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
KASPAR WIRE WORKS, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1986

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)
KASPAR WIRE WORKS, INC.

959 STATE HWY 95N
SHINER, TX 77984

2b Employer Identification Number (EIN) 74-1209990

2c Plan Sponsor's telephone number 361-594-3327

2d Business code (see instructions) 332900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2021	DAN A KASPAR
	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**	468
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)**	386
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	364
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	75
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	440
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	440
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	341
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 2R 2S 2T 3B 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)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

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

A Name of plan
KASPAR WIRE WORKS, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
KASPAR WIRE WORKS, INC.

D Employer Identification Number (EIN)
74-1209990

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

1 Coverage Information:

(a) Name of insurance carrier
GREAT WEST LIFE AND ANNUITY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
84-0467907	68322	336061-01	58	01/01/2020	12/31/2020

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	1897820
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	2034974
c	Additions: (1) Contributions deposited during the year	7c(1)	37565		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	20780		
	(4) Transferred from separate account	7c(4)	261837		
	(5) Other (specify below)	7c(5)	26366		
	▶ LOAN PAYMENTS/FORFEITURES				
	(6) Total additions			7c(6)	346548
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	2381522
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	466112		
	(2) Administration charge made by carrier	7e(2)	388		
	(3) Transferred to separate account	7e(3)	17202		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	483702
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1897820

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

A Name of plan
KASPAR WIRE WORKS, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
KASPAR WIRE WORKS, INC.

D Employer Identification Number (EIN)
74-1209990

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

CHARLES SCHWAB INVESTMENT MGMT

94-3106735

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

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

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

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

PROSPERA FINANCIAL SERVICES INC

5429 LBJ FREEWAY STE 400
DALLAS, TX 75240

(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	INVESTMENT ADVISOR	35664	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FLEXIBLE PLAN INVESTMENTS LTD

38-2340348

(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?
33	BROKERAGE SERVICES	6365	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	2169	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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)

ADVISED ASSETS GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	1442	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
33	BROKERAGE SERVICES	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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
CHARLES SCHWAB & CO., INC	33	0

(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.
ADVISORS PREFERRED	RATE OF 0.38% OF AVERAGE DAILY BALANCE OF ASSET(S)

(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

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(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
KASPAR WIRE WORKS, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
KASPAR WIRE WORKS, INC.

D Employer Identification Number (EIN)
74-1209990

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	328903	285131
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	13009508	13791378
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2034974	1897820
(15) Other	1c(15)	567559	490357

			(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	15940944	16464686
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h		
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	15940944	16464686

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)	521043	
	(C) Others (including rollovers)	2a(1)(C)	80965	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		602008
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)	17597	
	(F) Other	2b(1)(F)	20780	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		38377
	(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)	345017	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		345017
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1384518
c Other income	2c		57665
d Total income. Add all **income** amounts in column (b) and enter total	2d		2427585
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1794815	
(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)		1794815
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		27724
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	2169	
(3) Investment advisory and management fees	2i(3)	79135	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		81304
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1903843
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		523742
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: ADKF, PC **(2)** EIN: 74-2606559

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		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? ☐ 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
KASPAR WIRE WORKS, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
KASPAR WIRE WORKS, INC.

D Employer Identification Number (EIN)
74-1209990

Part I Distributions

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

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

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

EIN(s): 84-1455663

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_____

KASPAR WIRE WORKS, INC.
401(k) PROFIT SHARING PLAN

Audited Financial Statements

December 31, 2020

ADKF, P.C.
Certified Public Accountants

KASPAR WIRE WORKS, INC. 401(k) PROFIT SHARING PLAN
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December 31, 2020

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INDEPENDENT AUDITOR'S REPORT

To the Plan Committee
Kaspar Wire Works, Inc. 401(k) Profit Sharing Plan
Shiner, Texas

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Kaspar Wire Works, Inc. 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and 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 U. S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note C, which was certified by Great-West Trust Company and Great-West Life and Annuity Insurance Company, the Trustees 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 Trustees hold the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustees as of December 31, 2020 and 2019, and for the years then ended, that the information provided to the Plan Administrator by the Trustees is complete and accurate.

MAIN OFFICE:
8610 N. New Braunfels, STE 101
San Antonio, TX 78217
Phone: 210.829.1300
Fax: 210.829.4080

672 Ridge Hill Dr.,STE B
New Braunfels, TX 78130
Phone: 830.387.4441

616 E. Blanco, STE 300e
Boerne, TX 78006
Phone: 830.815.1100

WWW.ADKF.CPA

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

The supplemental schedules as listed in the Table of Contents for the year ended December 31, 2020 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 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 financial statements and supplemental schedules, other than that derived from the information certified by the Trustee, have been audited by us in accordance with U.S. generally accepted auditing standards and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

ADKF, PC

ADKF, P.C.
San Antonio, Texas
October 6, 2021

KASPAR WIRE WORKS, INC. 401(k) PROFIT SHARING PLAN
Statements of Net Assets Available for Benefits
December 31, 2020 and 2019

	2020	2019
ASSETS		
Investments:		
Mutual funds, at fair value	$ 13,791,531	$ 13,009,660
Self directed brokerage accounts, at fair value	490,357	567,559
Guaranteed interest contract, at contract value	1,897,667	2,034,822
Total investments	16,179,555	15,612,041
Receivables:		
Participants' notes receivable	285,131	328,903
Total receivables	285,131	328,903
Net Assets Available for Benefits	$ 16,464,686	$ 15,940,944

See notes to audited financial statements.

KASPAR WIRE WORKS, INC. 401(k) PROFIT SHARING PLAN
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2020 and 2019

	2020	2019
Additions		
Investment income:		
Net appreciation in fair value of investments	$ 1,765,951	$ 2,752,624
Interest from participants' notes receivable	19,874	16,087
Contributions:		
Participants	521,043	536,004
Rollover	80,965	416,711
Total additions	2,387,833	3,721,426
Deductions		
Benefit payments	1,800,153	1,921,106
Deemed distribution of loans	27,313	14,574
Administrative expenses	36,625	35,107
Total deductions	1,864,091	1,970,787
Change in net assets for the year	523,742	1,750,639
Net assets available for benefits at beginning of year	15,940,944	14,190,305
Net Assets Available for Benefits at End of Year	$ 16,464,686	$ 15,940,944

See notes to audited financial statements.

NOTE A – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation: The audited financial statements of Kaspar Wire Works, Inc. 401(k) Profit Sharing Plan (the Plan) are maintained on the accrual basis in accordance with U.S. generally accepted accounting principles.

Recognition of Income: The basis of investments held by the Plan is adjusted annually to closing market value and unrealized gains and losses are recorded as part of this adjustment. Realized gains and losses on investments are computed using this adjusted basis (beginning of year market value) on the first-in, first-out method. Security transaction expenses are considered in computing realized gains and losses on investments.

Investments: The investments in mutual funds and self-directed brokerage accounts are carried at fair market value, as determined by quoted prices in an active market. Dividends are considered in the fair market value determination. Gains and losses (realized and unrealized) are reported in net appreciation (depreciation) in fair value of investments in the statement of changes in net assets available for benefits.

Investments in guaranteed interest contracts (a common collective trust) are carried at contract value. The contracts are fully benefit-responsive.

Participant' Notes Receivable: Participants' notes receivable are stated at their unpaid principal balance plus any accrued interest. Interest is recognized as accrued. An allowance was not required at either year end. If a participant ceases to make a loan repayment and the Plan administrator deems the participant loan to be in default, the loan balance is reduced and a benefit payment to the participant is recorded.

Benefit Payments: Benefits are recorded when paid.

Sponsor: The Plan is sponsored by Kaspar Wire Works, Inc. for the benefit of its employees, and has been adopted by Kaspar Die and Tool, Inc.; Kaspar Electroplating Corporation; Kaspar Properties, Inc.; Sho-Rack Service Center, Inc.; Kaspar Ranch Hand Equipment, LLC.; Ranch Hand Distribution, LLC; Kaspar Texas Traditions, Kaspar Land Traditions, LP; Texas Precious Metals LLC; PM Web Assets LLC; Trailboss Equipment, LLC; Espresso LLC; Kaspar Companies, Inc; and Ratliff Traditions, LLC. Collectively, the Sponsor and adopting employers are referred to as the "Company" or "Employer".

Recently Adopted Accounting Pronouncement: The Financial Accounting Standards Board issued Accounting Standards Update 2018-13, effective for periods beginning after December 15, 2019, which modified the required fair value measurement disclosures. The Plan adopted this new pronouncement effective January 1, 2020. Adoption of this standard did not have a material impact on the financial statements. No adjustments were made to prior periods.

Use of Estimates: The preparation of financial statements in conformity with U. S. generally accepted accounting principles requires 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 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.

Subsequent Events: Subsequent events have been evaluated by management through the date of the independent auditor's report. Material subsequent events, if any, are disclosed in a separate footnote to these financial statements.

Concentration of Credit Risks: Concentration of credit risk with respect to investments is reduced as a result of the diversity of the underlying investments.

Reclassifications: Certain prior period balances have been reclassified to conform with current year presentation.

NOTE B – PLAN DESCRIPTION

The following description provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Kaspar Wire Works, Inc. 401(k) Profit Sharing Plan is a defined contribution plan, established January 1, 1986, covering virtually all employees who have 30 days of service with the Company. The Plan is for the exclusive benefit of participants and their beneficiaries. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Termination: Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants remain 100% vested in their accounts. See *Vesting* below.

Contributions: Participants may contribute up to 100% of their pretax annual compensation, subject to certain limitations of the Internal Revenue Code. The employer may contribute to the Plan each year a discretionary amount, which is allocated to all employees who participated in the Plan. Participants may also contribute amounts representing distributions ("rollovers") from other qualified defined benefit or contribution plans.

Vesting: Participants are one hundred percent (100%) vested at all times in both their contributions and the employer's voluntary contributions.

Eligibility: Employees of the Sponsor and covered companies are eligible to participate in the Plan the first month following 30 days of employment.

Participant Accounts: Each participant's account is credited with their contribution and allocations of a) the Plan Sponsor contributions, b) Plan earnings, and c) charged with an allocation of administrative expenses. Allocations are based on the participant's earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Options: Upon enrollment in the Plan, a participant may change their investment option daily and direct employee contributions in 1% increments in several investment options.

Participants' Notes Receivable: Participants may borrow from their account a minimum of $1,000, up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Interest rates are established by the Plan Sponsor. Principal and interest is repaid by payroll deduction.

Payment of Benefits: Payment of the vested account balance will begin no later than the sixtieth day after the end of the year during which the participant reaches normal retirement age, dies or terminates employment, whichever is later. If the total vested account balance is less than $5,000, the participant will receive a single lump sum payment. If the vested account balance is equal to or greater than $5,000, various payment options are available and are described more fully in the Plan agreement. Hardship withdrawals are available to the plan participants upon approval by the Plan Committee. At December 31, 2020 and 2019, there were no vested benefits allocated to participants who had withdrawn from participation.

NOTE C – INVESTMENTS CERTIFIED BY THIRD PARTY (unaudited)

As permitted by Department of Labor 29 CFR 2520.103-8, plan investments and participant notes receivable at December 31, 2020 and 2019, the related investment earnings and interest on participants notes receivable for the years then ended were certified and held by Great-West Trust Company and Great-West Life and Annuity Insurance Company, the Trustees, and were not audited by the independent auditor.

NOTE D – FAIR VALUE MEASUREMENTS

In accordance with U.S. generally accepted accounting principles, the Plan utilizes a fair value hierarchy that prioritizes the inputs for the valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are 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.

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

	Fair Value Measurements Using			
December 31, 2020:	Level 1	Level 2	Level 3	Total
Mutual funds	$ 13,791,531	$ -	$ -	$ 13,791,531
Self directed accounts	490,357	-	-	490,357
Total investments at fair value	$ 14,281,888	$ -	$ -	$ 14,281,888

	Fair Value Measurements Using			
December 31, 2019:	Level 1	Level 2	Level 3	Total
Mutual funds	$ 13,009,660	$ -	$ -	$ 13,009,660
Self directed accounts	567,559	-	-	567,559
Total investments at fair value	$ 13,577,219	$ -	$ -	$ 13,577,219

NOTE D – FAIR VALUE MEASUREMENTS - continued

There have been no changes in methodologies used during the year. Following is a description of the valuation methodologies used for assets measured at fair value:

Mutual Funds: Valued at the net asset value (NAV).

Self Directed Accounts: Consists primarily of mutual funds valued at NAV.

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.

NOTE E – GUARANTEED INTEREST CONTRACT

The Key Guaranteed Portfolio Fund, with a balance of $1,897,667 at December 31, 2020 and $2,034,822 at December 31, 2019, represents a benefit-responsive interest contract entered into with the Trustee. The Trustee maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed interest contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed interest contract is fully benefit-responsive, it is stated at contract value, the amount the participant would receive if they were to initiate permitted transactions under the plan. There are no reserves against contract value for credit risk of the contract issuer or otherwise. Contract value, as reported to the Plan by the Trustee, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Certain events limit the ability of the Plan to transact at contract value with the issuer. For example, premature termination of the contracts by the Plan, Plan termination, bankruptcy, mergers, and failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that any event which would limit the Plan's ability to transact at contract value with participants is probable of occurring.

NOTE F – TRANSACTIONS WITH PARTIES-IN-INTEREST

The Plan includes certain investments managed by Great West, the Plan Administrator. Therefore, these transactions qualify as party-in-interest transactions. Fees paid during the year for legal, accounting and other services rendered by parties-in-interest were based on customary and reasonable rates for such services, and have been paid by the Plan Sponsor

NOTE G – INCOME TAX STATUS

The Plan is a prototype standardized profit sharing plan developed by Great-West Trust Company. The prototype standardized profit sharing plan has received a favorable opinion letter from the Internal Revenue Service. Although the plan has been amended since receiving the opinion letter, the Plan administrator believes that the Plan is designed and is currently being operated, in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believes that the plan is qualified for tax exempt status. The Plan is not aware of any tax positions that would have a significant impact on its financial position. Its federal tax returns for the last four years remain subject to examination.

NOTE H – COVID-19

Due to the spread of the COVID-19 coronavirus, economic uncertainties have arisen which have triggered volatility in the financial markets and significant uncertainty in the global economy. The values of the Plan's individual investments have and will fluctuate in response to changing market conditions. The full impact of the COVID-19 outbreak continued to evolve as of the date of this report.

The plan is in the process of being amended to implement certain changes permitted by the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) and the Setting Every Community Up for Retirement Enhancement Act of 2019 (the SECURE Act), which changes the Plan to allow certain eligible individuals to receive coronavirus-related distributions, suspend required minimum distributions, and delay the commencement date for required minimum distributions. Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with applicable law and IRS guidance.

KASPAR WIRE WORKS, INC.
401(k) PROFIT SHARING PLAN

Supplemental Schedules

December 31, 2020

KASPAR WIRE WORKS, INC. 401(k) PROFIT SHARING PLAN
Schedule of Assets Held at End of Year
Form 5500, Schedule H, Part IV, 4i
EIN 74-1209990 Plan No. 002
December 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	**Description of Investment, Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value**	**Cost**	**Current Value**
	Baird Core Plus Bond Inst	Mutual fund	**	$ 265,724
	DFA Emerging Markets Small Cap I	Mutual fund	**	112,744
	DFA Intermediate Govt Fixed-Income I	Mutual fund	**	633,845
	DFA US Targeted Value I	Mutual fund	**	6,460
	Janus Henderson Triton N	Mutual fund	**	681,680
	Principal Midcap Inst Mutual	Mutual fund	**	926,320
	Vanguard Balanced Index Adm	Mutual fund	**	36,064
	Vanguard Developed Markets Index Admiral	Mutual fund	**	949,630
	Vanguard Equity-Income Adm	Mutual fund	**	1,608,401
	Vanguard Growth Index Adm	Mutual fund	**	1,755,577
	Vanguard Inflation-Protected Secs Adm	Mutual fund	**	17,918
	Vanguard Mid Cap Index Fund	Mutual fund	**	15,724
	Vanguard Mid-Cap Value Index Admiral	Mutual fund	**	1,534,071
	Vanguard Real Estate Index Admiral	Mutual fund	**	52,380
	Vanguard Small Cap Index Adm	Mutual fund	**	255,639
	Vanguard Target Retirement 2020 Inv	Mutual fund	**	1,092,002
	Vanguard Target Retirement 2025 Inv	Mutual fund	**	402,476
	Vanguard Target Retirement 2030 Inv	Mutual fund	**	729,203
	Vanguard Target Retirement 2035 Inv	Mutual fund	**	178,087
	Vanguard Target Retirement 2040 Inv	Mutual fund	**	887,393
	Vanguard Target Retirement 2045 Inv	Mutual fund	**	135,946
	Vanguard Target Retirement 2050 Inv	Mutual fund	**	280,580
	Vanguard Target Retirement 2055 Inv	Mutual fund	**	300,657
	Vanguard Target Retirement Income Inv	Mutual fund	**	91,575
	Vanguard Total Stock Mkt Idx Adm	Mutual fund	**	841,282
*	Key Guaranteed Portfolio Fund	Guar. interest contract	**	1,897,667
	Schwab SDB	Self directed brokerage accounts	**	490,357
	Forfeited Funds Holding Accounts	Cash account	**	153
	Total investments per Statement of Net Assets Available for Benefits			16,179,555
	Participants' loans	Interest at 4.25% to 6.25%	-0-	285,131
	Total investments per Form 5500			$ 16,464,686

* *Person known to be a party-in-interest to the Plan.*
** *Cost data is not required since all transactions are participant directed.*

See notes to audited financial statements.

KASPAR WIRE WORKS, INC. 401(k) PROFIT SHARING PLAN
Schedule of Reportable Transactions
Form 5500, Schedule H, Part IV, 4j
EIN 74-1209990 Plan No. 002
Year Ended December 31, 2020

(a) Identity of Party	(b) Description	(c) Purchase	(d) Selling	(e) Lease	(f) Expense	(g) Cost	(h) Current Value on Transaction	(i) Net Gain or Loss

There were no reportable transactions during the year.

See notes to audited financial statements.

REPORT TO GOVERNANCE

To the Plan Committee and Management
Kaspar Wire Works, Inc. 401(k) Profit Sharing Plan
Shiner, TX

This letter is intended to inform you about significant matters related to the conduct of the annual audit for the year ended December 31, 2020 so you may appropriately discharge your oversight responsibility, and that we comply with our professional responsibilities. This letter provides comments concerning the internal control conditions we noted during our audit, as well as other communication required by our professional standards. We have also provided a detail of *Hot Buttons of the D.O.L.* as well as *Best Practice Recommendations for Organizations and Their Benefit Plans*.

This report is intended solely for the information and use of the Directors and Management, and is not intended to be used by anyone other than the specified parties. We will be pleased to respond to any questions you have about this report.

We would like to take this opportunity to express our appreciation for the courtesy and assistance extended to us by your personnel throughout our audit.

ADKF, PC

ADKF, P.C.
San Antonio, Texas
October 6, 2021

Internal Control Related Matters
(Management Letter Items)

In planning and performing our audit of the Benefit Plan in accordance with U. S. generally accepted auditing standards, we considered the Organization's internal control over financial reporting (internal control) as a basis for designing our auditing procedures that are appropriate in the circumstances, for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the internal control. Accordingly, we do not express an opinion on the effectiveness of internal control.

Our consideration of internal control was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control that might be *deficiencies*, *significant deficiencies*, or *material weaknesses*. A deficiency in internal control exists when the design or operation of a control does not allow Management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct misstatements on a timely basis.

A *material weakness* is a deficiency, or combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis.

A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal controls, that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

A *control deficiency* is a deficiency in internal control which exists when the design or operation of a control does not allow Management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A control deficiency does not rise to the level of being considered either a material weakness or a significant deficiency. We noted the following control deficiency during the audit process which we believe should be brought to your attention.

Segregation of Duties: Small organizations generally have difficulty in achieving *maximum* segregation of duties, within both the Organization and Benefit Plan, without hiring additional staff, and this option generally cannot be cost justified. Management and the Board (those charged with governance) should be aware that operating with a smaller accounting staff dictates that some duties are not able to be segregated as would occur in an office with a large accounting department. Your Organization has a responsible Board and active Management to help reduce and mitigate this inherent risk.

Hot Buttons of the D.O.L.

We are aware of the following *hot buttons* of The Department of Labor (D.O.L). These areas will be reviewed should they perform either a desk review of field audit of your benefit plan:

Cybersecurity: Benefit plans can hold millions of dollars in assets and maintain personal data on participants, which can make the Plans tempting targets for cyber-criminals. The Plan sponsor needs to ensure proper mitigation of cybersecurity risks by evaluating the recordkeepers and other service providers responsible for plan-related IT systems and data. Service providers should have a formal cybersecurity program that identifies and assesses internal and external cybersecurity risks that may threaten the confidentiality, integrity, or availability of stored nonpublic information. Annually these service providers should have an independent auditor assess their internal controls over financial reporting, which includes security controls, called a Service Organization Controls (SOC) Report. Ask for a copy of the report, review it and ask questions if you have any concerns regarding the testing findings identified by the SOC auditor. Also inquire if the service provider has any insurance policies that would cover losses caused by cybersecurity and identity theft breaches.

More importantly, make sure the plan administrator and anyone with administrative rights in the IT system of the plan's service provider are following best practices in regards to cybersecurity. The plan sponsor should establish a formal IT security policy with the consideration of enforcing strong and unique passwords, utilizing multi-factor authentication, allowing only password-protected Wi-Fi networks, keeping all software, including antivirus software, up to date with the latest patches and upgrades, and procedures in reporting phishing attacks and other cybersecurity incidents.

Reliance on Third Party Administrator*:* The Plan sponsor relies heavily on the Third Party Administrator (TPA) to perform reconciliations and other administrative duties. However, the ultimate responsibility for administration, reconciliations and record keeping rests with the Plan sponsor, Plan administrator and any others who exercise authority or control over the Plan or its assets. The sponsor, administrator and other personnel with significant roles in the Plan are considered fiduciaries. We are aware that Management reviews the reports generated by the TPA and reconciles back to the Sponsor's books and records.

Timely Remittances*:* Department of Labor (DOL) regulations require employee contributions and participant loan repayments withheld from the employees' wages by the employer be remitted to the Plan at the earliest date that the assets can be reasonably segregated from the employer assets. Failure to timely remit employee contributions and loan repayments violates the fiduciary responsibilities imposed by ERISA. The DOL does not have a bright line number of days; however, they have consistently taken the position the employee contribution and loan repayments should be remitted similar to the time that the employer pays the payroll taxes each month. Accordingly, *our strong recommendation is such remittances to the Plan are made on the same day the Company's payroll taxes are remitted*. We consider any departures from this timing as a control deficiency.

DOL Audits: The DOL is continuing to audit a large number of employee benefit plans. Although the DOL may audit any area of the Plan for compliance, their current focus appears to be centered on these areas:

- Timely remittances of deposits, as discussed above.

- Fee analysis: What fees are being paid by the Plan, in particular, the fees paid by each individual investment (i.e., by each mutual fund, etc.) held by the Plan, whether such fee is paid directly by the fund or netted against the fund earnings.

- Participant education: Are the Plan administrators and trustees providing periodic education to the participants so knowledgeable decisions may be made by the participants? Making education available to all participants on at least an annual basis is expected by the DOL.

- Annual meeting of Plan trustees and administrators: At least annually, the Plan trustees and administrators should meet to discuss various aspects of the benefit plan, including a discussion of administrative and investment fees; education for its participants; investment policy and decisions regarding changes to investments offered by the Plan; changes in laws and regulations; and the general environment surrounding the Plan sponsor and the Plan itself. This meeting should be documented in formal minutes maintained in the permanent files of the Plan.

Our Responsibility Under U. S. Generally Accepted Auditing Standards

Our responsibility, as prescribed by U. S. Professional Standards, is to plan and perform our audit to obtain reasonable assurance about whether the financial statements are free of material misstatement and to express an opinion on the financial statements. An audit in accordance with U. S. Generally Accepted Auditing Standards does not provide absolute assurance or guarantee the accuracy of the financial statements and is subject to the inherent risk that errors, irregularities or illegal acts, if they exist, have not been detected. Such standards also require that we obtain a sufficient understanding of the internal control structure to plan the audit. However, such understanding is required for the purpose of determining our audit procedures and not to express an opinion on the effectiveness of internal control over financial reporting.

The financial statements may also include supplementary information. Our responsibility is to evaluate the presentation of the supplementary information is fairly stated, in all material respects, in relation to the financial statements as a whole.

The audit of the financial statements does not relieve management or those charged with governance of their responsibilities.

Our Responsibility for Other Information in Documents Containing Audited Financial Statements

Pursuant to U. S. Professional Standards, the auditor's responsibility for other information in documents containing the audited financial statements does not extend beyond the financial information identified in the audit report, and the auditor is not required to perform procedures to corroborate such other information.

Accounting Principles

Management employed appropriate accounting principles as described in the audited financial statements and made all required disclosures in a clear and complete manner within the financial statements, as required following U. S. Generally Accepted Accounting Principles. The accounting principles under which the Organizations prepares its financial statements are reasonable, conservative and consistent, thereby enabling such statements to be of the highest quality.

We noted no transactions, under U. S. Professional Standards, which we are required to communicate to the Board and Management. And we did not note any transactions for which there is a lack of authoritative guidance or consensus.

Significant Accounting Policies and Accounting Estimates

Accounting estimates, based upon Management's judgments, are an integral part of the financial statements. Those judgments are normally based on knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ markedly from Management's current judgments.

Management Cooperation

Management and employees have been most helpful and cooperative. We were given full access to accounting records, supporting documents and other information that we requested.

Disagreements with Management

For purposes of this letter, U. S. Professional Standards define a disagreement with Management as a matter, whether or not resolved to our satisfaction, concerning a financial accounting, reporting, or auditing matter which could be significant to the financial statements or the audit report. We are pleased to report that no such disagreements arose during the course of our audit.

Major Issues Discussed with Management

We discussed a variety of matters with Management, including the application of accounting principles and auditing standards. These discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention as your independent auditors.

Consideration of Fraud in the Financial Statements

During the course of our audit we may become aware of deficiencies while obtaining our understanding of internal control, and in assessing the risk of material misstatement of the financial statements due to error or fraud. We perform audit procedures in response to assessed risk, and communicate with Management or others (for example, internal auditors or governmental authorities). We are not aware of any errors or material misstatement which would require communication to the Board or Management. Our audit selected a sample of transactions for testing; accordingly, errors and fraudulent transactions may exist and were not detected.

Illegal Acts by Client

We are not aware of any illegal acts which would require communication to the Board.

Audit Adjustments

All adjustments recommended by us during the course of the audit were made by Management, and are considered normal in the audit process. We have previously provided you with a detail of such adjustments. Other (passed) adjustments, clearly immaterial to the financial statements, have been summarized and previously provided to Management.

Management Consultations with Other Accountants

Management has advised it did not consult with other accountants regarding auditing and accounting matters.

Management Representation

Management has provided us with a representation letter which outlines their responsibilities for the financial statements and information provided to us during the audit.

Independence

We are not aware of any relationships between our firm and you that, in our professional judgment, may reasonably be thought to bear on our independence since our last communication.

Report Issued on Financial Statement Audit

Our report issued on the financial statements was limited in scope and complies with DOL regulations.

Best Practice Recommendations for Organizations and Their Benefit Plans

As part of our services to all our audit engagements, we have provided below some *best practices* that are beneficial to many Organizations. Not all of these *best practices* may fit your Organization due to cost constraints or other limiting parameters. We encourage Management to address each *best practice* and discuss openly with the Finance Committee / Board of Directors.

- Require a background check before hiring any office and accounting candidate. Red flags include personal bankruptcy within the last 5 years; lawsuits filed to prevent foreclosure of assets (by the candidate) or suits filed to demand payment (against the candidate); felony or serious misdemeanor convictions (including items such as check fraud). Background checks are simple to obtain and the cost is fairly nominal, especially in relation to the consequences.

- When using a temporary placement agency, inquire of their process for selecting qualified candidates and if they completed a background check. Not all background checks are the same, and the conversation should include what the background check covered, as well as the findings.

- Management review of disbursements and bank reconciliations: most Organizations have policies in place requiring a management review of both disbursements and bank reconciliations. Most benefit plans remit deferrals, loan payments and employer matching contributions electronically to the custodian or trustee. Management should review the amount withheld, reconcile to the amount remitted, and initial or sign approving the remittance. Be certain the review procedures are actually being performed, and that a *sign-off* is not just occurring. Challenge the process! And if any remittances are subsequently returned in the mail, they should be investigated promptly.

- Review general ledger account coding for deferrals, loan payments, employer matching contributions and disbursements. Ask questions if the account credited or charged isn't the general ledger account where you think it belongs.

- Require vacations: And this doesn't mean just time off. It means those job functions of the person on vacation, to the extent possible, should be completed by another staff member. Questions get asked when someone subs in, and not just because new staff may not understand how to do something. As staffing allows, cross train staff to take over job functions during vacations.

- Discuss "positive pay" for disbursements with your financial institution. This tool is offered by most financial institutions, and is a good way to eliminate check fraud. We have found the service to be inexpensive, as financial institutions understand that check fraud costs money to both you, and many times, the financial institution (if they are found to have been negligent).

- Communicate directly with your engagement partner. Don't allow all conversations regarding the audit to be funneled through your accounting personnel, or through only the staff personnel of the firm. If something is on your mind, don't hesitate to contact your engagement partner. An audit isn't a cookie cutter. Your Organization is unique so you can expect to have unique circumstances and questions. And some of these questions may carry through to the audit process.

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Kaspar Wire Works, Inc. 401(k) Profit Sharing Plan

01-JAN-20 to 31-DEC-20

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1VTINX			82,276.30	91,575.23
1VTWNX			915,611.09	1,092,002.20
1VTTVX			333,398.29	402,476.14
1VTHRX			533,935.05	729,202.62
1VTTHX			147,492.30	178,087.09
1VFORX			654,066.12	887,392.82
1VTIVX			109,288.28	135,946.22
1VFIFX			199,118.91	280,580.09
1VFFVX			244,085.14	300,657.29
1DEMSX			94,728.64	112,743.55
1VTMGX			753,853.64	949,629.90
1VGSLX			49,855.45	52,379.46
1DFFVX			6,104.59	6,460.07
1JGMNX			524,213.45	681,679.95
1VSMAX			156,542.54	255,639.25
1PCBIX			549,977.86	926,320.37
1VIMAX			12,700.86	15,723.93
1VMVAX			1,271,439.53	1,534,070.66
1VEIRX			1,409,644.25	1,608,400.83
1VIGAX			732,287.50	1,755,577.00
1VTSAX			494,541.96	841,282.11
1VBIAX			34,962.58	36,063.79
1BCOIX			240,866.28	265,724.22
1DFIGX			590,005.72	633,845.18
1VAIPX			16,571.43	17,917.94
1SDBSCH			490,356.72	490,356.72
1KGPF		1.000	1,760,463.92	1,897,666.65
			12,408,388.40	**16,179,401.28**
PARTICIPANT LOANS	VARIOUS	4.250-9.000	285,157.85	285,130.89
FORFEITURES			142.02	153.34

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 74-1209990

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Kaspar Wire Works, Inc. 401(k) Profit Sharing Plan

01-JAN-20 to 31-DEC-20

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1VTINX	Vanguard Target Retirement Income Inv	1VTWNX	Vanguard Target Retirement 2020 Inv
1VTTVX	Vanguard Target Retirement 2025 Inv	1VTHRX	Vanguard Target Retirement 2030 Inv
1VTTHX	Vanguard Target Retirement 2035 Inv	1VFORX	Vanguard Target Retirement 2040 Inv
1VTIVX	Vanguard Target Retirement 2045 Inv	1VFIFX	Vanguard Target Retirement 2050 Inv
1VFFVX	Vanguard Target Retirement 2055 Inv	1DEMSX	DFA Emerging Markets Small Cap I
1VTMGX	Vanguard Developed Markets Index Admiral	1VGSLX	Vanguard Real Estate Index Admiral
1DFFVX	DFA US Targeted Value I	1JGMNX	Janus Henderson Triton N
1VSMAX	Vanguard Small Cap Index Adm	1PCBIX	Principal MidCap Inst
1VIMAX	Vanguard Mid Cap Index Fund - Admiral	1VMVAX	Vanguard Mid-Cap Value Index Admiral
1VEIRX	Vanguard Equity-Income Adm	1VIGAX	Vanguard Growth Index Adm
1VTSAX	Vanguard Total Stock Mkt Idx Adm	1VBIAX	Vanguard Balanced Index Adm
1BCOIX	Baird Core Plus Bond Inst	1DFIGX	DFA Intermediate Govt Fixed-Income I
1VAIPX	Vanguard Inflation-Protected Secs Adm	1SDBSCH	Schwab SDB
1KGPF	Key Guaranteed Portfolio Fund		

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year