# 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
CIRCLE H 401K PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/2008

**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)
CIRCLE H CONTRACTORS, LP

P.O. BOX 220
MIDLOTHIAN, TX 76065

**2b** Employer Identification Number (EIN)
75-2603120

**2c** Plan Sponsor's telephone number
972-723-0802

**2d** Business code (see instructions)
237100

**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. | 10/15/2020 | BRAD OWENS |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

| | | |
|---|---|---|
| **5** Total number of participants at the beginning of the plan year | **5** | 151 |
| **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)** | 151 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 175 |
| **b** Retired or separated participants receiving benefits | **6b** | 0 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 0 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 175 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e** | **6f** | 175 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 37 |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

2E 2J 2K 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)** [ ] **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<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2019**<br>**This Form is Open to Public Inspection.** |

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

**A** Name of plan
CIRCLE H 401K PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
CIRCLE H CONTRACTORS, LP

**D** Employer Identification Number (EIN)
75-2603120

## 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)

FIRST FINANCIAL TRUST

400 PINE ST, STE 300
ABILENE, TX 79601

20-0214519

| (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? |
|---|---|---|---|---|---|---|
| 28 | INVESTMENT MANAGER | 7885 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

CLIFTONLARSONALLEN

801 CHERRY STREET, SUITE 1400
FORT WORTH, TX 76102

41-0746749

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 | THIRD PARTY ADMINISTRATO | 5620 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE 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
CIRCLE H 401K PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
CIRCLE H CONTRACTORS, LP

**D** Employer Identification Number (EIN)
75-2603120

## 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) | 85090 | 103200 |
| **(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) | 34422 | 50657 |
| **(2)** U.S. Government securities | 1c(2) | 229430 | 336240 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | 122497 | 130870 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | 494535 | 762258 |
| **(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) | 33273 | 34023 |
| **(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) | 170369 | 238605 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 1169616 | 1655853 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | 23 | 0 |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 23 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 1169593 | 1655853 |

## 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) | 103200 | |
| | **(B)** Participants | 2a(1)(B) | 178277 | |
| | **(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) | | 281477 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 1066 | |
| | **(B)** U.S. Government securities | 2b(1)(B) | 9466 | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | 3625 | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | 2468 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 16625 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | 24318 | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 24318 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 227996 | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 227885 | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 111 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | 174084 | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 174084 |

| | | (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) | | 3900 |
| **c** Other income | 2c | | |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 500515 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | | |
| **(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) | | 0 |
| **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) | 14255 | |
| **(4)** Other | 2i(4) | | |
| **(5)** Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 14255 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 14255 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | 486260 |
| **l** Transfers of assets: | | | |
| **(1)** To this plan | 2l(1) | | |
| **(2)** From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

**(1)** ☐ Unmodified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

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

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

**(1)** Name: CALVETTI FERGUSON **(2)** EIN: 13-4255527

**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 | | 150000 |
| 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.)



**CIRCLE H 401(K) PLAN**

**FINANCIAL STATEMENTS,**
**INDEPENDENT AUDITOR'S REPORT,**
**AND SUPPLEMENTAL SCHEDULES**

**DECEMBER 31, 2019 and 2018**

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Calvetti Ferguson
Advising beyond accounting

# INDEPENDENT AUDITOR'S REPORT

To the Sponsor and Participants of the
Circle H 401(k) Plan
Midlothian, Texas

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Circle H 401(k) Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2019, the related statement of changes in net assets available for benefits for the year 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.

## Auditor's Responsibility for the 2019 Financial Statements

Our responsibility is to express an opinion on the 2019 financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion on the 2019 Financial Statements paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

## Basis for Disclaimer of Opinion on the 2019 Financial Statements

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by First Financial Trust, the Custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Custodian as of and for the year ended December 31, 2019 that the information provided to the Plan Administrator by the Custodian is complete and accurate.

## Disclaimer of Opinion on the 2019 Financial Statements

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

## Other Matters

We have compiled the accompanying statement of net assets available for benefits as of December 31, 2018. We have not audited or reviewed this accompanying statement of net assets available for benefits, and accordingly, do not express an opinion or provide any assurance about whether the statement of net assets available for benefits as of December 31, 2018 is in accordance with accounting principles generally accepted in the United States of America.

The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year), and Schedule H, Line 4j – Schedule of Reportable Transactions are required by the DOL's Rules and Regulations for Reporting and Disclosure under the ERISA. They are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

**Report on Form and Content of the 2019 Financial Statements in Compliance with DOL Rules and Regulations**

The form and content of the information included in the 2019 financial statements and supplemental schedules, other than that derived from the information certified by the Custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the ERISA.



Fort Worth, Texas
October 5, 2020

**CIRCLE H 401(K) PLAN**

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

| | 2019 | (Unaudited) 2018 |
|---|---|---|
| **ASSETS** | | |
| Investments: | | |
| Investments at fair value | $ 1,518,630 | $ 1,051,253 |
| Receivables: | | |
| Employer contributions | 103,200 | 85,090 |
| Notes receivable from participants | 34,023 | 33,273 |
| Total receivables | 137,223 | 118,363 |
| Total assets | 1,655,853 | 1,169,616 |
| **LIABILITIES** | | |
| Excess contribution payable | - | 23 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | **$ 1,655,853** | **$ 1,169,593** |

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

**CIRCLE H 401(K) PLAN**

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

## ADDITIONS

| | | |
|---|---|---|
| Additions to net assets attributed to: | | |
| Investment income: | | |
| Net appreciation in fair value of investments | $ | 178,095 |
| Dividends | | 24,318 |
| Interest | | 14,157 |
| Total investment income | | 216,570 |
| Interest income on notes receivable from participants | | 2,468 |
| Contributions: | | |
| Employer | | 103,200 |
| Participants | | 178,277 |
| Total contributions | | 281,477 |
| Total additions | | 500,515 |

## DEDUCTIONS

| | | |
|---|---|---|
| Deductions from net assets attributed to: | | |
| Administrative expenses | | 14,255 |
| Total deductions | | 14,255 |
| Net increase in net assets available for benefits | | 486,260 |
| Net assets available for benefits, beginning of year (unaudited) | | 1,169,593 |
| **NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR** | **$** | **1,655,853** |

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

## NOTE 1 – PLAN DESCRIPTION

The following description of the Circle H 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Summary Plan Description and the Plan Document for a more complete description of the Plan's provisions.

***General*** – The Plan was established on January 1, 2008, and amended and restated effective January 1, 2018 to comply with current law. It is a defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and the Internal Revenue Code ("IRC"), and covers substantially all employees of Circle H Contractors L.P. (the "Employer" or "Company").

***Plan Custodian and Trustee*** – First Financial Trust (the "Custodian") is the Plan Custodian, and maintains custody of all investments held by the Plan. Among other duties, the Custodian receives contributions, holds and invests the fund assets in accordance with the directions of Plan Administrator, and makes distributions as directed by the Company. CliftonLarsonAllen LLP, maintains the Plan's participant account balances and provides recordkeeping services to the Plan. First Financial Trust and Asset Management Company N.A. serves as the discretionary Trustee of the Plan.

***Eligibility*** – Except non-resident aliens and collective bargaining (union) employees, all employees age 18 and older are eligible to participate in the Plan after the employee has completed six months of service. The Plan entry date is the first day of the month coinciding with or immediately following the date the eligibility requirements are met.

***Participant Contributions*** – The Plan permits eligible employees to make annual contributions through salary deferral election, on a before-tax or Roth basis, of up to 100% of their eligible compensation subject to the maximum amount allowed for deferral annually by the IRC, which is $19,000 for 2019. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions of up to the maximum amount allowed annually by the IRC, which is $6,000 for 2019.

***Employer Contributions*** – The Employer makes Safe Harbor matching contributions to all participants in an amount equal to a uniform percentage of employee contributions each year. For the year ended December 31, 2019, the Employer made matching contributions equal to 100% of each participant's contribution, not to exceed 3% of the participant's compensation, plus 50% of each participant's contribution in excess of 3% but not in excess of 5% of the participant's compensation.

***Rollover Contributions*** – Rollover contributions represent funds transferred to the Plan from other qualified plans. Participants may roll over balances from certain individual retirement accounts and qualified plans of former employers.

***Participant Accounts*** – Each participant account is credited with the participant's contributions, the Company's matching contributions, and allocations of Plan earnings, and is charged with an allocation of administrative expenses. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

***Non-Participant Directed Investments*** – All assets of the Plan are non-participant directed investments. Non-participant directed investments are put into participants' accounts by the employer (participant contributions, employer contributions, and rollover contributions). Employees are not able to select or direct the funds or investments into which their contributions are deposited. The Company directs participant account balances to one or more investment options offered by the Plan. The Company has selected various investment options, as more fully described in the Plan Document, to which the Company designates the allocation of their account balances. The funds vary in types of investments, rates of return, and investment risk.

**NOTE 1 – PLAN DESCRIPTION – continued**

***Vesting*** – Participants are vested immediately in their contributions, Safe Harbor Employer matching contributions, and Employer profit sharing contributions, plus actual earnings thereon.

***Notes Receivable from Participants*** – Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 reduced by the highest outstanding loan balance in the participant's account during the prior twelve-month period, or 50% of their vested account balance. A participant may have two outstanding loans at a time. The loans are secured by the balance in the participant's account. The loan interest rate, determined monthly, is set at 2% above the Prime rate, as defined. Principal and interest are paid ratably through payroll deductions and are due in equal installments not less frequently than quarterly.

***Payment of Benefits*** – Upon separation of service due to death, disability, retirement, or termination of employment, a participant may elect to receive a lump sum payment or installment payments equal to the value of the participant's vested balance. Vested account balances less than $1,000 are immediately distributable in a lump sum under the terms of the Plan regardless of the participant's consent.

A participant may withdraw all or a portion of their vested account balance in the event of a financial hardship, as defined by the Plan. Additionally, in-service withdrawals are permitted upon attainment of age 59 ½.

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

***Basis of Accounting*** – The Plan's financial statements are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP").

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

***Investment Valuation and Income Recognition*** – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisors, Custodian, and trust company. See Note 3 for discussion of fair value measurements.

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

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

***Payment of Benefits*** – Benefits payments are recorded when paid.

## NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued

***Administrative Expenses*** – Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net depreciation in fair value of investments.

***Recent Accounting Pronouncements*** – In August 2018, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement*. The amendments in this ASU modify the disclosure requirements on fair value measurements in Topic 820, including the removal, modification, and addition of certain disclosure requirements. The updated guidance is effective for fiscal years beginning after December 15, 2019, with early adoption permitted. The Plan has elected not to early adopt ASU 2018-13 and does not expect the ASU to have a material impact on its financial statements or disclosures.

***Subsequent Events*** – The Plan has evaluated subsequent events through October 5, 2020, the date the financial statements were available to be issued. See Note 9.

## NOTE 3 – FAIR VALUE MEASUREMENTS

Fair value is a market-based measurement that is determined based on assumptions (inputs) that market participants would use in pricing an asset or liability. Inputs may be observable or unobservable, and valuation techniques used to measure fair value should maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The Plan uses a hierarchal disclosure framework that ranks the quality and reliability of information used to determine fair values.

The hierarchy is associated with the level of pricing observability utilized in measuring fair value and defines three levels of inputs to the fair value measurement process—quoted prices are the most reliable valuation inputs, whereas model values that include inputs based on unobservable data are the least reliable The three levels of the fair value hierarchy under FASB Accounting Standards Codification ("ASC") 820 are described as follows:

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

- **Level 2** – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; or inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

- **Level 3** – Inputs that are unobservable inputs for the assets or liability.

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

**NOTE 3 – FAIR VALUE MEASUREMENTS – continued**

In determining fair value, the Plan uses two different approaches, the market approach and the income approach, depending on the nature of the assets and liabilities. The market approach uses prices and other relevant data based on market transactions involving identical or comparable assets and liabilities. The income approach uses valuation techniques to convert future amounts, such as cash flows or earnings, to a single present amount, with the measurement based on the value indicated by current market expectations about those future amounts.

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.

- *Mutual funds* – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded and classified within level 1 of the valuation hierarchy. (Market approach)
- *Money market fund* – This investment is recorded at cost, which approximates fair value and is classified within level 1 of the valuation hierarchy. (Cost approach)
- *Common stocks* – Valued using the closing price reported on the active market on which the individual securities (common stock) are traded. (Market approach).
- *Government securities* – These investments are fixed income securities and valued based on an evaluated price from a compilation of primarily observable market information or a broker quote in a non-active market. (Income approach).
- *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. (Income approach)

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:

| | Assets at Fair Value as of December 31, 2019 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual funds | $ 238,605 | $ - | $ - | $ 238,605 |
| Government securities | - | 336,240 | - | 336,240 |
| Corporate bonds | - | 130,870 | - | 130,870 |
| Common stocks | 762,258 | - | - | 762,258 |
| Money market fund | 50,657 | - | - | 50,657 |
| Investments at fair value | $ 1,051,520 | $ 467,110 | $ - | $ 1,518,630 |

| | Assets at Fair Value as of December 31, 2018 (unaudited) | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual funds | $ 170,369 | $ - | $ - | $ 170,369 |
| Government securities | - | 229,430 | - | 229,430 |
| Corporate bonds | - | 122,497 | - | 122,497 |
| Common stocks | 494,535 | - | - | 494,535 |
| Money market fund | 34,422 | - | - | 34,422 |
| Investments at fair value | $ 699,326 | $ 351,927 | $ - | $ 1,051,253 |

## NOTE 4 – INFORMATION PREPARED AND CERTIFIED BY THE PLAN'S CUSTODIAN

The Plan Sponsor has elected the accrual method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosures under ERISA. Accordingly, the Custodian has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

| December 31, | 2019 | (Unaudited) 2018 |
|---|---|---|
| Investments at fair value | $ 1,518,630 | $ 1,051,253 |
| Notes receivable from participants | 34,023 | 33,273 |

| Year Ended December 31, | 2019 |
|---|---|
| Net appreciation in fair value of investments | $ 178,095 |
| Dividends | 24,318 |
| Interest | 14,157 |
| Interest income on notes receivable from participants | 2,468 |

The Plan's independent auditor did not perform auditing procedures with respect to this information, except for comparing such information with the related information included in the financial statements and supplemental schedule.

## NOTE 5 – RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are held in funds managed by the Custodian. The Custodian is a service provider for the Plan, and as such, these transactions qualify as party-in-interest transactions as defined by ERISA. Any purchases and sales of these investments are open market transactions at fair market value. Consequently, such transactions are permitted under the provisions of the Plan and are exempt from the prohibition of party-in-interest transactions under ERISA. As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to service providers.

The Plan has notes receivable from participants at December 31, 2019 and 2018. As a result, these receivables and all related transactions qualify as party-in-interest transactions. These transactions are exempt from being prohibited transactions by ERISA.

## NOTE 6 – PLAN TERMINATION

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

## NOTE 7 – TAX STATUS

The Plan operates under an adoption agreement in connection with a prototype non-standardized profit sharing plan sponsored by First Financial Trust and Assets Management Company N.A. (the "Sponsor"). This prototype plan document was filed with the appropriate agency, and the Sponsor has obtained a determination letter from the IRS dated March 31, 2014 stating that the prototype plan constitutes a qualified plan under Section 401 of the IRC, and that the related trust was a tax exempt as of the financial statement date. The Plan has not filed individually with the IRS for a letter regarding the Plan's qualified tax status; however, the Plan Administrator believes the Plan is designed and is currently being operated in compliance with applicable requirements of the IRC. As such, there has been no provision for income taxes made in the Plan's financial statements.

**NOTE 7 – TAX STATUS – continued**

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the IRS.

Plan management 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. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Plan management believes it is no longer subject to income tax examinations for years prior to 2016.

**NOTE 8 – 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. Because of 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 statements of net assets available for benefits.

**NOTE 9 – SUBSEQUENT EVENTS**

On March 11, 2020, the World Health Organization declared COVID-19 a pandemic. The COVID-19 pandemic and resulting global disruptions have caused significant economic uncertainty and volatility in financial markets. As a result, the COVID-19 pandemic has affected and may continue to affect the market price of Plan assets. The potential economic impact of COVID-19 and the duration thereof are difficult to assess, and will depend on future developments that are highly uncertain and cannot be predicted.

The Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act"), which was signed into law on March 27, 2020, and the Setting Every Community Up for Retirement Enhancement Act of 2019 (the "SECURE Act"), establish certain operational changes that may be made to the Plan. Among others, these changes include allowing certain eligible individuals to receive coronavirus-related relief for loan repayment, suspending required minimum contributions, and delaying the commencement date for required minimum distributions.

These and other optional features within the acts are being assessed by Plan management on an ongoing basis and implemented as deemed appropriate. Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with applicable law and IRS guidance.

The Plan was amended on January 1, 2020 to adopt the statutory changes pursuant to the Disaster Tax Relief and Airport and Airway Extension Act of 2017, the Tax Cuts and Jobs Act of 2017, the Bipartisan Budget Act of 2018, and Code Sections 401(k) and 401(m) 2019 Final Hardship Regulations and any related guidance.

**SUPPLEMENTAL INFORMATION**

**CIRCLE H 401(K) PLAN**

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

EIN: 75-1868379
Plan #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 |
|---|---|---|---|---|
| **Government Securities** | | | | |
| | Federal Home Loan Corporation | Series K-013 A2 | (i) | $ 50,746 |
| | Federal Home Loan Corporation | Series K-016 A2 | (i) | 47,598 |
| | Federal Home Loan Corporation | Series K-026 A2 | (i) | 50,693 |
| | Federal Home Loan Corporation | Series K-723 A2 | (i) | 39,623 |
| | Federal Home Loan Corporation | Series KS01 A2 | (i) | 48,817 |
| | Federal Home Loan Corporation | Gold Pool # G3-1087 | (i) | 33,507 |
| | Federal Home Loan Corporation | Gold Pool # U9-9123 | (i) | 22,667 |
| | FHMS | K055 A1 | (i) | 21,061 |
| | Fannie Mae | Pool # AD1655 | (i) | 21,528 |
| | Total Government Securities | | | 336,240 |
| **Mutual Funds** | | | | |
| | BlackRock | Strategic Income Fund | (i) | 59,920 |
| | DoubleLine | Total Return Bond Fund Class I | (i) | 59,244 |
| | Vanguard | Short-term Investment Grade Fund | (i) | 59,746 |
| | Vanguard | Total Bond Market Index Fund | (i) | 59,695 |
| | Total Mutual Funds | | | 238,605 |
| **Corporate Bonds** | | | | |
| | General Dynamics | Corporate bonds | (i) | 25,421 |
| | United Parcel Service Inc. | Corporate bonds | (i) | 25,896 |
| | Simon Property Group LP | Corporate bonds | (i) | 25,498 |
| | South San Antonio ISD | Corporate bonds | (i) | 27,132 |
| | Gilead Sciences Inc | Corporate bonds | (i) | 26,923 |
| | Total Corporate bonds | | | 130,870 |
| **Common Stock** | | | | |
| | American Campus Communities | Common stock | (i) | 14,015 |
| | American Electric Power | Common stock | (i) | 12,286 |
| | Amgen | Common stock | (i) | 30,617 |
| | Apple | Common stock | (i) | 51,095 |
| | AT&T | Common stock | (i) | 13,326 |
| | BlackRock | Common stock | (i) | 22,119 |
| | Boeing | Common stock | (i) | 13,682 |
| | Chevron | Common stock | (i) | 22,173 |
| | Chubb Limited | Common stock | (i) | 10,429 |
| | Cisco Systems | Common stock | (i) | 24,460 |
| | Coca-Cola | Common stock | (i) | 16,550 |
| | CVS Health | Common stock | (i) | 24,813 |
| | Discover Financial Services | Common stock | (i) | 7,125 |
| | Eaton Corp | Common stock | (i) | 15,439 |
| | Home Depot | Common stock | (i) | 17,470 |
| | Honeywell International | Common stock | (i) | 19,647 |
| | Intel | Common stock | (i) | 19,391 |
| | Johnson & Johnson | Common stock | (i) | 26,694 |
| | JP Morgan Chase | Common stock | (i) | 42,517 |

**CIRCLE H 401(K) PLAN**

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

EIN: 75-1868379
Plan #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 |
|---|---|---|---|---|
| | KLA | Common stock | (i) | 18,173 |
| | Lockheed Martin | Common stock | (i) | 21,416 |
| | McDonald's | Common stock | (i) | 20,354 |
| | Merck & Co | Common stock | (i) | 37,380 |
| | Microsoft | Common stock | (i) | 45,260 |
| | Mondelez International | Common stock | (i) | 22,858 |
| | Nike | Common stock | (i) | 15,298 |
| | Novartis | Common stock | (i) | 23,483 |
| | Pepsi Co | Common stock | (i) | 22,824 |
| | PNC Financial Services | Common stock | (i) | 21,071 |
| | PPL Corp | Common stock | (i) | 12,594 |
| | Royal Dutch Shell | Common stock | (i) | 23,808 |
| | Starbuck's | Common stock | (i) | 20,837 |
| | The Walt Disney Co | Common stock | (i) | 17,356 |
| | Total | Common stock | (i) | 15,926 |
| | Verizon Communications | Common stock | (i) | 19,772 |
| | Total Common Stock | | | 762,258 |
| | **Money Market Fund** | | | |
| | Financial Square | Government Fund | | 50,657 |
| (*) | **Participant Loans** | Due semi-monthly, bearing interest at 6.25% to 7.50%, various maturity dates, secured by the participant's vested account balance. | -0- | 34,023 |
| | **Total** | | | **$ 1,552,653** |

(i) Historical cost of participant-directed investments are not a required disclosure.
(*) Party-in-interest as defined by ERISA

**CIRCLE H 401(K) PLAN**

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

EIN: 75-1868379
Plan #001

| (a) Identity of Party Involved | (b) Description of Asset | (c) Purchase Price | (d) Selling Price | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Realized Gain/Losses |
|---|---|---|---|---|---|---|
| Financial Square | Government Fund | $ 85,090 | $ - | $ 85,090 | $ 85,090 | $ - |
| Financial Square | Government Fund | $ - | $ 434,490 | $ 434,490 | $ 434,490 | $ - |
| Financial Square | Government Fund | $ - | $ 450,725 | $ 450,725 | $ 450,725 | $ - |

**CIRCLE H 401(K) PLAN**

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

EIN: 75-1868379
Plan #001

| (a) Identity of Party Involved | (b) Description of Asset | (c) Purchase Price | (d) Selling Price | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Realized Gain/Losses |
|---|---|---|---|---|---|---|
| Financial Square | Government Fund | $ 85,090 | $ - | $ 85,090 | $ 85,090 | $ - |
| Financial Square | Government Fund | $ - | $ 434,490 | $ 434,490 | $ 434,490 | $ - |
| Financial Square | Government Fund | $ - | $ 450,725 | $ 450,725 | $ 450,725 | $ - |

**CIRCLE H 401(K) PLAN**

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

EIN: 75-1868379
Plan #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 |
|---|---|---|---|---|
| **Government Securities** | | | | |
| | Federal Home Loan Corporation | Series K-013 A2 | (i) | $ 50,746 |
| | Federal Home Loan Corporation | Series K-016 A2 | (i) | 47,598 |
| | Federal Home Loan Corporation | Series K-026 A2 | (i) | 50,693 |
| | Federal Home Loan Corporation | Series K-723 A2 | (i) | 39,623 |
| | Federal Home Loan Corporation | Series KS01 A2 | (i) | 48,817 |
| | Federal Home Loan Corporation | Gold Pool # G3-1087 | (i) | 33,507 |
| | Federal Home Loan Corporation | Gold Pool # U9-9123 | (i) | 22,667 |
| | FHMS | K055 A1 | (i) | 21,061 |
| | Fannie Mae | Pool # AD1655 | (i) | 21,528 |
| | Total Government Securities | | | 336,240 |
| **Mutual Funds** | | | | |
| | BlackRock | Strategic Income Fund | (i) | 59,920 |
| | DoubleLine | Total Return Bond Fund Class I | (i) | 59,244 |
| | Vanguard | Short-term Investment Grade Fund | (i) | 59,746 |
| | Vanguard | Total Bond Market Index Fund | (i) | 59,695 |
| | Total Mutual Funds | | | 238,605 |
| **Corporate Bonds** | | | | |
| | General Dynamics | Corporate bonds | (i) | 25,421 |
| | United Parcel Service Inc. | Corporate bonds | (i) | 25,896 |
| | Simon Property Group LP | Corporate bonds | (i) | 25,498 |
| | South San Antonio ISD | Corporate bonds | (i) | 27,132 |
| | Gilead Sciences Inc | Corporate bonds | (i) | 26,923 |
| | Total Corporate bonds | | | 130,870 |
| **Common Stock** | | | | |
| | American Campus Communities | Common stock | (i) | 14,015 |
| | American Electric Power | Common stock | (i) | 12,286 |
| | Amgen | Common stock | (i) | 30,617 |
| | Apple | Common stock | (i) | 51,095 |
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| | BlackRock | Common stock | (i) | 22,119 |
| | Boeing | Common stock | (i) | 13,682 |
| | Chevron | Common stock | (i) | 22,173 |
| | Chubb Limited | Common stock | (i) | 10,429 |
| | Cisco Systems | Common stock | (i) | 24,460 |
| | Coca-Cola | Common stock | (i) | 16,550 |
| | CVS Health | Common stock | (i) | 24,813 |
| | Discover Financial Services | Common stock | (i) | 7,125 |
| | Eaton Corp | Common stock | (i) | 15,439 |
| | Home Depot | Common stock | (i) | 17,470 |
| | Honeywell International | Common stock | (i) | 19,647 |
| | Intel | Common stock | (i) | 19,391 |
| | Johnson & Johnson | Common stock | (i) | 26,694 |
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**CIRCLE H 401(K) PLAN**

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

EIN: 75-1868379
Plan #001

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| | Microsoft | Common stock | (i) | 45,260 |
| | Mondelez International | Common stock | (i) | 22,858 |
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| | Total | Common stock | (i) | 15,926 |
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| | **Total** | | | **$ 1,552,653** |

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