Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
CALIFORNIA FAUCETS, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/01/1999

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)
CALIFORNIA FAUCETS, INC.

5271 ARGOSY DRIVE
HUNTINGTON BEACH, CA 92649-1015

2b Employer Identification Number (EIN) 33-0294654

2c Plan Sponsor's telephone number 714-891-7797

2d Business code (see instructions) 423700

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	JEFF SILVERSTEIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	177
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)**	152
a(2) Total number of active participants at the end of the plan year	**6a(2)**	152
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	30
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	182
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f Total. Add lines **6d** and **6e**	**6f**	184
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	184
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	10
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2A 2E 2H 2J 2K

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

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

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

A Name of plan	**B** Three-digit plan number (PN) ▶
CALIFORNIA FAUCETS, INC. 401(K) PROFIT SHARING PLAN	001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
CALIFORNIA FAUCETS, INC.	33-0294654

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

PACIFIC BENEFIT SERVICES, INC.

14011 VENTURA BLVD., SUITE 222
SHERMAN OAKS, CA 91423

95-4746986

(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?
70	THIRD PARTY ADMINISTRATO	12950	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CALIBER AUDIT AND ATTEST LLP

805 AEROVISTA PLACE
SAN LUIS OBISPO, CA 93401

11-1000111

(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	AUDITOR	12000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RAYMOND JAMES & ASSOCIATES

6320 CANOGA AVE., STE 900
WOODLAND HILLS, CA 91367

(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?
19	CUSTODIAN	9493	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

UBS FINANCIAL SERVICES, INC.

1000 HARBOR BLVD.
WEEHAWKEN, NJ 07086

13-2638166

(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?
19	CUSTODIAN	8095	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

THE VANGUARD GROUP

P.O. BOX 2600
VALLEY FORGE, PA 19482

23-1945930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19	CUSTODIAN	6938	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

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

A Name of plan
CALIFORNIA FAUCETS, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CALIFORNIA FAUCETS, INC.

D Employer Identification Number (EIN)
33-0294654

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1856	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	229664	326208
(2) Participant contributions	1b(2)	10602	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	424423	156154
(2) U.S. Government securities	1c(2)	0	87541
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	325474	259174
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	563986	361088
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	36286	46498
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2166276	3211252
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	3758567	4447915
	Liabilities			
g	Benefit claims payable	1g	2365	0
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	0	36
k	Total liabilities (add all amounts in lines 1g through1j)	1k	2365	36
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3756202	4447879

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)	327432	
	(B) Participants	2a(1)(B)	281723	
	(C) Others (including rollovers)	2a(1)(C)	4718	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		613873
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	2087	
	(F) Other	2b(1)(F)	8079	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		10166
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	55926	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		55926
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	3077463	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3280806	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-203343
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	512764	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		512764

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		989386
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	247266	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		247266
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	25510	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	24526	
(4) Other	2i(4)	407	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		50443
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		297709
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		691677
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

(1) Name: CALIBER AUDIT & ATTEST, LLP **(2)** EIN: 26-2350873

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		400000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

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

A Name of plan
CALIFORNIA FAUCETS, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CALIFORNIA FAUCETS, INC.

D Employer Identification Number (EIN)
33-0294654

Part I Distributions

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

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

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

EIN(s): 83-0489708

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

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

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

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

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

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

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

6	a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
	b	Enter the amount contributed by the employer to the plan for this plan year	6b	
	c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

California Faucets, Inc. 401(k) Profit Sharing Plan

Financial Statements

December 31, 2020 and 2019

C O N T E N T S

	Page(s)
Independent Auditors' Report	1 - 2
Financial Statements	
Statements of net assets available for benefits	3
Statement of changes in net assets available for benefits	4
Notes to financial statements	5 - 15
Supplemental Information	
Schedule of assets (held at end of year)	16 – 18
Schedule of reportable transactions	19

CALIBER
AUDIT & ATTEST, LLP

Independent Auditors' Report

To the Plan Administrator, Trustees and Participants
of the California Faucets, Inc. 401(k) Profit Sharing Plan
Huntington Beach, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the California Faucets, Inc. 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

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

805 Aerovista Pl, Ste 103, San Luis Obispo, CA 93401 Phone: (805) 888-0200 Fax: (805) 888-0201

CALIBER
AUDIT & ATTEST, LLP

Independent Auditors' Report – Continued

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 assets (held at end of year) is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule 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 schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA.

Caliber Audit & Attest, LLP

San Luis Obispo, California
October 11, 2021

805 Aerovista Pl, Ste 103, San Luis Obispo, CA 93401 Phone: (805) 888-0200 Fax: (805) 888-0201

California Faucets, Inc. 401(k) Profit Sharing Plan

Statements of Net Assets Available for Benefits
December 31, 2020 and 2019

	2020	2019
ASSETS		
Investments at fair value (See Notes 4 and 5)	$ 4,075,209	$ 3,480,159
Cash	-	1,856
Receivables		
Participant contributions	-	10,602
Employer safe harbor matching contribution	176,208	150,136
Employer profit sharing contribution	150,000	79,528
Notes receivable from participants	46,483	36,286
Total receivables	372,691	276,552
Total assets	4,447,900	3,758,567
LIABILITIES		
Total liabilities	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 4,447,900	$ 3,758,567

See Notes to Financial Statements.

California Faucets, Inc. 401(k) Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2020

Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 309,421
Dividend and interest income	64,005
Total investment income	373,426
Interest on notes receivable from participants	2,087
Contributions:	
Participant	281,743
Participant rollovers	4,718
Employer safe harbor matching	177,432
Employer profit sharing	150,000
Total contributions	613,893
Total additions	989,406
Deductions from net assets attributed to:	
Benefits paid to participants	249,630
Administrative fees	50,443
Total deductions	300,073
Net increase	689,333
Net assets available for benefits:	
Beginning of year	3,758,567
End of year	$ 4,447,900

See Notes to Financial Statements.

Note 1. Plan Description

The following description of the California Faucets, Inc. 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Plan is a defined contribution plan covering all full-time employees of California Faucets, Inc. (the Company) and its affiliate PVD II LLC who are age 21, have met the service requirement of one year of service during which the employee was credited with 1,000 hours of service, and are not members of a collective bargaining unit or non-resident aliens. Employees enter the Plan on the first January 1 or July 1 that occurs after the employee has completed the eligibility service period. The Plan is a defined contribution plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

In March 2020, the Coronavirus Aid, Relief, and Economic Security (CARES) Act was passed by Congress. The CARES Act provided immediate and temporary relief for retirement plan sponsors and their participants with respect to employer contributions, distributions and participant loans. The optional provisions in the CARES Act were available to be effective and operationalized immediately, prior to amending the Plan. These provisions were not adopted by the Plan during 2020.

Plan administration:

The Company is the Plan sponsor and Plan administrator. The Plan administrator is responsible for carrying out the duties imposed under ERISA, including oversight of the Plan, appropriateness of investment offerings, and monitoring investment performance.

Contributions:

Each year, participants may contribute a percentage of pre-tax or after-tax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan.

The Company makes a safe harbor matching contribution for the Plan year on behalf of each eligible employee equal to 100% of the amount of the employee's elective deferrals that do not exceed 3% of the employee's compensation for the Plan year plus 50% of the amount of the employee's elective deferrals that exceed 3% of the employee's compensation but that do not exceed 5% of the employee's compensation. The Company may, in its discretion, also make additional matching contributions. For the Plan year ended December 31, 2020, the Company made a $177,432 safe harbor matching contribution. The Company may also contribute to the Plan an employer discretionary profit sharing contribution. For the year ended December 31, 2020, the Company made a $150,000 profit sharing contribution to the Plan. In order to receive a profit sharing allocation, the participant must be employed on the last day of the Plan year. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant accounts:

Each participant's account is credited with the participant's contributions and Company safe harbor matching contributions and additional discretionary matching contributions, if any, as well as allocations of the Company's profit sharing contribution and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants may also transfer benefits from other qualified plans into the Plan.

The participant contributions, Company safe harbor matching contributions, and additional discretionary matching contributions, if any, and related earnings are participant directed. The Company profit sharing contribution and related earnings are non-participant directed and are invested in a portfolio of investments directed by the Company.

Vesting:

Participants are vested immediately in their contributions, safe harbor matching contributions, additional discretionary matching contributions, if any, plus actual earnings thereon. Vesting in the Company's discretionary profit sharing contribution portion of their account balance, if any, is based on years of service (1,000 hours within Plan year) as follows:

Years of service	
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

After a five year break-in-service, as defined by the Plan, the non-vested portion of a participant's account is forfeited.

Notes receivable from participants:

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate charged shall be the prevailing rate charged by commercial lenders for a loan of similar duration, repayment terms, and security, as defined and set by Plan management. For participant loans against the participant directed assets, the interest rate is set at prime plus 1%. Principal and interest is paid ratably through weekly payroll deductions or through direct payments from the participants.

Benefit payments and withdrawals:

On termination of employment, participants, or their beneficiaries, are entitled to a distribution of their vested account balances. On termination due to death or retirement, a participant, or their beneficiaries, are entitled to 100% of the participant's account. Benefit payments are made at the participant's election at the latest of the close of the Plan year in which the participant terminated service or the receipt of a written election from the participant. Hardship withdrawals are not permitted by the Plan.

At December 31, 2020 and 2019, there was $0 and $2,365, respectively, of amounts allocated to accounts of persons who have elected to withdraw from the Plan but have not been paid.

Forfeited accounts:

Forfeitures result from non-vested benefit payments remaining in the Plan for all terminated employees or adjustments, if any. At December 31, 2020 and 2019, the forfeiture balance was $0. Forfeitures are used to pay Plan expenses. If any forfeitures remain after being applied towards expenses in the current and subsequent year, they may be used to supplement the employer contributions and are allocated to eligible participants. For the year ended December 31, 2020, $1,461 of forfeitures were used to pay Plan expenses.

Note 2. Significant Accounting Policies

Basis of accounting:

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

Use of estimates:

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Cash:

The Plan considers cash to be highly liquid, non-interest bearing funds held in the Plan with an original maturity of three months or less.

Investment valuation and income recognition:

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan sponsor's management determines the Plan's valuation policies utilizing information provided by the custodian and investment advisors. See Note 5 for discussion of fair value measurements.

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

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 fees and are expensed when they are incurred. No allowance for credit losses has been recorded 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, and a distributable event has occurred, the participant loan balance is reduced and a benefit payment is recorded.

Excess contributions payable:

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. There were no excess contributions as of December 31, 2020 and 2019.

Payment of benefits:

Benefits are recorded when paid.

Administrative fees:

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants and benefit payments are charged directly to the participant's account and are included in administrative fees. Recordkeeping, investment, and investment advisory fees have also been included in administrative fees. Other investment related expenses, including transaction fees, are included in net appreciation of fair value of investments.

Note 3. Participant Directed Investments and Certification by Custodian

Certain information disclosed in the accompanying financial statements and supplemental schedule of assets (held at end of year) related to investments and notes receivable from participants held at December 31, 2020 and 2019, and net appreciation in fair value of investments and interest and dividends for the year ended December 31, 2020, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Ascensus Trust Company.

Total assets held and certified by Ascensus Trust Company in the accompanying statements of net assets available for benefits was $1,547,074 and $948,470 as of December 31, 2020 and 2019, respectively. Investment gain, which includes interest and dividend income, net appreciation in fair value of investments, and interest on notes receivable from participants certified by Ascensus Trust Company in the accompanying statement of changes in net assets available for benefits was $202,535 for the year ended December 31, 2020.

Note 4. Nonparticipant-Directed Investments

Investments not held or certified by Ascensus Trust Company are non-participant directed and were held by UBS through June 5, 2020 and Raymond James from June 5, 2020 through December 31, 2020.

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

	2020	*2019*
Net assets:		
Cash	$ -	$ 1,856
Interest-bearing cash	155,416	424,423
Mutual funds (and money market)	1,480,858	1,189,459
Exchange traded funds	197,258	44,904
Market-linked investments	133,900	-
Fixed income	212,817	325,474
Common stock	361,089	563,986
Employer profit sharing contribution	150,000	79,528
Notes receivable from participants	33,280	19,729
Total nonparticipant directed net assets	$ 2,724,618	$ 2,649,359

	Year Ended December 31, 2020
Changes in net assets:	
Profit sharing contribution	$ 150,000
Dividend and interest income	36,236
Participant loan interest	1,095
Net appreciation in fair value of investments	135,646
Benefits paid to participants	(204,213)
Administrative expenses	(43,505)
Total changes in nonparticipant directed net assets	$ 75,259

Note 5. Investments and Fair Value Measurements

The *Fair Value Measurements* topic of the Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC)* establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy 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 by 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

Interest-bearing cash: Valued at fair value based on quoted market prices.

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

Exchange traded funds (ETFs): Valued at the last sales price or official closing price on the exchange or primary market on which they trade. ETFs holds assets such as stock, commodities, or bonds and are designed to trade close to their net asset value. The fair values of exchange-traded funds are determined by obtaining quoted prices on nationally recognized securities exchanges.

Market-linked investments: Valued based on the performance of one or more underlying market measures. These market measures may include equities or equity indices, commodities or commodity indices, currencies and interest rates.

Fixed income: Valued using prices from independent quotation bureaus that use computerized valuation formulas to calculate the current value maximizing the use of observable inputs for similar securities.

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

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

	Level 1	***Level 2***	***Total***
Interest-bearing cash	$ 155,416	$ -	$ 155,416
Mutual funds (and money market)	3,014,730	-	3,014,730
Exchange traded funds	197,258	-	197,258
Market-linked investments	-	133,900	133,900
Fixed income	-	212,816	212,816
Common stock	361,089	-	361,089
Total investments at fair value	$ 3,728,493	$ 346,716	$ 4,075,209

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

	Level 1	***Level 2***	***Total***
Interest-bearing cash	$ 424,423	$ -	$ 424,423
Mutual funds (and money market)	2,121,372	-	2,121,372
Exchange traded funds	44,904	-	44,904
Fixed income	-	325,474	325,474
Common stock	563,986	-	563,986
Total investments at fair value	$ 3,154,685	$ 325,474	$ 3,480,159

Note 6. Related Party and Party-in-Interest Transactions

UBS was the custodian of the non-participant directed Plan assets through June 5, 2020. Raymond James was the custodian of the non-participant directed Plan assets from June 5, 2020 through December 31, 2020. Ascensus Trust Company, in partnership with Vanguard, is the custodian and recordkeeper of the participant directed Plan assets. UBS, Raymond James and Ascensus Trust Company are parties-in-interest with respect to the Plan, and, therefore, these transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

Pacific Benefit Services (PBS) is the recordkeeper of the non-participant directed assets held with UBS and is the third-party administrator of the Plan. PBS is a party-in-interest with respect to the Plan, and, therefore, these transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

Caliber Audit & Attest, LLP is the auditor as defined by the Plan, and therefore, the transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

Notes receivable from Plan participants and related interest income are also considered party-in-interest transactions.

Note 7. Plan Termination

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

Note 8. Tax Status

The Company has adopted a standardized volume submitter 401(k) profit sharing plan. The IRS has opined and informed the volume submitter plan administrator by a letter dated March 31, 2014, that the Plan is designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the volume submitter approval letter, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan as of December 31, 2020, and is not aware of any uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

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 the participants' account balances and the amounts reported in the statement of net assets available for benefits.

The ongoing COVID-19 pandemic and the associated governmental responses have led to volatility in financial markets and could continue to affect the market price of the Plan assets. The extent and duration of the global pandemic's impact on the financial markets is highly uncertain and the short and long-term financial impact to the Plan cannot be reasonably estimated at this time.

Note 10. Reconciliation of the Plan Financial Statements to the Form 5500

Certain amounts included on Schedule H Part I and II on the Annual Return/Report of Employee Benefits Plan (Form 5500) have been grouped differently for purposes of presentation in the financial statements.

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31, 2020.

Net assets available for benefits per the financial statements	$	4,447,900
Deposit correction payable, grouped with contributions for financial statements		(21)
Net assets available for benefits per the Form 5500	$	4,447,879

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2019.

Net assets available for benefits per the financial statements	$	3,758,567
Benefits payable paid in 2020, accrued in 2019 for Form 5500		(2,365)
Net assets available for benefits per the Form 5500	$	3,756,202

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

Net increase in net assets available for benefits per the financial statements	$	689,333
Deposit correction payable, grouped with contributions for financial statements		(21)
Benefits payable paid in 2020, accrued in 2019 for Form 5500		2,365
Net increase in net assets available for benefits per the Form 5500	$	691,677

Note 11. Subsequent Events

The Plan has evaluated subsequent events through October 11, 2021, the date the financial statements were available to be issued.

Supplemental Information
California Faucets, Inc. 401(k) Profit Sharing Plan
Schedule H, Line 4i Form 5500
Schedule of Assets (Held at End of Year)
EIN 33-0294654 Plan #001
December 31, 2020

(a)	*(b) Identity of Issue or Borrower*	*(c) Description of Investment*	*(d) Cost*	*(e) Current Value*
*	Vanguard Federal Money Market Investment	Money market	**	$ 23,558
*	Vanguard 500 Index Adm	Mutual fund	**	7,612
*	Vanguard Health Care Adm	Mutual fund	**	1,226
*	Vanguard Value Index Adm	Mutual fund	**	3,615
*	Vanguard Growth Index Adm	Mutual fund	**	20,368
*	Vangaurd ESG U.S. Stock ETF	Mutual fund	**	65,116
*	Vanguard Equity Income Adm	Mutual fund	**	12,670
*	Vanguard Mid Cap Index Adm	Mutual fund	**	35,891
*	Vanguard Balanced Index Adm	Mutual fund	**	141
*	Vanguard Small-Cap Index Adm	Mutual fund	**	26,698
*	Vanguard Financials Index Adm	Mutual fund	**	10,608
*	Vanguard Wellesley Income Adm	Mutual fund	**	2,326
*	Vanguard Real Estate Index Adm	Mutual fund	**	11,910
*	Vanguard Short-Term Bond Index Adm	Mutual fund	**	3,069
*	Vanguard ESG International Stock ETF	Mutual fund	**	5,384
*	Vanguard Information Tech Index Adm	Mutual fund	**	39,757
*	Vanguard Total Intl Stock Index Adm	Mutual fund	**	11,424
*	Vanguard Emerging Mkts Stock Idx Adm	Mutual fund	**	16
*	Vanguard Global ESG Select Stock Inv	Mutual fund	**	25,309
*	Vanguard Total Bond Market Index Adm	Mutual fund	**	3,280
*	Vanguard Instl Target Retirement 2020	Mutual fund	**	118,485
*	Vanguard Instl Target Retirement 2025	Mutual fund	**	227,020
*	Vanguard Instl Target Retirement 2030	Mutual fund	**	148,349
*	Vanguard Instl Target Retirement 2035	Mutual fund	**	139,412
*	Vanguard Instl Target Retirement 2040	Mutual fund	**	258,393
*	Vanguard Instl Target Retirement 2045	Mutual fund	**	151,039
*	Vanguard Instl Target Retirement 2050	Mutual fund	**	57,815
*	Vanguard Instl Target Retirement 2055	Mutual fund	**	46,477
*	Vanguard Instl Target Retirement 2060	Mutual fund	**	18,475
*	Vanguard Instl Target Retirement 2065	Mutual fund	**	8,495
*	Vanguard Total Stock Market Index Adm	Mutual fund	**	8,894
*	Vanguard Instl Target Retirement Income	Mutual fund	**	41,039

* Party-in-interest
** Participant directed

Supplemental Information
California Faucets, Inc. 401(k) Profit Sharing Plan
Schedule H, Line 4i Form 5500
Schedule of Assets (Held at End of Year) - Continued
EIN 33-0294654 Plan #001
December 31, 2020

(a)	*(b)* *Identity of Issue or Borrower*	*(c)* *Description of Investment*	*(d)* *Cost*	*(e)* *Current Value*
*	Raymond James Bank Deposit Program	Interest-bearing cash	$ 22,068	$ 22,068
	JPMorgan Liquid Assets Govt Fund	Interest-bearing cash	133,348	133,348
	FHLMC CUSIP 3128MJZB9	Fixed income	6,656	6,940
	FHLMC CUSIP 3132ADWF1	Fixed income	8,693	8,347
	FHLMC CUSIP 3132DWAN3	Fixed income	12,402	12,431
	FHLMC CUSIP 3132DV3T0	Fixed income	1,103	1,084
	FHLMC CUSIP 31418DU67	Fixed income	12,413	12,426
	Wells Fargo & Co CUSIP 95000U2A0	Fixed income	6,077	6,802
	Citigroup Inc CUSIP 172967LP4	Fixed income	6,031	6,802
	Comcast Corp CUSIP 20030NCT6	Fixed income	5,263	6,019
	JPMorgan Chase & Co CUSIP 46647PAV8	Fixed income	8,162	9,565
	Genl Elec Cap Corp Nts CUSIP 36962G3P7	Fixed income	4,115	5,421
	Microsoft Corp CUSIP 594918CA0	Fixed income	7,573	9,903
	Enterprise Products Oper CUSIP 29379VBU6	Fixed income	4,290	5,049
	Bank Of America Corporation CUSIP 06051GHX0	Fixed income	6,290	6,589
	CVS Health Corp CUSIP 126650CX6	Fixed income	7,068	7,140
	Goldman Sachs Group, Inc. CUSIP 38141GXH2	Fixed income	6,989	7,060
	Shell International Finance CUSIP 822582BT8	Fixed income	6,626	6,626
	Verizon Communications Inc CUSIP 92343VDY7	Fixed income	6,896	7,072
	FNMA - Call Bond CUSIP 31359MGK3	Fixed income	3,894	4,542
	United States Treasury Bond CUSIP 912810SM1	Fixed income	4,329	4,826
	United States Treasury Bond CUSIP 912810RM2	Fixed income	12,976	15,570
	United States Treasury Bond CUSIP 912810RQ3	Fixed income	9,152	10,752
	United States Treasury Bond CUSIP 912810SF6	Fixed income	14,290	17,148
	United States Treasury Notes CUSIP 912828ZL7	Fixed income	15,030	15,054
	United States Treasury Notes CUSIP 91282CAZ4	Fixed income	8,990	9,013
	United States Treasury Notes CUSIP 912828P46	Fixed income	10,655	10,636
	Credit Suisse Ag London Trigger	Market-linked investment	100,000	133,900

* Party-in-interest
** Participant directed

Supplemental Information
California Faucets, Inc. 401(k) Profit Sharing Plan
Schedule H, Line 4i Form 5500
Schedule of Assets (Held at End of Year) - Continued
EIN 33-0294654 Plan #001
December 31, 2020

(a)	*(b)* *Identity of Issue or Borrower*	*(c)* *Description of Investment*	*(d)* *Cost*	*(e)* *Current Value*
	SPDR S&P Midcap 400 ETF Trust	Exchange-traded fund	$ 34,182	$ 44,092
	First Trust NASDAQ Clean Edge Green	Exchange-traded fund	16,809	42,138
	IShares Tr ESG Awre 15 Yr	Exchange-traded fund	55,116	55,318
	Vaneck Vectors Green Bond ETF	Exchange-traded fund	55,039	55,710
	Brown Advisory Sustainable Growth	Mutual fund	75,000	112,890
	Calvert Emerging Markets Equity	Mutual fund	83,537	132,092
	Calvert Green Bond Fund Class I N/L	Mutual fund	443,255	451,163
	Parnassus Endeavor Fund	Mutual fund	181,789	294,247
	Pax Global Environmental Mkts Fund	Mutual fund	83,770	129,244
	PGIM Jennison Intl Opportunities Fund	Mutual fund	83,000	140,882
	Western Asset Smash Series M Fund LMSMX	Mutual fund	68,380	69,908
	Western Asset Smash Series C Fund LMLCX	Mutual fund	48,792	50,693
	Western Asset Smash Series Core Fund LMECX	Mutual fund	91,300	99,739
	Allegion Plc	Common stock	10,463	11,987
	Ansys Inc	Common stock	7,893	10,914
	Aspen Technology Inc	Common stock	8,536	11,202
	Bentley Systems Inc	Common stock	9,822	11,707
	Berkley W R Corp	Common stock	11,975	13,284
	Bright Horizons Family Solutions Inc	Common stock	6,090	9,687
	CDW Corp	Common stock	11,667	13,574
	Chemed Corp	Common stock	10,455	11,717
	Copart Inc	Common stock	9,727	14,888
	DocuSign Inc	Common stock	16,850	18,229
	Elanco Animal Health Inc	Common stock	9,512	11,379
	Equifax Inc	Common stock	11,480	13,306
	Fair Isaac Corp	Common stock	7,434	9,199
	Flir Systems Inc	Common stock	7,382	8,810
	Henry Jack & Associates Inc	Common stock	9,860	8,747
	Interactive Brokers Group	Common stock	6,135	7,371
	Lennox International Inc	Common stock	10,148	11,781
	MSCI Inc	Common stock	17,713	20,987
	Nordson Corp	Common stock	13,960	14,870
	Pool Corp	Common stock	12,805	16,763
	Rollins Inc	Common stock	7,257	9,377
	Scotts Miracle-Gro Company	Common stock	19,315	27,083
	SiteOne Landscape Supply Inc	Common stock	13,311	19,036
	Teradyne Inc	Common stock	17,522	23,259
	Thor Industries Inc	Common stock	15,170	13,484
	Zebra Technologies Corp	Common stock	12,685	18,448
*	Participant loans	Interest rates 4.00 - 6.50%	- 0 -	46,483
				$ 4,121,692

* Party-in-interest
** Participant directed

Supplemental Information
California Faucets, Inc. 401(k) Profit Sharing Plan
Schedule H, Line 4j Form 5500
Schedule of Reportable Transactions
EIN 33-0294654 Plan #001
Year Ended December 31, 2020

(a) Identity of party involved	*(b) Description of asset*	*(c) Purchase price*	*(d) Selling price*	*(e) Lease rental*	*(f) Expense incurred with transaction*	*(g) Cost of asset*	*(h) Current value of asset on transaction date*	*(i) Net gain or (loss)*
California Faucets, Inc. (Plan Sponsor)	Mutual Fund	$ 440,000	n/a	$ -	$ -	$ 440,000	$ 440,000	n/a

Supplemental Information
California Faucets, Inc. 401(k) Profit Sharing Plan
Schedule H, Line 4j Form 5500
Schedule of Reportable Transactions
EIN 33-0294654 Plan #001
Year Ended December 31, 2020

(a) Identity of party involved	*(b) Description of asset*	*(c) Purchase price*	*(d) Selling price*	*(e) Lease rental*	*(f) Expense incurred with transaction*	*(g) Cost of asset*	*(h) Current value of asset on transaction date*	*(i) Net gain or (loss)*
California Faucets, Inc. (Plan Sponsor)	Mutual Fund	$ 440,000	n/a	$ -	$ -	$ 440,000	$ 440,000	n/a

Supplemental Information
California Faucets, Inc. 401(k) Profit Sharing Plan
Schedule H, Line 4i Form 5500
Schedule of Assets (Held at End of Year)
EIN 33-0294654 Plan #001
December 31, 2020

(a)	*(b) Identity of Issue or Borrower*	*(c) Description of Investment*	*(d) Cost*	*(e) Current Value*
*	Vanguard Federal Money Market Investment	Money market	**	$ 23,558
*	Vanguard 500 Index Adm	Mutual fund	**	7,612
*	Vanguard Health Care Adm	Mutual fund	**	1,226
*	Vanguard Value Index Adm	Mutual fund	**	3,615
*	Vanguard Growth Index Adm	Mutual fund	**	20,368
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Supplemental Information
California Faucets, Inc. 401(k) Profit Sharing Plan
Schedule H, Line 4i Form 5500
Schedule of Assets (Held at End of Year) - Continued
EIN 33-0294654 Plan #001
December 31, 2020

(a)	*(b)* *Identity of Issue or Borrower*	*(c)* *Description of Investment*	*(d)* *Cost*	*(e)* *Current Value*
*	Raymond James Bank Deposit Program	Interest-bearing cash	$ 22,068	$ 22,068
	JPMorgan Liquid Assets Govt Fund	Interest-bearing cash	133,348	133,348
	FHLMC CUSIP 3128MJZB9	Fixed income	6,656	6,940
	FHLMC CUSIP 3132ADWF1	Fixed income	8,693	8,347
	FHLMC CUSIP 3132DWAN3	Fixed income	12,402	12,431
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	United States Treasury Notes CUSIP 912828P46	Fixed income	10,655	10,636
	Credit Suisse Ag London Trigger	Market-linked investment	100,000	133,900

* Party-in-interest
** Participant directed

Supplemental Information
California Faucets, Inc. 401(k) Profit Sharing Plan
Schedule H, Line 4i Form 5500
Schedule of Assets (Held at End of Year) - Continued
EIN 33-0294654 Plan #001
December 31, 2020

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	Calvert Green Bond Fund Class I N/L	Mutual fund	443,255	451,163
	Parnassus Endeavor Fund	Mutual fund	181,789	294,247
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	PGIM Jennison Intl Opportunities Fund	Mutual fund	83,000	140,882
	Western Asset Smash Series M Fund LMSMX	Mutual fund	68,380	69,908
	Western Asset Smash Series C Fund LMLCX	Mutual fund	48,792	50,693
	Western Asset Smash Series Core Fund LMECX	Mutual fund	91,300	99,739
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	Ansys Inc	Common stock	7,893	10,914
	Aspen Technology Inc	Common stock	8,536	11,202
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	Berkley W R Corp	Common stock	11,975	13,284
	Bright Horizons Family Solutions Inc	Common stock	6,090	9,687
	CDW Corp	Common stock	11,667	13,574
	Chemed Corp	Common stock	10,455	11,717
	Copart Inc	Common stock	9,727	14,888
	DocuSign Inc	Common stock	16,850	18,229
	Elanco Animal Health Inc	Common stock	9,512	11,379
	Equifax Inc	Common stock	11,480	13,306
	Fair Isaac Corp	Common stock	7,434	9,199
	Flir Systems Inc	Common stock	7,382	8,810
	Henry Jack & Associates Inc	Common stock	9,860	8,747
	Interactive Brokers Group	Common stock	6,135	7,371
	Lennox International Inc	Common stock	10,148	11,781
	MSCI Inc	Common stock	17,713	20,987
	Nordson Corp	Common stock	13,960	14,870
	Pool Corp	Common stock	12,805	16,763
	Rollins Inc	Common stock	7,257	9,377
	Scotts Miracle-Gro Company	Common stock	19,315	27,083
	SiteOne Landscape Supply Inc	Common stock	13,311	19,036
	Teradyne Inc	Common stock	17,522	23,259
	Thor Industries Inc	Common stock	15,170	13,484
	Zebra Technologies Corp	Common stock	12,685	18,448
*	Participant loans	Interest rates 4.00 - 6.50%	- 0 -	46,483
				$ 4,121,692

* Party-in-interest
** Participant directed