured by the balance of the participant's account and bear a reasonable rate as determined by the plan administrator. Principal and interest is paid ratably through payroll deductions. The loan will become payable in full on termination of employment. There were no participant loans outstanding as of December 31, 2019.

Payment of Benefits: Payments of benefits are made to participants or their beneficiaries upon death, retirement, disability or, at the option of the employee, termination of employment. The participant will reach the plan's normal retirement age at the age of 65. At the normal retirement age, the participant will be fully vested in their employer contribution account. Payment of benefits will begin as soon as practicable following retirement, based on account value on the preceding valuation date. A participant is eligible for early retirement benefits on the date they reach age 55 and 10 years of service. The vesting in the employer contribution will be determined in accordance with the plan's vesting schedule.

Should an employee become permanently disabled, they will receive a percentage of their account balance under this plan based on the plan's vesting schedule. If it is determined an employee is entitled to a distribution due to disability, payment of benefits will begin as soon as practicable following such determination, based on the account value on the preceding valuation date. If employment is terminated for any reason other than those previously listed, they will be entitled to that portion of their employer accounts in which they are vested. Benefits are payable in a lump sum or by other methods as described in the Plan agreement.

DESCRIPTION OF PLAN (CONTINUED)

Administrative Expenses: All Plan expenses, including without limitation, expenses and fees of the plan sponsor, administrator, investment manager, trustee and any insurance company shall be charged as expenses of the Plan unless the employer chooses to pay such expenses. The Plan pays substantially all administrative expenses of the Plan.

Vesting: Participants are credited with the actual hours you work, and for hours for which they are paid but not at work, such as paid vacation or paid sick leave. Participants will earn a year of service for purposes of vesting if they are credited with 1,000 hours of service during the eligibility computation period. Vesting of Employer Discretionary Contribution accounts for each participant is based on years of service, beginning with 20% after two years, increasing 20% per year until fully vested after six years of service.

When an employee fails to complete more than 500 hours during the eligibility computation period, the employee incurs a break in service. If the employee has incurred a break in service, the vesting percentage will not increase for the period in which the break occurs.

Forfeited Accounts: Forfeitures of the non-vested portion of participants' accounts resulting from termination of employment before full vesting will be used to supplement the employer contribution. The forfeiture takes place as of the last day of the plan year in which a terminated participant's fifth consecutive break in service occurs. Forfeitures as of December 31, 2019 was $8,083.

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The financial statements of the Plan have been prepared on the accrual basis.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates. The reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities.

Investment Valuation and Income Recognition: Investments are reported are fair value. Fair value is the price that would be received to sell an asset or paid to transfer the liability in an orderly transaction between market participants at the measurement date.

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

Payment of Benefits: Benefits are recorded when paid.

Administrative Expenses: Recordkeeping and investment advisory fees are paid by the Plan. Certain administrative expenses are paid by the Company.

Subsequent Events: Management has evaluated subsequent events through October 13, 2020, the date the financial statements were available to be issued.

FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy are described as follows:

Level 1: Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.

Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

Level 3: Inputs that are unobservable inputs for the asset or liability.

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.

Money Market: is interest bearing cash accounts. The account earns interest at a specified interest rate.

Common Stocks: Shares of common stock are valued at the daily closing price. Common stocks are registered with the U.S. Securities and Exchange Commission. Common stocks held by the Plan are deemed to be actively traded.

Registered investment companies (mutual funds and exchange traded funds): Valued at the daily closing process as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the U.S. 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.

Annuity: Fixed annuity contracts are reported at fair value. The Plan had an annuity contract with National Life Insurance Company. The annuity was maintained in a general account. The account was credited with earnings on the underlying investments and charged for administrative expenses. The guaranteed annuity contract was no longer available as an investment vehicle as of December 31, 2019.

FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and 2018. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

	Level 1	Level 2	Total
December 31, 2019			
Money market	**$ 26,852**	**$ -**	**$ 26,852**
Common stocks	**2,995,394**	**-**	**2,995,394**
Registered investment companies	**1,360,712**	**-**	**1,360,72**
Total	**$ 4,382,958**	**$ -**	**$ 4,382,958**
December 31, 2018			
Money market	$ 27,330	$ -	$ 27,330
Common stocks	2,037,150		2,037,150
Registered investment companies	1,001,924	-	1,001,924
Annuity	-	28,669	28,669
Total	$ 3,066,404	$ 28,669	$ 3,095,073

PARTIES-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of registered investment companies managed by Fidelity Investment Company and Edward Jones, the plan custodians and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to the plan custodians for the year ended December 31, 2019 were $14,206. Certain administrative expenses incurred by the Plan are paid by the Company. Additionally, certain employees of the Company provide various services to the Plan. These employees are not compensated for these services from the Plan.

PLAN TERMINATION

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

TAX STATUS

The Plan follows a non-standardized form of a prototype plan sponsored by Datair Employee Benefit Systems Inc. The prototype plan has received an opinion letter dated March 31, 2014, from the Internal Revenue Service as to the prototype plan' qualified status. Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan' tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the Internal Revenue Code, and therefore, believe that the Plan is qualified, and the related trust is tax exempt. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

RISKS AND UNCERTAINTIES

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

SUBSEQUENT EVENTS

The extent of the impact of the COVID-19 outbreak on the financial performance of a Plan's investments will depend on future developments, including the duration and severity of the outbreak and its impact on the financial markets and the overall economy, all of which are highly uncertain and cannot be predicted. If the financial markets and/or the overall economy are impacted for an extended period, the Plan's investment results may be materially adversely affected.

SUPPLEMENTARY INFORMATION

ABC PLUMBING, HEATING, & COOLING, INC.
PROFIT SHARING PLAN & TRUST

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
YEAR ENDED DECEMBER 31, 2019

EMPLOYER IDENTIFICATION NUMBER: 36-2665333
PLAN NUMBER: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		Money Market		
*	Edward Jones Investment	Retirement Money Market	$ 26,852	$ 26,852
		Common Stock		
	3M Company	3M COMPANY	14,495	20,379
	Abbott Laboratories	Abbott Laboratories	32,922	65,664
	Abbvie Incorporated	Abbvie Incorporated	46,502	58,265
	Accenture PLS	Accenture PLC Ireland Shs Cl A	4,316	15,793
	Adobe Inc	ADOBE INC	134,528	305,074
	Allstate Corp	Allstate Corp	12,715	38,522
	Alphabet Inc	ALPHABET INC CAP STK CL C	35,065	65,624
	Alphabet Inc	APLHABET INC CAP STK CL A	10,085	40,182
	Amazon.com Inc	Amazon.com Inc	53,071	81,305
	Amphenol CORP	AMPHENOL CORP CLASS A	7,600	11,088
	Aon PLC	AON PLC COM CL A	10,372	33,418
	Apple Inc	Apple Inc	58,897	141,915
	Archer Daniels Midland	Archer Daniels Midland	6,436	11,138
	AT&T Inc	AT&T Unc	73,146	88,735
	Bank of America Corp	Bank of America Corp	18,002	58,054
	Blackrock Inc	Blackrock Inc	26,271	42,230
	Boeing Co	Boeing Co	31,088	50,637
	Booking Daniels Inc	Booking Daniels Inc	11,569	20,537
	Cerner Corp	Cerner Corp	18,510	22,017
	CheckPoint Softward Technologies LTD	CheckPoint Softward Technologies LTD	18,812	22,192
	Chevron Corp	Chevron Corp	25,280	25,790
	CIGNA	CIGNA	23,411	30,674
	Cisco System Inc	Cisco Systems Inc	16,143	25,584
	Comcast Corp	Comcast Corp Cl A	18,113	23,184
	Corteva Inc	Corteva Inc	1,405	2,954
	Costco Wholesale Corp	Costco Wholesale Corp	29,604	63,504
	CSX Corporation	CSX Corporation	7,079	7,376
	Dominion Energy	Dominion Energy	9,845	10,717
	Dow Inc	Dow Inc	2,950	5,647
	DuPont de Nemours Inc.	DuPont de Nemours Inc.	4,310	6,412
	Ebay Inc	Ebay Inc	3,867	5,497
	Enbridge Inc	Enbridge Inc	18,159	21,773
	Eog Resources	Eog Resources	14,114	16,795
	Estee Lauder Companies Inc	Estee Lauder Companies Inc Cl A	15,579	41,310
	Facebook Inc	FACEBOOK INC CLASS A	17,475	20,525
	General Dynamics Corp	General Dynamics Corp	15,574	13,661
	Home Depot Inc	Home Depot Inc	13,561	23,787
	Honeywell International Inc	Honeywell International Inc	11,927	41,145
	Humana Inc	Humana Inc	8,933	18,894
	Illinois Tool Works Inc	Illinois Tool Works Inc	7,750	20,670
	Ingersol-Rand PLC	Ingersol-Rand PLC	4,237	15,052
	Intel Corp	Intel Corp	6,553	22,113
	Intercept Pharmaceuticals Inc	Intercept Pharmaceuticals Inc	12,762	24,784
	International Paper Co	International Paper Co	11,802	15,941
	Johnson&Johnson	Johnson&Johnson	74,977	100,476
	JPMorgan Chase & Co	JPMorgan Chase & Co	6,642	22,304
	Livent Corp	Livent Corp	18,407	17,100
	Lowes Companies Inc	Lowes Companies Inc	10,116	19,579
	Mastercard Inc	Mastercard Inc	4,405	29,859

ABC PLUMBING, HEATING, & COOLING, INC.
PROFIT SHARING PLAN & TRUST

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2019

EMPLOYER IDENTIFICATION NUMBER: 36-2665333
PLAN NUMBER: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	McCormick & Company Inc	McCormick & Company Inc	11,703	27,595
	McDonalds Corp	McDonalds Corp	26,897	55,235
	Medtronic PLC	Medtronic PLC	16,435	23,696
	Merck & Co Inc	Merck & Co Inc	10,443	21,680
	Micron Technology	Micron Technology	29,371	37,646
	Microsoft Corp	Microsoft Corp	53,502	136,871
	Mondelez International Inc	Mondelez International Inc	17,186	30,701
	Netease Inc	Netease Inc	16,829	18,398
	Norfolk Southern Corp	Norfolk Southern Corp	16,963	19,982
	Nuveen Dow 30 Dynamic Overwrite Fd	Nuveen Dow 30 Dynamic Overwrite Fd	24,705	24,535
	Okta Inc	Okta Inc	14,293	34,611
	O'Reilly Automotive Inc.	O'Reilly Automotive Inc.	13,739	35,061
	Pepsico Inc	Pepsico Inc	13,833	23,721
	PNC Financial Services	PNC Financial Services	8,160	19,954
	Procter and Gamble	Procter and Gamble	48,329	63,464
	Raytheon Co	Raytheon Co	27,345	34,345
	Salesforce.Com Inc	Salesforce.Com Inc	41,643	48,792
	Square Inc	SQUARE INC CL A	36,202	31,280
	Starbucks Corp	Starbucks Corp	54,882	125,335
	Texas Instruments Inc	Texas Instruments Inc	20,315	26,603
	T-Mobile US Inc	T-Mobile US Inc	17,199	19,605
	Tractor Supply Co	Tractor Supply Co	16,949	24,567
	Union Pacific Corp	Union Pacific Corp	10,039	22,744
	United Technologies Corp	United Technologies Corp	14,742	24,816
	Verizon Communications	Verizon Communications	68,688	77,306
	Walmart Inc	Walmart Inc	42,242	49,544
	Wells Fargo Co	Wells Fargo Co	21,959	32,473
	Wendys Company	Wendys Company	9,231	18,958
			1,743,206	2,995,394
		Registered Investment Companies		
	Dodge & Cox	Dodge & Cox Income Fund	43,556	44,496
*	Fidelity Investments	Fidelity 500 Index	80,000	104,085
*	Fidelity Investments	Fidelity Advisor Total Bon Cl Z	50,347	50,484
*	Fidelity Investments	Fidelity Contrafund	120,000	164,450
*	Fidelity Investments	Fidelity Govt Cash Reserves	214,716	214,716
	Franklin Templeton	Franklin Templeton Global Bond Cl R6	12,269	12,226
	Goldman Sachs	Goldman Sachs ETF Activebeta US Large Cap Equity	25,302	37,185
	Invesco	Invesco ETF S&P SMALLCAP Low V	19,725	25,440
	iShares	iShares Gold Trust	24,620	29,000
	iShares	iShares Inc Edge MSCI Minimum Volatility Global ETF	44,194	62,303
	MFS Internationl	MFS International Diversification Cl R6	62,611	69,690
	MFS Value	MFS Value Cl R6	102,222	106,364
	PIMCO	PIMCO Income Cl I	34,210	33,444
	PIMCO	PIMCO Investment Grade Credit Bond Cl I	55,382	57,656
	Primecap	Primecap Odyssey Aggressive Growth	10,000	29,798
	Primecap	Primecap Odyssey Growth	91,383	110,507
	SPDR	SPDR S&P500 EFT Trust	39,738	70,237
	Victoryshares	Victoryshares US 500 Volatility Weighted DTF	59,033	62,359
	Wisdomtree	Wisdomtree International Hedged Dividend Growth ETF	26,556	36,330
	Wisdomtree	Wisdomtree US Midcap Dividend Growth ETF	28,952	39,942
			1,144,816	1,360,712
	Total		$ 2,914,874	$ 4,382,958

* Indicates a party-in-interest as defined

ABC PLUMBING, HEATING, & COOLING, INC.
PROFIT SHARING PLAN & TRUST

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
DECEMBER 31, 2019

EMPLOYER IDENTIFICATION NUMBER: 36-2665333
PLAN NUMBER: 001

(a)	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
*	Edward Jones Retirement Money Market	$ 344,258		-	-		$ 344,258	$ -
*	Edward Jones Retirement Money Market		$ 340,495	-	-	$ 340,495	340,495	-
*	Fidelity Govt Cash Reserves	431,034	431,034	-	-		431,034	-

* Indicates a party-in-interest as defined by ERISA

Schedule H, Line 4j
Schedule of Reportable Transactions

Name of Plan: ► ABC Plumbing, Heating and Cooling, Inc. Profit Sharing Plan
Employer Identification Number (EIN): ► 36-2665333 Three-digit plan number: ► 001
For the plan year beginning/ending: ► 1/1/2019 - 12/31/2019

(a) Identity of party involved	**(b)**Description of asset (include interest rate and maturity in case of a loan)	**(c)** Purchase Price	**(d)** Selling price	**(e)** Lease rental	**(f)** Expense incurred with transaction	**(g)** Cost of asset	**(h)** Current value of asset on transaction date	**(i)** Net gain or (loss)
Edward Jones Investments	Retirement Money Market	344,258					344,258	0
Edward Jones Investments	Retirement Money Market		340,495			340,495		0
Fidelity Investments	Government Cash Reserves	431,034	431,034				431,034	0

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► ABC Plumbing, Heating & Cooling, Inc. Profit Sharing Plan

Employer Identification Number:► 36-2665333

For plan year (beginning/ending):► 1/1/2019 - 12/31/2019 Plan number:► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	Edward Jones Investments	Retirement Money Market	26,852	26,852
	Dodge & Cox	Dodge & Cox Income Fund	43,556	44,496
*	Fidelity Investments	Fidelity 500 Index	80,000	104,085
*	Fidelity Investments	Fidelity Advisor Total Bon Cl Z	50,347	50,484
*	Fidelity Investments	Fidelity Contrafund	120,000	164,450
*	Fidelity Investments	Fidelity Govt Cash Reserves	n/a	214,716
	Franklin Templeton	Franklin Templeton Global Bond Cl R6	12,269	12,226
	MFS International	MFS International Diversification Cl R6	62,611	69,690
	MFS Value	MFS Value Cl R6	102,222	106,364
	PIMCO	PIMCO Income Cl I	34,210	33,444
	PIMCO	PIMCO Investment Grade Credit Bond Cl I	55,382	57,656
	Primecap	Primecap Odyssey Aggressive Growth	10,000	29,798
	Primecap	Primecap Odyssey Growth	91,383	110,507
	Goldman Sachs	Goldman Sachs ETF Activebeta US Large Cap Equity	25,302	37,185
	Invesco	Invesco ETF S&P SMALLCAP Low V	19,725	25,440
	iShares	iShares Gold Trust	24,620	29,000
	iShares	iShares Inc Edge MSCI Minimum Volatility Global ETF	44,194	62,303
	SPDR	SPDR S&P500 EFT Trust	39,738	70,237
	Victoryshares	Victoryshares US 500 Volatility Weighted DTF	59,033	62,359
	Wisdomtree	Wisdomtree International Hedged Dividend Growth ETF	26,556	36,330
	Wisdomtree	Wisdomtree US Midcap Dividend ETF	28,952	39,942
	3M Company	3M COMPANY	14,495	20,379
	Abbott Laboratories	Abbott Laboratories	32,922	65,664
	Abbvie Incorporated	Abbvie Incorporated	46,502	58,265
	Accenture PLC	Accenture PLC Ireland Shs Cl A	4,316	15,793
	Adobe Inc	ADOBE INC	134,528	305,074
	Allstate Corp	Allstate Corp	12,715	38,522
	Alphabet Inc	ALPHABET INC CAP STK CL A	10,085	40,182
	Alphabet Inc	ALPHABET INC CAP STK CL C	35,065	65,624
	Amazon.com Inc	Amazon.com Inc	53,071	81,305
	Amphenol CORP	AMPHENOL CORP CLASS A	7,600	11,088
	Aon PLC	AON PLC COM CL A	10,372	33,418
	Apple Inc	Apple Inc	58,897	141,915
	Archer Daniels Midland	Archer Daniels Midland	6,436	11,138
	AT&T Inc	AT&T Inc	73,146	88,735
	Bank of America Corp	Bank of America Corp	18,002	58,054
	Blackrock Inc	Blackrock Inc	26,271	42,230
	Boeing Co	Boeing Co	31,088	50,637
	Booking Daniels Inc	Booking Daniels Inc	11,569	20,537
	Cerner Corp	Cerner Corp	18,510	22,017
	CheckPoint Softward Technologies LTD	CheckPoint Softward Technologies LTD	18,812	22,192
	Chevron Corp	Chevron Corp	25,280	25,790
	Cisco Systems Inc	Cisco Systems Inc	16,143	25,584

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► ABC Plumbing, Heating & Cooling, Inc. Profit Sharing Plan

Employer Identification Number:► 36-2665333

For plan year (beginning/ending):► 1/1/2019 - 12/31/2019 Plan number:► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	CIGNA	CIGNA	23,411	30,674
	Comcast Corp	Comcast Corp Cl A	18,113	23,184
	Corteva Inc	Corteva Inc	1,405	2,954
	Costco Wholesale Corp	Costco Wholesale Corp	29,604	63,504
	CSX Corporation	CSX Corporation	7,079	7,376
	Dominion Energy	Dominion Energy	9,845	10,717
	Dow Inc	Dow Inc	2,950	5,647
	DuPont de Nemours Inc.	DuPont de Nemours Inc.	4,310	6,412
	Ebay Inc	Ebay Inc	3,867	5,497
	Enbridge Inc	Enbridge Inc	18,159	21,773
	Eog Resources Inc	Eog Resources Inc	14,114	16,795
	Estee Lauder Companies Inc	Estee Lauder Companies Inc Cl A	15,579	41,310
	Facebook Inc	FACEBOOK INC CLASS A	17,475	20,525
	General Dynamics Corp	General Dynamics Corp	15,574	13,661
	Home Depot Inc	Home Depot Inc	13,561	23,787
	Honeywell International Inc	Honeywell International Inc	11,927	41,145
	Humana Inc	Humana Inc	8,933	18,894
	Illinois Tool Works Inc	Illinois Tool Works Inc	7,750	20,670
	Ingersol-Rand PLC	Ingersol-Rand PLC	4,237	15,052
	Intel Corp	Intel Corp	6,553	22,113
	Intercept Pharmaceuticals Inc	Intercept Pharmaceuticals Inc	12,762	24,784
	International Paper Co	International Paper Co	11,802	15,941
	Johnson&Johnson	Johnson&Johnson	74,977	100,476
	JPMorgan Chase & Co	JPMorgan Chase & Co	6,642	22,304
	Livent Corp	Livent Corp	18,407	17,100
	Lowes Companies Inc	Lowes Companies Inc	10,116	19,579
	Mastercard Inc	MasterCard Inc Cl A	4,405	29,859
	Mccormick & Company Inc	Mccormick & Company Inc	11,703	27,595
	McDonalds Corp	McDonalds Corp	26,897	55,235
	Medtronic PLC	Medtronic PLC	16,435	23,696
	Merck & Co Inc	Merck & Co Inc	10,443	21,680
	Micron Technology	Micron Technology	29,371	37,646
	Microsoft Corp	Microsoft Corp	53,502	136,871
	Mondelez Internationa Inc	Mondelez Internationa Inc	17,186	30,701
	Netease Inc	Netease Inc Sponsored ADR	16,829	18,398
	Norfolk Southern Corp	Norfolk Southern Corp	16,963	19,982
	Nuveen Dow 30 Dynamic Overwrite Fd	Nuveen Dow 30 Dynamic Overwrite Fd	24,705	24,535
	O'Reilly Automotive Inc.	O'Reilly Automotive Inc.	13,739	35,061
	Okta Inc	OKTA INC CLA A	14,293	34,611
	Pepsico Inc	Pepsico Inc	13,833	23,721
	PNC Financial Services	PNC Financial Services	8,160	19,954
	Procter and Gamble	Procter and Gamble	48,329	63,464
	Raytheon Co	Raytheon Co	27,345	34,345

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► ABC Plumbing, Heating & Cooling, Inc. Profit Sharing Plan

Employer Identification Number:► 36-2665333

For plan year (beginning/ending):► 1/1/2019 - 12/31/2019 Plan number:► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Salesforce.Com Inc	Salesforce.Com Inc	41,643	48,792
	Square Inc	SQUARE INC CL A	36,202	31,280
	Starbucks Corp	Starbucks Corp	54,882	125,335
	Texas Instruments Inc	Texas Instruments Inc	20,315	26,603
	Tmobile Us Inc	Tmobile Us Inc	17,199	19,605
	Tractor Supply Co	Tractor Supply Co	16,949	24,567
	Union Pacific Corp	Union Pacific Corp	10,039	22,744
	United Technologies Corp	United Technologies Corp	14,742	24,816
	Verizon Communications	Verizon Communications	68,688	77,306
	Walmart Inc	Walmart Inc	42,242	49,544
	Wells Fargo Co	Wells Fargo Co	21,959	32,473
	Wendys Company	Wendys Company	9,231	18,958