# 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
ANDRUS/HUNTINGTON GROUP, INC. 401(K) PROFIT SHARING PLAN

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

**1c** Effective date of plan 01/01/1994

**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)
ANDRUS/HUNTINGTON GROUP, INC.

105 DECKER COURT
SUITE 500
IRVING, TX 75062

**2b** Employer Identification Number (EIN)
94-3391258

**2c** Plan Sponsor's telephone number
972-510-1202

**2d** Business code (see instructions)
721110

**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 | JULIE KIRKLAND |
| | **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** | 610 |
| **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)** | 580 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 725 |
| **b** Retired or separated participants receiving benefits | **6b** | 0 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 29 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 754 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e**. | **6f** | 754 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 102 |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 4 |
| **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:

2F 2G 2J 2K 2T 3D 2E

**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)** [ ] **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
ANDRUS/HUNTINGTON GROUP, INC. 401(K) PROFIT SHARING PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
ANDRUS/HUNTINGTON GROUP, INC.

**D** Employer Identification Number (EIN)
94-3391258

## 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)

HUTCHINSON AND BLOODGOOD LLP

95-0858589

| (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? |
|---|---|---|---|---|---|---|
| 10 | ACCOUNTANT/AUDITOR | 9013 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (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? |
|---|---|---|---|---|---|---|
| 37 64 65 | RECORDKEEPER | 6861 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

**(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
ANDRUS/HUNTINGTON GROUP, INC. 401(K) PROFIT SHARING PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
ANDRUS/HUNTINGTON GROUP, INC.

**D** Employer Identification Number (EIN)
94-3391258

## 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 | 0 | 0 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 0 | 0 |
| **(2)** Participant contributions | 1b(2) | 0 | 0 |
| **(3)** Other | 1b(3) | 0 | 0 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 614904 | 831294 |
| **(2)** U.S. Government securities | 1c(2) | 0 | 0 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | 0 | 0 |
| **(B)** All other | 1c(3)(B) | 0 | 0 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | 0 | 0 |
| **(B)** Common | 1c(4)(B) | 0 | 0 |
| **(5)** Partnership/joint venture interests | 1c(5) | 0 | 0 |
| **(6)** Real estate (other than employer real property) | 1c(6) | 0 | 0 |
| **(7)** Loans (other than to participants) | 1c(7) | 0 | 0 |
| **(8)** Participant loans | 1c(8) | 57575 | 57157 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 0 | 0 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 0 | 0 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | 0 | 0 |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | 0 | 0 |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 2663409 | 3552415 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | 0 | 0 |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | 0 | 0 |
| | **(2)** Employer real property | 1d(2) | 0 | 0 |
| **e** | Buildings and other property used in plan operation | 1e | 0 | 0 |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 3335888 | 4440866 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | 0 | 0 |
| **h** | Operating payables | 1h | 0 | 0 |
| **i** | Acquisition indebtedness | 1i | 0 | 0 |
| **j** | Other liabilities | 1j | 0 | 0 |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 3335888 | 4440866 |

## 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) | 82256 | |
| | **(B)** Participants | 2a(1)(B) | 435767 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 107751 | |
| | **(2)** Noncash contributions | 2a(2) | 0 | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 625774 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 13079 | |
| | **(B)** U.S. Government securities | 2b(1)(B) | 0 | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | 0 | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | 0 | |
| | **(E)** Participant loans | 2b(1)(E) | 2994 | |
| | **(F)** Other | 2b(1)(F) | 0 | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 16073 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | 0 | |
| | **(B)** Common stock | 2b(2)(B) | 0 | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 192404 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 192404 |
| | **(3)** Rents | 2b(3) | | 0 |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 0 | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 0 | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | 0 | |
| | **(B)** Other | 2b(5)(B) | 0 | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 0 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 0 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | 0 |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | 0 |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 478770 |
| c Other income | 2c | | 0 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1313021 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 186957 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 0 | |
| (3) Other | 2e(3) | 0 | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 186957 |
| f Corrective distributions (see instructions) | 2f | | 5212 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 0 |
| h Interest expense | 2h | | 0 |
| i Administrative expenses: (1) Professional fees | 2i(1) | 0 | |
| (2) Contract administrator fees | 2i(2) | 0 | |
| (3) Investment advisory and management fees | 2i(3) | 0 | |
| (4) Other | 2i(4) | 15874 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 15874 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 208043 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 1104978 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 0 |
| (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: HUTCHINSON AND BLOODGOOD, LLP **(2)** EIN: 95-0858589

**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 | | 1000000 |
| 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 | | X | |

**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
ANDRUS/HUNTINGTON GROUP, INC. 401(K) PROFIT SHARING PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
ANDRUS/HUNTINGTON GROUP, INC.

**D** Employer Identification Number (EIN)
94-3391258

## 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**

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

EIN(s): 04-6568107

**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_____

# Andrus/Huntington Group Inc.
# 401(k) Profit Sharing Plan

Financial Report

December 31, 2019 and 2018

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HUTCHINSON and BLOODGOOD LLP
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

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**INDEPENDENT AUDITOR'S REPORT**

To the Board of Trustees and Advisory Committee of the
Andrus/Huntington Group Inc. 401(k) Profit Sharing Plan
Irving, Texas

***Report on the Financial Statements***

We were engaged to audit the accompanying financial statements of Andrus/Huntington Group Inc. 401(k) Profit Sharing Plan (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 the financial statements.

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

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

***Auditor's Responsibility***

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

***Basis for Disclaimer of Opinion***

As permitted by Section 29 CFR 2520.103-8 of the Department of Labor (DOL)'s 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 3, which was certified by Fidelity Management Trust Company (FMTC), the investment trustee, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the investment trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the investment trustee as of December 31, 2019 and 2018, and for the year ended December 31, 2019, that the information provided to the Plan Administrator by the investment trustee is complete and accurate.

***Disclaimer of Opinion***

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

**Other Matter – Supplemental Schedule**

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2019 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purposes of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

**Report on Form and Content in Compliance with DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the investment trustee, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Hutchinson and Bloodgood LLP

Glendale, California
October 14, 2020

**ANDRUS/HUNTINGTON GROUP INC. 401(K) PROFIT SHARING PLAN**

Statements of Net Assets Available for Benefits
December 31, 2019 and 2018

| | 2019 | 2018 |
|---|---|---|
| **ASSETS** | | |
| Interest-bearing cash | **$ 831,294** | $ 614,904 |
| Investments, at fair value | **3,552,415** | 2,663,409 |
| Total investments | **4,383,709** | 3,278,313 |
| Receivables: | | |
| Contributions - participants | **27,236** | 12,181 |
| Contributions - employer | **109,773** | 82,256 |
| Notes receivable from participants | **57,157** | 57,575 |
| Total receivables | **194,166** | 152,012 |
| Total assets | **4,577,875** | 3,430,325 |
| **LIABILITIES** | | |
| Excess contributions payable | **13,645** | 5,212 |
| Total liabilities | **13,645** | 5,212 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | **$ 4,564,230** | $ 3,425,113 |

*The Notes to Financial Statements are an integral part of these statements.*

## ANDRUS/HUNTINGTON GROUP INC. 401(K) PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2019

| | |
|---|---|
| **ADDITIONS TO NET ASSETS ATTRIBUTED TO** | |
| Investment income: | |
| Net appreciation in fair value of investments | $ 478,770 |
| Interest and dividend income | 205,483 |
| Total investment income | 684,253 |
| Interest on notes receivable from participants | 2,994 |
| Contributions: | |
| Participant rollover contributions | 107,751 |
| Participant | 450,822 |
| Employer | 109,773 |
| Total contributions | 668,346 |
| Total additions | 1,355,593 |
| **DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO** | |
| Benefits paid to participants | 200,602 |
| Administrative and other expenses | 15,874 |
| Total deductions | 216,476 |
| Net increase in net assets available for benefits | 1,139,117 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | |
| Beginning of year | 3,425,113 |
| End of year | $ 4,564,230 |

*The Notes to Financial Statements are an integral part of this statement.*

## NOTE 1. DESCRIPTION OF THE PLAN

The following description of the Andrus/Huntington Group Inc. 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**General:** The Plan is a defined contribution plan available to all employees of HHG Companies, Inc., (formerly Andrus/Huntington Group, Inc.) (the Company or Employer) who meet the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Company oversees the governance of the Plan. The Company determines the appropriateness of the Plan's investment offerings and monitors the Plan's investment performance.

**Eligibility:** Employees may enter the Plan upon completion of six months of service and attainment of age 21. Entry dates are the first day of each month following the date the employee meets the eligibility requirements.

**Contributions:** Each calendar year, participants may contribute elective deferrals up to the lesser of the Federal limits or 60% of their pretax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The maximum compensation deferral during 2019 was $19,000. For participants age 50 and older as of December 31, 2019, an additional catch-up provision of $6,000 was allowed during 2019. Participants may also contribute amounts representing distributions from other qualified plans.

Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds and an interest-bearing cash option. At its discretion, the Company may make matching contributions. In addition, nonelective contributions integrated with social security may be made. Participants are eligible for matching contributions and nonelective contributions after completing one (1) year of service, defined as 1,000 hours, being employed on the last day of the Plan year.

**Participant Accounts:** Each participant's account is credited or charged with the participant's contribution and allocations of (a) the Company's matching and nonelective contribution and, (b) Plan earnings (losses), an allocation of any administrative expenses paid by the Plan. Allocations are based on participant earnings (losses) 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 up to a maximum of $50,000 or 50% of their vested interest in their account balance, whichever is less. The loans are secured by the balance in the participants' accounts and bear interest at a rate of 5.5% which is commensurate with the local prevailing rates as determined by the Plan Administrator. Principal and interest are paid ratably through monthly payroll deductions.

**NOTE 1. DESCRIPTION OF THE PLAN (Continued)**

**Vesting:** Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution plus actual earnings thereon is based on years of service. Employees who die or are disabled are 100% vested. A participant is 100% vested after six years of credited service. The vesting schedule is determined as follows:

| Years of Service | Vesting Percentage |
|---|---|
| Less than 1 year | 0% |
| 1 year | 0% |
| 2 years | 20% |
| 3 years | 40% |
| 4 years | 60% |
| 5 years | 80% |
| 6 or more years | 100% |

**Payment of Benefits and Disposition of Forfeitures:** On termination of service due to death, disability or retirement, a participant or beneficiary may elect to receive a lump-sum amount equal to the vested value of the participant's account, may transfer the vested value of their account to another retirement investment vehicle, or may choose to leave vested benefits exceeding $5,000 in the Plan until the later of April 1 of the year succeeding the year in which age 70-1/2 is attained or termination of employment. Premature payments may also be obtained, subject to the limitations imposed by the Internal Revenue Code (IRC). Terminated participants with vested account balances less than $1,000 will have their account balance distributed as soon as administratively feasible. Terminated participants with account balances greater than $1,000, but less than $5,000 will have their account rolled into an Individual Retirement Account (IRA). Account balances forfeited under the vesting schedule are used to pay Plan administrative expenses or to reduce the employer contribution in the subsequent Plan year. For the Plan year ended December 31, 2019, forfeitures were used to pay Plan expenses of $14,574.

**Hardship Distributions:** Under certain conditions, participants, while still employed by the Company, are permitted to withdraw, in a single sum, the employee contribution portion of their account balance. These conditions are set forth in the Plan document. A participant's right to make deferrals to the Plan will be suspended for six months after the receipt of a hardship withdrawal.

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

**Basis of Accounting:** The accompanying financial statements have been prepared on an accrual basis and present the net assets available for benefits and changes in those assets.

**Estimates:** The preparation of the financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires the Plan Administrator to make estimates and assumptions that affect the reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

**NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**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 charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2019 and 2018, no allowance for credit losses has been recorded. If a participant does not make repayments and the Plan Administrator considers the participant receivable to be in default, the loan balance is reduced, and the delinquent participant loan is recorded as a benefit payment based on the terms of the Plan document.

**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. The Plan Sponsor determines the Plan's valuation policies. See Note 4 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 (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

**Excess Contributions Payable:** Amounts payable to participants in the amount of $13,645 and $5,212 for the Plan years ended December 31, 2019 and 2018, respectively, represent contributions in excess of amounts allowed by the Internal Revenue Service (IRS) and are recorded as excess contributions payable with a corresponding reduction to 2019 and 2018 contributions. The Plan distributed these excess contributions prior to March 15th of the subsequent Plan year.

**Payments of Benefits:** Benefits are recorded when paid.

**New Accounting Pronouncement:** In August 2018, the Financial Accounting Standards Board issued Accounting Standards Update (ASU) No. 2018-13, Fair Value Measurement (Topic 820): Disclosure Framework – Changes to Disclosure Requirements for Fair Value Measurement, which modifies the disclosure requirements for fair value measurements by removing, modifying, or adding certain disclosures. ASU 2018-13 is effective for all entities for fiscal years, and interim periods within those fiscal years, beginning after December 15, 2019. An entity is permitted to early adopt any removed or modified disclosures and delay adoption of the additional disclosures until their effective date. The Plan is currently evaluating the impact of this new standard on its financial statements. The adoption of ASU 2018-13 is not expected to have a material impact on the financial statements.

**Subsequent Events:** In March 2020, the World Health Organization declared the coronavirus outbreak a pandemic. The pandemic and resulting global disruption have caused economic uncertainty and volatility in financial markets, which has impacted the value of the Plan’s investments since December 31, 2019. The extent to which the pandemic may impact the Employer and the Plan will depend on future developments, which are highly uncertain and cannot be predicted.

The Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was signed into law on March 27, 2020. The Plan Sponsor has elected to operate the Plan to allow the optional provisions of the CARES Act immediately upon enactment. The Plan may be amended retroactively to include these provisions by the last day of the Plan year beginning on or after January 1, 2022.

The Plan has evaluated subsequent events through October 14, 2020, the date the financial statements were available to be issued and has determined that no other events or transactions except those disclosed in the preceding paragraph require recognition or disclosure in these financial statements.

## NOTE 3. INFORMATION CERTIFIED BY THE TRUSTEE

The financial information included in the Plan's financial statements as it relates to investment assets, investment transactions, investment income, notes receivable from participants, and the schedule of assets held at end of year, have been derived from information certified as complete and accurate by Fidelity Management Trust Company (FMTC), the investment trustee of the Plan, in accordance with Section 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

## NOTE 4. FAIR VALUE MEASUREMENTS

In accordance with the authoritative guidance on fair value measurements and disclosures, in conformity with accounting principles generally accepted in the United States of America, the Plan discloses the fair value of its investments in a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and lowest priority to unobservable inputs (Level 3 measurements).

The fair value hierarchy is categorized into three levels based on the inputs as follows:

*Level 1:* Valuations based on unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. The fair value of mutual funds is determined using Level 1 inputs.

*Level 2:* Valuations based on quoted prices in markets that are not active or quoted prices for similar assets or liabilities in active markets or for which all significant inputs are observable, either directly or indirectly, or inputs that are derived principally from or corroborated by observable market data by correlation or other means.

*Level 3:* Valuations based on inputs that are unobservable in the market and significant to the overall fair value measurement.

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.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while Plan management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value:

| December 31, 2019 | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) | Total |
|---|---|---|---|---|
| Interest-bearing cash | $ 831,294 | $ -- | $ -- | $ 831,294 |
| Mutual funds | 3,552,415 | -- | -- | 3,552,415 |
| Total Plan assets at fair value | $ 4,383,709 | $ -- | $ -- | $ 4,383,709 |

**NOTE 4. FAIR VALUE MEASUREMENTS (Continued)**

| December 31, 2018 | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) | Total |
|---|---|---|---|---|
| Interest-bearing cash | $ 614,904 | $ -- | $ -- | $ 614,904 |
| Mutual funds | 2,663,409 | -- | -- | 2,663,409 |
| Total Plan assets at fair value | $ 3,278,313 | $ -- | $ -- | $ 3,278,313 |

**NOTE 5. TAX STATUS**

On March 31, 2014, the IRS stated that the volume submitter profit sharing plan with a cash or deferral arrangement adopted by the Plan is acceptable under the IRC Section 401. The volume submitter plan has been amended since receiving the opinion letter. The Plan has not received an opinion letter specific to the Plan itself; however, management believes that the Plan is designed and is being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan's policy is to recognize tax positions in the financial statements when it is more-likely-than-not the position will be sustained upon examination by the tax authorities. As of December 31, 2019, the Plan had no uncertain tax positions that qualify for either recognition or disclosure in the financial statements. As of December 31, 2019, the Plan's annual tax filings for the prior three (3) years are open for audit by the IRS.

**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 their employer contributions.

**NOTE 7. ADMINISTRATIVE EXPENSES**

The Company pays for some of the administrative expenses for operating the Plan. Generally, those expenses include the cost of audit and certain administration fees. The Plan permits the payment of plan-related expenses to be made from Plan assets. These expenses will be allocated proportionately based on the value of the account balances or as an equal dollar amount based on the number of plan participants. The Plan permits the payment of expenses which are incurred by or attributable to a particular individual based on the use of a particular plan feature to be assessed against an individual participant's account. Examples of these are loan fees, expenses related to qualified domestic relations orders (QDROs) and hardship distributions.

**NOTE 8. PARTY IN INTEREST TRANSACTIONS**

Certain investments are shares of registered investment funds managed by Fidelity Investments Institutional, the Plan's recordkeeper. FMTC was the Plan's investment trustee. These transactions qualify as party-in-interest transactions.

## NOTE 9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for Plan benefits between the financial statements and Form 5500 as of December 31:

| | 2019 | 2018 |
|---|---|---|
| Net assets available for Plan benefits per the financial statements | $ 4,564,230 | $ 3,425,113 |
| Less: Participant contribution receivable | (27,236) | (12,181) |
| Less: Employer contribution receivable | (109,773) | (82,256) |
| Add: Excess contributions payable | 13,645 | 5,212 |
| Net assets available for Plan benefits per the Form 5500 | $ 4,440,866 | $ 3,335,888 |

The following is a reconciliation of the net increase per the financial statements and net increase per the Form 5500, for the year ended December 31, 2018:

| | |
|---|---|
| Net increase per the financial statements | $ 1,139,117 |
| Add: Change in excess contributions payable | 8,433 |
| Less: Change in participant contribution receivable | (15,055) |
| Less: Change in employer contribution receivable | (27,517) |
| Net increase per the Form 5500 | $ 1,104,978 |

## NOTE 10. 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 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 11. EXCESS CONTRIBUTIONS

Amounts payable to participants for contributions in excess of amounts allowed by the IRS of $13,645 and $5,212 are recorded as liabilities in the accompanying statements of net assets available for Plan benefits as of December 31, 2019 and 2018, respectively. The Plan distributed the excess contributions to the applicable participants prior to March 15 of the subsequent year.

# Supplemental Schedule

**ANDRUS/HUNTINGTON GROUP INC. 401(K) PROFIT SHARING PLAN**

EIN: 94-3391258
Plan Number 001

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2019

| (a) | (b) Identity of issue, borrower, lessor or similar party | (c) Description of investmets including maturity date, rate of interest, collateral, par, or maturity date | (d) Cost ** | (e) Current Value |
|---|---|---|---|---|
| * | Fidelity Fund | Mutual Fund | | $ 23,107 |
| * | Fidelity Puritan | Mutual Fund | | 144,499 |
| * | Fidelity Value Strat | Mutual Fund | | 6,005 |
| * | Fidelity Contrafund | Mutual Fund | | 220,950 |
| * | Fidelity Equity Income | Mutual Fund | | 8,300 |
| * | Fidelity Growth Company | Mutual Fund | | 184,113 |
| * | Fidelity Invest Growth Bond | Mutual Fund | | 26,260 |
| * | Fidelity Intermed Bond | Mutual Fund | | 29,575 |
| * | Fidelity Value | Mutual Fund | | 52,166 |
| * | Fidelity OTC Portfolio | Mutual Fund | | 175,947 |
| * | Fidelity Overseas | Mutual Fund | | 5,370 |
| * | Fidelity Real Estate Investment | Mutual Fund | | 23,447 |
| * | Fidelity Blue Chip Growth | Mutual Fund | | 110,051 |
| * | Fidelity Low Priced Stock | Mutual Fund | | 42,884 |
| * | Fidelity Equity Dividend Income | Mutual Fund | | 33,158 |
| * | Fidelity Growth Strat | Mutual Fund | | 30,502 |
| * | Fidelity Diversified International | Mutual Fund | | 44,852 |
| * | Fidelity Dividend Growth | Mutual Fund | | 16,352 |
| * | Fidelity Export & Multinational | Mutual Fund | | 103,054 |
| * | Fidelity Focused Stock | Mutual Fund | | 28,640 |
| * | Fidelity Mid-Cap Stock | Mutual Fund | | 109,413 |
| * | Fidelity Large Cap Stock | Mutual Fund | | 89,148 |
| * | Fidelity Freedom Income | Mutual Fund | | 4,117 |
| * | Fidelity Freedom 2010 | Mutual Fund | | 33,535 |
| * | Fidelity Freedom 2020 | Mutual Fund | | 622,664 |
| * | Fidelity Freedom 2030 | Mutual Fund | | 472,776 |
| * | Fidelity Small Cap Discovery | Mutual Fund | | 29,105 |
| * | Fidelity Short Term Bond | Mutual Fund | | 26,150 |
| * | Fidelity Freedom 2040 | Mutual Fund | | 136,521 |
| * | Fidelity Freedom 2005 | Mutual Fund | | 1,581 |
| * | Fidelity Freedom 2015 | Mutual Fund | | 56,515 |
| * | Fidelity Freedom 2025 | Mutual Fund | | 130,897 |
| * | Fidelity Freedom 2035 | Mutual Fund | | 205,759 |
| * | Fidelity Small Cap Value | Mutual Fund | | 8,963 |
| * | Fidelity Freedom 2045 | Mutual Fund | | 44,201 |
| * | Fidelity Freedom 2050 | Mutual Fund | | 180,071 |
| * | Fidelity Freedom 2055 | Mutual Fund | | 66,859 |
| * | Fidelity Freedom 2060 | Mutual Fund | | 15,982 |
| * | Fidelity Total Market Index | Mutual Fund | | 155 |
| * | Fidelity Extended Market Index | Mutual Fund | | 8,771 |
| * | Fidelity Government Money Market | Interest-bearing cash | | 831,294 |
| | | | | $ 4,383,709 |
| * | Notes receivable from participants | Interest rate at 5.5% maturing through 2024 | | $ 57,157 |

* Denotes party-in-interest

** Cost information is not required for participant-directed investment, hence, it is not included.

# Andrus/Huntington Group Inc.
# 401(k) Profit Sharing Plan

Financial Report

December 31, 2019 and 2018

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HUTCHINSON and BLOODGOOD LLP
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

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**INDEPENDENT AUDITOR'S REPORT**

To the Board of Trustees and Advisory Committee of the
Andrus/Huntington Group Inc. 401(k) Profit Sharing Plan
Irving, Texas

***Report on the Financial Statements***

We were engaged to audit the accompanying financial statements of Andrus/Huntington Group Inc. 401(k) Profit Sharing Plan (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 the financial statements.

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

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

***Auditor's Responsibility***

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

***Basis for Disclaimer of Opinion***

As permitted by Section 29 CFR 2520.103-8 of the Department of Labor (DOL)'s 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 3, which was certified by Fidelity Management Trust Company (FMTC), the investment trustee, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the investment trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the investment trustee as of December 31, 2019 and 2018, and for the year ended December 31, 2019, that the information provided to the Plan Administrator by the investment trustee is complete and accurate.

***Disclaimer of Opinion***

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

**Other Matter – Supplemental Schedule**

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2019 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purposes of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

**Report on Form and Content in Compliance with DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the investment trustee, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Hutchinson and Bloodgood LLP

Glendale, California
October 14, 2020

**ANDRUS/HUNTINGTON GROUP INC. 401(K) PROFIT SHARING PLAN**

Statements of Net Assets Available for Benefits
December 31, 2019 and 2018

| | 2019 | 2018 |
|---|---|---|
| **ASSETS** | | |
| Interest-bearing cash | **$ 831,294** | $ 614,904 |
| Investments, at fair value | **3,552,415** | 2,663,409 |
| Total investments | **4,383,709** | 3,278,313 |
| Receivables: | | |
| Contributions - participants | **27,236** | 12,181 |
| Contributions - employer | **109,773** | 82,256 |
| Notes receivable from participants | **57,157** | 57,575 |
| Total receivables | **194,166** | 152,012 |
| Total assets | **4,577,875** | 3,430,325 |
| **LIABILITIES** | | |
| Excess contributions payable | **13,645** | 5,212 |
| Total liabilities | **13,645** | 5,212 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | **$ 4,564,230** | $ 3,425,113 |

*The Notes to Financial Statements are an integral part of these statements.*

## ANDRUS/HUNTINGTON GROUP INC. 401(K) PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2019

| | |
|---|---|
| **ADDITIONS TO NET ASSETS ATTRIBUTED TO** | |
| Investment income: | |
| Net appreciation in fair value of investments | $ 478,770 |
| Interest and dividend income | 205,483 |
| Total investment income | 684,253 |
| Interest on notes receivable from participants | 2,994 |
| Contributions: | |
| Participant rollover contributions | 107,751 |
| Participant | 450,822 |
| Employer | 109,773 |
| Total contributions | 668,346 |
| Total additions | 1,355,593 |
| **DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO** | |
| Benefits paid to participants | 200,602 |
| Administrative and other expenses | 15,874 |
| Total deductions | 216,476 |
| Net increase in net assets available for benefits | 1,139,117 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | |
| Beginning of year | 3,425,113 |
| End of year | $ 4,564,230 |

*The Notes to Financial Statements are an integral part of this statement.*

## NOTE 1. DESCRIPTION OF THE PLAN

The following description of the Andrus/Huntington Group Inc. 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**General:** The Plan is a defined contribution plan available to all employees of HHG Companies, Inc., (formerly Andrus/Huntington Group, Inc.) (the Company or Employer) who meet the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Company oversees the governance of the Plan. The Company determines the appropriateness of the Plan's investment offerings and monitors the Plan's investment performance.

**Eligibility:** Employees may enter the Plan upon completion of six months of service and attainment of age 21. Entry dates are the first day of each month following the date the employee meets the eligibility requirements.

**Contributions:** Each calendar year, participants may contribute elective deferrals up to the lesser of the Federal limits or 60% of their pretax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The maximum compensation deferral during 2019 was $19,000. For participants age 50 and older as of December 31, 2019, an additional catch-up provision of $6,000 was allowed during 2019. Participants may also contribute amounts representing distributions from other qualified plans.

Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds and an interest-bearing cash option. At its discretion, the Company may make matching contributions. In addition, nonelective contributions integrated with social security may be made. Participants are eligible for matching contributions and nonelective contributions after completing one (1) year of service, defined as 1,000 hours, being employed on the last day of the Plan year.

**Participant Accounts:** Each participant's account is credited or charged with the participant's contribution and allocations of (a) the Company's matching and nonelective contribution and, (b) Plan earnings (losses), an allocation of any administrative expenses paid by the Plan. Allocations are based on participant earnings (losses) 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 up to a maximum of $50,000 or 50% of their vested interest in their account balance, whichever is less. The loans are secured by the balance in the participants' accounts and bear interest at a rate of 5.5% which is commensurate with the local prevailing rates as determined by the Plan Administrator. Principal and interest are paid ratably through monthly payroll deductions.

**NOTE 1. DESCRIPTION OF THE PLAN (Continued)**

**Vesting:** Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution plus actual earnings thereon is based on years of service. Employees who die or are disabled are 100% vested. A participant is 100% vested after six years of credited service. The vesting schedule is determined as follows:

| Years of Service | Vesting Percentage |
|---|---|
| Less than 1 year | 0% |
| 1 year | 0% |
| 2 years | 20% |
| 3 years | 40% |
| 4 years | 60% |
| 5 years | 80% |
| 6 or more years | 100% |

**Payment of Benefits and Disposition of Forfeitures:** On termination of service due to death, disability or retirement, a participant or beneficiary may elect to receive a lump-sum amount equal to the vested value of the participant's account, may transfer the vested value of their account to another retirement investment vehicle, or may choose to leave vested benefits exceeding $5,000 in the Plan until the later of April 1 of the year succeeding the year in which age 70-1/2 is attained or termination of employment. Premature payments may also be obtained, subject to the limitations imposed by the Internal Revenue Code (IRC). Terminated participants with vested account balances less than $1,000 will have their account balance distributed as soon as administratively feasible. Terminated participants with account balances greater than $1,000, but less than $5,000 will have their account rolled into an Individual Retirement Account (IRA). Account balances forfeited under the vesting schedule are used to pay Plan administrative expenses or to reduce the employer contribution in the subsequent Plan year. For the Plan year ended December 31, 2019, forfeitures were used to pay Plan expenses of $14,574.

**Hardship Distributions:** Under certain conditions, participants, while still employed by the Company, are permitted to withdraw, in a single sum, the employee contribution portion of their account balance. These conditions are set forth in the Plan document. A participant's right to make deferrals to the Plan will be suspended for six months after the receipt of a hardship withdrawal.

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

**Basis of Accounting:** The accompanying financial statements have been prepared on an accrual basis and present the net assets available for benefits and changes in those assets.

**Estimates:** The preparation of the financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires the Plan Administrator to make estimates and assumptions that affect the reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

**NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**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 charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2019 and 2018, no allowance for credit losses has been recorded. If a participant does not make repayments and the Plan Administrator considers the participant receivable to be in default, the loan balance is reduced, and the delinquent participant loan is recorded as a benefit payment based on the terms of the Plan document.

**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. The Plan Sponsor determines the Plan's valuation policies. See Note 4 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 (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

**Excess Contributions Payable:** Amounts payable to participants in the amount of $13,645 and $5,212 for the Plan years ended December 31, 2019 and 2018, respectively, represent contributions in excess of amounts allowed by the Internal Revenue Service (IRS) and are recorded as excess contributions payable with a corresponding reduction to 2019 and 2018 contributions. The Plan distributed these excess contributions prior to March 15th of the subsequent Plan year.

**Payments of Benefits:** Benefits are recorded when paid.

**New Accounting Pronouncement:** In August 2018, the Financial Accounting Standards Board issued Accounting Standards Update (ASU) No. 2018-13, Fair Value Measurement (Topic 820): Disclosure Framework – Changes to Disclosure Requirements for Fair Value Measurement, which modifies the disclosure requirements for fair value measurements by removing, modifying, or adding certain disclosures. ASU 2018-13 is effective for all entities for fiscal years, and interim periods within those fiscal years, beginning after December 15, 2019. An entity is permitted to early adopt any removed or modified disclosures and delay adoption of the additional disclosures until their effective date. The Plan is currently evaluating the impact of this new standard on its financial statements. The adoption of ASU 2018-13 is not expected to have a material impact on the financial statements.

**Subsequent Events:** In March 2020, the World Health Organization declared the coronavirus outbreak a pandemic. The pandemic and resulting global disruption have caused economic uncertainty and volatility in financial markets, which has impacted the value of the Plan’s investments since December 31, 2019. The extent to which the pandemic may impact the Employer and the Plan will depend on future developments, which are highly uncertain and cannot be predicted.

The Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was signed into law on March 27, 2020. The Plan Sponsor has elected to operate the Plan to allow the optional provisions of the CARES Act immediately upon enactment. The Plan may be amended retroactively to include these provisions by the last day of the Plan year beginning on or after January 1, 2022.

The Plan has evaluated subsequent events through October 14, 2020, the date the financial statements were available to be issued and has determined that no other events or transactions except those disclosed in the preceding paragraph require recognition or disclosure in these financial statements.

## NOTE 3. INFORMATION CERTIFIED BY THE TRUSTEE

The financial information included in the Plan's financial statements as it relates to investment assets, investment transactions, investment income, notes receivable from participants, and the schedule of assets held at end of year, have been derived from information certified as complete and accurate by Fidelity Management Trust Company (FMTC), the investment trustee of the Plan, in accordance with Section 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

## NOTE 4. FAIR VALUE MEASUREMENTS

In accordance with the authoritative guidance on fair value measurements and disclosures, in conformity with accounting principles generally accepted in the United States of America, the Plan discloses the fair value of its investments in a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and lowest priority to unobservable inputs (Level 3 measurements).

The fair value hierarchy is categorized into three levels based on the inputs as follows:

*Level 1:* Valuations based on unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. The fair value of mutual funds is determined using Level 1 inputs.

*Level 2:* Valuations based on quoted prices in markets that are not active or quoted prices for similar assets or liabilities in active markets or for which all significant inputs are observable, either directly or indirectly, or inputs that are derived principally from or corroborated by observable market data by correlation or other means.

*Level 3:* Valuations based on inputs that are unobservable in the market and significant to the overall fair value measurement.

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.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while Plan management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value:

| December 31, 2019 | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) | Total |
|---|---|---|---|---|
| Interest-bearing cash | $ 831,294 | $ -- | $ -- | $ 831,294 |
| Mutual funds | 3,552,415 | -- | -- | 3,552,415 |
| Total Plan assets at fair value | $ 4,383,709 | $ -- | $ -- | $ 4,383,709 |

**NOTE 4. FAIR VALUE MEASUREMENTS (Continued)**

| December 31, 2018 | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) | Total |
|---|---|---|---|---|
| Interest-bearing cash | $ 614,904 | $ -- | $ -- | $ 614,904 |
| Mutual funds | 2,663,409 | -- | -- | 2,663,409 |
| Total Plan assets at fair value | $ 3,278,313 | $ -- | $ -- | $ 3,278,313 |

**NOTE 5. TAX STATUS**

On March 31, 2014, the IRS stated that the volume submitter profit sharing plan with a cash or deferral arrangement adopted by the Plan is acceptable under the IRC Section 401. The volume submitter plan has been amended since receiving the opinion letter. The Plan has not received an opinion letter specific to the Plan itself; however, management believes that the Plan is designed and is being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan's policy is to recognize tax positions in the financial statements when it is more-likely-than-not the position will be sustained upon examination by the tax authorities. As of December 31, 2019, the Plan had no uncertain tax positions that qualify for either recognition or disclosure in the financial statements. As of December 31, 2019, the Plan's annual tax filings for the prior three (3) years are open for audit by the IRS.

**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 their employer contributions.

**NOTE 7. ADMINISTRATIVE EXPENSES**

The Company pays for some of the administrative expenses for operating the Plan. Generally, those expenses include the cost of audit and certain administration fees. The Plan permits the payment of plan-related expenses to be made from Plan assets. These expenses will be allocated proportionately based on the value of the account balances or as an equal dollar amount based on the number of plan participants. The Plan permits the payment of expenses which are incurred by or attributable to a particular individual based on the use of a particular plan feature to be assessed against an individual participant's account. Examples of these are loan fees, expenses related to qualified domestic relations orders (QDROs) and hardship distributions.

**NOTE 8. PARTY IN INTEREST TRANSACTIONS**

Certain investments are shares of registered investment funds managed by Fidelity Investments Institutional, the Plan's recordkeeper. FMTC was the Plan's investment trustee. These transactions qualify as party-in-interest transactions.

## NOTE 9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for Plan benefits between the financial statements and Form 5500 as of December 31:

| | 2019 | 2018 |
|---|---|---|
| Net assets available for Plan benefits per the financial statements | $ 4,564,230 | $ 3,425,113 |
| Less: Participant contribution receivable | (27,236) | (12,181) |
| Less: Employer contribution receivable | (109,773) | (82,256) |
| Add: Excess contributions payable | 13,645 | 5,212 |
| Net assets available for Plan benefits per the Form 5500 | $ 4,440,866 | $ 3,335,888 |

The following is a reconciliation of the net increase per the financial statements and net increase per the Form 5500, for the year ended December 31, 2018:

| | |
|---|---|
| Net increase per the financial statements | $ 1,139,117 |
| Add: Change in excess contributions payable | 8,433 |
| Less: Change in participant contribution receivable | (15,055) |
| Less: Change in employer contribution receivable | (27,517) |
| Net increase per the Form 5500 | $ 1,104,978 |

## NOTE 10. 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 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 11. EXCESS CONTRIBUTIONS

Amounts payable to participants for contributions in excess of amounts allowed by the IRS of $13,645 and $5,212 are recorded as liabilities in the accompanying statements of net assets available for Plan benefits as of December 31, 2019 and 2018, respectively. The Plan distributed the excess contributions to the applicable participants prior to March 15 of the subsequent year.

# Supplemental Schedule

**ANDRUS/HUNTINGTON GROUP INC. 401(K) PROFIT SHARING PLAN**

EIN: 94-3391258
Plan Number 001

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2019

| (a) | (b) Identity of issue, borrower, lessor or similar party | (c) Description of investmets including maturity date, rate of interest, collateral, par, or maturity date | (d) Cost ** | (e) Current Value |
|---|---|---|---|---|
| * | Fidelity Fund | Mutual Fund | | $ 23,107 |
| * | Fidelity Puritan | Mutual Fund | | 144,499 |
| * | Fidelity Value Strat | Mutual Fund | | 6,005 |
| * | Fidelity Contrafund | Mutual Fund | | 220,950 |
| * | Fidelity Equity Income | Mutual Fund | | 8,300 |
| * | Fidelity Growth Company | Mutual Fund | | 184,113 |
| * | Fidelity Invest Growth Bond | Mutual Fund | | 26,260 |
| * | Fidelity Intermed Bond | Mutual Fund | | 29,575 |
| * | Fidelity Value | Mutual Fund | | 52,166 |
| * | Fidelity OTC Portfolio | Mutual Fund | | 175,947 |
| * | Fidelity Overseas | Mutual Fund | | 5,370 |
| * | Fidelity Real Estate Investment | Mutual Fund | | 23,447 |
| * | Fidelity Blue Chip Growth | Mutual Fund | | 110,051 |
| * | Fidelity Low Priced Stock | Mutual Fund | | 42,884 |
| * | Fidelity Equity Dividend Income | Mutual Fund | | 33,158 |
| * | Fidelity Growth Strat | Mutual Fund | | 30,502 |
| * | Fidelity Diversified International | Mutual Fund | | 44,852 |
| * | Fidelity Dividend Growth | Mutual Fund | | 16,352 |
| * | Fidelity Export & Multinational | Mutual Fund | | 103,054 |
| * | Fidelity Focused Stock | Mutual Fund | | 28,640 |
| * | Fidelity Mid-Cap Stock | Mutual Fund | | 109,413 |
| * | Fidelity Large Cap Stock | Mutual Fund | | 89,148 |
| * | Fidelity Freedom Income | Mutual Fund | | 4,117 |
| * | Fidelity Freedom 2010 | Mutual Fund | | 33,535 |
| * | Fidelity Freedom 2020 | Mutual Fund | | 622,664 |
| * | Fidelity Freedom 2030 | Mutual Fund | | 472,776 |
| * | Fidelity Small Cap Discovery | Mutual Fund | | 29,105 |
| * | Fidelity Short Term Bond | Mutual Fund | | 26,150 |
| * | Fidelity Freedom 2040 | Mutual Fund | | 136,521 |
| * | Fidelity Freedom 2005 | Mutual Fund | | 1,581 |
| * | Fidelity Freedom 2015 | Mutual Fund | | 56,515 |
| * | Fidelity Freedom 2025 | Mutual Fund | | 130,897 |
| * | Fidelity Freedom 2035 | Mutual Fund | | 205,759 |
| * | Fidelity Small Cap Value | Mutual Fund | | 8,963 |
| * | Fidelity Freedom 2045 | Mutual Fund | | 44,201 |
| * | Fidelity Freedom 2050 | Mutual Fund | | 180,071 |
| * | Fidelity Freedom 2055 | Mutual Fund | | 66,859 |
| * | Fidelity Freedom 2060 | Mutual Fund | | 15,982 |
| * | Fidelity Total Market Index | Mutual Fund | | 155 |
| * | Fidelity Extended Market Index | Mutual Fund | | 8,771 |
| * | Fidelity Government Money Market | Interest-bearing cash | | 831,294 |
| | | | | $ 4,383,709 |
| * | Notes receivable from participants | Interest rate at 5.5% maturing through 2024 | | $ 57,157 |

* Denotes party-in-interest

** Cost information is not required for participant-directed investment, hence, it is not included.