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
- [X] 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
TBH MANAGEMENT, LLC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2001

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)
TBH MANAGEMENT, LLC

1580 FIRST STREET
NAPA, CA 94559

2b Employer Identification Number (EIN) 83-2177931

2c Plan Sponsor's telephone number 707-258-8757

2d Business code (see instructions) 621112

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.	11/22/2021	CHRIS KRAUS
	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**	302
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)**	231
a(2) Total number of active participants at the end of the plan year	**6a(2)**	189
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	102
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	291
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	291
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	276
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
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 2F 2G 2J 2K 2S 2T 3B 3D 3H

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
TBH MANAGEMENT, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TBH MANAGEMENT, LLC

D Employer Identification Number (EIN)
83-2177931

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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)

(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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

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

A Name of plan
TBH MANAGEMENT, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TBH MANAGEMENT, LLC

D Employer Identification Number (EIN)
83-2177931

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 reported on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	955528
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	292827	271525
(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)	26143124	32392274
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**	0	0
	(2) Employer real property	**1d(2)**	0	0
e	Buildings and other property used in plan operation	**1e**	0	0
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	26435951	33619327
	Liabilities			
g	Benefit claims payable	**1g**	0	0
h	Operating payables	**1h**	0	0
i	Acquisition indebtedness	**1i**	0	0
j	Other liabilities	**1j**	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	26435951	33619327

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)**	1121431	
	(B) Participants	**2a(1)(B)**	2954018	
	(C) Others (including rollovers)	**2a(1)(C)**	32628	
	(2) Noncash contributions	**2a(2)**	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		4108077
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	17	
	(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)**	15562	
	(F) Other	**2b(1)(F)**	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		15579
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**	0	
	(B) Common stock	**2b(2)(B)**	0	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	893439	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		893439
	(3) Rents	**2b(3)**		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	0	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**	0	
	(B) Other	**2b(5)(B)**	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3538211
c Other income	2c		-47406
d Total income. Add all **income** amounts in column (b) and enter total	2d		8507900
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1214928	
(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)		1214928
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	109596	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		109596
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1324524
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		7183376
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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

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

(1) Name: CROWE LLP **(2)** EIN: 35-0921680

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**	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.

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

A Name of plan
TBH MANAGEMENT, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TBH MANAGEMENT, LLC

D Employer Identification Number (EIN)
83-2177931

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): 27-4411131 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**

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_____

TBH MANAGEMENT, LLC 401(K) PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

December 31, 2020 and 2019

TBH MANAGEMENT, LLC 401(K) PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE
December 31, 2020 and 2019

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Crowe LLP
Independent Member Crowe Global

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
TBH Management, LLC 401(k) Plan
Napa, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of TBH Management, LLC 401(k) Plan, which comprise the statement of net assets available for benefits as of December 31, 2020, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's 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 and Newport Trust Company, the trustees of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that Fidelity Management Trust Company held the Plan's investment assets and executed investment transactions from December 1, 2020 to December 31, 2020, and that Newport Trust Company held the Plan's investment assets and executed investment transactions for the period January 1, 2020 to November 30, 2020. The plan administrator has obtained certifications from the trustees as of December 31, 2020 and for the year then ended that the information provided to the plan administrator by the trustees is complete and accurate.

(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 2020 financial statements.

Other Matters

The statement of net assets available for benefits of TBH Management, LLC 401(k) Plan as of December 31, 2019, was reported on by predecessor auditors. 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 the predecessor auditors not to perform and they did not perform, any auditing procedures with respect to the information certified by Newport Trust Company, the trustee of the Plan. Their report, dated October 14, 2020, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The predecessor auditors emphasized that on March 11, 2020, the World Health Organization declared the novel strain of coronavirus (COVID19) a global pandemic and recommended containment and mitigation measures worldwide. The COVID19 outbreak in the United States caused economic disruption through mandated and voluntary closings of businesses and shelter in place orders and it is at least reasonably possible that this matter will negatively impact the Plan. However, the financial impact and duration cannot be reasonably estimated at this time. Their opinion was not modified with respect to this matter.

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2020 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for purposes 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.

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

The form and content of the information included in the 2020 financial statements and supplemental schedule, other than that derived from the information certified by the trustees, 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.



Crowe LLP

Dallas, Texas
November 22, 2021

TBH MANAGEMENT, LLC 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2020 and 2019

	2020	2019
Assets		
Registered investment companies, at fair value	$ 33,347,802	$ 26,143,124
Total investments	33,347,802	26,143,124
Receivables		
Employer contributions	20,922	23,103
Participants' contributions	94,256	110,942
Notes receivable from participants	271,525	292,827
Total receivables	386,703	426,872
Net assets available for benefits	$ 33,734,505	$ 26,569,996

See accompanying notes to financial statements.

TBH MANAGEMENT, LLC 401(K) 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	$ 3,547,404
Interest and dividend income	907,300
Total investment income	4,454,704
Contributions	
Employer	1,063,109
Participants	2,937,331
Rollover contributions	32,628
Total contributions	4,033,068
Net additions to net assets	8,487,772
Deductions from net assets attributed to:	
Benefits paid to participants	1,213,667
Administrative expenses	109,596
Total deductions from net assets	1,323,263
Net increase	7,164,509
Net assets available for benefits	
Beginning of year	26,569,996
End of year	$ 33,734,505

See accompanying notes to financial statements.

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the TBH Management, LLC 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General: The Plan was established effective January 1, 2001 as a defined contribution plan pursuant to Section 401(a) and related provisions of the Internal Revenue Code ("IRC") and is sponsored by TBH Management, LLC (the "Company" or "Employer"). The Plan is designed to provide participants with a means to defer a portion of their compensation for retirement and to provide benefits in the event of disability, death, termination and financial hardship. The Plan is subject to the provisions of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") and subsequent amendments.

Effective December 1, 2020, the Plan changed trustees from Newport Trust Company to Fidelity Management Trust Company.

Plan Administration: The Company is the sponsor and administrator of the Plan and, as such, carries out the duties imposed by ERISA. For the period from January 1, 2020 through November 30, 2020, trustee and recordkeeping services were provided by Newport Trust Company or one of its affiliates, (collectively "Newport"). Starting December 1, 2020, the trustee and recordkeeping services were provided by Fidelity Management Trust Company (“Fidelity”). Certain administrative expenses of the Plan were paid directly by the Company for the year ended December 31, 2020.

Eligibility: Prior to December 1, 2020, employees who attained the age of 21 were eligible to participate. Effective December 1, 2020, employees who attained the age of 21 and have been employed for a period of one month are eligible to participate in the Plan. Employees who are union employees covered by a collective bargaining agreement, certain nonresident aliens, and leased employees are not eligible to participate in the Plan.

Participant Contributions: Participants may elect to contribute pre-tax 401(k) deferrals and/or after-tax Roth 401(k) deferrals through payroll deductions up to the maximum amount allowed by the IRC. Participants age 50 and older may contribute additional catch-up contributions to the Plan to the maximum amount allowed by the IRC for the respective Plan year. The Plan allows for participants to roll over contributions from other qualified retirement plans, and the Plan includes an automatic enrollment feature whereby participants are automatically enrolled at a pretax deferral rate of 6% upon the first pay period after meeting the eligibility requirements.

Employer Contributions: The Company provides matching contributions of 50% of an eligible participant's salary deferral, not to exceed 6% of each participant's eligible earnings. The Company does not match catch-up contributions. In addition, the Company has the option to make discretionary profit-sharing contributions in an amount to be determined by the Board of Directors of the Company for each Plan year. For the year ended December 31, 2020, the Company did not make any discretionary profit-sharing contributions.

Participant Accounts: Each participant's account is credited with the participant's contributions, an allocation of the Company's matching contributions, an allocation of any profit-sharing contributions made by the Company, and Plan earnings (losses). Each participant’s account is charged with any withdrawals and an allocation of administrative expenses. Allocations are based on participant earnings or account balance, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(Continued)

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

Participants direct the investment of all contributions received into various investment options offered by the Plan.

Vesting: Participants are immediately vested in their contributions plus earnings thereon.

Vesting in the Company's matching contributions and discretionary profit-sharing contributions, plus earnings thereon, is based on years of continuous service, as defined in the plan document.

The vesting schedule for Company contributions is as follows:

Years of Service	Percentage
1	20%
2	40%
3	60%
4	80%
5	100%

Retirement, Death and Disability: A participant (beneficiary) is entitled to 100% of his or her account balance upon retirement, death or total disability.

Payment of Benefits: Distributions and withdrawals are payable upon retirement, termination, financial hardship, disability or death. If a participant's account balance is equal to or less than $1,000, the balance is distributed immediately in a lump sum cash payment unless a direct rollover into another qualified benefit plan is requested. Balances between $1,000 and $5,000 will be rolled over to an individual retirement plan designated by the administrator if the participant has not requested a lump sum cash payment or a direct rollover into another qualified benefit plan. If the account balance is over $5,000, the participant can consent to either a distribution paid in the form of a lump sum cash payment, a direct rollover into another qualified plan, a specified series of installments equal to the value of their vested account balance or postpone payment to a later date and remain in the Plan as described in the Plan document. Benefits are recorded when paid.

Forfeitures: Forfeitures of a terminated participant's non-vested account balance may be used to pay Plan expenses or reduce employer matching contributions. During the year ended December 31, 2020, forfeitures in the amount of $48,096 were used to reduce employer matching contributions. The unallocated forfeiture balance as of December 31, 2020 and 2019, was $0 and $1, respectively.

Notes Receivable from Participants: Under the terms of the Plan, participants may borrow from their accounts up to a maximum amount equal to the lesser of $50,000 or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at prevailing market rates at the time funds are borrowed. Loan terms are generally five years or less, but may exceed five years if the purpose of the loan is to purchase a principal residence. A participant may have three loans outstanding at any given time. Principal and interest are repaid ratably through payroll deductions. Interest rates range from 4.25% to 6.50% as of December 31, 2020.

(Continued)

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

Coronavirus Aid, Relief, and Economic Security Act ("CARES ACT"): In response to the COVID-19 pandemic, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was enacted on March 27, 2020. The CARES Act includes several provisions that affect benefit plans. The Plan has adopted some of the optional changes permitted by the CARES Act including allowing eligible plan participants to request penalty-free distributions of up to $100,000 before December 31, 2020 for qualifying reasons associated with the COVID-19 pandemic, allowing participants to borrow up to the lesser of $100,000 or 100% of their vested account balance during the 180-day period beginning March 27, 2020, allowing participants to delay loan payments for up to one year, and permitting individuals to stop receiving 2020 required minimum distributions.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting and Financial Statement Presentation: The financial statements of the Plan are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates: The preparation of financial statements in conformity with U.S. GAAP requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Risks and Uncertainties: The Plan holds various investment instruments. Investments are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in participants' account balances and amounts reported in the financial statements.

In December 2019, a novel strain of coronavirus surfaced in Wuhan, China, and has spread around the world, with resulting business and social disruption. The coronavirus was declared a Public Health Emergency of International Concern by the World Health Organization on January 30, 2020. The investment results of the Plan could be materially adversely affected. The extent to which the coronavirus impacts investment results or estimates used to prepare the financial statements will depend on future developments, which are highly uncertain and cannot be predicted including new information which may emerge concerning the severity of the coronavirus and actions required to contain the coronavirus or treat its impact, among others.

Investment Valuation and Income Recognition: The Plan's investments are reported at fair value as further described in Note 4. Fair value is the price that would be received by the Plan to sell an asset or paid by the Plan to transfer a liability (exit price) in an orderly transaction between market participants at the measurement date in the Plan's principal or most advantageous market for the asset or liability.

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) in fair value of investments includes net unrealized market appreciation (depreciation) of investments and net realized gains and losses on the sale of investments during the period.

(Continued)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Notes Receivable from Participants: Notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest with no allowance for credit losses, as repayments of principal and interest are received through payroll deductions and the notes are collateralized by participants' account balances. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Contributions: Contributions from participants are recorded based on the date the contributions have been separated from a participant's pay by the Company, which is the pay date. Contributions from the Company are recorded in the year earned to coincide with the year which the Company records the contributions. The Plan records receivables for contributions based upon the contributions recognized, less amounts received by the Plan as of the last day of the Plan year.

Rollover contributions from participants are recorded based on the date the rollover contributions have been received by the Trustees.

NOTE 3 – UNAUDITED INFORMATION – CERTIFIED INVESTMENTS AND NOTES RECEIVABLE FROM PARTICIPANTS

Substantially all information pertaining to the Plan's investments and notes receivable from participants included in the financial statements, including the associated investment income (loss) and interest earned on notes receivable from participants, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the trustees of the plan, Fidelity Management Trust Company as of December 31, 2020 and for the period December 1, 2020 through December 31, 2020 and Newport Trust Company as of December 31, 2019 and the period January 1, 2020 through November 30, 2020. This information has not been audited by independent accountants.

NOTE 4 – FAIR VALUE MEASUREMENTS

Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

(Continued)

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

The following description of the valuation methods and assumptions used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan. There have been no changes to the methodologies used at December 31, 2020 and 2019.

Registered investment companies (mutual funds): Valued based upon the daily closing price of the individual fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities Exchange Commission and are deemed to be actively traded.

Investments measured at fair value on a recurring basis which are held directly by the Plan are summarized below.

	Fair Value Measurements at December 31, 2020, Using			
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Registered investment companies	$ 33,347,802	$ 33,347,802	$ -	$ -

	Fair Value Measurements at December 31, 2019, Using			
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	$ 26,143,124	$ 26,143,124	$ -	$ -

NOTE 5 - INCOME TAX STATUS

For the period January 1, 2020 through November 30, 2020 and for the year ended December 31, 2019, the plan had adopted Newport's Volume Submitter Profit Sharing Plan. The Internal Revenue Service issued an opinion letter dated March 31, 2014 that the volume submitter plan adopted by the Plan, as then designed, was in compliance with applicable requirements of the IRC.

Effective December, 1, 2020, the Plan has adopted Fidelity's Volume Submitter Defined Contribution Plan. The Internal Revenue Service issued an opinion letter dated March 31, 2014, that the volume submitter plan adopted by the Plan, as then designed, was in compliance with applicable requirements of the IRC.

Although both Plan's adopted were amended from the original prototype document, Plan management believes that the Plan is currently being operated in accordance with the IRC.

(Continued)

NOTE 5 - INCOME TAX STATUS (Continued)

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing authorities; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2017.

NOTE 6 - 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, participant accounts become 100% vested and may be distributed in accordance with the Plan document.

NOTE 7 - PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Fidelity and Newport are the trustees as of December 31, 2020 and December 31, 2019, respectively, and, therefore, the Plan's payment of trustee fees, record keeping fees and investment management fees to Fidelity and Newport qualify as party-in-interest transactions. The Plan holds investments issued by an affiliate of Fidelity at December 31, 2020 which are also considered parties-in-interest. Notes receivable from participants also reflect party-in-interest transactions. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Some administrative expenses of the Plan are paid directly by the Company.

NOTE 8 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31, 2020 and 2019:

		2020	2019
Net assets available for benefits per the financial statements		$ 33,734,505	$ 26,569,996
Less:	Employer contributions receivable	(20,922)	(23,103)
	Participant contributions receivable	(94,256)	(110,942)
Net assets available for benefits per the Form 5500		$ 33,619,327	$ 26,435,951

(Continued)

NOTE 8 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (Continued)

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:

Changes in net assets available for benefits per financial statements	$ 7,164,509
Less contributions receivable at end of year	(115,178)
Add prior year contributions receivable	134,045
Changes in net assets available for benefits per Form 5500	$ 7,183,376

NOTE 9 - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through November 22, 2021, the date the financial statements were available to be issued. No subsequent events have occurred that would have a material impact on the presentation of the Plan's financial statements.

SUPPLEMENTAL SCHEDULE

TBH MANAGEMENT, LLC 401(K) PLAN
(FORMERLY KNOWN AS TRADITIONS BEHAVIORAL HEALTH 401(K) PLAN)
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2020

Name of Plan Sponsor: TBH Management, LLC 401(k) Plan
Employer Identification Number: 83-2177931
Three-Digit Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	American Funds	American Funds American Balanced Fund Class R-6	**	$ 6,307,041
	Vanguard	Vanguard U.S. Growth Fund Admiral Shares	**	5,113,021
*	Fidelity	Fidelity 500 Index Fund	**	3,164,095
*	Fidelity	Fidelity U.S. Bond Index Fund	**	2,816,446
	Vanguard	Vanguard Equity-Income Fund Admiral Shares	**	2,671,805
	Vanguard	Vanguard Total International Stock Index Fund Admiral Shares	**	1,874,742
*	Fidelity	Fidelity Small Cap Index Fund	**	1,459,629
*	Fidelity	Fidelity Freedom Index 2035 Fund–Institutional Premium Class	**	1,332,270
*	Fidelity	Fidelity Mid Cap Index Fund	**	1,212,618
*	Fidelity	Fidelity Freedom Index 2040 Fund–Institutional Premium Class	**	1,146,823
	PGIM	PGIM Total Return Bond Fund -Class R6	**	1,061,695
*	Fidelity	Fidelity Freedom Index 2045 Fund–Institutional Premium Class	**	1,029,010
	Vanguard	Vanguard Federal Money Market Fund Investor Shares	**	955,528
	Alliance Bernstein	AB Global Bond Fund Class Z	**	766,767
	American Funds	American Funds EuroPacific Growth Fund® Class R-6	**	685,871
*	Fidelity	Fidelity Freedom Index 2015 Fund–Institutional Premium Class	**	456,492
*	Fidelity	Fidelity Freedom Index 2020 Fund–Institutional Premium Class	**	401,495
*	Fidelity	Fidelity Freedom Index 2030 Fund–Institutional Premium Class	**	389,108
	American Funds	American Funds American Balanced Fund Class R-6	**	166,711
*	Fidelity	Fidelity Freedom Index 2025 Fund–Institutional Premium Class	**	146,245
	Alliance Bernstein	AB Small Cap Growth Portfolio Class Z	**	91,224
*	Fidelity	Fidelity Freedom Index 2050 Fund–Institutional Premium Class	**	71,069
*	Fidelity	Fidelity Freedom Index 2055 Fund–Institutional Premium Class	**	14,654
*	Fidelity	Fidelity Freedom Index 2060 Fund–Institutional Premium Class	**	7,588
*	Fidelity	Fidelity Freedom Index 2005 Fund–Institutional Premium Class	**	3,721
*	Fidelity	Fidelity Freedom Index 2010 Fund–Institutional Premium Class	**	1,954
*	Fidelity	Fidelity Freedom Index 2065 Fund–Institutional Premium Class	**	180
				33,347,802
*	Notes receivable from participants	Interest rates (4.25% to 6.50%)		271,525
				$ 33,619,327

* Party-in-interest
** Cost information not provided as all investments are participant directed

TBH MANAGEMENT, LLC 401(K) PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

December 31, 2020 and 2019

TBH MANAGEMENT, LLC 401(K) PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE
December 31, 2020 and 2019

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Crowe LLP
Independent Member Crowe Global

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
TBH Management, LLC 401(k) Plan
Napa, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of TBH Management, LLC 401(k) Plan, which comprise the statement of net assets available for benefits as of December 31, 2020, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's 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 and Newport Trust Company, the trustees of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that Fidelity Management Trust Company held the Plan's investment assets and executed investment transactions from December 1, 2020 to December 31, 2020, and that Newport Trust Company held the Plan's investment assets and executed investment transactions for the period January 1, 2020 to November 30, 2020. The plan administrator has obtained certifications from the trustees as of December 31, 2020 and for the year then ended that the information provided to the plan administrator by the trustees is complete and accurate.

(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 2020 financial statements.

Other Matters

The statement of net assets available for benefits of TBH Management, LLC 401(k) Plan as of December 31, 2019, was reported on by predecessor auditors. 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 the predecessor auditors not to perform and they did not perform, any auditing procedures with respect to the information certified by Newport Trust Company, the trustee of the Plan. Their report, dated October 14, 2020, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The predecessor auditors emphasized that on March 11, 2020, the World Health Organization declared the novel strain of coronavirus (COVID19) a global pandemic and recommended containment and mitigation measures worldwide. The COVID19 outbreak in the United States caused economic disruption through mandated and voluntary closings of businesses and shelter in place orders and it is at least reasonably possible that this matter will negatively impact the Plan. However, the financial impact and duration cannot be reasonably estimated at this time. Their opinion was not modified with respect to this matter.

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2020 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for purposes 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.

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

The form and content of the information included in the 2020 financial statements and supplemental schedule, other than that derived from the information certified by the trustees, 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.



Crowe LLP

Dallas, Texas
November 22, 2021

TBH MANAGEMENT, LLC 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2020 and 2019

	2020	2019
Assets		
Registered investment companies, at fair value	$ 33,347,802	$ 26,143,124
Total investments	33,347,802	26,143,124
Receivables		
Employer contributions	20,922	23,103
Participants' contributions	94,256	110,942
Notes receivable from participants	271,525	292,827
Total receivables	386,703	426,872
Net assets available for benefits	$ 33,734,505	$ 26,569,996

See accompanying notes to financial statements.

TBH MANAGEMENT, LLC 401(K) 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	$ 3,547,404
Interest and dividend income	907,300
Total investment income	4,454,704
Contributions	
Employer	1,063,109
Participants	2,937,331
Rollover contributions	32,628
Total contributions	4,033,068
Net additions to net assets	8,487,772
Deductions from net assets attributed to:	
Benefits paid to participants	1,213,667
Administrative expenses	109,596
Total deductions from net assets	1,323,263
Net increase	7,164,509
Net assets available for benefits	
Beginning of year	26,569,996
End of year	$ 33,734,505

See accompanying notes to financial statements.

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the TBH Management, LLC 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General: The Plan was established effective January 1, 2001 as a defined contribution plan pursuant to Section 401(a) and related provisions of the Internal Revenue Code ("IRC") and is sponsored by TBH Management, LLC (the "Company" or "Employer"). The Plan is designed to provide participants with a means to defer a portion of their compensation for retirement and to provide benefits in the event of disability, death, termination and financial hardship. The Plan is subject to the provisions of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") and subsequent amendments.

Effective December 1, 2020, the Plan changed trustees from Newport Trust Company to Fidelity Management Trust Company.

Plan Administration: The Company is the sponsor and administrator of the Plan and, as such, carries out the duties imposed by ERISA. For the period from January 1, 2020 through November 30, 2020, trustee and recordkeeping services were provided by Newport Trust Company or one of its affiliates, (collectively "Newport"). Starting December 1, 2020, the trustee and recordkeeping services were provided by Fidelity Management Trust Company (“Fidelity”). Certain administrative expenses of the Plan were paid directly by the Company for the year ended December 31, 2020.

Eligibility: Prior to December 1, 2020, employees who attained the age of 21 were eligible to participate. Effective December 1, 2020, employees who attained the age of 21 and have been employed for a period of one month are eligible to participate in the Plan. Employees who are union employees covered by a collective bargaining agreement, certain nonresident aliens, and leased employees are not eligible to participate in the Plan.

Participant Contributions: Participants may elect to contribute pre-tax 401(k) deferrals and/or after-tax Roth 401(k) deferrals through payroll deductions up to the maximum amount allowed by the IRC. Participants age 50 and older may contribute additional catch-up contributions to the Plan to the maximum amount allowed by the IRC for the respective Plan year. The Plan allows for participants to roll over contributions from other qualified retirement plans, and the Plan includes an automatic enrollment feature whereby participants are automatically enrolled at a pretax deferral rate of 6% upon the first pay period after meeting the eligibility requirements.

Employer Contributions: The Company provides matching contributions of 50% of an eligible participant's salary deferral, not to exceed 6% of each participant's eligible earnings. The Company does not match catch-up contributions. In addition, the Company has the option to make discretionary profit-sharing contributions in an amount to be determined by the Board of Directors of the Company for each Plan year. For the year ended December 31, 2020, the Company did not make any discretionary profit-sharing contributions.

Participant Accounts: Each participant's account is credited with the participant's contributions, an allocation of the Company's matching contributions, an allocation of any profit-sharing contributions made by the Company, and Plan earnings (losses). Each participant’s account is charged with any withdrawals and an allocation of administrative expenses. Allocations are based on participant earnings or account balance, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(Continued)

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

Participants direct the investment of all contributions received into various investment options offered by the Plan.

Vesting: Participants are immediately vested in their contributions plus earnings thereon.

Vesting in the Company's matching contributions and discretionary profit-sharing contributions, plus earnings thereon, is based on years of continuous service, as defined in the plan document.

The vesting schedule for Company contributions is as follows:

Years of Service	Percentage
1	20%
2	40%
3	60%
4	80%
5	100%

Retirement, Death and Disability: A participant (beneficiary) is entitled to 100% of his or her account balance upon retirement, death or total disability.

Payment of Benefits: Distributions and withdrawals are payable upon retirement, termination, financial hardship, disability or death. If a participant's account balance is equal to or less than $1,000, the balance is distributed immediately in a lump sum cash payment unless a direct rollover into another qualified benefit plan is requested. Balances between $1,000 and $5,000 will be rolled over to an individual retirement plan designated by the administrator if the participant has not requested a lump sum cash payment or a direct rollover into another qualified benefit plan. If the account balance is over $5,000, the participant can consent to either a distribution paid in the form of a lump sum cash payment, a direct rollover into another qualified plan, a specified series of installments equal to the value of their vested account balance or postpone payment to a later date and remain in the Plan as described in the Plan document. Benefits are recorded when paid.

Forfeitures: Forfeitures of a terminated participant's non-vested account balance may be used to pay Plan expenses or reduce employer matching contributions. During the year ended December 31, 2020, forfeitures in the amount of $48,096 were used to reduce employer matching contributions. The unallocated forfeiture balance as of December 31, 2020 and 2019, was $0 and $1, respectively.

Notes Receivable from Participants: Under the terms of the Plan, participants may borrow from their accounts up to a maximum amount equal to the lesser of $50,000 or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at prevailing market rates at the time funds are borrowed. Loan terms are generally five years or less, but may exceed five years if the purpose of the loan is to purchase a principal residence. A participant may have three loans outstanding at any given time. Principal and interest are repaid ratably through payroll deductions. Interest rates range from 4.25% to 6.50% as of December 31, 2020.

(Continued)

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

Coronavirus Aid, Relief, and Economic Security Act ("CARES ACT"): In response to the COVID-19 pandemic, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was enacted on March 27, 2020. The CARES Act includes several provisions that affect benefit plans. The Plan has adopted some of the optional changes permitted by the CARES Act including allowing eligible plan participants to request penalty-free distributions of up to $100,000 before December 31, 2020 for qualifying reasons associated with the COVID-19 pandemic, allowing participants to borrow up to the lesser of $100,000 or 100% of their vested account balance during the 180-day period beginning March 27, 2020, allowing participants to delay loan payments for up to one year, and permitting individuals to stop receiving 2020 required minimum distributions.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting and Financial Statement Presentation: The financial statements of the Plan are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates: The preparation of financial statements in conformity with U.S. GAAP requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Risks and Uncertainties: The Plan holds various investment instruments. Investments are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in participants' account balances and amounts reported in the financial statements.

In December 2019, a novel strain of coronavirus surfaced in Wuhan, China, and has spread around the world, with resulting business and social disruption. The coronavirus was declared a Public Health Emergency of International Concern by the World Health Organization on January 30, 2020. The investment results of the Plan could be materially adversely affected. The extent to which the coronavirus impacts investment results or estimates used to prepare the financial statements will depend on future developments, which are highly uncertain and cannot be predicted including new information which may emerge concerning the severity of the coronavirus and actions required to contain the coronavirus or treat its impact, among others.

Investment Valuation and Income Recognition: The Plan's investments are reported at fair value as further described in Note 4. Fair value is the price that would be received by the Plan to sell an asset or paid by the Plan to transfer a liability (exit price) in an orderly transaction between market participants at the measurement date in the Plan's principal or most advantageous market for the asset or liability.

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) in fair value of investments includes net unrealized market appreciation (depreciation) of investments and net realized gains and losses on the sale of investments during the period.

(Continued)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Notes Receivable from Participants: Notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest with no allowance for credit losses, as repayments of principal and interest are received through payroll deductions and the notes are collateralized by participants' account balances. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Contributions: Contributions from participants are recorded based on the date the contributions have been separated from a participant's pay by the Company, which is the pay date. Contributions from the Company are recorded in the year earned to coincide with the year which the Company records the contributions. The Plan records receivables for contributions based upon the contributions recognized, less amounts received by the Plan as of the last day of the Plan year.

Rollover contributions from participants are recorded based on the date the rollover contributions have been received by the Trustees.

NOTE 3 – UNAUDITED INFORMATION – CERTIFIED INVESTMENTS AND NOTES RECEIVABLE FROM PARTICIPANTS

Substantially all information pertaining to the Plan's investments and notes receivable from participants included in the financial statements, including the associated investment income (loss) and interest earned on notes receivable from participants, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the trustees of the plan, Fidelity Management Trust Company as of December 31, 2020 and for the period December 1, 2020 through December 31, 2020 and Newport Trust Company as of December 31, 2019 and the period January 1, 2020 through November 30, 2020. This information has not been audited by independent accountants.

NOTE 4 – FAIR VALUE MEASUREMENTS

Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

(Continued)

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

The following description of the valuation methods and assumptions used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan. There have been no changes to the methodologies used at December 31, 2020 and 2019.

Registered investment companies (mutual funds): Valued based upon the daily closing price of the individual fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities Exchange Commission and are deemed to be actively traded.

Investments measured at fair value on a recurring basis which are held directly by the Plan are summarized below.

	Fair Value Measurements at December 31, 2020, Using			
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Registered investment companies	$ 33,347,802	$ 33,347,802	$ -	$ -

	Fair Value Measurements at December 31, 2019, Using			
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	$ 26,143,124	$ 26,143,124	$ -	$ -

NOTE 5 - INCOME TAX STATUS

For the period January 1, 2020 through November 30, 2020 and for the year ended December 31, 2019, the plan had adopted Newport's Volume Submitter Profit Sharing Plan. The Internal Revenue Service issued an opinion letter dated March 31, 2014 that the volume submitter plan adopted by the Plan, as then designed, was in compliance with applicable requirements of the IRC.

Effective December, 1, 2020, the Plan has adopted Fidelity's Volume Submitter Defined Contribution Plan. The Internal Revenue Service issued an opinion letter dated March 31, 2014, that the volume submitter plan adopted by the Plan, as then designed, was in compliance with applicable requirements of the IRC.

Although both Plan's adopted were amended from the original prototype document, Plan management believes that the Plan is currently being operated in accordance with the IRC.

(Continued)

NOTE 5 - INCOME TAX STATUS (Continued)

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing authorities; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2017.

NOTE 6 - 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, participant accounts become 100% vested and may be distributed in accordance with the Plan document.

NOTE 7 - PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Fidelity and Newport are the trustees as of December 31, 2020 and December 31, 2019, respectively, and, therefore, the Plan's payment of trustee fees, record keeping fees and investment management fees to Fidelity and Newport qualify as party-in-interest transactions. The Plan holds investments issued by an affiliate of Fidelity at December 31, 2020 which are also considered parties-in-interest. Notes receivable from participants also reflect party-in-interest transactions. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Some administrative expenses of the Plan are paid directly by the Company.

NOTE 8 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31, 2020 and 2019:

		2020	2019
Net assets available for benefits per the financial statements		$ 33,734,505	$ 26,569,996
Less:	Employer contributions receivable	(20,922)	(23,103)
	Participant contributions receivable	(94,256)	(110,942)
Net assets available for benefits per the Form 5500		$ 33,619,327	$ 26,435,951

(Continued)

NOTE 8 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (Continued)

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:

Changes in net assets available for benefits per financial statements	$ 7,164,509
Less contributions receivable at end of year	(115,178)
Add prior year contributions receivable	134,045
Changes in net assets available for benefits per Form 5500	$ 7,183,376

NOTE 9 - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through November 22, 2021, the date the financial statements were available to be issued. No subsequent events have occurred that would have a material impact on the presentation of the Plan's financial statements.

SUPPLEMENTAL SCHEDULE

TBH MANAGEMENT, LLC 401(K) PLAN
(FORMERLY KNOWN AS TRADITIONS BEHAVIORAL HEALTH 401(K) PLAN)
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2020

Name of Plan Sponsor: TBH Management, LLC 401(k) Plan
Employer Identification Number: 83-2177931
Three-Digit Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	American Funds	American Funds American Balanced Fund Class R-6	**	$ 6,307,041
	Vanguard	Vanguard U.S. Growth Fund Admiral Shares	**	5,113,021
*	Fidelity	Fidelity 500 Index Fund	**	3,164,095
*	Fidelity	Fidelity U.S. Bond Index Fund	**	2,816,446
	Vanguard	Vanguard Equity-Income Fund Admiral Shares	**	2,671,805
	Vanguard	Vanguard Total International Stock Index Fund Admiral Shares	**	1,874,742
*	Fidelity	Fidelity Small Cap Index Fund	**	1,459,629
*	Fidelity	Fidelity Freedom Index 2035 Fund–Institutional Premium Class	**	1,332,270
*	Fidelity	Fidelity Mid Cap Index Fund	**	1,212,618
*	Fidelity	Fidelity Freedom Index 2040 Fund–Institutional Premium Class	**	1,146,823
	PGIM	PGIM Total Return Bond Fund -Class R6	**	1,061,695
*	Fidelity	Fidelity Freedom Index 2045 Fund–Institutional Premium Class	**	1,029,010
	Vanguard	Vanguard Federal Money Market Fund Investor Shares	**	955,528
	Alliance Bernstein	AB Global Bond Fund Class Z	**	766,767
	American Funds	American Funds EuroPacific Growth Fund® Class R-6	**	685,871
*	Fidelity	Fidelity Freedom Index 2015 Fund–Institutional Premium Class	**	456,492
*	Fidelity	Fidelity Freedom Index 2020 Fund–Institutional Premium Class	**	401,495
*	Fidelity	Fidelity Freedom Index 2030 Fund–Institutional Premium Class	**	389,108
	American Funds	American Funds American Balanced Fund Class R-6	**	166,711
*	Fidelity	Fidelity Freedom Index 2025 Fund–Institutional Premium Class	**	146,245
	Alliance Bernstein	AB Small Cap Growth Portfolio Class Z	**	91,224
*	Fidelity	Fidelity Freedom Index 2050 Fund–Institutional Premium Class	**	71,069
*	Fidelity	Fidelity Freedom Index 2055 Fund–Institutional Premium Class	**	14,654
*	Fidelity	Fidelity Freedom Index 2060 Fund–Institutional Premium Class	**	7,588
*	Fidelity	Fidelity Freedom Index 2005 Fund–Institutional Premium Class	**	3,721
*	Fidelity	Fidelity Freedom Index 2010 Fund–Institutional Premium Class	**	1,954
*	Fidelity	Fidelity Freedom Index 2065 Fund–Institutional Premium Class	**	180
				33,347,802
*	Notes receivable from participants	Interest rates (4.25% to 6.50%)		271,525
				$ 33,619,327

* Party-in-interest
** Cost information not provided as all investments are participant directed