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

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 11/01/2018 and ending 10/31/2019

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
E. T. HORN COMPANY EMPLOYEE STOCK OWNERSHIP PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 12/01/1984

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)
E.T. HORN COMPANY

16050 CANARY AVE.
LA MIRADA, CA 90638-5585

2b Employer Identification Number (EIN)
95-4337136

2c Plan Sponsor's telephone number
714-523-8050

2d Business code (see instructions)
424600

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.	08/08/2020	VLAD MILLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/08/2020	VLAD MILLER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	251
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)**	178
a(2) Total number of active participants at the end of the plan year	**6a(2)**	152
b Retired or separated participants receiving benefits	**6b**	83
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	235
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	235
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	196
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2O

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2018** **This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 11/01/2018 and ending 10/31/2019

A Name of plan	**B** Three-digit plan number (PN) ▶
E. T. HORN COMPANY EMPLOYEE STOCK OWNERSHIP PLAN	002
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
E.T. HORN COMPANY	95-4337136

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

CES/IMS ACCOUNTS

(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?
27 72 50	BROKERAGE	39821	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

CONSULTING GROUP ADVISORY

(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?
27 72 50	BROKERAGE	11095	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 11/01/2018 and ending 10/31/2019

A Name of plan
E. T. HORN COMPANY EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
E.T. HORN COMPANY

D Employer Identification Number (EIN)
95-4337136

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	400000	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	37147114	26596
(2) U.S. Government securities	1c(2)	13332418	8412707
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	38713567	18536428
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	22480231	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	112073330	26975731
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	112073330	26975731

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)	0	
	(B) Participants	2a(1)(B)	0	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	0	
	(F) Other	2b(1)(F)	332935	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		332935
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1387619	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1387619
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	-95663	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-95663

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		1624891
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	86608899	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		86608899
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	113591	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		113591
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		86722490
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-85097599
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: WRIGHT FORD YOUNG & COMPANY **(2)** EIN: 95-3288054

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ..... [X] Yes [ ] No
If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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

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

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

E.T. HORN COMPANY EMPLOYEE STOCK OWNERSHIP PLAN

FINANCIAL STATEMENTS (LIQUIDATION BASIS)

OCTOBER 31, 2019 AND 2018

E.T. HORN COMPANY EMPLOYEE STOCK
OWNERSHIP PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

OCTOBER 31, 2019 AND 2018

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Wright Ford Young & Co.
Certified Public Accountants and Consultants, Inc.

INDEPENDENT AUDITOR'S REPORT

To the Trustee, Participants and Administrator of the
E.T. Horn Company Employee Stock Ownership Plan:

Report on the Financial Statements

We have audited the accompanying financial statements of the E.T. Horn Company Employee Stock Ownership Plan (the Plan), which comprise the statements of net assets available for benefits (Liquidation Basis) as of October 31, 2019 and 2018, the related statement of changes in net assets available for benefits (Liquidation Basis) for the year ended October 31, 2019, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

16140 Sand Canyon Avenue • Irvine, California 92618 • (949) 910-CPAS (2727) • Fax (949) 910-2728

Opinion

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

Emphasis of Matter

As discussed in Note 1 to the financial statements, during fiscal 2018, ET Horn Company (the Plan Sponsor) was acquired by an unrelated company and the Plan is in the process of being terminated. As a result, the Plan presented the financial statements using the liquidation basis of accounting. Our opinion is not modified with respect to this matter.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, Schedule H, line 4i - Schedule of Assets (Held At End of Year) and Schedule H, Line 4j - Schedule of Reportable Transactions as of and for the year ended October 31, 2019, are presented for the purpose of additional analysis and are not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Wright Ford Young & Co.

WRIGHT FORD YOUNG & CO.
Irvine, California
July 29, 2020

E.T. HORN COMPANY EMPLOYEE STOCK OWNERSHIP PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (LIQUIDATION BASIS)

OCTOBER 31, 2019 AND 2018

	2019	2018
ASSETS:		
Investments, at fair value:		
Interest-bearing cash	$ 26,596	$ 37,147,114
Mutual funds	-	38,713,567
Municipal bonds	1,584,068	1,847,847
Corporate bonds	16,952,360	20,632,384
Government securities	8,412,707	13,332,418
Total investments	26,975,731	111,673,330
Receivables:		
Other - reinstatement (Note 9)	-	400,000
Total receivables	-	400,000
Total assets	26,975,731	112,073,330
LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 26,975,731	$ 112,073,330

See accompanying independent auditor's report and notes to the financial statements.

E.T. HORN COMPANY EMPLOYEE STOCK OWNERSHIP PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (LIQUIDATION BASIS)

FOR THE YEAR ENDED OCTOBER 31, 2019

Additions to net assets attributed to:	
Investment income:	
Net depreciation in fair value of investments	$ (95,663)
Interest and dividends	1,387,619
Other income	332,935
Total investment income	1,624,891
Deductions from net assets attributed to:	
Benefits paid to participants	86,608,899
Plan fees and administrative expenses	113,591
Total deductions	86,722,490
NET DECREASE	(85,097,599)
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	112,073,330
NET ASSETS AVAILABLE FOR BENEFITS, end of year	$ 26,975,731

See accompanying independent auditor's report and notes to the financial statements.

1. DESCRIPTION OF PLAN

The following description of the E.T. Horn Company Employee Stock Ownership Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees of E.T. Horn Company (the Company). The Plan was established on December 1, 1984 as a profit sharing plan and effective November 1, 2009, the Plan was amended and restated to constitute an Employee Stock Ownership Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Employees who have attained at least 20.5 years of age are eligible to participate in the Plan on November 1 or May 1 following the completion of at least 1,000 hours of service during the plan year.

During fiscal 2018, the Company was acquired by an unrelated company. The acquiring company purchased all of the Company's issued and outstanding shares of common stock which included all of the shares held by the Plan. The Plan's independent trustee and Administrative Committee are currently in the process of terminating the ESOP and distributing all assets to the participants. This process will extend into the year 2020 as the purchase price of the Company's stock includes contingent consideration. The contingency period ends on July 31, 2020. As of October 31, 2019, the potential amount of contingent consideration is projected to be $2,684,567. This amount has not been recorded in the accompanying financial statements and will be recognized as a plan asset when and if received. The termination restricts any new employees from entering the Plan, no further Company contributions will be made to the Plan, and it also resulted in all participant account balances becoming fully vested. All plan benefits will be distributed entirely in cash in accordance with the termination provisions of the Plan.

Administration

The Plan is generally administered by an internal committee (the Administrative Committee) which is comprised of certain employees of the Company who are appointed by the Company's Board of Directors. The Plan has a designated independent trustee.

Participant Accounts

Each participant's account is credited with allocations of investment earnings and charged with an allocation of administrative expenses. Investment earnings, net of expenses, are allocated at the end of each plan year based on each eligible participant's other investment account values. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

1. DESCRIPTION OF PLAN - (Continued)

Payment of Benefits

Distribution of Plan benefits due to termination for retirement, disability, death, or other reasons are generally made in a lump sum or annual installments in an amount equal to the value of the participant's vested interest in his or her account. Participants may also elect to rollover their account to another eligible retirement plan as defined by the plan agreement.

In connection with the sale of the Company and the Plan's pending termination, 100% of a participant's other investment account that existed prior to the sale was distributed during fiscal 2019. In addition, 75% of each participant's account related to the sales proceeds was distributed during fiscal 2019. The remaining 25% is anticipated to be distributed during fiscal 2020.

Vesting

During the year ended October 31, 2018, all participants became 100% vested in their funds as a result of the acquisition of the Company and Plan termination.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

As discussed in Note 1, the Company was acquired by an unrelated company and the Plan's independent trustee and Administrative Committee are currently in the process of terminating the ESOP and distributing all assets to the participants. As a result, the liquidation basis of accounting is used in presenting the financial statements. The estimated net realizable value of Plan investments as of October 31, 2019 would be equivalent to fair value and no material adjustment was required in the change in basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - (Continued)

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

Payment of Benefits

Benefits are recorded when paid.

Plan Fees and Administrative Expenses

Plan fees and administrative expenses are generally paid by the Plan, unless paid by the Company. Expenses that are paid by the Company are excluded from these financial statements.

Subsequent Events

The Company has evaluated subsequent events through the date of the independent auditor's report, which is the date the accompanying financial statements were available to be issued.

3. PARTY-IN-INTEREST TRANSACTIONS

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan. The Plan paid $105,156 in fees to the Plan's investment advisors and $8,435 in distribution fees during the year ended October 31, 2019. The Company paid certain administrative expenses of the Plan, including recordkeeping and audit fees. These transactions qualify as party in interest transactions for which a statutory exemption exists.

4. FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board provides the framework for measuring fair value. That framework 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 measurements) and lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under this framework 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

4. 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 the 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 October 31, 2019 and 2018.

Interest-bearing cash: Interest-bearing cash consists of money market investments and cash balances held at financial institutions. The carrying value is believed to be representative of its fair value based on its short term nature and are classified within level 1 of the valuation hierarchy.

Mutual funds: These investments are public investment vehicles valued using the net asset value (NAV) provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market and classified within level 1 of the valuation hierarchy.

Municipal bonds and corporate bonds: These investments are public investment vehicles valued using quoted prices for identical or similar investments in markets that are not deemed to be active based on the volume of trading activity and are classified within level 2 of the valuation hierarchy.

4. FAIR VALUE MEASUREMENTS - (Continued)

Government securities: These investments are public investment vehicles valued daily at the closing price reported on an active market using observable inputs and are primarily classified within level 1 of the valuation hierarchy. Government securities that are not deemed to be active based on the volume of trading activity are valued using quoted prices for identical or similar investments and are classified within level 2 of the valuation hierarchy.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of October 31, 2019 and 2018:

Description	Total	Level 1	Level 2	Level 3
October 31, 2019 (Liquidation Basis)				
Interest-bearing cash	$ 26,596	$ 26,596	$ -	$ -
Municipal bonds	1,584,068	-	1,584,068	-
Corporate bonds	16,952,360	-	16,952,360	-
Government securities	8,412,707	8,140,787	271,920	-
Total investments at fair value	$ 26,975,731	$ 8,167,383	$ 18,808,348	$ -
October 31, 2018 (Liquidation Basis)				
Interest-bearing cash	$ 37,147,114	$ 37,147,114	$ -	$ -
Mutual funds	38,713,567	38,713,567		
Municipal bonds	1,847,847	-	1,847,847	-
Corporate bonds	20,632,384	-	20,632,384	-
Government securities	13,332,418	12,429,184	903,234	-
Total investments at fair value	$ 111,673,330	$ 88,289,865	$ 23,383,465	$ -

In regards to the classifications of investments, there were no reclassifications in or out of levels 1, 2 or 3 during the year ended October 31, 2019.

5. PLAN TERMINATION

During the year ended October 31, 2018, the Company made the decision to terminate the Plan (see Note 1).

6. TAX STATUS

The Company received a favorable opinion letter from the Internal Revenue Service (IRS), on December 3, 2019, which stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 tax position that more likely than not would not be sustained upon examination by the IRS.

The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of October 31, 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. RISKS AND UNCERTAINTIES

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

8. ADMINISTRATION OF PLAN ASSETS

The Plan's assets are held in a trust administered by the independent trustee of the Plan. Certain administrative functions are performed by the trustee or employees of the Company. No such trustee or employee receives compensation from the Plan or charges administrative expenses to the Plan.

9. REINSTATEMENT OF PARTICIPANT ACCOUNTS

During fiscal 2017, a participant terminated employment and requested a partial distribution of $400,000 during fiscal 2018. The distribution request was processed prior to October 31, 2018 by transferring funds from the Plan to PenChecks Trust, an independent benefit payment processing entity. Subsequent to October 31, 2018, the participant, who had not yet received the funds from PenChecks Trust, elected to cancel the partial distribution request. The funds were returned to the Plan during fiscal 2019.

10. SUBSEQUENT EVENT

In March 2020, the World Health Organization classified the recent coronavirus (COVID-19) outbreak as a pandemic. As a result of the spread of COVID-19, economic uncertainties have arisen which are likely to negatively impact the Plan's investments. Other financial or operational impacts could occur although it is uncertain at this time.

E.T. HORN COMPANY EMPLOYEE STOCK OWNERSHIP PLAN
PLAN FEIN#: 95-4337136
PLAN # 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
OCTOBER 31, 2019

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of Investments (Shares / Interest Rate)	(d) Cost	(e) Current value
	Interest-Bearing Cash			
	Morgan Stanley	26,596	$ 26,596	$ 26,596
	Total Interest-Bearing Cash		26,596	26,596
	Municipal Bonds			
	Interest accrual		22,497	22,497
	California St Pub Works BRD Lease Rev Var Cap Projs-E due 12/1/2021	5.79%	166,061	164,786
	Cleveland Ohio Arpt Sys Rev-A due 1/1/2021	2.18%	225,000	225,745
	Illinois St Sales Tax Rev due 6/15/2020	2.68%	148,308	150,208
	New Jersey Economic Dev Auth Sch Fac Const Ser-WW due 6/15/2020	4.45%	279,381	278,696
	Orleans Parish LA Sch Brd Rev Qscbd due 2/1/2021	4.40%	154,311	154,673
	Atlanta GA Downtown Development Authority Lease Revenue OID due 2/1/2021	6.88%	318,695	316,715
	Virginia St Resources Authority Infrastructure Revenue due 11/1/2021	3.95%	267,812	270,748
	Total Municipal Bonds		1,582,065	1,584,068
	Corporate Bonds			
	Interest accrual		88,880	88,880
	ABN Amro Bank NV due 1/19/2021	2.38%	200,340	200,182
	Acuity Brands Lighting Inc. due 12/15/2019	6.00%	230,218	225,950
	AIG Global Funding due 10/6/2021	1.90%	153,650	154,881
	Alibaba Group Holding LTD due 11/28/2019	2.50%	273,353	275,055
	Amal LTD/Cayman Islands due 8/21/2021	3.47%	129,770	94,158
	American Express Co. due 10/30/2020	2.27%	250,433	250,420
	Ameriprise Financial Inc. due 3/15/2020	5.30%	229,034	227,628
	Analog Devices Inc. due 1/12/2021	2.95%	252,653	252,790
	Australia & New Zealand Banking Group LTD due 5/17/2021	2.58%	250,763	250,950
	Bank of America Corp due 7/21/2021	2.63%	251,675	250,755
	Barclays Bank PLC due 8/7/2020	2.86%	276,664	275,619
	Baylor Scott & White Holdings due 11/15/2020	2.12%	232,422	238,371
	BMW US Capital LLC due 8/14/2020	2.55%	275,905	275,451
	Broadridge Financial Solutions Inc. due 9/1/2020	3.95%	132,005	132,129
	Burlington Northern Railroad Company Pass Through Trusts due 1/15/2021	6.46%	202,159	189,566
	Carnival Corp due 10/15/2020	3.95%	278,765	280,107
	Caterpillar Financial Services Corp due 3/15/2021	2.35%	275,652	275,231
	Citibank NA due 10/20/2020	2.13%	248,379	250,538
	Comcast Corp due 10/1/2021	3.45%	255,168	257,638
	Cooperatieve Rabobank UA/NY due 4/26/2021	2.37%	250,878	250,760
	Delphi Financial Group Inc. due 1/31/2020	7.88%	180,465	177,328
	Duke Energy Florida LLC due 12/15/2019	2.10%	154,677	31,127
	Export Leasing 2009 LLC due 8/28/2021	1.86%	337,441	226,576
	First Tennesee Bank NA due 12/1/2019	2.95%	249,428	250,000
	Fiserv Inc. due 6/1/2020	2.70%	272,509	276,243
	General Dynamics Corp due 5/11/2020	2.88%	249,343	251,253
	General Electric Co. due 4/15/2020	2.80%	276,235	274,978
	Goldman Sachs Group Inc. due 9/15/2020	3.32%	279,282	277,131
	HSBC Bank PLC due 8/12/2020	4.13%	253,890	254,365
	IDEX Corp due 12/15/2020	4.50%	127,965	127,986
	Jackson National Life Global Funding due 1/30/2020	2.20%	128,504	130,095
	John Deere Capital Corp due 6/22/2020	2.45%	275,853	275,490
	JPMorgan Chase Bank NA due 4/26/2021	2.28%	250,228	250,140
	Keurig Dr Pepper Inc. due 5/25/2021	3.55%	153,008	153,444
	Magellan Midstream Partners LP due 2/1/2021	4.25%	256,880	256,835
	Manufacturers & Traders Trust Fxd to 122016 Var Thraftr due 12/1/2021	2.78%	250,045	250,000
	Manufacturers & Traders Trust Co. due 8/17/2020	2.05%	244,860	250,313
	Manulife Financial Corp due 9/17/2020	4.90%	257,238	256,480
	MassMutual Global Funding II due 11/23/2020	2.45%	246,365	251,630
	Metropolitan Life Global Funding I due 10/9/2021	3.45%	249,803	257,313
	New York Life Global Funding due 4/9/2020	2.28%	250,540	250,285

See accompanying independent auditor's report and notes to the financial statements.

E.T. HORN COMPANY EMPLOYEE STOCK OWNERSHIP PLAN
PLAN FEIN#: 95-4337136
PLAN # 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
OCTOBER 31, 2019

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of Investments (Shares / Interest Rate)	(d) Cost	(e) Current value
	Corporate Bonds - (Continued)			
	Overseas Private Investment Corp due 2/11/2020	0.00%	228,535	230,452
	Overseas Private Investment Corp due 2/11/2020	0.00%	300,000	307,269
	PNC Bank NA due 4/29/2021	2.15%	243,015	250,968
	Public Service Co of New Hampshire due 6/1/2021	4.05%	179,540	179,106
	Rockwell Automation Inc. due 3/1/2020	2.05%	154,981	154,998
	Royal Bank of Canada due 1/19/2021	2.50%	222,712	227,023
	San Clemente Leasing LLC due 8/27/2021	3.59%	148,926	78,216
	Siemens Financieringsmaatschappij NV due 5/27/2020	2.15%	246,118	250,535
	Skandinaviska Enskilda Banken AB due 5/17/2021	2.55%	225,449	225,621
	Sprint Spectrum Co LLC due 3/20/2023	3.36%	208,163	140,875
	Svenska Handelsbanken AB due 9/8/2020	1.95%	243,705	250,150
	Sysco Corp due 10/1/2020	2.60%	247,010	251,493
	Toronto-Dominion Bank due 1/25/2021	2.55%	246,195	252,250
	TTX Co due 6/15/2020	2.60%	265,228	265,981
	UBS Group Funding Switzerland AG due 9/24/2020	3.57%	229,529	227,606
	Ukraine Government Aid Bonds due 5/29/2020	1.85%	199,602	200,340
	Wells Fargo Bank NA due 1/15/2021	2.60%	269,933	277,349
	Westar Energy Inc. due 7/15/2020	5.10%	179,764	178,413
	ALLYA 2017-3 A3 due 9/15/2021	1.74%	371,364	161,824
	Americredit Auto Receivables 2017-1 A-3 due 8/18/2021	1.87%	436,363	81,605
	CNH 2016-B A3 due 8/16/2021	1.63%	232,952	161,277
	Consumers Sec Funding LLC 2014A A-1 due 11/1/2020	1.33%	243,596	244,880
	Daimler Trucks Retail 2018-1 A-3 due 7/15/2021	2.85%	279,464	215,488
	Ford Credit Auto Lease 2017-B A-4 due 2/15/2021	2.17%	274,699	275,063
	Ford Credit Auto Own Tr 2018-2 A-2A due 2/15/2021	2.59%	242,039	61,307
	GALC 2018-1 A3 due 6/15/2021	2.60%	275,614	275,748
	Great American Lease Receivables 2017-1 A-3 due 6/22/2020	2.06%	248,799	23,736
	Hyundai Auto Receivables due 4/15/2021	1.29%	225,824	51,020
	KCOT 2017-1A A3 due 8/16/2021	1.88%	460,924	360,255
	MMAF Equipment Finance LLC 2016-A A-3 due 6/15/2020	1.48%	325,248	16,734
	NAROT 2016-C A3 due 1/15/2021	1.18%	415,367	80,794
	SBIC 2010-10B A due 9/1/2020	3.22%	381,243	270,247
	SBIC 2011-10A 1 due 3/10/2021	4.08%	87,683	72,255
	SBIC 2011-10B 1 due 9/1/2021	2.88%	265,819	94,785
	TAOT 2017-A A3 due 2/16/2021	1.73%	248,057	68,530
	Verizon Owner TR 2016-2 B due 5/20/2021	2.15%	345,529	350,041
	Volkswagen Auto Enh 2018-1 A-2-A due 7/20/2021	2.81%	299,473	134,311
	VOLT LIV LLC 2017-NPL1 A-3 due 3/15/2021	1.92%	150,798	100,936
	VOLT LIV LLC 2017-NPL1 A-4 due 11/15/2021	2.21%	299,672	300,500
	VZOT 2016-2A A due 5/20/2021	1.68%	266,044	137,536
	WOLS 2017-A A3 due 4/15/2020	2.13%	297,926	38,772
	Total Corporate Bonds		20,396,227	16,952,360
	Government Securities			
	Interest accrual		54,932	54,932
	United States Treasury Note due 6/30/2020	1.63%	2,203,605	2,250,000
	United States Treasury Note due 3/31/2021	1.25%	2,880,351	2,985,690
	United States Treasury Note due 11/15/2021	2.88%	923,587	923,733
	United States Treasury Note due 11/15/2019	1.00%	1,040,176	1,049,654
	Federal Home Loan Bank due 8/26/2021	2.05%	275,000	275,022
	Tennessee Valley Authority due 1/15/2021	4.93%	69,884	69,760
	Tennessee Valley Authority due 5/1/2020	5.57%	534,310	531,996
	Tunisia Government Aid Bonds due 8/5/2021	1.42%	273,243	271,920
	Total Government Securities		8,255,088	8,412,707
	Total			$ 26,975,731

See accompanying independent auditor's report and notes to the financial statements.

E.T. HORN COMPANY EMPLOYEE STOCK OWNERSHIP PLAN
PLAN FEIN#: 95-4337136
PLAN # 002
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED OCTOBER 31, 2019

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling Price	(f) Incurred expense	(g) Cost of asset	(h) Current value	(i) Net gain (loss)
Single transactions in excess of 5%:							
Morgan Stanley	Sold - Putnam Short Duration Income Y	$ -	$ 9,960,976	$ -	$ 9,970,887	$ -	$ (9,911)
Morgan Stanley	Sold - Putnam Short Duration Income Y	-	5,660,663	-	5,666,296	-	(5,633)
Morgan Stanley	Bought - Invesco Prem US Govt Mny Inst	6,031,916	-	-	6,031,916	6,031,916	-
Morgan Stanley	Sold - Invesco Prem US Govt Mny Inst		34,000,000		34,000,000		-
Morgan Stanley	Sold - Federated Short Term Inc SS	-	15,482,303	-	15,350,000	-	132,303
Series of transactions in excess of 5%:							
Morgan Stanley	Bought - Invesco Prem US Govt Mny Inst	408,588	-	-	408,588	408,588	-
Morgan Stanley	Bought - Invesco Prem US Govt Mny Inst	6,031,916	-	-	6,031,916	6,031,916	-
		6,440,504	-	-	6,440,504	6,440,504	-
Morgan Stanley	Bought - Pioneer Mlti Ast Ult Sht Inc Y	3,000,000	-	-	3,000,000	3,000,000	-
Morgan Stanley	Sold - Pioneer Mlti Ast Ult Sht Inc Y	-	1,500,000	-	1,501,512	-	(1,512)
Morgan Stanley	Sold - Pioneer Mlti Ast Ult Sht Inc Y	-	1,513,882	-	1,515,389	-	(1,507)
		3,000,000	3,013,882	-	6,016,901	3,000,000	(3,019)

See accompanying independent auditor's report and notes to the financial statements.

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

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 11/01/2018 and ending 10/31/2019

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ 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
E. T. Horn Company Employee Stock Ownership Plan

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 12/01/1984

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)
E.T. Horn Company

16050 Canary Ave.

La Mirada, CA 90638-5585

2b Employer Identification Number (EIN)
95-4337136

2c Plan Sponsor's telephone number
(714) 523-8050

2d Business code (see instructions)
424600

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		2020-08-08	VLAD MILLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		2020-08-08	VLAD MILLER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	251
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)**	178
a(2) Total number of active participants at the end of the plan year	**6a(2)**	152
b Retired or separated participants receiving benefits	**6b**	83
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	235
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	235
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	196
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2O

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

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

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

a Pension Schedules

(1) [ ] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [ ] ___ **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [ ] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 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_____

E.T. HORN COMPANY EMPLOYEE STOCK OWNERSHIP PLAN
PLAN FEIN#: 95-4337136
PLAN # 002
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED OCTOBER 31, 2019

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling Price	(f) Incurred expense	(g) Cost of asset	(h) Current value	(i) Net gain (loss)
Single transactions in excess of 5%:							
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Morgan Stanley	Sold - Putnam Short Duration Income Y	-	5,660,663	-	5,666,296	-	(5,633)
Morgan Stanley	Bought - Invesco Prem US Govt Mny Inst	6,031,916	-	-	6,031,916	6,031,916	-
Morgan Stanley	Sold - Invesco Prem US Govt Mny Inst		34,000,000		34,000,000		-
Morgan Stanley	Sold - Federated Short Term Inc SS	-	15,482,303	-	15,350,000	-	132,303
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Morgan Stanley	Bought - Pioneer Mlti Ast Ult Sht Inc Y	3,000,000	-	-	3,000,000	3,000,000	-
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		3,000,000	3,013,882	-	6,016,901	3,000,000	(3,019)

See accompanying independent auditor's report and notes to the financial statements.

E.T. HORN COMPANY EMPLOYEE STOCK OWNERSHIP PLAN
PLAN FEIN#: 95-4337136
PLAN # 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
OCTOBER 31, 2019

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of Investments (Shares / Interest Rate)	(d) Cost	(e) Current value
	Interest-Bearing Cash			
	Morgan Stanley	26,596	$ 26,596	$ 26,596
	Total Interest-Bearing Cash		26,596	26,596
	Municipal Bonds			
	Interest accrual		22,497	22,497
	California St Pub Works BRD Lease Rev Var Cap Projs-E due 12/1/2021	5.79%	166,061	164,786
	Cleveland Ohio Arpt Sys Rev-A due 1/1/2021	2.18%	225,000	225,745
	Illinois St Sales Tax Rev due 6/15/2020	2.68%	148,308	150,208
	New Jersey Economic Dev Auth Sch Fac Const Ser-WW due 6/15/2020	4.45%	279,381	278,696
	Orleans Parish LA Sch Brd Rev Qscbd due 2/1/2021	4.40%	154,311	154,673
	Atlanta GA Downtown Development Authority Lease Revenue OID due 2/1/2021	6.88%	318,695	316,715
	Virginia St Resources Authority Infrastructure Revenue due 11/1/2021	3.95%	267,812	270,748
	Total Municipal Bonds		1,582,065	1,584,068
	Corporate Bonds			
	Interest accrual		88,880	88,880
	ABN Amro Bank NV due 1/19/2021	2.38%	200,340	200,182
	Acuity Brands Lighting Inc. due 12/15/2019	6.00%	230,218	225,950
	AIG Global Funding due 10/6/2021	1.90%	153,650	154,881
	Alibaba Group Holding LTD due 11/28/2019	2.50%	273,353	275,055
	Amal LTD/Cayman Islands due 8/21/2021	3.47%	129,770	94,158
	American Express Co. due 10/30/2020	2.27%	250,433	250,420
	Ameriprise Financial Inc. due 3/15/2020	5.30%	229,034	227,628
	Analog Devices Inc. due 1/12/2021	2.95%	252,653	252,790
	Australia & New Zealand Banking Group LTD due 5/17/2021	2.58%	250,763	250,950
	Bank of America Corp due 7/21/2021	2.63%	251,675	250,755
	Barclays Bank PLC due 8/7/2020	2.86%	276,664	275,619
	Baylor Scott & White Holdings due 11/15/2020	2.12%	232,422	238,371
	BMW US Capital LLC due 8/14/2020	2.55%	275,905	275,451
	Broadridge Financial Solutions Inc. due 9/1/2020	3.95%	132,005	132,129
	Burlington Northern Railroad Company Pass Through Trusts due 1/15/2021	6.46%	202,159	189,566
	Carnival Corp due 10/15/2020	3.95%	278,765	280,107
	Caterpillar Financial Services Corp due 3/15/2021	2.35%	275,652	275,231
	Citibank NA due 10/20/2020	2.13%	248,379	250,538
	Comcast Corp due 10/1/2021	3.45%	255,168	257,638
	Cooperatieve Rabobank UA/NY due 4/26/2021	2.37%	250,878	250,760
	Delphi Financial Group Inc. due 1/31/2020	7.88%	180,465	177,328
	Duke Energy Florida LLC due 12/15/2019	2.10%	154,677	31,127
	Export Leasing 2009 LLC due 8/28/2021	1.86%	337,441	226,576
	First Tennesee Bank NA due 12/1/2019	2.95%	249,428	250,000
	Fiserv Inc. due 6/1/2020	2.70%	272,509	276,243
	General Dynamics Corp due 5/11/2020	2.88%	249,343	251,253
	General Electric Co. due 4/15/2020	2.80%	276,235	274,978
	Goldman Sachs Group Inc. due 9/15/2020	3.32%	279,282	277,131
	HSBC Bank PLC due 8/12/2020	4.13%	253,890	254,365
	IDEX Corp due 12/15/2020	4.50%	127,965	127,986
	Jackson National Life Global Funding due 1/30/2020	2.20%	128,504	130,095
	John Deere Capital Corp due 6/22/2020	2.45%	275,853	275,490
	JPMorgan Chase Bank NA due 4/26/2021	2.28%	250,228	250,140
	Keurig Dr Pepper Inc. due 5/25/2021	3.55%	153,008	153,444
	Magellan Midstream Partners LP due 2/1/2021	4.25%	256,880	256,835
	Manufacturers & Traders Trust Fxd to 122016 Var Thraftr due 12/1/2021	2.78%	250,045	250,000
	Manufacturers & Traders Trust Co. due 8/17/2020	2.05%	244,860	250,313
	Manulife Financial Corp due 9/17/2020	4.90%	257,238	256,480
	MassMutual Global Funding II due 11/23/2020	2.45%	246,365	251,630
	Metropolitan Life Global Funding I due 10/9/2021	3.45%	249,803	257,313
	New York Life Global Funding due 4/9/2020	2.28%	250,540	250,285

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E.T. HORN COMPANY EMPLOYEE STOCK OWNERSHIP PLAN
PLAN FEIN#: 95-4337136
PLAN # 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
OCTOBER 31, 2019

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of Investments (Shares / Interest Rate)	(d) Cost	(e) Current value
	Corporate Bonds - (Continued)			
	Overseas Private Investment Corp due 2/11/2020	0.00%	228,535	230,452
	Overseas Private Investment Corp due 2/11/2020	0.00%	300,000	307,269
	PNC Bank NA due 4/29/2021	2.15%	243,015	250,968
	Public Service Co of New Hampshire due 6/1/2021	4.05%	179,540	179,106
	Rockwell Automation Inc. due 3/1/2020	2.05%	154,981	154,998
	Royal Bank of Canada due 1/19/2021	2.50%	222,712	227,023
	San Clemente Leasing LLC due 8/27/2021	3.59%	148,926	78,216
	Siemens Financieringsmaatschappij NV due 5/27/2020	2.15%	246,118	250,535
	Skandinaviska Enskilda Banken AB due 5/17/2021	2.55%	225,449	225,621
	Sprint Spectrum Co LLC due 3/20/2023	3.36%	208,163	140,875
	Svenska Handelsbanken AB due 9/8/2020	1.95%	243,705	250,150
	Sysco Corp due 10/1/2020	2.60%	247,010	251,493
	Toronto-Dominion Bank due 1/25/2021	2.55%	246,195	252,250
	TTX Co due 6/15/2020	2.60%	265,228	265,981
	UBS Group Funding Switzerland AG due 9/24/2020	3.57%	229,529	227,606
	Ukraine Government Aid Bonds due 5/29/2020	1.85%	199,602	200,340
	Wells Fargo Bank NA due 1/15/2021	2.60%	269,933	277,349
	Westar Energy Inc. due 7/15/2020	5.10%	179,764	178,413
	ALLYA 2017-3 A3 due 9/15/2021	1.74%	371,364	161,824
	Americredit Auto Receivables 2017-1 A-3 due 8/18/2021	1.87%	436,363	81,605
	CNH 2016-B A3 due 8/16/2021	1.63%	232,952	161,277
	Consumers Sec Funding LLC 2014A A-1 due 11/1/2020	1.33%	243,596	244,880
	Daimler Trucks Retail 2018-1 A-3 due 7/15/2021	2.85%	279,464	215,488
	Ford Credit Auto Lease 2017-B A-4 due 2/15/2021	2.17%	274,699	275,063
	Ford Credit Auto Own Tr 2018-2 A-2A due 2/15/2021	2.59%	242,039	61,307
	GALC 2018-1 A3 due 6/15/2021	2.60%	275,614	275,748
	Great American Lease Receivables 2017-1 A-3 due 6/22/2020	2.06%	248,799	23,736
	Hyundai Auto Receivables due 4/15/2021	1.29%	225,824	51,020
	KCOT 2017-1A A3 due 8/16/2021	1.88%	460,924	360,255
	MMAF Equipment Finance LLC 2016-A A-3 due 6/15/2020	1.48%	325,248	16,734
	NAROT 2016-C A3 due 1/15/2021	1.18%	415,367	80,794
	SBIC 2010-10B A due 9/1/2020	3.22%	381,243	270,247
	SBIC 2011-10A 1 due 3/10/2021	4.08%	87,683	72,255
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	Tennessee Valley Authority due 1/15/2021	4.93%	69,884	69,760
	Tennessee Valley Authority due 5/1/2020	5.57%	534,310	531,996
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	Total Government Securities		8,255,088	8,412,707
	Total			$ 26,975,731

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