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
HYDRAFLOW PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1979

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)
HYDRAFLOW

1881 W. MALVERN
FULLERTON, CA 92833

2b Employer Identification Number (EIN) 95-2131730

2c Plan Sponsor's telephone number 714-773-2600

2d Business code (see instructions) 336410

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.	08/05/2021	STACY HORNE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	263
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)**	258
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	234
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	5
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	239
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	239
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	239
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	9
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 3D

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] 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)** [ ] 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)** [ ] ___ **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 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 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) ▶
HYDRAFLOW PROFIT SHARING PLAN	001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
HYDRAFLOW	95-2131730

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).. . . . . [X] 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

CITY NATIONAL BANK

555 S. FLOWER STREET, 12TH FLOOR
LOS ANGELES, CA 90071

95-1780067

(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)

CITY NATIONAL BANK

555 S. FLOWER STREET, 12TH FLOOR
LOS ANGELES, CA 90071

(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?
21 28 59 63	NONE	0	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

(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

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
HYDRAFLOW PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HYDRAFLOW

D Employer Identification Number (EIN)
95-2131730

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	445	445
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3210879	3174337
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2750199	887477
(2) U.S. Government securities	1c(2)	5947916	5331302
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	9543725	12427994
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	12023822	13386520
(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)		0
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	14631537	16137270
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	48108523	51345345
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
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	48108523	51345345

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)	3174337	
	(B) Participants	2a(1)(B)	0	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3174337
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	9773	
	(B) U.S. Government securities	2b(1)(B)	94022	
	(C) Corporate debt instruments	2b(1)(C)	400401	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	52380	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		556576
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	245419	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	679178	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		924597
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	28407316	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	29557312	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-1149996
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	2267697	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		2267697

		(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)		-45639
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		5727572
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2490718	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2490718
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	32	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		32
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2490750
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3236822
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)** [X] 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: WITHUMSMITH + BROWN, PC **(2)** EIN: 22-2027092

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
HYDRAFLOW PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HYDRAFLOW

D Employer Identification Number (EIN)
95-2131730

Part I Distributions

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

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

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

EIN(s): 95-1780067

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_____

HYDRAFLOW PROFIT SHARING PLAN
Financial Statements
December 31, 2020 and 2019
With Independent Auditor's Report

withum
ADVISORY TAX AUDIT

Hydraflow Profit Sharing Plan
Table of Contents
December 31, 2020 and 2019

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Participants,
Hydraflow Profit Sharing Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Hydraflow Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion 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 ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by City National Bank, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the custodian as of and for the years ended December 31, 2020 and 2019, that the information provided to the plan administrator by the 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.

Other Matter – Supplemental Schedules

The supplemental schedule of assets (held at end of year), schedule of reportable transactions, and schedule of assets (acquired and disposed of within year) as of and for the year ended December 31, 2020 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

The form and content of the information included in the 2020 and 2019 financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Withum Smith + Brown, PC

July 29, 2021

Hydraflow Profit Sharing Plan
Statements of Net Assets Available for Benefits
December 31, 2020 and 2019

	2020	2019
Assets		
Non-interest bearing cash	$ 445	$ 445
Receivables		
Employer's contribution	3,174,337	3,210,879
Investments at fair value		
Interest-bearing cash	887,477	2,750,199
Common stocks	13,386,520	12,023,822
Registered investment companies	16,137,270	14,631,537
Corporate debt instruments	8,427,440	5,918,943
U.S. government securities	5,331,302	5,947,916
Other investments	4,000,554	3,624,782
Total investments	48,170,563	44,897,199
Net assets available for benefits	$ 51,345,345	$ 48,108,523

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

Hydraflow Profit Sharing Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2020 and 2019

	2020	2019
Additions to net assets attributed to investment income		
Net appreciation in fair value of investments	$ 1,072,062	$ 4,266,195
Interest income	504,196	573,703
Dividend income	924,597	840,643
Other income	52,380	50,015
Total investment income	2,553,235	5,730,556
Contributions		
Employer	3,174,337	3,210,879
Total additions	5,727,572	8,941,435
Deductions from net assets attributed to		
Benefits paid to participants	2,490,718	6,180,555
Administrative fees	32	-
Total deductions	2,490,750	6,180,555
Net change in net assets available for benefits	3,236,822	2,760,880
Net assets available for benefits		
Beginning of year	48,108,523	45,347,643
End of year	$ 51,345,345	$ 48,108,523

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

1. DESCRIPTION OF PLAN

The following description of the Hydraflow Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan was adopted to qualify as a defined contribution retirement plan for eligible Hydraflow (the "Company") employees. The Plan was effective as of October 1, 1979. Employees who have attained at least twenty-one years of age, completed a minimum of 1,000 hours, and one year of service are eligible to participate in the Plan. Eligible employees may enroll into the plan on either January 1 or July 1. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

The Company may make discretionary profit sharing contributions to the Plan in an amount to be determined by the Company. The discretionary contribution is then allocated based off of the participants' compensation. The only contributions allowed by participants are rollover contributions from a separate plan. Participants must be employed on the last day of the Plan year to be eligible for the profit sharing contribution. For the Plan years ended December 31, 2020 and 2019, the Company made profit sharing contributions of $3,174,337 and $3,210,879, respectively.

Participant Accounts

Each participant's account is credited with an allocation of (a) the Company's contribution, (b) Plan earnings, net of any administrative expenses, and (c) forfeitures of terminated participants' unvested accounts. Contributions and forfeitures are allocated to each participant based on compensation. Plan earnings are allocated to each participant based on his or her account balance.

Vesting

Vesting in the Company's profit sharing contributions is based on years of service according to the following schedule:

Years of Service	Vested Percentage
Less than 2	0
2	20
3	40
4	60
5	80
6	100

Forfeitures

The unvested portion of a terminated participant's account will be forfeited. Forfeitures are allocated to eligible participants of the Plan based on compensation. During the Plan year ended December 31, 2020 and 2019, forfeitures totaling $57,568 and $9,197, respectively, were allocated amongst the participants. At December 31, 2020 and 2019, there were no unallocated forfeitures.

Participant Loans

Participant loans are not permitted under the Plan.

Payment of Benefits
Upon termination of service due to retirement, disability, or death, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount or in periodic installments.

Administrative Expenses
Expenses incurred in the administration of the Plan are paid by both the Plan and the Company. For the Plan years ended December 31, 2020 and 2019, the Company paid the administrative expenses of the Plan. Investment-related expenses are included in net appreciation of fair value of investments and are not readily determinable.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting
The financial statements of the Plan are prepared under the accrual method of accounting.

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 3 for discussion of fair value measurements.

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

Payment of Benefits
Benefits are recorded when paid.

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 assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

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

The 2019 novel coronavirus (or "COVID-19") has adversely affected and may continue to adversely affect economic activity globally, nationally and locally. Following the COVID-19 outbreak in March 2020, the values of investment securities have experienced significant volatility. These economic and market conditions and other effects of the COVID-19 outbreak may continue to cause volatility. The extent of the adverse impact of the COVID-19 outbreak on the Plan participants' account balances cannot be predicted at this time.

Subsequent Events
The Plan evaluated subsequent events through July 29, 2021, the date these financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosure in these financial statements.

3. FAIR VALUE MEASUREMENTS

FASB ASC 820, *Fair Value Measurements and Disclosures*, establishes a 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 the lowest priority to unobservable inputs (Level 3 measurements). 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.

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 for the periods presented in these financial statements. There were no transfers between levels for the periods presented.

Interest-Bearing Cash: Valued at market value of corresponding currency at year end.

Common Stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Registered Investment Companies (Mutual Funds): Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

Corporate Debt Instruments: 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.

Municipal Bonds: Valued using pricing models maximizing the use of observable inputs for similar securities.

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 assets at fair value as of December 31, 2020 and 2019:

	2020			
	Level 1	**Level 2**	**Level 3**	**Total**
Interest-bearing cash	$ 887,477	$ -	$ -	$ 887,477
Common stocks	13,386,520	-	-	13,386,520
Registered investment companies	16,137,270	-	-	16,137,270
U.S. government securities	-	5,331,302	-	5,331,302
Corporate debt instruments	-	8,427,440	-	8,427,440
Other investments				
Municipal bonds	-	4,000,554	-	4,000,554
Total assets at fair value	$ 30,411,267	$ 17,759,296	$ -	$ 48,170,563

	2019			
	Level 1	**Level 2**	**Level 3**	**Total**
Interest-bearing cash	$ 2,750,199	$ -	$ -	$ 2,750,199
Common stocks	12,023,822	-	-	12,023,822
Registered investment companies	14,631,537	-	-	14,631,537
U.S. government securities	-	5,947,916	-	5,947,916
Corporate debt instruments	-	5,918,943	-	5,918,943
Other investments				
Municipal bonds	-	3,624,782	-	3,624,782
Total assets at fair value	$ 29,405,558	$ 15,491,641	$ -	$ 44,897,199

For the years ended December 31, 2020 and 2019, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

4. INFORMATION 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, City National Bank, the custodian of the Plan, has certified to the completeness and accuracy of:

- Investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2020 and 2019.

- Net appreciation in fair value of investments and interest, dividend and other income reflected on the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2020 and 2019.

5. 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 the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, so that each participant receives 100% of his or her account balance as of the date of termination.

6. TAX STATUS

The Plan document is a prototype non-standardized defined contribution plan that received a favorable opinion letter on March 31, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the opinion letter. However, the Plan administrator believes that the Plan is currently designated and being operated in compliance with the applicable requirement of the IRC.

The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020 and 2019, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) 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. PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are shares of mutual funds managed by City National Bank ("CNB"). CNB is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

SUPPLEMENTARY INFORMATION

Hydraflow Profit Sharing Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #95-2131730, Plan #001
Year Ended December 31, 2020

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	City National Bank	Deposit Sweep	$ 320,954	$ 320,954
*	City National Rochdale	Government Money Market Fund	566,523	566,523
		Total interest-bearing cash	887,477	887,477
	Accenture	Common Stock	112,464	186,243
	Adobe Inc.	Common Stock	32,503	222,553
	Alibaba Group Holding Limited	Common Stock	126,548	138,474
	Ally Financial Inc.	Common Stock	78,274	82,018
	Alphabet Inc.	Common Stock	102,215	308,465
	Altria Group Inc.	Common Stock	63,518	43,460
	Amazon.com Inc.	Common Stock	99,606	136,791
	American Electric Power Inc.	Common Stock	113,041	135,314
	American Water Works Company Inc.	Common Stock	51,432	161,144
	Aon	Common Stock	70,497	63,381
	Apple Inc.	Common Stock	97,868	493,607
	Ares Capital Corporation	Common Stock	79,400	83,014
	Arthur J Gallagher & Company	Common Stock	66,832	115,050
	ASML Holding	Common Stock	59,316	126,807
	AT&T Inc.	Common Stock	113,143	90,306
	Avangrid Inc.	Common Stock	103,595	109,080
	BCE Inc.	Common Stock	103,889	92,020
	Berkshire Hathaway Inc.	Common Stock	66,200	69,561
	Blackstone Group Inc.	Common Stock	106,185	129,620
	Bristol Myers Squibb Company	Common Stock	94,426	97,387
	Charles RIV Laboratories International Inc.	Common Stock	71,140	124,930
	Cincinnati Financial Corporation	Common Stock	113,193	124,065
	Cintas Corporation	Common Stock	60,457	217,378
	Cisco Systems Inc.	Common Stock	97,331	95,318
	Clorox Company	Common Stock	59,738	65,422

See Independent Auditor's Report.

Hydraflow Profit Sharing Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #95-2131730, Plan #001
Year Ended December 31, 2020

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	CME Group Inc.	Common Stock	$ 92,810	$ 167,486
	CMS Energy Corporationoration	Common Stock	60,402	67,111
	Coca Cola Company	Common Stock	97,069	121,745
	Colgate Palmolive Company	Common Stock	99,607	123,990
	Comcast Corporationoration	Common Stock	78,154	146,720
	Costco Wholesale Corporation	Common Stock	71,104	209,113
	Crown Castle Intl Corporation	Common Stock	97,385	135,312
	CVS Health Corporation	Common Stock	68,322	87,083
	Danaher Corporation	Common Stock	56,387	184,376
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	Duke Energy Corporation	Common Stock	110,770	123,606
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	Emerson Elec Company	Common Stock	96,062	112,518
	Entergy Corporation	Common Stock	49,098	56,909
	Equinix Inc.	Common Stock	44,600	71,418
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	Eversource Energy	Common Stock	110,229	155,285
	Facebook Inc.	Common Stock	81,676	281,355
	Fifth Third Bancorp	Common Stock	112,400	127,925
	General Mills Inc.	Common Stock	98,380	92,316
	Hartford Financial Services Group Inc.	Common Stock	96,182	115,103
	HCA Healthcare Inc.	Common Stock	94,195	152,948
	Healthcare Trust Of America	Common Stock	105,304	99,144
	Home Depot Inc.	Common Stock	86,994	261,636
	Intel Corporation	Common Stock	146,019	173,872
	International Paper Company	Common Stock	110,724	121,814

See Independent Auditor's Report.

Hydraflow Profit Sharing Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #95-2131730, Plan #001
Year Ended December 31, 2020

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Johnson & Johnson	Common Stock	$ 52,060	$ 81,051
	JP Morgan Chase & Company	Common Stock	107,948	214,748
	Keycorp	Common Stock	106,160	110,111
	Kimberly Clark Corporation	Common Stock	99,044	111,235
	Lockheed Martin Corporation	Common Stock	117,357	150,867
	L3 Harris Technologies Inc.	Common Stock	101,837	97,345
	Mastercard Inc.	Common Stock	83,669	307,682
	Mcdonalds Corporation	Common Stock	89,255	162,008
	Merck & Company Inc.	Common Stock	98,352	115,338
	Metlife Inc.	Common Stock	104,984	126,765
	Microsoft Corporation	Common Stock	99,507	465,970
	Mid-America Apartment Communities Inc.	Common Stock	115,405	145,694
	National Retail Properties REIT	Common Stock	118,930	101,482
	Nextera Energy Inc.	Common Stock	78,590	158,312
	Northrop Grumman Corporation	Common Stock	59,701	82,274
	NXP Semiconductors	Common Stock	78,443	79,505
	Paychex Inc.	Common Stock	96,714	130,452
	Pepsico Inc.	Common Stock	102,076	152,749
	Pfizer Inc.	Common Stock	92,067	92,945
	Philip Morris International	Common Stock	59,528	53,400
	Pinnacle West Cap Corporation	Common Stock	99,710	103,935
	Procter & Gamble Company	Common Stock	112,421	166,968
	Prologis Inc. Reit	Common Stock	118,248	179,587
	Qualcomm Inc.	Common Stock	94,880	184,331
	Roper Technologies Inc.	Common Stock	60,257	86,218
	S&P Global Inc.	Common Stock	59,880	88,757
	Sherwin Williams Company	Common Stock	71,943	73,491

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Hydraflow Profit Sharing Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #95-2131730, Plan #001
Year Ended December 31, 2020

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Sonoco Products Company	Common Stock	$ 95,521	$ 103,095
	Southern Company	Common Stock	113,837	136,375
	Starbucks Corporation	Common Stock	151,854	192,564
	T-Mobile US Inc.	Common Stock	169,984	252,170
	Thermo Fisher Scientific Inc.	Common Stock	43,890	167,681
	Trane Technologies	Common Stock	52,075	121,934
	Transunion	Common Stock	70,089	79,376
	Unilever	Common Stock	88,431	97,964
	Unitedhealth Group Inc.	Common Stock	98,115	275,284
	Verizon Communications Inc.	Common Stock	129,217	143,938
	Visa Inc.	Common Stock	77,941	274,506
	Walmart Inc.	Common Stock	148,176	239,289
	Xcel Energy Inc.	Common Stock	94,623	125,006
	Zoetis Inc.	Common Stock	52,033	172,117
		Total common stocks	8,362,165	13,386,520
	Brookfield	Global Listed Real Estate Markets Fund	1,854,281	1,719,191
*	City National Rochdale	Fixed Income Opportunities Fund	10,390,745	9,230,686
*	City National Rochdale	Select Strategies Fund	1,854,285	2,089,152
	Fiera Capital	Emerging Markets Fund	2,110,249	3,031,936
	Invesco	Preferred ETF Fund	65,105	66,305
		Total registered investment companies	16,274,665	16,137,270

See Independent Auditor’s Report.

Hydraflow Profit Sharing Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #95-2131730, Plan #001
Year Ended December 31, 2020

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	American Express Company	Domestic Bonds (4.000% 02/27/2023)	$ 363,160	$ 377,564
	American Honda Finance Corporation	Domestic Bonds (0.576% 05/10/2023)	450,000	451,620
	American Tower Corporation	Domestic Bonds (4.000% 06/01/2025)	225,735	254,113
	AT&T Inc.	Domestic Bonds (4.300% 02/15/2030)	415,153	418,089
	Bank of America Corporation	Domestic Bonds (5.700% 01/24/2022)	387,534	369,901
	Berkshire Hathaway Financial Corporation	Domestic Bonds (4.250% 01/15/2021)	436,251	405,454
	Citigroup Inc.	Domestic Bonds (3.300% 04/27/2025)	389,646	432,494
	Duke Enegery Corporation	Domestic Bonds (3.400% 06/15/2029)	398,920	425,730
	General Mills Inc.	Domestic Bonds (4.000% 04/17/2025)	393,148	412,629
	Goldman Sachs Group Inc.	Domestic Bonds (4.250% 10/21/2025)	340,794	372,710
	HCP Inc.	Domestic Bonds (4.000% 06/01/2025)	250,750	283,708
	KLA-Tencor Corporation	Domestic Bonds (4.650% 11/01/2024)	251,639	273,175
	Laboratory Corporation of America	Domestic Bonds (3.200% 02/01/2022)	255,449	262,589
	Morgan Stanley	Domestic Bonds (3.737% 04/24/2024)	431,106	457,283
	Sunoco Logistics	Domestic Bonds (5.950% 12/01/2025)	224,836	230,038
	Unitedhealth Group Inc.	Domestic Bonds (2.375% 10/15/2022)	323,797	337,760
	Verizon Communications Inc.	Domestic Bonds (3.376% 02/15/2025)	366,674	366,511
	Wells Fargo Company	Domestic Bonds (3.450% 02/13/2023)	437,333	460,990
	America Movil	Foreign Bonds (3.125% 07/16/2022)	308,152	311,178
	Bank of Montreal	Foreign Bonds (0.851% 09/11/2022)	360,491	362,956
	Bank of Nova Scotia	Foreign Bonds (2.450% 03/22/2021)	300,527	301,419
	Shell International Finance	Foreign Bonds (2.375% 04/06/2025)	399,120	429,000
	Sumitomo Mitsui Financial Group	Foreign Bonds (2.846% 01/11/2022)	421,168	430,529
		Total corporate debt instruments	8,131,383	8,427,440

See Independent Auditor's Report.

Hydraflow Profit Sharing Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #95-2131730, Plan #001
Year Ended December 31, 2020

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Federal National Mortgage Association	U.S. Government Securities (1.875% 09/24/2026)	$ 322,386	$ 362,219
	Federal National Mortgage Association	U.S. Government Securities (2.125% 04/24/2026)	211,640	239,690
	Federal National Mortgage Association	U.S. Government Securities (2.625% 09/06/2024)	51,410	54,381
	United States Treasury Bills	U.S. Government Securities	904,911	904,972
	United States Treasury Notes	U.S. Government Securities (0.250% 05/31/2025)	755,458	758,548
	United States Treasury Notes	U.S. Government Securities (0.875% 11/15/2030)	476,981	478,426
	United States Treasury Notes	U.S. Government Securities (1.250% 08/31/2024)	639,307	674,271
	United States Treasury Notes	U.S. Government Securities (1.500% 08/15/2022)	861,669	884,264
	United States Treasury Notes	U.S. Government Securities (2.625% 01/31/2026)	888,949	974,531
		Total U.S. government securities	5,112,711	5,331,302
	California State General Obligation	Municipal Bond (3.500% 04/01/2028)	422,433	495,886
	California State General Obligation	Municipal Bond (3.050% 04/01/2029)	546,099	603,393
	County of Los Angeles Public Works	Municipal Bond (5.841% 08/01/2021)	112,631	113,480
	Miami-Dade County Florida Aviation	Municipal Bond (3.375% 10/01/2030)	523,457	545,260
	New York City New York Transitional	Municipal Bond (3.800% 08/01/2029)	539,677	578,740
	New York New York General Obligation	Municipal Bond (3.760% 12/01/2027)	465,609	524,673
	New York New York General Obligation	Municipal Bond (3.370% 08/01/2028)	178,000	199,882
	New York State Urban Dev Corp Rev	Municipal Bond (3.270% 03/15/2028)	329,008	378,520
	University of California Revenues	Municipal Bond (1.714% 05/15/2030)	553,820	560,720
		Total other investments	3,670,734	4,000,554
	Total assets held for investment purposes		$ 42,439,135	$ 48,170,563

* Party-in-interest as defined by ERISA for which a statutory exemption exists.

See Independent Auditor's Report.

Hydraflow Profit Sharing Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN #95-2131730, Plan #001
Year Ended December 31, 2020

(a) Identity of Party Iinvolved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Single Transactions by Issue								
City National Rochdale	Government Money Market Account	$ 3,210,879	N/A	N/A	$ -	$ 3,210,879	$ 3,210,879	$ -

See Independent Auditor's Report.

Hydraflow Profit Sharing Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN #95-2131730, Plan #001
Year Ended December 31, 2020

(a) Identity of Party Iinvolved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Series of Transactions by Issue								
City National Rochdale	Government Money Market	$ 12,747,642	N/A	N/A	$ -	$ 12,747,642	$ 12,747,642	$ -
City National Rochdale	Government Money Market	N/A	$ 14,482,668	N/A	-	14,482,668	14,482,668	-

See Independent Auditor's Report.

Hydraflow Profit Sharing Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN #95-2131730, Plan #001
Year Ended December 31, 2020

(a) Identity of Party Iinvolved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred	(g) Cost of Asset	Asset on Transaction Date	(i) Net Gain or (Loss)
Series of Transactions by Broker								
Instinet	Various	$ 1,534,961	N/A	N/A	$ 958	$ 1,534,961	$ 1,534,961	$ -
Instinet	Various	N/A	$ 1,863,460	N/A	1,598	3,219,036	1,863,460	(1,355,576)
Morgan Stanley	Various	1,590,176	N/A	N/A	-	1,590,176	1,590,176	-
Morgan Stanley	Various	N/A	813,808	N/A	-	813,832	813,808	(24)
Chase Securities	Various	1,415,943	N/A	N/A	-	1,415,943	1,415,943	-
Chase Securities	Various	N/A	1,429,830	N/A	-	1,416,850	1,429,830	12,980
Wachovia Capital Markets	Various	2,501,805	N/A	N/A	-	2,501,805	2,501,805	-
Wachovia Capital Markets	Various	N/A	1,699,798	N/A	-	1,679,613	1,699,798	20,185
		$ 7,042,885	$ 5,806,896	$ -	$ 2,556	$ 14,172,216	$ 12,849,781	$ (1,322,435)

See Independent Auditor's Report.

Hydraflow Profit Sharing Plan
Schedule H, Line 4i - Schedule of Assets (Acquired and Disposed of Within Year)
EIN #95-2131730, Plan #001
Year Ended December 31, 2020

(a) Identity of Issue, Borrower, Lessor, or Similar Party	(b) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
Delaware State General Obligation	Municipal Bond (4.000% 03/01/2024)	$ 466,155	$ 479,309
JP Morgan Chase & Co	Domestic Bond (2.739% 10/15/2030)	424,576	430,664
Jefferies Group LLC	Domestic Bond (4.150% 01/23/2030)	249,681	297,197
Massachusetts State General Obligation	Municipal Bond (5.000% 10/15/2040)	362,505	360,936

See Independent Auditor’s Report.

Hydraflow Profit Sharing Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN #95-2131730, Plan #001
Year Ended December 31, 2020

(a) Identity of Party Iinvolved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Single Transactions by Issue								
City National Rochdale	Government Money Market Account	$ 3,210,879	N/A	N/A	$ -	$ 3,210,879	$ 3,210,879	$ -

See Independent Auditor's Report.

Hydraflow Profit Sharing Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN #95-2131730, Plan #001
Year Ended December 31, 2020

(a) Identity of Party Iinvolved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Series of Transactions by Issue								
City National Rochdale	Government Money Market	$ 12,747,642	N/A	N/A	$ -	$ 12,747,642	$ 12,747,642	$ -
City National Rochdale	Government Money Market	N/A	$ 14,482,668	N/A	-	14,482,668	14,482,668	-

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Hydraflow Profit Sharing Plan
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EIN #95-2131730, Plan #001
Year Ended December 31, 2020

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Series of Transactions by Broker								
Instinet	Various	$ 1,534,961	N/A	N/A	$ 958	$ 1,534,961	$ 1,534,961	$ -
Instinet	Various	N/A	$ 1,863,460	N/A	1,598	3,219,036	1,863,460	(1,355,576)
Morgan Stanley	Various	1,590,176	N/A	N/A	-	1,590,176	1,590,176	-
Morgan Stanley	Various	N/A	813,808	N/A	-	813,832	813,808	(24)
Chase Securities	Various	1,415,943	N/A	N/A	-	1,415,943	1,415,943	-
Chase Securities	Various	N/A	1,429,830	N/A	-	1,416,850	1,429,830	12,980
Wachovia Capital Markets	Various	2,501,805	N/A	N/A	-	2,501,805	2,501,805	-
Wachovia Capital Markets	Various	N/A	1,699,798	N/A	-	1,679,613	1,699,798	20,185
		$ 7,042,885	$ 5,806,896	$ -	$ 2,556	$ 14,172,216	$ 12,849,781	$ (1,322,435)

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Hydraflow Profit Sharing Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #95-2131730, Plan #001
Year Ended December 31, 2020

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EIN #95-2131730, Plan #001
Year Ended December 31, 2020

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	CMS Energy Corporationoration	Common Stock	60,402	67,111
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	Colgate Palmolive Company	Common Stock	99,607	123,990
	Comcast Corporationoration	Common Stock	78,154	146,720
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	Disney Walt Company	Common Stock	96,429	177,556
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	Fifth Third Bancorp	Common Stock	112,400	127,925
	General Mills Inc.	Common Stock	98,380	92,316
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	HCA Healthcare Inc.	Common Stock	94,195	152,948
	Healthcare Trust Of America	Common Stock	105,304	99,144
	Home Depot Inc.	Common Stock	86,994	261,636
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Hydraflow Profit Sharing Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #95-2131730, Plan #001
Year Ended December 31, 2020

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Johnson & Johnson	Common Stock	$ 52,060	$ 81,051
	JP Morgan Chase & Company	Common Stock	107,948	214,748
	Keycorp	Common Stock	106,160	110,111
	Kimberly Clark Corporation	Common Stock	99,044	111,235
	Lockheed Martin Corporation	Common Stock	117,357	150,867
	L3 Harris Technologies Inc.	Common Stock	101,837	97,345
	Mastercard Inc.	Common Stock	83,669	307,682
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	Merck & Company Inc.	Common Stock	98,352	115,338
	Metlife Inc.	Common Stock	104,984	126,765
	Microsoft Corporation	Common Stock	99,507	465,970
	Mid-America Apartment Communities Inc.	Common Stock	115,405	145,694
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	NXP Semiconductors	Common Stock	78,443	79,505
	Paychex Inc.	Common Stock	96,714	130,452
	Pepsico Inc.	Common Stock	102,076	152,749
	Pfizer Inc.	Common Stock	92,067	92,945
	Philip Morris International	Common Stock	59,528	53,400
	Pinnacle West Cap Corporation	Common Stock	99,710	103,935
	Procter & Gamble Company	Common Stock	112,421	166,968
	Prologis Inc. Reit	Common Stock	118,248	179,587
	Qualcomm Inc.	Common Stock	94,880	184,331
	Roper Technologies Inc.	Common Stock	60,257	86,218
	S&P Global Inc.	Common Stock	59,880	88,757
	Sherwin Williams Company	Common Stock	71,943	73,491

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Hydraflow Profit Sharing Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #95-2131730, Plan #001
Year Ended December 31, 2020

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Sonoco Products Company	Common Stock	$ 95,521	$ 103,095
	Southern Company	Common Stock	113,837	136,375
	Starbucks Corporation	Common Stock	151,854	192,564
	T-Mobile US Inc.	Common Stock	169,984	252,170
	Thermo Fisher Scientific Inc.	Common Stock	43,890	167,681
	Trane Technologies	Common Stock	52,075	121,934
	Transunion	Common Stock	70,089	79,376
	Unilever	Common Stock	88,431	97,964
	Unitedhealth Group Inc.	Common Stock	98,115	275,284
	Verizon Communications Inc.	Common Stock	129,217	143,938
	Visa Inc.	Common Stock	77,941	274,506
	Walmart Inc.	Common Stock	148,176	239,289
	Xcel Energy Inc.	Common Stock	94,623	125,006
	Zoetis Inc.	Common Stock	52,033	172,117
		Total common stocks	8,362,165	13,386,520
	Brookfield	Global Listed Real Estate Markets Fund	1,854,281	1,719,191
*	City National Rochdale	Fixed Income Opportunities Fund	10,390,745	9,230,686
*	City National Rochdale	Select Strategies Fund	1,854,285	2,089,152
	Fiera Capital	Emerging Markets Fund	2,110,249	3,031,936
	Invesco	Preferred ETF Fund	65,105	66,305
		Total registered investment companies	16,274,665	16,137,270

See Independent Auditor’s Report.

Hydraflow Profit Sharing Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #95-2131730, Plan #001
Year Ended December 31, 2020

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	American Express Company	Domestic Bonds (4.000% 02/27/2023)	$ 363,160	$ 377,564
	American Honda Finance Corporation	Domestic Bonds (0.576% 05/10/2023)	450,000	451,620
	American Tower Corporation	Domestic Bonds (4.000% 06/01/2025)	225,735	254,113
	AT&T Inc.	Domestic Bonds (4.300% 02/15/2030)	415,153	418,089
	Bank of America Corporation	Domestic Bonds (5.700% 01/24/2022)	387,534	369,901
	Berkshire Hathaway Financial Corporation	Domestic Bonds (4.250% 01/15/2021)	436,251	405,454
	Citigroup Inc.	Domestic Bonds (3.300% 04/27/2025)	389,646	432,494
	Duke Enegery Corporation	Domestic Bonds (3.400% 06/15/2029)	398,920	425,730
	General Mills Inc.	Domestic Bonds (4.000% 04/17/2025)	393,148	412,629
	Goldman Sachs Group Inc.	Domestic Bonds (4.250% 10/21/2025)	340,794	372,710
	HCP Inc.	Domestic Bonds (4.000% 06/01/2025)	250,750	283,708
	KLA-Tencor Corporation	Domestic Bonds (4.650% 11/01/2024)	251,639	273,175
	Laboratory Corporation of America	Domestic Bonds (3.200% 02/01/2022)	255,449	262,589
	Morgan Stanley	Domestic Bonds (3.737% 04/24/2024)	431,106	457,283
	Sunoco Logistics	Domestic Bonds (5.950% 12/01/2025)	224,836	230,038
	Unitedhealth Group Inc.	Domestic Bonds (2.375% 10/15/2022)	323,797	337,760
	Verizon Communications Inc.	Domestic Bonds (3.376% 02/15/2025)	366,674	366,511
	Wells Fargo Company	Domestic Bonds (3.450% 02/13/2023)	437,333	460,990
	America Movil	Foreign Bonds (3.125% 07/16/2022)	308,152	311,178
	Bank of Montreal	Foreign Bonds (0.851% 09/11/2022)	360,491	362,956
	Bank of Nova Scotia	Foreign Bonds (2.450% 03/22/2021)	300,527	301,419
	Shell International Finance	Foreign Bonds (2.375% 04/06/2025)	399,120	429,000
	Sumitomo Mitsui Financial Group	Foreign Bonds (2.846% 01/11/2022)	421,168	430,529
		Total corporate debt instruments	8,131,383	8,427,440

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Hydraflow Profit Sharing Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #95-2131730, Plan #001
Year Ended December 31, 2020

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Federal National Mortgage Association	U.S. Government Securities (1.875% 09/24/2026)	$ 322,386	$ 362,219
	Federal National Mortgage Association	U.S. Government Securities (2.125% 04/24/2026)	211,640	239,690
	Federal National Mortgage Association	U.S. Government Securities (2.625% 09/06/2024)	51,410	54,381
	United States Treasury Bills	U.S. Government Securities	904,911	904,972
	United States Treasury Notes	U.S. Government Securities (0.250% 05/31/2025)	755,458	758,548
	United States Treasury Notes	U.S. Government Securities (0.875% 11/15/2030)	476,981	478,426
	United States Treasury Notes	U.S. Government Securities (1.250% 08/31/2024)	639,307	674,271
	United States Treasury Notes	U.S. Government Securities (1.500% 08/15/2022)	861,669	884,264
	United States Treasury Notes	U.S. Government Securities (2.625% 01/31/2026)	888,949	974,531
		Total U.S. government securities	5,112,711	5,331,302
	California State General Obligation	Municipal Bond (3.500% 04/01/2028)	422,433	495,886
	California State General Obligation	Municipal Bond (3.050% 04/01/2029)	546,099	603,393
	County of Los Angeles Public Works	Municipal Bond (5.841% 08/01/2021)	112,631	113,480
	Miami-Dade County Florida Aviation	Municipal Bond (3.375% 10/01/2030)	523,457	545,260
	New York City New York Transitional	Municipal Bond (3.800% 08/01/2029)	539,677	578,740
	New York New York General Obligation	Municipal Bond (3.760% 12/01/2027)	465,609	524,673
	New York New York General Obligation	Municipal Bond (3.370% 08/01/2028)	178,000	199,882
	New York State Urban Dev Corp Rev	Municipal Bond (3.270% 03/15/2028)	329,008	378,520
	University of California Revenues	Municipal Bond (1.714% 05/15/2030)	553,820	560,720
		Total other investments	3,670,734	4,000,554
	Total assets held for investment purposes		$ 42,439,135	$ 48,170,563

* Party-in-interest as defined by ERISA for which a statutory exemption exists.

See Independent Auditor's Report.

Hydraflow Profit Sharing Plan
Schedule H, Line 4i - Schedule of Assets (Acquired and Disposed of Within Year)
EIN #95-2131730, Plan #001
Year Ended December 31, 2020

(a) Identity of Issue, Borrower, Lessor, or Similar Party	(b) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
Delaware State General Obligation	Municipal Bond (4.000% 03/01/2024)	$ 466,155	$ 479,309
JP Morgan Chase & Co	Domestic Bond (2.739% 10/15/2030)	424,576	430,664
Jefferies Group LLC	Domestic Bond (4.150% 01/23/2030)	249,681	297,197
Massachusetts State General Obligation	Municipal Bond (5.000% 10/15/2040)	362,505	360,936

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