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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

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

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

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

Part II Basic Plan Information—enter all requested information

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

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 05/01/1989

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

8610 WALLISVILLE
HOUSTON, TX 77529

2b Employer Identification Number (EIN) 74-1363754

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

2d Business code (see instructions) 332900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2021	KRISTAL MCCORVEY CRITES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	1115
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)**	757
a(2) Total number of active participants at the end of the plan year	**6a(2)**	666
b Retired or separated participants receiving benefits	**6b**	62
c Other retired or separated participants entitled to future benefits	**6c**	520
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1248
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	1248
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1234
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	140
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:

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

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)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
74-1363754

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

1 Coverage Information:

(a) Name of insurance carrier
MASSMUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	GA-839150	325	01/01/2020	12/31/2020

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
12809	5393

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

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

MERRILL LYNCH LIFE AGENCY INC
1400 MERRILL LYNCH DR
BANK OF AMERICA ME
PENNINGTON, NJ 08534

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
12809			7

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

NOVA 401K ASSOCIATES
10777 NORTHWEST FWY STE 440
HOUSTON, TX 77092-7319

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	5393	TPA FEES	5

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	772826
5	Current value of plan's interest under this contract in separate accounts at year end	5	12202962

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	504608
c	Additions: (1) Contributions deposited during the year	7c(1)	67277		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	10816		
	(4) Transferred from separate account	7c(4)	331186		
	(5) Other (specify below)	7c(5)	0		
	▶				
	(6) Total additions			7c(6)	409279
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	913887
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	140740		
	(2) Administration charge made by carrier	7e(2)	321		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	141061
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	772826

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan	**B** Three-digit plan number (PN) ▶
MCCORVEY SHEET METAL WORKS, L.P. PROFIT SHARING PLAN & TRUST	002
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
MCCORVEY SHEET METAL WORKS, L.P.	74-1363754

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

MASSACHUSETTS MUTUAL LIFE INSURANCE

04-1590850

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 23 37 38 54 55 59 60 62 63 64 65 66 99 50	FEES DEDUCTED	2940	Yes [X] No [ ]	Yes [X] No [ ]	81	Yes [ ] No [X]

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

OTHER

(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?
	FEES DEDUCTED	1947	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

MESIROW FINANCIAL INVESTMENT MANAGE

36-3429599

(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?
49	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	26	Yes [ ] No [X]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III	**Termination Information on Accountants and Enrolled Actuaries (see instructions)** (complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
74-1363754

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

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

b Name of sponsor of entity listed in (a): MASSMUATUAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-1590850-000	P	12202962

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
74-1363754

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	8912	15366
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	1281539
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	10493148	12202962
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	13093627	14408479
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	504608	772825
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	24100295	28681171
	Liabilities			
g	Benefit claims payable	1g	17252	0
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	17252	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	24083043	28681171

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)	2433681	
	(B) Participants	2a(1)(B)	1191148	
	(C) Others (including rollovers)	2a(1)(C)	10062	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3634891
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3142012
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		6776903
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2007701	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2007701
f Corrective distributions (see instructions)	2f		63770
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	107304	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		107304
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2178775
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4598128
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unmodified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
74-1363754

Part I Distributions

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

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

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

EIN(s): 04-1590850

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

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

DECEMBER 31, 2020

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

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

December 31, 2020

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Hess Hopkins Alexander LLP

CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

INDEPENDENT AUDITOR'S REPORT

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of McCorvey Sheet Metal Works, L.P. Profit Sharing Plan and Trust, which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Mass Mutual Life Insurance Company, a custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that this custodian holds certain Plan investment assets and executes investment transactions. The plan administrator has obtained a certification from this custodian as of and for the years ended December 31, 2020 and 2019, that the information provided to the plan administrator by this custodian is complete and accurate.

Disclaimer of Opinion

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

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Other Matter – Supplemental Schedule

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2020 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance With DOL Rules and Regulations

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

Hess Hopkins Alexander LLP

October 14, 2021

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

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

	December 31, 2020	December 31, 2019
ASSETS		
Investments at fair value (See Notes C and D)	$ 27,892,979	$ 23,586,775
Investments at contract value (See Note F)	772,826	504,608
TOTAL INVESTMENTS	28,665,805	24,091,383
Receivables:		
Employer contributions receivable	-0-	4,608
Employee contributions receivable	-0-	12,641
Other	15,366	8,912
TOTAL RECEIVABLES	15,366	26,161
LIABILITIES		
Benefit claims payable	-0-	17,252
Excess contributions payable (See Note B)	69,713	58,096
TOTAL LIABILITIES	69,713	75,348
NET ASSETS AVAILABLE FOR BENEFITS	$ 28,611,458	$ 24,042,196

See accompanying notes to the financial statements

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

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

For the year ended December 31, 2020

ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Net appreciation in fair value of investments	$	2,906,535
Investment income:		
Interest income		6,720
Dividend income		228,757
TOTAL INVESTMENT INCOME		235,477
Contributions:		
Participants		1,108,794
Employer		2,429,073
Rollover		10,062
TOTAL CONTRIBUTIONS		3,547,929
TOTAL ADDITIONS		6,689,941
DEDUCTIONS FROM NET ASSETS ATTRIBUTABLE TO:		
Benefits paid to participants		2,013,375
Administrative expenses		107,304
TOTAL DEDUCTIONS		2,120,679
NET INCREASE		4,569,262
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year		24,042,196
END OF YEAR	$	28,611,458

See accompanying notes to the financial statements

NOTES TO FINANCIAL STATEMENTS

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

December 31, 2020

NOTE A - DESCRIPTION OF THE PLAN

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

General

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

Effective on December 31, 2020, Empower Retirement (Empower) acquired the Mass Mutual Life Insurance Company's (Mass Mutual), a custodian of the Plan, retirement business. Empower administers the business for Mass Mutual with certain administrative services being performed by Mass Mutual and its affiliates.

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

Effective October 1, 2020, NOVA 401(k) Associates, the record keeper of the Plan, terminated its service agreement with the Plan. Subsequently, Plan management engaged Loren D. Stark Company as the record keeper of the Plan until the Plan(See Note L).

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

NOTE A - DESCRIPTION OF THE PLAN (Continued)

Contributions

Generally, participants may contribute up to 90 percent of pretax compensation, as defined in the Plan, subject to certain IRS limitations. Participants may also make Roth 401(k) deferrals. These deferrals are subject to federal income tax in the year of deferral. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds and an insurance investment contract as investment options for participants. The Company at the discretion of its Board of Directors may make matching contributions to the Plan. Such contributions are allocated to plan participants in the same ratio as each participant's eligible contributions, as defined in the Plan, bears to the total of such eligible contributions made by all participants. For the plan year ended December 31, 2020, the Company elected to contribute 50% of the first 4% of base compensation that a participant contributes to the Plan. For the year ended December 31, 2020, the Company made matching contributions of $359,921 to the Plan.

For the profit sharing feature, Company contributions are discretionary and determined each year. Such contributions are invested in a portfolio of investments as directed by the Company. When contributions are made, they are allocated to Plan participants in the same ratio as each participant's compensation, as defined by the Plan, bears to the total of such compensation for all participants. Participants are allocated profit sharing contributions if they have completed at least 1,000 hours of service. Terminated participants are allocated profit sharing contributions after completing one year of service. For the year ended December 31, 2020, the Company made profit sharing contributions of $2,069,152 to the Plan (See Note L).

Participant Accounts

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

Vesting

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

NOTE A - DESCRIPTION OF THE PLAN (Continued)

Payment of Benefits

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

Forfeited Accounts

Forfeitures represent the portion of non-vested benefits remaining from employees who have withdrawn from the Plan before becoming fully vested. At December 31, 2020 and 2019, there were $182,063 and $88,926, respectively, of forfeited non-vested funds. Forfeitures can be used to reduce future Company contributions or pay Plan expenses. In 2020, there were no forfeited funds used to reduce Company contributions or pay plan expenses.

NOTE B - SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

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

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

Excess Contributions Payable

As of December 31, 2020 and 2019, amounts payable to participants totaling $69,713 and $58,096, respectively for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan did not distribute the 2020 excess contributions to the applicable participants prior to Match 15, 2021 (See Note L).

NOTE B - SUMMARY OF ACCOUNTING POLICIES (Continued)

Expenses

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

Payment of Benefits

Benefits are recorded when paid.

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

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

Accordingly, as permitted under such election, certain investment information related to pooled separate accounts maintained at Mass Mutual Life Insurance Company as disclosed in the accompanying financial statements and supplemental schedule, including investments held in those pooled separate accounts and guaranteed investment account as of December 31, 2020 and 2019 of $12,975,789 and $10,997,755, respectively, net appreciation in fair value of those accounts of $1,913,766 and interest and dividend income related to those accounts for the year ended December 31, 2020, was obtained and derived from information supplied to the plan administrator and certified as complete and accurate by Mass Mutual Life Insurance Company, a custodian of the Plan.

NOTE D – FAIR VALUE MEASUREMENTS

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

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

NOTE D – FAIR VALUE MEASUREMENTS (Continued)

Level 2 - Inputs to the valuation methodology include

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2020 and 2019.

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

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

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

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

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

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

NOTE D – FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth the level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019:

	Assets at Fair Value as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 2,034,009	$ -0-	$ -0-	$ 2,034,009
Common Stock	9,139,179	-0-	168,000	9,307,179
Corporate/Government Bonds	-0-	1,576,051	-0-	1,576,051
Exchange Traded Products	215,734	-0-	-0-	215,734
Mutual Funds	1,315,003	-0-	-0-	1,315,003
Multi-Asset Fund	-0-	174,602	-0-	174,602
Pooled Separate Accounts	-0-	12,202,963	-0-	12,202,963
U.S. Government Securities	-0-	1,067,438	-0-	1,067,438
Total investments at fair value	$ 12,703,925	$ 15,021,054	$ 168,000	$ 27,892,979

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

The following table sets forth a summary of changes in the fair value of the plan's level 3 assets for the year ended December 31, 2020:

	Year ended December 31, 2020
Balance, beginning of year	$ 230,000
Realized gains/(losses)	-0-
Unrealized gains/(losses)	(62,000)
Balance, end of year	$ 168,000

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

NOTE E – NONPARTICIPANT DIRECTED INVESTMENTS

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

	December 31,	
Net Assets:	2020	2019
Cash and cash equivalents	$ 2,034,009	1,176,693
Common Stock	9,307,179	7,890,207
Corporate/Government Bonds	1,576,051	1,531,369
Exchange Traded Products	215,734	174,383
Multi-Asset Fund	174,602	146,050
Mutual Funds	1,315,003	1,109,951
U.S. Government Securities	1,067,438	1,064,975
	$ 15,690,016	13,093,628

	For the year ended December 31, 2020
Changes in Net Assets:	
Contributions	$ (2,069,152)
Interest and Dividends	(235,477)
Net appreciation in fair value of investments	(992,769)
Administrative expenses	102,943
Benefits paid to participants	598,067
	$ (2,596,388)

NOTE F - GUARANTEED INVESTMENT CONTRACT

The Plan has entered into a fully benefit-responsive investment with Mass Mutual Life Insurance Company (“Mass Mutual”) totaling $772,826 and $504,608 for 2020 and 2019, respectively. Mass Mutual maintains the contributions in the general account. The account is credited with earnings on the underlying investments and charged for withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 1.55%. The crediting rate is reviewed on a quarterly basis for resetting. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

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

NOTE F - GUARANTEED INVESTMENT CONTRACT (Continued)

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

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

NOTE G – PARTIES-IN-INTEREST TRANSACTIONS

The Company provides the Plan with certain accounting and administrative services for which no fees are charged. Mass Mutual is considered a party-in-interest, as defined by ERISA, since it provides services to the Plan as an investment custodian. Administrative expenses paid to Mass Mutual by the Plan was approximately $4,887 for the year ended December 31, 2020.

Certain other Plan investments are managed by First Houston Capital, Alliance Bernstein, Stifel, Nicolaus & Company, and Charles Schwab whom also provides investment advisory services to the Plan. Therefore, these transactions qualify as "parties-in-interest" transactions. Administrative expenses paid to these investment advisors by the Plan was approximately $102,943 for the year ended December 31, 2020.

NOTE H - PLAN TERMINATION

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

NOTE I - TAX STATUS

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

NOTE I - TAX STATUS (Continued)

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

NOTE J - RISKS AND UNCERTAINTIES

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

NOTE K – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the net assets available for benefits according to the financial statements to Form 5500 as of December 31, 2020 and December 31, 2019:

	December 31,	
	2020	2019
Net assets available for benefits per financial statements	$ 28,611,458	$ 24,042,196
Adjustments to financial statements for:		
Amount of excess contributions refundable to participants	69,713	58,096
Employee contributions receivable	-0-	(12,641)
Employer contributions receivable	-0-	(4,608)
Net assets available for benefits per Form 5500	$ 28,681,171	$ 24,083,043

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

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to Form 5500 for the year ended December 31, 2020:

Net increase per financial statements	$ 4,569,262
Adjustments to financial statements for:	
Amount of excess contributions refundable to participants at December 31, 2019	(58,096)
Amount of excess contributions refundable to participants at December 31, 2020	69,713
Employee contributions receivable at December 31, 2019	12,641
Net increase per Form 5500	$ 4,598,128

Amounts allocated to withdrawing participants are recorded on the Form 5500 for benefit claims that have been processed and approved for payment prior to year-end, but not yet paid as of that date. At December 31, 2020 and 2019, there were no such benefit claims.

NOTE L - SUBSEQUENT EVENTS

Management has evaluated subsequent events as of October 14, 2021, which was the date the financial statements were available for issuance, and has determined that there are subsequent events to be reported.

On March 16, 2021, the Plan executed certain agreements (including a new adoption agreement and a trustee agreement) with Fidelity Investments ("Fidelity"). Fidelity was appointed as the record keeper and Trustee of the Plan and as a result a transfer of all plan assets to Fidelity commenced. The transfer of the Plan assets to Fidelity initiated a blackout period beginning March 16, 2021 and is expected to end on October 31, 2021. During the blackout period, participant funds could not be applied to employee-selected funds with Fidelity or withdrawn from the Plan until Fidelity accurately completes the transfer. During this period, employee contributions continued to be made through payroll deductions, and any earnings, as applicable, will be accrued until the completion of the transfer and Plan conversion. At the end of the blackout period, these funds are expected to be available to transfer to the investment options available with Fidelity and available for immediate reallocation by the participant.

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

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

December 31, 2020 EIN:74-1363754/ PN 002

(a)	(b) Identity of issuer, borrower, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Cash and Cash Equivalents			
	Stifel Nicolaus	Cash	$ 224,526	$ 224,526
*	Bernstein Global	Cash	17,412	17,412
	Community Bank	Cash	1,281,539	1,281,539
	Charles Schwab	Cash	510,532	510,532
		Total Cash and Cash Equivalents		2,034,009
	Fixed Account			
*	MassMutual	Fixed Account	$ **	772,826
		Total Fixed Account		772,826
	Pooled Separate Accounts			
*	MassMutual	Oppenheimer Gold and SC Mnrls A	**	70,343
*	MassMutual	Victory Sycamore Sm Co.	**	29,891
*	MassMutual	MFS Total Return R3	**	116,529
*	MassMutual	MFS Value R3	**	290,027
*	MassMutual	Invesco Small Cap Growth A	**	307,461
*	MassMutual	DWS Real Estate Securities A	**	40,193
*	MassMutual	Oppenheimer Intl Small Mid Co. A	**	15,331
*	MassMutual	The Hartford Intl Opps R4	**	267,756
*	MassMutual	The Hartford Midcap R4	**	185,082
*	MassMutual	JP Morgan Smartretirement 2020	**	352,976
*	MassMutual	JP Morgan Smartretirement 2025	**	905,939
*	MassMutual	JP Morgan Smartretirement 2030	**	552,027
*	MassMutual	JP Morgan Smartretirement 2035	**	426,569
*	MassMutual	JP Morgan Smartretirement 2040	**	704,457
*	MassMutual	JP Morgan Smartretirement 2045	**	414,425
*	MassMutual	JP Morgan Smartretirement 2050	**	549,057
*	MassMutual	JP Morgan Smartretirement 2055	**	445,402
*	MassMutual	JP Morgan Smartretirement Income A	**	59,868
*	MassMutual	Oppenheimer Intl Diversified A	**	331,169
*	MassMutual	MM S&P 500 Index R4	**	949,635
*	MassMutual	Allianz Markets Opps A	**	78,480
*	MassMutual	BlackRock Total Return A	**	587,830
*	MassMutual	MM S&P Mid Cap Index R4	**	176,961
*	MassMutual	Premier Barings Infl-PR & Inc. R4	**	61,910
*	MassMutual	Premier Barings Shrt-Dur Bd R4	**	73,660
*	MassMutual	Premier Barings High Yield R4	**	275,311
*	MassMutual	Prem Oppen SC Opps R4	**	194,208
*	MassMutual	Select T Rowe Price/Loomis Sayles Blue C	**	3,140,448
*	MassMutual	Select Western Strategic Bd R4	**	93,055
*	MassMutual	MFS Blended Res CR EQ R3	**	136,405
*	MassMutual	Wells Fargo Special Mid Cap Value A	**	370,545
*	MassMutual	Colombia Global Equity Value A	**	13
		Total Pooled Separate Accounts		12,202,963
	Common Stock			
	AB Discovery Growth Fund - AD	4,219.673 shares	44,829	65,278
	AB Discovery Value - ADV	2,771.391 shares	50,912	58,088
	AB Emerging Markets Port	1,808.493 shares	47,697	58,848
	AB International Small Cap Portfolio	10,384.161 shares	108,806	124,506
	AB International Strategic Equities	37,415.115 shares	422,212	476,669
	AB Small Cap Core Portfolio ADV-CL	3,423.260 shares	35,486	44,982
	Abbvie Inc.	1,252 shares	105,164	134,152
	Accenture PLC Ireland Class SHS	500 shares	74,528	130,605
	Activision Blizzard	900 shares	69,109	83,565
	Adobe Inc.	314 shares	74,565	157,038
	Aecom	190 shares	6,400	9,458
	Affiliated Managers Group Inc.	286 shares	29,374	29,086
	Alibaba Group Holding	108 shares	26,043	25,135
	Allstate Corporation	1,000 shares	68,599	109,930
	Alphabet Inc. Cl C	27 shares	26,872	47,301
	Amazon Com Inc.	60 shares	117,307	195,416
	American Campus Communities	150 shares	6,117	6,416
	American Electric Power	139 shares	9,268	11,575

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

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

December 31, 2020 EIN:74-11363754/ PN 002

(a)	(b) Identity of issuer, borrower, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Americold Realty Trust	161 shares	5,430	6,010
	Amdox Limited	570 shares	34,123	40,430
	Analog Devices Inc.	231 shares	18,861	34,126
	Anthem Inc.	157 shares	38,921	50,411
	Apple Inc.	1,778 shares	63,006	234,729
	Arbor Realty Trust Inc.	1,998 shares	23,175	28,332
	Archer Daniels Midland Co.	2,500 shares	125,228	126,025
	Automatic Data Processing Inc.	227 shares	35,409	39,997
	Autozone Inc.	11 shares	8,639	13,040
	Bank of America Corp.	661 shares	12,152	20,035
	Best Buy Inc.	1,000 shares	66,103	99,790
	Biogen Inc.	101 shares	26,895	24,731
	Blackrock Inc.	150 shares	94,116	108,231
	Booz Allen Hamilton Holding	57 shares	4,162	4,969
	Bristol Myers Squibb Company	577 shares	28,565	35,791
	Broadcom Inc.	300 shares	77,640	131,355
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	Fiserv Inc.	239 shares	27,979	27,213
	Frost Bank	3,955 shares	120,824	344,995
	Genpact Limited	174 shares	5,493	7,197
	Gentex Corp	972 shares	26,235	32,980
	Goldman Sachs Group Inc.	61 shares	13,679	16,086
	Google	100 shares	88,934	175,188
	Hasbro Inc	396 shares	34,478	37,042
	Home Depot Inc.	482 shares	93,585	128,029
	Honeywell International Inc.	63 shares	6,904	13,400
	Interpublic Group Company Inc.	6,144 shares	115,354	144,507
	Ishares MSCI EAFE	2,599 shares	156,549	189,623
	Johnson & Johnson	713 shares	98,620	112,212
	JP Morgan Chase & Co.	1,201 shares	147,490	152,611
	Knight Swift Transportation	172 shares	7,116	7,193
	Lancaster Colony Corp	163 shares	25,842	29,948
	LAM Research Corp	200 shares	39,211	94,454
	LPL Financial Holdings Inc.	80 shares	6,062	8,338

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

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December 31, 2020 EIN:74-11363754/ PN 002

(a)	(b) Identity of issuer, borrower, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Lululemon Athletica	75 shares	27,187	26,102
	LyondellBasell Ind. N V Ord SHS Cl A	302 shares	26,320	27,681
	L3Harris Technologies Inc.	56 shares	11,325	10,585
	Magna International Inc.	140 shares	6,880	9,912
	Mastercard Inc.	86 shares	26,769	30,697
	Medtronics PLC	170 shares	18,529	19,914
	Merck & Co. Inc.	304 shares	21,844	24,867
	Microsoft Corp.	1,086 shares	87,213	241,548
	Mid-America Apartment Comm	88 shares	9,009	11,149
	Mohawk Industries Inc.	153 shares	22,920	21,565
	NetApp Inc.	435 shares	24,609	28,814
	Nextera Energy Inc.	184 shares	11,603	14,196
	Nike Inc. - Cl B	385 shares	26,485	54,466
	Norfolk Southern Corp.	31 shares	4,686	7,366
	Novartis AG	1,000 shares	85,539	94,430
	Nvidia Corp.	19 shares	5,415	9,922
	NXP Semiconductors NV Com	76 shares	7,882	12,085
	Oracle Corp	153 shares	6,765	9,898
	PayPal Holdings Inc.	51 shares	4,713	11,944
	Pfizer Inc.	1,023 shares	33,727	37,657
	Phillips 66	699 shares	45,141	48,888
	PPL Corp	946 shares	28,096	26,677
	PNC Financial Services Group	70 shares	8,958	10,430
	Procter & Gamble Co	170 shares	17,929	23,654
	Progressive Corp.	106 shares	5,314	10,481
	Prologis Inc.	48 shares	3,933	4,784
	Power Integration Inc	436 shares	26,130	35,691
	Qualcomm Inc.	110 shares	9,912	16,757
	Raytheon Company	474 shares	24,234	33,896
	Regeneron Pharmaceuticals	10 shares	3,637	4,831
	Reinsurance Group of America	60 shares	7,946	6,954
	Roche Hldg LTD Sponsored ADR	411 shares	15,254	17,959
	Salesforce Com	500 shares	70,937	111,265
	Schwab Charles Corp	644 shares	28,381	34,158
	Southwast Airlines Co	146 shares	6,232	6,805
	SPDR S&P 500 ETF Trust	2,500 shares	731,611	934,700
	Spirit Bank	10,000 shares	128,300	168,000
	Sterling Bancorp New	1,232 shares	28,973	22,151
	Target Corp	700 shares	76,655	123,571
	Teladoc Health Inc.	155 shares	20,709	30,994
	Texas Instruments Inc.	85 shares	7,432	13,951
	Thermo Fisher Scientific Inc.	200 shares	47,692	93,156
	TJX Companies Inc.	203 shares	8,268	13,863
	Unilever PLC	489 shares	26,510	29,516
	United Rentals Inc.	37 shares	5,029	8,581
	UnitedHealth Group Inc.	488 shares	98,134	171,132
	Vanguard Emerging Markets	4,016 shares	147,175	201,242
	Verizon Communications Inc.	761 shares	41,548	44,709
	Vertex Pharmaceuticals Inc.	52 shares	11,094	12,290
	Viacom CBS Inc. - Class C	728 shares	14,579	27,125
	Visa Inc. - Class A Shares	133 shares	15,299	29,091
	Vistra Energy Corp	5,000 shares	94,928	98,300
	VM Ware Inc. - Class A Shares	28 shares	4,287	3,927
	Walmart Inc.	120 shares	11,224	17,298
	Waste Connections Inc.	316 shares	28,382	32,412
	Wells Fargo & Company	307 shares	16,887	10,654
	Westlake Chemical Corp.	76 shares	5,502	6,202
	Westrock Co.	3,000 shares	87,402	130,590
	Xilinx Inc.	56 shares	3,242	7,939
	Zoetis Inc.	73 shares	5,510	14,009
		Total Common Stock		9,307,179

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

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

December 31, 2020 EIN:74-11363754/ PN 002

(a)	(b) Identity of issuer, borrower, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Exchange Traded Products			
	Ishares Gold ETF	5,800 shares	94,540	105,154
	SPDR S&P 500 Growth ETF	2,000 shares	92,743	110,580
		Total Exchange Traded Products		215,734
	Corporate Government Bonds			
	Ishares 7-10YR Treasury Bond ETF	749 shares	82,517	89,843
	Ishares 1-3 YR Treasury Bond ETF	1,807 shares	153,618	156,089
	iShares TIPS Bond ETF	266 shares	30,750	33,955
	Ishares MBS ETF	5,113 shares	551,884	563,095
	Ishares 3-7 YR Treasury Bond ETF	2,386 shares	299,271	317,290
	Ishares 1-5 YR Investment Bond ETF	4,453 shares	235,166	245,672
	Ishares 5-10 YR Investment Bond ETF	2,753 share	153,365	170,108
		Total Corporate Government Bonds		1,576,051
	Mutual Funds			
	Overlay A Portfolio Class 1	62,739.057 shares	705,609	894,659
	Overlay B Portfolio Class 1	36,904.633 shares	395,567	420,344
		Total Mutual Funds		1,315,003
	Fixed Income			
	AB Bond Inflation Strategy Class	3,851.254 shares	41,609	44,559
	AB Global Bond Fund	52,939.757 shares	450,290	460,046
	AB High Income Fund	12,657.742 shares	91,285	101,768
	Bernstein Int. Duration Portfolio	33,313.953 shares	448,462	461,065
		Total Fixed Income		1,067,438
	Multi Asset			
*	Alliance Bernstein All Market	20,785.994 shares	165,276	174,602
		Total Multi Asset		174,602
		Total Investments		$ 28,665,805

* Party-in-interest as defined by ERISA

** Cost omitted for participant directed investments

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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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.)
- ☒ 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:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
McCorvey Sheet Metal Works, L.P. Profit Sharing Plan & Trust

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 05/01/1989

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

McCorvey Sheet Metal Works, L.P.

8610 Wallisville

Houston TX 77529

2b Employer Identification Number (EIN)
74-1363754

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

2d Business code (see instructions)
332900

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

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

SIGN HERE	Kristal McCorvey Crites	10/14/21	Kristal McCorvey Crites
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5 Total number of participants at the beginning of the plan year	**5**	1,115
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)**	757
a(2) Total number of active participants at the end of the plan year	**6a(2)**	666
b Retired or separated participants receiving benefits	**6b**	62
c Other retired or separated participants entitled to future benefits	**6c**	520
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1,248
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	1,248
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1,234
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	140
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:

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

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)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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

December 31, 2020 EIN:74-1363754/ PN 002

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	Cash and Cash Equivalents			
	Stifel Nicolaus	Cash	$ 224,526	$ 224,526
*	Bernstein Global	Cash	17,412	17,412
	Community Bank	Cash	1,281,539	1,281,539
	Charles Schwab	Cash	510,532	510,532
		Total Cash and Cash Equivalents		2,034,009
	Fixed Account			
*	MassMutual	Fixed Account	$ **	772,826
		Total Fixed Account		772,826
	Pooled Separate Accounts			
*	MassMutual	Oppenheimer Gold and SC Mnrls A	**	70,343
*	MassMutual	Victory Sycamore Sm Co.	**	29,891
*	MassMutual	MFS Total Return R3	**	116,529
*	MassMutual	MFS Value R3	**	290,027
*	MassMutual	Invesco Small Cap Growth A	**	307,461
*	MassMutual	DWS Real Estate Securities A	**	40,193
*	MassMutual	Oppenheimer Intl Small Mid Co. A	**	15,331
*	MassMutual	The Hartford Intl Opps R4	**	267,756
*	MassMutual	The Hartford Midcap R4	**	185,082
*	MassMutual	JP Morgan Smartretirement 2020	**	352,976
*	MassMutual	JP Morgan Smartretirement 2025	**	905,939
*	MassMutual	JP Morgan Smartretirement 2030	**	552,027
*	MassMutual	JP Morgan Smartretirement 2035	**	426,569
*	MassMutual	JP Morgan Smartretirement 2040	**	704,457
*	MassMutual	JP Morgan Smartretirement 2045	**	414,425
*	MassMutual	JP Morgan Smartretirement 2050	**	549,057
*	MassMutual	JP Morgan Smartretirement 2055	**	445,402
*	MassMutual	JP Morgan Smartretirement Income A	**	59,868
*	MassMutual	Oppenheimer Intl Diversified A	**	331,169
*	MassMutual	MM S&P 500 Index R4	**	949,635
*	MassMutual	Allianz Markets Opps A	**	78,480
*	MassMutual	BlackRock Total Return A	**	587,830
*	MassMutual	MM S&P Mid Cap Index R4	**	176,961
*	MassMutual	Premier Barings Infl-PR & Inc. R4	**	61,910
*	MassMutual	Premier Barings Shrt-Dur Bd R4	**	73,660
*	MassMutual	Premier Barings High Yield R4	**	275,311
*	MassMutual	Prem Oppen SC Opps R4	**	194,208
*	MassMutual	Select T Rowe Price/Loomis Sayles Blue C	**	3,140,448
*	MassMutual	Select Western Strategic Bd R4	**	93,055
*	MassMutual	MFS Blended Res CR EQ R3	**	136,405
*	MassMutual	Wells Fargo Special Mid Cap Value A	**	370,545
*	MassMutual	Colombia Global Equity Value A	**	13
		Total Pooled Separate Accounts		12,202,963
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	AB Discovery Growth Fund - AD	4,219.673 shares	44,829	65,278
	AB Discovery Value - ADV	2,771.391 shares	50,912	58,088
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	Gentex Corp	972 shares	26,235	32,980
	Goldman Sachs Group Inc.	61 shares	13,679	16,086
	Google	100 shares	88,934	175,188
	Hasbro Inc	396 shares	34,478	37,042
	Home Depot Inc.	482 shares	93,585	128,029
	Honeywell International Inc.	63 shares	6,904	13,400
	Interpublic Group Company Inc.	6,144 shares	115,354	144,507
	Ishares MSCI EAFE	2,599 shares	156,549	189,623
	Johnson & Johnson	713 shares	98,620	112,212
	JP Morgan Chase & Co.	1,201 shares	147,490	152,611
	Knight Swift Transportation	172 shares	7,116	7,193
	Lancaster Colony Corp	163 shares	25,842	29,948
	LAM Research Corp	200 shares	39,211	94,454
	LPL Financial Holdings Inc.	80 shares	6,062	8,338

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

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

December 31, 2020 EIN:74-11363754/ PN 002

(a)	(b) Identity of issuer, borrower, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Lululemon Athletica	75 shares	27,187	26,102
	LyondellBasell Ind. N V Ord SHS Cl A	302 shares	26,320	27,681
	L3Harris Technologies Inc.	56 shares	11,325	10,585
	Magna International Inc.	140 shares	6,880	9,912
	Mastercard Inc.	86 shares	26,769	30,697
	Medtronics PLC	170 shares	18,529	19,914
	Merck & Co. Inc.	304 shares	21,844	24,867
	Microsoft Corp.	1,086 shares	87,213	241,548
	Mid-America Apartment Comm	88 shares	9,009	11,149
	Mohawk Industries Inc.	153 shares	22,920	21,565
	NetApp Inc.	435 shares	24,609	28,814
	Nextera Energy Inc.	184 shares	11,603	14,196
	Nike Inc. - Cl B	385 shares	26,485	54,466
	Norfolk Southern Corp.	31 shares	4,686	7,366
	Novartis AG	1,000 shares	85,539	94,430
	Nvidia Corp.	19 shares	5,415	9,922
	NXP Semiconductors NV Com	76 shares	7,882	12,085
	Oracle Corp	153 shares	6,765	9,898
	PayPal Holdings Inc.	51 shares	4,713	11,944
	Pfizer Inc.	1,023 shares	33,727	37,657
	Phillips 66	699 shares	45,141	48,888
	PPL Corp	946 shares	28,096	26,677
	PNC Financial Services Group	70 shares	8,958	10,430
	Procter & Gamble Co	170 shares	17,929	23,654
	Progressive Corp.	106 shares	5,314	10,481
	Prologis Inc.	48 shares	3,933	4,784
	Power Integration Inc	436 shares	26,130	35,691
	Qualcomm Inc.	110 shares	9,912	16,757
	Raytheon Company	474 shares	24,234	33,896
	Regeneron Pharmaceuticals	10 shares	3,637	4,831
	Reinsurance Group of America	60 shares	7,946	6,954
	Roche Hldg LTD Sponsored ADR	411 shares	15,254	17,959
	Salesforce Com	500 shares	70,937	111,265
	Schwab Charles Corp	644 shares	28,381	34,158
	Southwast Airlines Co	146 shares	6,232	6,805
	SPDR S&P 500 ETF Trust	2,500 shares	731,611	934,700
	Spirit Bank	10,000 shares	128,300	168,000
	Sterling Bancorp New	1,232 shares	28,973	22,151
	Target Corp	700 shares	76,655	123,571
	Teladoc Health Inc.	155 shares	20,709	30,994
	Texas Instruments Inc.	85 shares	7,432	13,951
	Thermo Fisher Scientific Inc.	200 shares	47,692	93,156
	TJX Companies Inc.	203 shares	8,268	13,863
	Unilever PLC	489 shares	26,510	29,516
	United Rentals Inc.	37 shares	5,029	8,581
	UnitedHealth Group Inc.	488 shares	98,134	171,132
	Vanguard Emerging Markets	4,016 shares	147,175	201,242
	Verizon Communications Inc.	761 shares	41,548	44,709
	Vertex Pharmaceuticals Inc.	52 shares	11,094	12,290
	Viacom CBS Inc. - Class C	728 shares	14,579	27,125
	Visa Inc. - Class A Shares	133 shares	15,299	29,091
	Vistra Energy Corp	5,000 shares	94,928	98,300
	VM Ware Inc. - Class A Shares	28 shares	4,287	3,927
	Walmart Inc.	120 shares	11,224	17,298
	Waste Connections Inc.	316 shares	28,382	32,412
	Wells Fargo & Company	307 shares	16,887	10,654
	Westlake Chemical Corp.	76 shares	5,502	6,202
	Westrock Co.	3,000 shares	87,402	130,590
	Xilinx Inc.	56 shares	3,242	7,939
	Zoetis Inc.	73 shares	5,510	14,009
		Total Common Stock		9,307,179

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

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

December 31, 2020 EIN:74-11363754/ PN 002

(a)	(b) Identity of issuer, borrower, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Exchange Traded Products			
	Ishares Gold ETF	5,800 shares	94,540	105,154
	SPDR S&P 500 Growth ETF	2,000 shares	92,743	110,580
		Total Exchange Traded Products		215,734
	Corporate Government Bonds			
	Ishares 7-10YR Treasury Bond ETF	749 shares	82,517	89,843
	Ishares 1-3 YR Treasury Bond ETF	1,807 shares	153,618	156,089
	iShares TIPS Bond ETF	266 shares	30,750	33,955
	Ishares MBS ETF	5,113 shares	551,884	563,095
	Ishares 3-7 YR Treasury Bond ETF	2,386 shares	299,271	317,290
	Ishares 1-5 YR Investment Bond ETF	4,453 shares	235,166	245,672
	Ishares 5-10 YR Investment Bond ETF	2,753 share	153,365	170,108
		Total Corporate Government Bonds		1,576,051
	Mutual Funds			
	Overlay A Portfolio Class 1	62,739.057 shares	705,609	894,659
	Overlay B Portfolio Class 1	36,904.633 shares	395,567	420,344
		Total Mutual Funds		1,315,003
	Fixed Income			
	AB Bond Inflation Strategy Class	3,851.254 shares	41,609	44,559
	AB Global Bond Fund	52,939.757 shares	450,290	460,046
	AB High Income Fund	12,657.742 shares	91,285	101,768
	Bernstein Int. Duration Portfolio	33,313.953 shares	448,462	461,065
		Total Fixed Income		1,067,438
	Multi Asset			
*	Alliance Bernstein All Market	20,785.994 shares	165,276	174,602
		Total Multi Asset		174,602
		Total Investments		$ 28,665,805

* Party-in-interest as defined by ERISA

** Cost omitted for participant directed investments