

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
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>BWIGROUP 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>11/13/2009</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>11/13/2009</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>11/13/2009</u>					
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) <u>BWI NORTH AMERICA, INC.</u> <u>3100 RESEARCH BLVD.</u> <u>SUITE 240</u> <u>KETTERING, OH 45420</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>27-0540888</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>937-608-5804</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>336300</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>27-0540888</u>	2c Plan Sponsor's telephone number <u>937-608-5804</u>	2d Business code (see instructions) <u>336300</u>	
2b Employer Identification Number (EIN) <u>27-0540888</u>					
2c Plan Sponsor's telephone number <u>937-608-5804</u>					
2d Business code (see instructions) <u>336300</u>					

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.	10/13/2021	MARIA LUCAS
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ 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	690
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)	571
a(2) Total number of active participants at the end of the plan year		6a(2)	587
b Retired or separated participants receiving benefits.....		6b	2
c Other retired or separated participants entitled to future benefits		6c	167
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	756
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	756
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	723
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	81
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 2T 3F 3H 3D 2R			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan BWIGROUP 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BWI NORTH AMERICA, INC.	D Employer Identification Number (EIN) 27-0540888	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

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

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

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

STRATEGIC ADVISORS, INC.

04-2654524

(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	ADVISOR	15235	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRADY, WARE & SCHOENFELD, INC

35-1476702

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT/AUDITOR	8900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
60 64 65	RECORDKEEPER	-70319	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
ARTISAN INTL - DST ASSET MANAGER S 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
AMANA MUTUAL FUND TRUST INCOME 1300 NORTH STATE STREET BELLINGHAM, WA 98225	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
AMANA MUTUAL FUND TRUST GROWTH 1300 NORTH STATE STREET BELLINGHAM, WA 98225	0.40%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
AMANA DEVELOPING WORLD FUND	1300 NORTH STATE STREET BELLINGHAM, WA 98225	0.40%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
AMANA PARTICIPATION FD INVESTOR CL	1300 NORTH STATE STREET BELLINGHAM, WA 98225	0.40%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
BLACKROCK TECHNOLOGY OPPORTUNITIES	40 EAST 52ND STREET NEW YORK, NY 10022	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
BUFFALO GROWTH FUND	615 E. MICHIGAN STREET MILWAUKEE, WI 53202	0.40%
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
HARTFORD STRATEGIC INCOME FUND CL	100 MATSONFORD RD STE 300 RADNOR, PA 19087	0.35%
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
HENNESSY FOCUS FUND INVESTOR CLASS	7250 REDWOOD BLVD. STE 200 NOVATO, CA 94945	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
LOOMIS SAYLES BOND RETAIL SHARES 399 BOYLSTON STREET 8TH FL BOSTON, MA 02116	0.35%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
MORGAN STANLEY DISCOVERY PORT CL A 522 FIFTH AVENUE 4TH FLOOR NEW YORK, NY 10036	0.40%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
MORGAN STANLEY GROWTH PORTFOLIO A 522 FIFTH AVENUE 4TH FLOOR NEW YORK, NY 10036	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
PIMCO INTL BD FD (U.S. DOLLAR HEDG) 1633 BROADWAY NEW YORK, NY 10019	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
PERMANENT PORTFOLIO 600 MONTGOMERY ST. SUITE 4100 SAN FRANCISCO, CA 94111-2702	0.38%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
T ROWE PRICE U.S EQUITY RESEARCH F 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
T ROWE PRICE INFLATION PROT BD FD 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117		0.15%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
TEMPLETON GLOBAL TOTAL RETURN CL A 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716		\$16.00
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
WESTERN ASSET MACRO OPPORTUNITIES 620 8TH AVENUE 49TH FL. NEW YORK, NY 10018		0.40%

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2020 This Form is Open to Public Inspection.	
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020					
A Name of plan BWIGROUP 401(K) PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BWI NORTH AMERICA, INC.				D Employer Identification Number (EIN) 27-0540888	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: MIP CL 1					
b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY					
c EIN-PN 04-3022712-024		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9728333	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at	

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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

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

A Name of plan BWIGROUP 401(K) PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 BWI NORTH AMERICA, INC.	D Employer Identification Number (EIN) 27-0540888

Part I	Asset and Liability Statement	
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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	4488	5123
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)	822060	1821989
(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	15176
(B) Common	1c(4)(B)	1397935	1756121
(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)	918040	897885
(9) Value of interest in common/collective trusts	1c(9)	5068668	9728333
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	105269755	117077443
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	113480946	131302070
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	113480946	131302070

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)	3133461	
(B) Participants	2a(1)(B)	5003539	
(C) Others (including rollovers).....	2a(1)(C)	258401	
(2) Noncash contributions	2a(2)	0	8395401
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	2351	
(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)	51376	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		53727
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	356	6057466
(B) Common stock	2b(2)(B)	18583	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	6038527	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	4994477	-66815
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	5061292	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	-118221
(B) Other	2b(5)(B)	-118221	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		373289
(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)		10663553
c Other income	2c		75000
d Total income. Add all income amounts in column (b) and enter total.....	2d		25433400

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	7581172	
(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)		7581172
f Corrective distributions (see instructions)	2f		2288
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	15235	
(4) Other.....	2i(4)	13581	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		28816
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		7612276

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		17821124
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ 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) ☒ 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: **BRADY, WARE & SCHOENFELD, INC.**

(2) EIN: **35-1476702**

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		80

	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?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n		X	

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

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

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

5c 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.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan BWIGROUP 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BWI NORTH AMERICA, INC.	D Employer Identification Number (EIN) 27-0540888

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6568107		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2020
v. 200204

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).....

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).....

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).....

14a	
14b	
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.....

b The corresponding number for the second preceding plan year.....

15a	
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.....

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.....

16a	
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 _____

BWI GROUP 401(K) PLAN

**FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION**

Years Ended December 31, 2020 and 2019

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BRADY WARE
& SCHOENFELD

INDEPENDENT AUDITORS' REPORT

Plan Administrator
BWI Group 401(k) Plan
Kettering, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the **BWI Group 401(k) Plan** (the "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 accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the Trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of and for the years ended December 31, 2020 and 2019, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

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INDEPENDENT AUDITORS' REPORT

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 Schedule of Delinquent Participant Contributions and Schedule of Assets (Held at End of Year), as of and for the year ended December 31, 2020, are required by the Department of Labor's 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 the supplemental schedules referred to above.

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 auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Dayton, Ohio
October 12, 2021

BWI GROUP 401(K) PLAN**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS****December 31, 2020 and 2019**

	<u>2020</u>	<u>2019</u>
ASSETS		
Investments at fair value	\$ 120,670,729	\$107,489,750
Fully benefit-responsive investment contract at contract value	9,399,135	5,001,238
Receivables		
Notes receivable from participants	897,885	918,040
Cash	5,123	4,488
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 130,972,872</u>	<u>\$113,413,516</u>

BWI GROUP 401(K) PLAN**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS****Years Ended December 31, 2020 and 2019**

	<u>2020</u>	<u>2019</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment income		
Net appreciation in fair value of investments	\$ 10,573,460	\$ 15,197,906
Interest and dividends	6,076,394	5,065,626
Other income	75,000	30,000
Total investment income	<u>16,724,854</u>	<u>20,293,532</u>
Interest income on notes receivable from participants	<u>51,376</u>	<u>57,309</u>
Contributions		
Employer - matching	1,601,982	1,726,337
Employer - discretionary	1,531,479	1,682,358
Participants - pre-tax	4,178,566	4,528,653
Participants - post-tax	128,706	174,687
Participants - Roth	696,268	622,192
Rollovers	258,401	80,733
Total contributions	<u>8,395,402</u>	<u>8,814,960</u>
Total additions	<u>25,171,632</u>	<u>29,165,801</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to participants	7,583,460	6,720,249
Administrative expenses	28,816	42,293
Total deductions	<u>7,612,276</u>	<u>6,762,542</u>
NET INCREASE	17,559,356	22,403,259
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>113,413,516</u>	<u>91,010,257</u>
End of year	<u>\$ 130,972,872</u>	<u>\$ 113,413,516</u>

BWI GROUP 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN

The following description of the **BWI Group 401(k) Plan** (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - On November 13, 2009, BWI North America, Inc. (the "Company") adopted a Section 401(k) profit-sharing plan. The Plan allows all salaried employees of the Company that are not leased employees, non-resident aliens, or employees covered by a collective bargaining agreement to participate. Effective August 13, 2018, the Plan was amended to allow full-time, hourly production and maintenance employees at the Company's Greenfield location to participate in the Plan. Employees may enter the Plan immediately upon their date of hire. The Plan contains an automatic enrollment feature. Employees that do not make an election to participate or decline within 30 days of employment are automatically enrolled into the Plan at a 3% pre-tax contribution rate. Effective August 25, 2017, a related employer, BWI Indiana, Inc., became a participating employer in the Plan. Effective October 1, 2018, another related employer, BWI Chassis Dynamics (NA), Inc., became a participating employer in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participant Contributions - The Plan provides for employee salary deferrals up to the lesser of 60% of eligible compensation for pre-tax and after-tax contributions or the statutory limits. Roth contributions are also allowed. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants who have attained age 50 by the end of the Plan year are eligible to make catch-up contributions.

Employer Contributions - Employer matching contributions are non-discretionary and participants become eligible for these contributions subsequent to completion of six months of service. The Plan matches 50% of the first 9% of eligible participant deferrals contributed to the Plan.

Additionally, the Plan provides for employer discretionary contributions. Participants become eligible for these contributions on the first day of the first month subsequent to completion of six months of service. For the years 2020 and 2019, the Company elected to contribute an amount equal to 4.0% of each eligible participant's compensation. No contributions shall be made on behalf of a participant to the extent that, when added to the participant's salary deferral contributions, it would cause the amounts allocated to exceed the limitations allowed by the Internal Revenue Service.

Participant Accounts - Fidelity Management Trust Company (the "Trustee") is Trustee and Custodian of Plan investments. Each participant's account is credited with the participant's contributions, Company contributions, net earnings or losses, forfeitures, distributions, and withdrawals. Company contributions are allocated based on participants' compensation as defined by the Plan Agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Each participant directs both separately, and distinctly, into which investment the participant contribution, employer match, and discretionary contribution are to be invested.

BWI GROUP 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN - CONTINUED

Vesting - Participants are immediately vested in their voluntary contributions, rollovers, and corresponding earnings. The following schedule will be used to determine vesting in the employer match, discretionary contributions and their earnings:

<u>Completed Years of Service</u>	<u>Vesting Percentages</u>
Fewer than 3	0%
3 or more	100%

Notes Receivable From Participants - Participants may borrow from their account balance in any amount between \$1,000 and \$50,000, but not to exceed 50% of their vested account balance. Loans bear interest at an agreed-upon percentage based on prevailing market rates, subject to applicable usury limits. Loan terms are for a period not exceeding five years. A term up to ten years may be approved by the Plan if proceeds are to be used for the purchase of a primary residence. Loans are secured by the balance in the participants' accounts. Principal and interest are paid ratably through payroll deductions. A participant may have up to three loans outstanding at any one time.

Benefits Paid - Upon termination of service by reason of retirement, death, permanent disability, or otherwise, participants, or designated beneficiaries, may elect to receive their vested balance either in a lump-sum amount, or payments over a period of time in cash installments, or in a form agreeable to the Plan Administrator. If the participant's account balance is \$1,000 or less, the Plan Administrator may elect to automatically distribute the balance to the participant in a single-sum payment. The Plan also allows for withdrawals of all or a portion of a participant's vested employer or employee contributions. These withdrawals are allowed after the contributions have been held in the Plan for at least 24 months. Participants may elect to withdraw all or a portion of their rollover contributions at any time. In addition, participants may receive distributions of all vested amounts for qualified financial hardships. Effective, April 8, 2020, the Plan adopted the CARES Act provision for distributions. This provision allowed participants to take qualified COVID related distributions up to \$100,000.

Forfeitures - Forfeited balances of terminated participants' non-vested accounts are used to reduce future Company contributions and pay Plan expenses. Forfeitures in the amount of \$71,061 and \$67,249 were used during 2020 and 2019. Unallocated forfeitures at December 31, 2020 and 2019 were \$42,460 and \$76,263.

Investment Options - Upon enrollment in the Plan, a participant may direct contributions into investment options in increments of one percent. In addition, a self-directed brokerage account (BrokerageLink) is available to qualifying participants. Participants are eligible for BrokerageLink based on the balance in their individual accounts. BrokerageLink participants can elect to invest their Plan assets in individual securities. The Plan also offers a portfolio advisory service where the participants can reallocate their investment models on a daily basis. Participants may change their investment options and deferral percentages at any time via telephone or the Internet.

BWI GROUP 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measurement for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Financial Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's Administrator to make estimates and assumptions that affect the reported amounts of net assets, and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition - Investments are reported at fair value, except for the fully benefit-responsive investment contract, which is reported at contract value. Fair value is the price that would be received to sell an asset, or paid to transfer a liability, in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

Notes Receivable From Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses is deemed necessary as of December 31, 2020 and 2019. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits - Benefits are recorded when paid.

Administrative Expenses - The Company pays certain administrative expenses of the Plan, and the Plan participants will bear the responsibility of the remaining expenses. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

The Plan entered into a revenue credit agreement with the Trustee, in which the Trustee will pay the Plan \$30,000 per year, paid on a quarterly basis. Effective December 1, 2019, this amount was increased to \$75,000 per year. These funds can be used to pay future Plan expenses or be allocated to eligible Plan participants on a pro rata basis based on eligible participant account balances, exclusive of outstanding loan balances. During 2020 and 2019, the Plan used \$8,900 and \$8,600 to pay eligible Plan expenses. The Plan allocated \$75,548 and \$0 back to participants during 2020 and 2019. The balance is maintained in a separate account with the other investments of the Plan, and the current year credits have been recorded as other income in the financial statements. Unallocated funds at December 31, 2020 and 2019 were \$19,904 and \$29,272.

Subsequent Events - In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through October 12, 2021, the date the financial statements were available to be issued.

NOTES TO FINANCIAL STATEMENTS

NOTE 3 - CERTIFIED INVESTMENTS AND CASH

Certain information related to investments and cash disclosed in the accompanying financial statements and supplemental schedule, including investments and cash held at December 31, 2020 and 2019, net appreciation (depreciation) in fair value of investments, and interest and dividends for the years 2020 and 2019, was obtained or derived from information supplied by the Plan Administrator and certified as complete and accurate by Fidelity Management Trust Company (the Trustee of the Plan).

NOTE 4 - FAIR VALUE MEASUREMENTS

Accounting standards provide a framework for measuring fair value. This framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements), and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under the accounting standards are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

BWI GROUP 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 4 - FAIR VALUE MEASUREMENTS - CONTINUED

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

Money market funds: Valued at the net asset value (NAV) of shares held by the Plan at year-end.

Registered investment companies: Valued at the quoted market prices of shares held by the Plan at year-end.

Common stocks: Valued at the daily closing price of the stock.

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 fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Fair Value</u>
Money market funds	\$ 1,821,989	\$ -	\$ -	\$ 1,821,989
Common stocks	1,771,297	-	-	1,771,297
Registered investment companies	<u>117,077,443</u>	<u>-</u>	<u>-</u>	<u>117,077,443</u>
	<u>\$ 120,670,729</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 120,670,729</u>

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

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Fair Value</u>
Money market funds	\$ 822,060	\$ -	\$ -	\$ 822,060
Common stocks	1,397,935	-	-	1,397,935
Registered investment companies	<u>105,269,755</u>	<u>-</u>	<u>-</u>	<u>105,269,755</u>
	<u>\$ 107,489,750</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 107,489,750</u>

BWI GROUP 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 5 - FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

The Fidelity Managed Income Portfolio Fund is a collective fund of investment contracts held in trust by Fidelity Management Trust Company. Investments included in the fund are contracts issued by insurance companies and other financial institutions, fixed income securities, and money market funds. The contract is included in the statements of net assets available for benefits as a fully benefit-responsive investment at its contract value.

Certain events, such as premature termination of the contract by the Plan or the termination of the Plan, would limit the Plan's ability to transact at contract value with Fidelity Management Trust Company. The Plan Administrator believes the occurrence of such events, which would also limit the Plan's ability to transact at contract value with Plan participants, is not probable.

NOTE 6 - RELATED PARTY TRANSACTIONS

Certain Plan assets are invested with Fidelity Management Trust Company. Thus, Fidelity Management Trust Company, as Trustee defined by the Plan, qualifies as a party-in-interest. Fees paid to the Trustee during 2020 and 2019 were \$4,681 and \$12,517.

Brady, Ware & Schoenfeld, Inc., as auditors, qualifies as a party-in-interest. Audit fees paid by the Plan for the years 2020 and 2019 totaled \$8,900 and \$8,600.

Strategic Advisors, Inc., as advisors, qualifies as a party-in-interest. Advisory fees paid by the Plan for the years 2020 and 2019 totaled \$15,235 and \$21,176.

The Plan Sponsor provides certain accounting, recordkeeping, and administrative services to the Plan, for which it receives no compensation.

NOTE 7 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan subject to the provisions of ERISA and its related regulations. In the event of Plan termination, participants will become 100% vested in the employer portion of contributions.

NOTE 8 - TAX STATUS

The Plan adopted a Volume Submitter Profit Sharing and 401(k) Plan with a cash or deferral arrangement which received a favorable opinion letter from the Internal Revenue Service on March 31, 2014, which stated that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. The Plan has been amended since receiving the opinion letter; however, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. generally accepted accounting principles require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

BWI GROUP 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 9 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term, and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

NOTE 10 - BENEFITS ALLOCATED TO WITHDRAWN PARTICIPANTS

At December 31, 2020 and 2019, there were no amounts due to participants who have withdrawn from the Plan and requested benefit payment prior to year-end.

NOTE 11 - NON-EXEMPT TRANSACTIONS

During 2019, the Plan sponsor failed to timely remit participant contributions in the amount of \$80. As a result of this failure, a non-exempt transaction was reported. The Plan sponsor was liable for lost earnings and excise tax, which were paid during 2020. During 2020, all participant contributions were timely remitted to the Plan.

NOTE 12 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the net assets available for benefits and the net increase in net assets available for benefits between the financial statements and the Form 5500 as of and for the years ended December 31, 2020 and 2019:

	<u>2020</u>	<u>2019</u>
Net assets available for benefits per Form 5500	\$ 131,302,070	\$ 113,480,946
Contract value adjustment for fully benefit-responsive investment	<u>(329,198)</u>	<u>(67,430)</u>
Net assets available for benefits per the financial statements	<u>\$ 130,972,872</u>	<u>\$ 113,413,516</u>
	<u>2020</u>	<u>2019</u>
Net increase in net assets available for benefits per Form 5500	\$ 17,821,124	\$ 22,543,189
Current year contract value adjustment for fully benefit-responsive investment	(329,198)	(67,430)
Prior year contract value adjustment for fully benefit-responsive investment	<u>67,430</u>	<u>(72,500)</u>
Net increase in net assets available for benefits per the financial statements	<u>\$ 17,559,356</u>	<u>\$ 22,403,259</u>

BWI GROUP 401(K) PLAN

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

PLAN'S EMPLOYER IDENTIFICATION NUMBER: 27-0540888

PLAN NUMBER: 001

Year Ended December 31, 2020

Date Contributions Were Withheld From Pay	Date Remitted by the Plan Sponsor	Participant Contributions Transferred Late to the Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected under VFCP and PTE 2002-51
11/15/2019	12/10/2020	\$ 63	\$ -	\$ 63	\$ -	\$ -
12/13/2019	12/10/2020	17	-	17	-	-
		<u>\$ 80</u>	<u>\$ -</u>	<u>\$ 80</u>	<u>\$ -</u>	<u>\$ -</u>

There are no loan repayments included in the amounts above.

BWI GROUP 401(K) PLAN
EIN: #27-0540888 PN: #001 PYE: December 31, 2020
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b)	(c)	(d)	(e)
	Identity of issuer or similar party	Description of investment	Cost	Current value
	<u>Money Market Funds</u>			
*	FIDELITY CASH RESERVES FUND	Money Market	#	\$ 1,744,310
*	FIDELITY GOVERNMENT MONEY MARKET	Money Market	#	77,679
				1,821,989
	<u>Common Stocks</u>			
	ABBVIE INC.	Common Stock	#	15,097
	BCE INC.	Common Stock	#	1,094
	CLOROX CO.	Common Stock	#	2,163
	CORSAIR GAMING INC.	Common Stock	#	72,460
	GENERAL ELECTRIC CO.	Common Stock	#	6,010
	JOHNSON & JOHNSON	Common Stock	#	1,706
	MANNKIND CORP	Common Stock	#	12,677
	MAXIM INTEGRATED PRODUCTS INC.	Common Stock	#	1,644
	OKTA INC.	Common Stock	#	22,629
	UNION PACIFIC CORP	Common Stock	#	15,037
	UNITED PARCEL SERVICE INC.	Common Stock	#	1,860
	WESTROCK CO.	Common Stock	#	1,731
	3M COMPANY	Common Stock	#	17,637
	DEXCOM INC.	Common Stock	#	9,243
	EXXON MOBIL CORP	Common Stock	#	35,494
	CHINA MOBILE HONG KONG	Common Stock	#	9,226
	FRANKLIN RES INC.	Common Stock	#	7,683
	GENERAL MOTORS CO	Common Stock	#	4,164
	HUBSPOT INC.	Common Stock	#	15,858
	NVIDIA CORP NFS IS A MARKET	Common Stock	#	8,395
	TELEFONICA S A ADR REPRSTG THREE SHRS	Common Stock	#	2,154
	TRUIST FINANCIAL CORP	Common Stock	#	1,011
	TWILIO INC.	Common Stock	#	22,341
	VERIZON COMMUNICATIONS	Common Stock	#	12,649
	CATERPILLAR INC.	Common Stock	#	36,404
	DEERE & COMPANY	Common Stock	#	53,810
	FORD MOTOR COMPANY	Common Stock	#	85,878
	LIPOCINE INC	Common Stock	#	4,080
	SOUTHERN COPPER CORPORATION	Common Stock	#	29,564
	TOYOTA MOTORS CORPORATION	Common Stock	#	46,371
	AMARIN CORPORATION	Common Stock	#	122,250
	JP MORGAN CHASE & CO.	Common Stock	#	1,377
	MICROSOFT CORP	Common Stock	#	2,551
	MARATHON OIL CORP	Common Stock	#	23,431
	CME GROUP INC.	Common Stock	#	11,837
	COSTCO WHOLESALE CORP	Common Stock	#	51,114
	FORTINET INC.	Common Stock	#	17,675
	GENWORTH FINANCIAL INC.	Common Stock	#	23,814
	HCA HOLDINGS INC.	Common Stock	#	14,612
	PAYCOM SOFTWARE INC.	Common Stock	#	27,135

BWI GROUP 401(K) PLAN

EIN: #27-0540888 PN: #001 PYE: December 31, 2020

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

(a)	(b)	(c)	(d)	(e)
Identity of issuer or similar party	Description of investment	Cost	Current value	
<u>Common Stocks - continued</u>				
AT&T INC.	Common Stock	#	19,220	
ACASTI PHARMA INC.	Common Stock	#	1,625	
ADVANCED MICRO DEVICES INC.	Common Stock	#	1,009	
ALPHABET INC.	Common Stock	#	38,558	
AMAZON.COM INC.	Common Stock	#	81,423	
AMGEN INC.	Common Stock	#	2,503	
APPLE COMPUTER INC.	Common Stock	#	200,305	
TREVENA INC.	Common Stock	#	10,700	
BEST BUY INC.	Common Stock	#	1,612	
BROADCOM INC.	Common Stock	#	2,395	
CARNIVAL CORP	Common Stock	#	1,442	
CISCO SYSTEMS INC.	Common Stock	#	1,214	
TOTAL FINA ELF	Common Stock	#	629	
DELTA AIR LINES INC.	Common Stock	#	4,860	
HOME DEPOT INC.	Common Stock	#	2,856	
INTEL CORP	Common Stock	#	1,172	
SHOPIFY INC.	Common Stock	#	20,375	
MASTERCARD INC.	Common Stock	#	19,468	
PRUDENTIAL FINANCIAL INC.	Common Stock	#	902	
PROCTER & GAMBLE CO.	Common Stock	#	28,071	
NETLIST INC.	Common Stock	#	207,433	
MASIMO CORP	Common Stock	#	8,588	
NVR INC	Common Stock	#	20,399	
NETFLIX COM INC	Common Stock	#	11,896	
PALANTIR TECHNOLOGIES INC	Common Stock	#	61,960	
STARBUCKS CORP LLC	Common Stock	#	10,698	
WALGREENS BOOTS ALLIANCE INC	Common Stock	#	12,098	
WORKHOUSE GROUP INC	Common Stock	#	1,668	
ATLANTICA YIELD	Common Stock	#	23,052	
ASML HOLDING	Common Stock	#	12,227	
FIAT CHRYSLER AUTOMOBILES	Common Stock	#	13,115	
AIM IMMUNOTECH INC	Common Stock	#	1,969	
ALPHABET INC CAP	Common Stock	#	1,752	
BANDWITH INC COM	Common Stock	#	8,452	
BARRICK GOLD CORP	Common Stock	#	60,506	
BIOCRIST PHARMACEUTICALS	Common Stock	#	1,490	
BALCKROCK INC	Common Stock	#	6,613	
DANAHER CORPORATION 4.75 MND CV	Common Stock	#	15,176	
				<u>1,771,297</u>
<u>Fully Benefit-Responsive Investment Contract</u>				
<u>at Contract Value</u>				
* FIDELITY MANAGED INCOME PORTFOLIO FUND	Benefit responsive contract fund	#	9,399,135	

BWI GROUP 401(K) PLAN

EIN: #27-0540888 PN: #001 PYE: December 31, 2020

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

(a)	(b)	(c)	(d)	(e)
	Identity of issuer or similar party	Description of investment	Cost	Current value
<u>Registered Investment Companies</u>				
	BARCLAYS BANK PLC IPATH INDEX	Balanced fund	#	2,750
*	FIDELITY MSCI TELECOMMUNICATIONS	Blended fund	#	6,849
*	FIDELITY MSCI HEALTH CARE INDEX	Blended fund	#	20,923
	ISHARES TRUST LEHMAN US AGGREGATE BOND	Bond fund	#	79,041
	ISHARES TRUST GOLDMAN SACHS CORP	Blended fund	#	32,027
	ISHARES TRUST S&P SMALL CAP 600 INDEX	Small-cap fund	#	15,695
	SECTOR SPDR INSTITUTIONAL TECHNOLOGY	Growth fund	#	69,419
	AMANA MUTUAL FUND TRUST INCOME	Blended fund	#	15,258
	AMANA MUTUAL FUND TRUST GROWTH	Growth fund	#	62,467
	AMANA DEVELOPING WORLD FUND	Growth fund	#	6,089
	AMANA PARTICIPATION FUND	Bond fund	#	21,283
*	FIDELITY BLUE CHIP GROWTH FUND	Growth fund	#	125,032
	MORGAN STANLEY INSTITUTIONAL US LARGE CAP GROWTH	Growth fund	#	6,885
	PIMCO FOREIGN BOND	Bond fund	#	13,728
	MORGAN STANLEY INSTITUTIONAL ADVANTAGE	Growth fund	#	3,003
*	FIDELITY SELECT MULTIMEDIA	Growth fund	#	23,663
*	FIDELITY TOTAL BOND	Bond fund	#	30,080
*	FIDELITY FOCUSED HIGH INCOME FUND	Bond fund	#	15,283
	PROSHARES TRUST ULTRAPRO SHORT	Blended fund	#	364
	VANGUARD TAX MANAGED FUND EUROPE PACIFIC	International fund	#	76,275
*	FIDELITY FREEDOM 2065 FUND K6	Target retirement fund	#	11,565
	SPDR DOW JONES INDUSTRIAL AVERAGE EFT	Large-cap fund	#	4,970
	GLOBAL BLACKROCK SCIENCE & TECHNOLOGY	Growth fund	#	737
*	FIDELITY MID CAP INDEX INSTITUTIONAL PREM	Blended fund	#	41,457
*	FIDELITY AGGRESSIVE INTERNATIONAL	Growth fund	#	55,545
*	FIDELITY INTER TREASURY BOND INDEX	Bond fund	#	11,953
*	FIDELITY EQUITY INCOME	Blended fund	#	14,863
*	FIDELITY LARGE CAP VALUE INDEX INSTITUTIONAL PREM	Growth fund	#	20,364
*	FIDELITY LEVERAGED COMPANY STOCK	Blended fund	#	66,825
	ISHARES TRUST S&P SMALL CAP 600 INDEX	Exchange traded fund	#	24,032
	ISHARES TR CORE INTL AGGRESSIVE	Exchange traded fund	#	16,944
	ISHARES TR GOLDMAN SACHS SOFTWARE INDEX	Exchange traded fund	#	83,568
	ISHARES TR YLD OPTIM BD	Exchange traded fund	#	49,182
	NEW YORK MTG TR INC COM	Exchange traded fund	#	23,205
	OSI EFT TR OSHS GBL INTER	International fund	#	59,708
	T ROWE PRICE CAP OPPORTUNITY	Bond fund	#	5,584
	REALTY INCOME CORP	Mid-cap fund	#	6,398
	RENAISSANCE CAP GREENWICH FUNDS	Growth fund	#	5,804
	WESTERN ASSET MACRO OPPORTUNITIES	Bond fund	#	15,070
*	FIDELITY CONTRA FUND	Growth fund	#	19,867,076
*	FIDELITY GOVERNMENT INCOME FUND	Balanced fund	#	3,879,575
*	FIDELITY LOW-PRICED STOCK FUND	Blended fund	#	4,769,822
*	FIDELITY FREEDOM INCOME FUND K6	Target retirement fund	#	1,112,212
*	FIDELITY FREEDOM 2010 FUND K6	Target retirement fund	#	141,298
*	FIDELITY FREEDOM 2020 FUND K6	Target retirement fund	#	5,037,264
*	FIDELITY FREEDOM 2030 FUND K6	Target retirement fund	#	8,399,773

BWI GROUP 401(K) PLAN

EIN: #27-0540888 PN: #001 PYE: December 31, 2020

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

(a)	(b)	(c)	(d)	(e)
	Identity of issuer or similar party	Description of investment	Cost	Current value
	<u>Registered Investment Companies - continued</u>			
*	FIDELITY HIGH INCOME FUND	Growth fund	#	3,512,410
*	FIDELITY FREEDOM 2040 FUND K6	Target retirement fund	#	3,575,960
*	FIDELITY FREEDOM 2015 FUND K6	Target retirement fund	#	2,387,836
*	FIDELITY FREEDOM 2025 FUND K6	Target retirement fund	#	12,706,948
*	FIDELITY FREEDOM 2035 FUND K6	Target retirement fund	#	4,844,962
*	FIDELITY FREEDOM 2045 FUND K6	Target retirement fund	#	1,224,154
*	FIDELITY FREEDOM 2050 FUND K6	Target retirement fund	#	1,413,607
*	FIDELITY FREEDOM 2060 FUND K6	Target retirement fund	#	908,404
*	FIDELITY FREEDOM 2055 FUND K6	Target retirement fund	#	2,163,964
*	FIDELITY CAPITAL & INCOME FUND	Bond fund	#	30,202
	ISHARES COMEX GOLD TRUST FUND	Balanced fund	#	23,569
*	FIDELITY FREEDOM 2005 FUND K6	Target retirement fund	#	638,003
	PIMCO TOTAL RETURN INSTITUTIONAL FUND	Growth fund	#	4,706,377
	COLUMBIA DIVIDEND INCOME FUND	Growth fund	#	4,196,477
	PIMCO REAL RETURN INSTITUTIONAL FUND	Bond fund	#	1,617,641
	ARTISAN INTERNATIONAL INSTITUTIONAL FUND	International fund	#	3,368,484
	VANECK VECTORS ETF TR GOLD MINERS ETF	Blended fund	#	14,654
	ISHARES SILVER	Balanced fund	#	18,673
*	FIDELITY VALUE PREFERRED STOCK	Exchange traded fund	#	53,190
*	FIDELITY SELECT TECHNOLOGY	Growth fund	#	46,961
*	FIDELITY SELECT CYCLICAL INDUSTRIES	Blended fund	#	26,529
*	FIDELITY SELECT CONSUMER INDUSTRIES	Balanced fund	#	26,177
	WFA EMERGING MARKETS EQUITY FUND	Blended fund	#	1,965,113
	LOOMIS SAYLES BOND RETAIL SHARES	Bond fund	#	13,872
	SPDR SER TR DJ WILSHIRE LARGE	Large-cap fund	#	18,051
	TEMPLETON GLOBAL TOTAL RETURN	Bond fund	#	3,650
	BUFFALO USA GLOBAL	International fund	#	4,347
	HENNESSY FOCUS FUND	Growth fund	#	3,083
*	FIDELITY SELECT FINANCIAL SERVICES	Balanced fund	#	28,560
*	FIDELITY SELECT HEALTH CARE	Large-cap fund	#	23,984
*	FIDELITY OTC PORTFOLIO	Large-cap fund	#	362,288
	SPDR SER TR BARCLAYS CAP TIPS	Balanced fund	#	18,952
	ISHARES 20+ YEAR TREASURY INDEX	Bond fund	#	39,686
	SCHWAB STRATEGIC TR US TIPS ETF	Exchange traded fund	#	18,834
	FIRST TRUST ETF II NASDAQ	Growth fund	#	6,798
*	FIDELITY MSCI FINANCIALS INDEX ETF	Large-cap fund	#	43,035
*	FIDELITY MSCI MATLS INDEX ETF	Exchange traded fund	#	31,596
	ARK INDUSTRIAL INNOVATION ETF	Growth fund	#	59,008
	VICTORY RS SMALL CAP GROWTH	Growth fund	#	4,144,063
*	FIDELITY 500 INDEX	Blended fund	#	13,841,054
*	FIDELITY MSCI UTILS INDEX ETF	Exchange traded fund	#	16,576
*	FIDELITY MSCI ENERGY INDEX ETF	Exchange traded fund	#	13,043
	INVESCO EXCHANGE TRADED FD TR	Exchange traded fund	#	10,471
	ETF SER SOLUTIONS US GLB JETS	Exchange traded fund	#	5,595
	ARK ETF TR FINTECH INNOVATION	Exchange traded fund	#	3,480
	ARK ETF TR WEB X.O	Exchange traded fund	#	3,513

BWI GROUP 401(K) PLAN
EIN: #27-0540888 PN: #001 PYE: December 31, 2020
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b)	(c)	(d)	(e)
	Identity of issuer or similar party	Description of investment	Cost	Current value
	<u>Registered Investment Companies - continued</u>			
	ARK ETF TR GENOMIC REVOLUTION MULTI	Exchange traded fund	#	8,207
	ARK ETF TR INDL INNOVATION	Exchange traded fund	#	3,509
	PERMANENT PORTFOLIO FD INC	Blended fund	#	8,546
	HARTFORD STRATEGIC INCOME FUND	Bond fund	#	8,267
	T ROWE PRICE INFLATION	Bond fund	#	8,706
*	FIDELITY INTERNATIONAL INDEX	Blended fund	#	1,047,095
*	FIDELITY EXTENDED MARKET INDEX	Growth fund	#	3,458,371
				<u>117,077,443</u>
*	<u>Non-interest Bearing Cash</u>			<u>5,123</u>
*	<u>Notes Receivable From Participants</u>	Interest from 4.25% to 6.50%, maximum five-year term (except if for purchase of primary residence), collateralized by 50% of participants' vested account balance, maturing through March 2029.	-0-	897,885
				<u>\$ 130,972,872</u>

* Represents a party-in-interest to the Plan

Cost not readily determinable

BWI GROUP 401(K) PLAN
EIN: #27-0540888 PN: #001 PYE: December 31, 2020
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b)	(c)	(d)	(e)
	Identity of issuer or similar party	Description of investment	Cost	Current value
	<u>Money Market Funds</u>			
*	FIDELITY CASH RESERVES FUND	Money Market	#	\$ 1,744,310
*	FIDELITY GOVERNMENT MONEY MARKET	Money Market	#	77,679
				1,821,989
	<u>Common Stocks</u>			
	ABBVIE INC.	Common Stock	#	15,097
	BCE INC.	Common Stock	#	1,094
	CLOROX CO.	Common Stock	#	2,163
	CORSAIR GAMING INC.	Common Stock	#	72,460
	GENERAL ELECTRIC CO.	Common Stock	#	6,010
	JOHNSON & JOHNSON	Common Stock	#	1,706
	MANNKIND CORP	Common Stock	#	12,677
	MAXIM INTEGRATED PRODUCTS INC.	Common Stock	#	1,644
	OKTA INC.	Common Stock	#	22,629
	UNION PACIFIC CORP	Common Stock	#	15,037
	UNITED PARCEL SERVICE INC.	Common Stock	#	1,860
	WESTROCK CO.	Common Stock	#	1,731
	3M COMPANY	Common Stock	#	17,637
	DEXCOM INC.	Common Stock	#	9,243
	EXXON MOBIL CORP	Common Stock	#	35,494
	CHINA MOBILE HONG KONG	Common Stock	#	9,226
	FRANKLIN RES INC.	Common Stock	#	7,683
	GENERAL MOTORS CO	Common Stock	#	4,164
	HUBSPOT INC.	Common Stock	#	15,858
	NVIDIA CORP NFS IS A MARKET	Common Stock	#	8,395
	TELEFONICA S A ADR REPRSTG THREE SHRS	Common Stock	#	2,154
	TRUIST FINANCIAL CORP	Common Stock	#	1,011
	TWILIO INC.	Common Stock	#	22,341
	VERIZON COMMUNICATIONS	Common Stock	#	12,649
	CATERPILLAR INC.	Common Stock	#	36,404
	DEERE & COMPANY	Common Stock	#	53,810
	FORD MOTOR COMPANY	Common Stock	#	85,878
	LIPOCINE INC	Common Stock	#	4,080
	SOUTHERN COPPER CORPORATION	Common Stock	#	29,564
	TOYOTA MOTORS CORPORATION	Common Stock	#	46,371
	AMARIN CORPORATION	Common Stock	#	122,250
	JP MORGAN CHASE & CO.	Common Stock	#	1,377
	MICROSOFT CORP	Common Stock	#	2,551
	MARATHON OIL CORP	Common Stock	#	23,431
	CME GROUP INC.	Common Stock	#	11,837
	COSTCO WHOLESALE CORP	Common Stock	#	51,114
	FORTINET INC.	Common Stock	#	17,675
	GENWORTH FINANCIAL INC.	Common Stock	#	23,814
	HCA HOLDINGS INC.	Common Stock	#	14,612
	PAYCOM SOFTWARE INC.	Common Stock	#	27,135

BWI GROUP 401(K) PLAN

EIN: #27-0540888 PN: #001 PYE: December 31, 2020

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

(a)	(b)	(c)	(d)	(e)
Identity of issuer or similar party	Description of investment	Cost	Current value	
<u>Common Stocks - continued</u>				
AT&T INC.	Common Stock	#		19,220
ACASTI PHARMA INC.	Common Stock	#		1,625
ADVANCED MICRO DEVICES INC.	Common Stock	#		1,009
ALPHABET INC.	Common Stock	#		38,558
AMAZON.COM INC.	Common Stock	#		81,423
AMGEN INC.	Common Stock	#		2,503
APPLE COMPUTER INC.	Common Stock	#		200,305
TREVENA INC.	Common Stock	#		10,700
BEST BUY INC.	Common Stock	#		1,612
BROADCOM INC.	Common Stock	#		2,395
CARNIVAL CORP	Common Stock	#		1,442
CISCO SYSTEMS INC.	Common Stock	#		1,214
TOTAL FINA ELF	Common Stock	#		629
DELTA AIR LINES INC.	Common Stock	#		4,860
HOME DEPOT INC.	Common Stock	#		2,856
INTEL CORP	Common Stock	#		1,172
SHOPIFY INC.	Common Stock	#		20,375
MASTERCARD INC.	Common Stock	#		19,468
PRUDENTIAL FINANCIAL INC.	Common Stock	#		902
PROCTER & GAMBLE CO.	Common Stock	#		28,071
NETLIST INC.	Common Stock	#		207,433
MASIMO CORP	Common Stock	#		8,588
NVR INC	Common Stock	#		20,399
NETFLIX COM INC	Common Stock	#		11,896
PALANTIR TECHNOLOGIES INC	Common Stock	#		61,960
STARBUCKS CORP LLC	Common Stock	#		10,698
WALGREENS BOOTS ALLIANCE INC	Common Stock	#		12,098
WORKHOUSE GROUP INC	Common Stock	#		1,668
ATLANTICA YIELD	Common Stock	#		23,052
ASML HOLDING	Common Stock	#		12,227
FIAT CHRYSLER AUTOMOBILES	Common Stock	#		13,115
AIM IMMUNOTECH INC	Common Stock	#		1,969
ALPHABET INC CAP	Common Stock	#		1,752
BANDWITH INC COM	Common Stock	#		8,452
BARRICK GOLD CORP	Common Stock	#		60,506
BIOCRIST PHARMACEUTICALS	Common Stock	#		1,490
BALCKROCK INC	Common Stock	#		6,613
DANAHER CORPORATION 4.75 MND CV	Common Stock	#		15,176
				<u>1,771,297</u>
<u>Fully Benefit-Responsive Investment Contract</u>				
<u>at Contract Value</u>				
* FIDELITY MANAGED INCOME PORTFOLIO FUND	Benefit responsive contract fund	#		<u>9,399,135</u>

BWI GROUP 401(K) PLAN

EIN: #27-0540888 PN: #001 PYE: December 31, 2020

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

(a)	(b)	(c)	(d)	(e)
	Identity of issuer or similar party	Description of investment	Cost	Current value
	<u>Registered Investment Companies</u>			
	BARCLAYS BANK PLC IPATH INDEX	Balanced fund	#	2,750
*	FIDELITY MSCI TELECOMMUNICATIONS	Blended fund	#	6,849
*	FIDELITY MSCI HEALTH CARE INDEX	Blended fund	#	20,923
	ISHARES TRUST LEHMAN US AGGREGATE BOND	Bond fund	#	79,041
	ISHARES TRUST GOLDMAN SACHS CORP	Blended fund	#	32,027
	ISHARES TRUST S&P SMALL CAP 600 INDEX	Small-cap fund	#	15,695
	SECTOR SPDR INSTITUTIONAL TECHNOLOGY	Growth fund	#	69,419
	AMANA MUTUAL FUND TRUST INCOME	Blended fund	#	15,258
	AMANA MUTUAL FUND TRUST GROWTH	Growth fund	#	62,467
	AMANA DEVELOPING WORLD FUND	Growth fund	#	6,089
	AMANA PARTICIPATION FUND	Bond fund	#	21,283
*	FIDELITY BLUE CHIP GROWTH FUND	Growth fund	#	125,032
	MORGAN STANLEY INSTITUTIONAL US LARGE CAP GROWTH	Growth fund	#	6,885
	PIMCO FOREIGN BOND	Bond fund	#	13,728
	MORGAN STANLEY INSTITUTIONAL ADVANTAGE	Growth fund	#	3,003
*	FIDELITY SELECT MULTIMEDIA	Growth fund	#	23,663
*	FIDELITY TOTAL BOND	Bond fund	#	30,080
*	FIDELITY FOCUSED HIGH INCOME FUND	Bond fund	#	15,283
	PROSHARES TRUST ULTRAPRO SHORT	Blended fund	#	364
	VANGUARD TAX MANAGED FUND EUROPE PACIFIC	International fund	#	76,275
*	FIDELITY FREEDOM 2065 FUND K6	Target retirement fund	#	11,565
	SPDR DOW JONES INDUSTRIAL AVERAGE EFT	Large-cap fund	#	4,970
	GLOBAL BLACKROCK SCIENCE & TECHNOLOGY	Growth fund	#	737
*	FIDELITY MID CAP INDEX INSTITUTIONAL PREM	Blended fund	#	41,457
*	FIDELITY AGGRESSIVE INTERNATIONAL	Growth fund	#	55,545
*	FIDELITY INTER TREASURY BOND INDEX	Bond fund	#	11,953
*	FIDELITY EQUITY INCOME	Blended fund	#	14,863
*	FIDELITY LARGE CAP VALUE INDEX INSTITUTIONAL PREM	Growth fund	#	20,364
*	FIDELITY LEVERAGED COMPANY STOCK	Blended fund	#	66,825
	ISHARES TRUST S&P SMALL CAP 600 INDEX	Exchange traded fund	#	24,032
	ISHARES TR CORE INTL AGGRESSIVE	Exchange traded fund	#	16,944
	ISHARES TR GOLDMAN SACHS SOFTWARE INDEX	Exchange traded fund	#	83,568
	ISHARES TR YLD OPTIM BD	Exchange traded fund	#	49,182
	NEW YORK MTG TR INC COM	Exchange traded fund	#	23,205
	OSI EFT TR OSHS GBL INTER	International fund	#	59,708
	T ROWE PRICE CAP OPPORTUNITY	Bond fund	#	5,584
	REALTY INCOME CORP	Mid-cap fund	#	6,398
	RENAISSANCE CAP GREENWICH FUNDS	Growth fund	#	5,804
	WESTERN ASSET MACRO OPPORTUNITIES	Bond fund	#	15,070
*	FIDELITY CONTRA FUND	Growth fund	#	19,867,076
*	FIDELITY GOVERNMENT INCOME FUND	Balanced fund	#	3,879,575
*	FIDELITY LOW-PRICED STOCK FUND	Blended fund	#	4,769,822
*	FIDELITY FREEDOM INCOME FUND K6	Target retirement fund	#	1,112,212
*	FIDELITY FREEDOM 2010 FUND K6	Target retirement fund	#	141,298
*	FIDELITY FREEDOM 2020 FUND K6	Target retirement fund	#	5,037,264
*	FIDELITY FREEDOM 2030 FUND K6	Target retirement fund	#	8,399,773

BWI GROUP 401(K) PLAN

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

(a)	(b)	(c)	(d)	(e)
	Identity of issuer or similar party	Description of investment	Cost	Current value
	<u>Registered Investment Companies - continued</u>			
*	FIDELITY HIGH INCOME FUND	Growth fund	#	3,512,410
*	FIDELITY FREEDOM 2040 FUND K6	Target retirement fund	#	3,575,960
*	FIDELITY FREEDOM 2015 FUND K6	Target retirement fund	#	2,387,836
*	FIDELITY FREEDOM 2025 FUND K6	Target retirement fund	#	12,706,948
*	FIDELITY FREEDOM 2035 FUND K6	Target retirement fund	#	4,844,962
*	FIDELITY FREEDOM 2045 FUND K6	Target retirement fund	#	1,224,154
*	FIDELITY FREEDOM 2050 FUND K6	Target retirement fund	#	1,413,607
*	FIDELITY FREEDOM 2060 FUND K6	Target retirement fund	#	908,404
*	FIDELITY FREEDOM 2055 FUND K6	Target retirement fund	#	2,163,964
*	FIDELITY CAPITAL & INCOME FUND	Bond fund	#	30,202
	ISHARES COMEX GOLD TRUST FUND	Balanced fund	#	23,569
*	FIDELITY FREEDOM 2005 FUND K6	Target retirement fund	#	638,003
	PIMCO TOTAL RETURN INSTITUTIONAL FUND	Growth fund	#	4,706,377
	COLUMBIA DIVIDEND INCOME FUND	Growth fund	#	4,196,477
	PIMCO REAL RETURN INSTITUTIONAL FUND	Bond fund	#	1,617,641
	ARTISAN INTERNATIONAL INSTITUTIONAL FUND	International fund	#	3,368,484
	VANECK VECTORS ETF TR GOLD MINERS ETF	Blended fund	#	14,654
	ISHARES SILVER	Balanced fund	#	18,673
*	FIDELITY VALUE PREFERRED STOCK	Exchange traded fund	#	53,190
*	FIDELITY SELECT TECHNOLOGY	Growth fund	#	46,961
*	FIDELITY SELECT CYCLICAL INDUSTRIES	Blended fund	#	26,529
*	FIDELITY SELECT CONSUMER INDUSTRIES	Balanced fund	#	26,177
	WFA EMERGING MARKETS EQUITY FUND	Blended fund	#	1,965,113
	LOOMIS SAYLES BOND RETAIL SHARES	Bond fund	#	13,872
	SPDR SER TR DJ WILSHIRE LARGE	Large-cap fund	#	18,051
	TEMPLETON GLOBAL TOTAL RETURN	Bond fund	#	3,650
	BUFFALO USA GLOBAL	International fund	#	4,347
	HENNESSY FOCUS FUND	Growth fund	#	3,083
*	FIDELITY SELECT FINANCIAL SERVICES	Balanced fund	#	28,560
*	FIDELITY SELECT HEALTH CARE	Large-cap fund	#	23,984
*	FIDELITY OTC PORTFOLIO	Large-cap fund	#	362,288
	SPDR SER TR BARCLAYS CAP TIPS	Balanced fund	#	18,952
	ISHARES 20+ YEAR TREASURY INDEX	Bond fund	#	39,686
	SCHWAB STRATEGIC TR US TIPS ETF	Exchange traded fund	#	18,834
	FIRST TRUST ETF II NASDAQ	Growth fund	#	6,798
*	FIDELITY MSCI FINANCIALS INDEX ETF	Large-cap fund	#	43,035
*	FIDELITY MSCI MATLS INDEX ETF	Exchange traded fund	#	31,596
	ARK INDUSTRIAL INNOVATION ETF	Growth fund	#	59,008
	VICTORY RS SMALL CAP GROWTH	Growth fund	#	4,144,063
*	FIDELITY 500 INDEX	Blended fund	#	13,841,054
*	FIDELITY MSCI UTILS INDEX ETF	Exchange traded fund	#	16,576
*	FIDELITY MSCI ENERGY INDEX ETF	Exchange traded fund	#	13,043
	INVESCO EXCHANGE TRADED FD TR	Exchange traded fund	#	10,471
	ETF SER SOLUTIONS US GLB JETS	Exchange traded fund	#	5,595
	ARK ETF TR FINTECH INNOVATION	Exchange traded fund	#	3,480
	ARK ETF TR WEB X.O	Exchange traded fund	#	3,513

BWI GROUP 401(K) PLAN
EIN: #27-0540888 PN: #001 PYE: December 31, 2020
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b)	(c)	(d)	(e)
	Identity of issuer or similar party	Description of investment	Cost	Current value
	<u>Registered Investment Companies - continued</u>			
	ARK ETF TR GENOMIC REVOLUTION MULTI	Exchange traded fund	#	8,207
	ARK ETF TR INDL INNOVATION	Exchange traded fund	#	3,509
	PERMANENT PORTFOLIO FD INC	Blended fund	#	8,546
	HARTFORD STRATEGIC INCOME FUND	Bond fund	#	8,267
	T ROWE PRICE INFLATION	Bond fund	#	8,706
*	FIDELITY INTERNATIONAL INDEX	Blended fund	#	1,047,095
*	FIDELITY EXTENDED MARKET INDEX	Growth fund	#	3,458,371
				<u>117,077,443</u>
*	<u>Non-interest Bearing Cash</u>			<u>5,123</u>
*	<u>Notes Receivable From Participants</u>	Interest from 4.25% to 6.50%, maximum five-year term (except if for purchase of primary residence), collateralized by 50% of participants' vested account balance, maturing through March 2029.	-0-	897,885
				<u>\$ 130,972,872</u>

* Represents a party-in-interest to the Plan

Cost not readily determinable