

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	▶ ☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	▶ ☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>MANSFIELD PLUMBING PRODUCTS LLC RETIREMENT PLAN FOR HOURLY EMPLOYEES</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1987</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>31-1739929</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>419-938-5211</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>339900</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1987</u>		2b Employer Identification Number (EIN) <u>31-1739929</u>		2c Plan Sponsor's telephone number <u>419-938-5211</u>		2d Business code (see instructions) <u>339900</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>01/01/1987</u>											
2b Employer Identification Number (EIN) <u>31-1739929</u>											
2c Plan Sponsor's telephone number <u>419-938-5211</u>											
2d Business code (see instructions) <u>339900</u>											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MANSFIELD PLUMBING PRODUCTS LLC</u> <div style="display: flex; justify-content: space-between;"> <div><u>P.O. BOX 620</u> <u>PERRYSVILLE, OH 44864-0620</u></div> <div><u>150 E. 1ST STREET</u> <u>PERRYSVILLE, OH 44864-0620</u></div> </div>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2022	KORY KENT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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	5 853
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..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 125 6a(2) 110 6b 363 6c 273 6d 746 6e 85 6f 831 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

11

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>MANSFIELD PLUMBING PRODUCTS LLC RETIREMENT PLAN FOR HOURLY EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MANSFIELD PLUMBING PRODUCTS LLC</u>	D Employer Identification Number (EIN) <u>31-1739929</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>	
2 Assets:	
a Market value	2a <u>26080396</u>
b Actuarial value	2b <u>24203757</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>448</u> (2) Vested Funding Target <u>14211835</u> (3) Total Funding Target <u>14211835</u>
b For terminated vested participants.....	<u>284</u> <u>5822166</u> <u>5822166</u>
c For active participants	<u>125</u> <u>3100750</u> <u>3176526</u>
d Total.....	<u>857</u> <u>23134751</u> <u>23210527</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>4.92</u> %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a <u>0</u>
b Expected plan-related expenses	6b <u>415943</u>
c Total (line 6a + line 6b)	6c <u>415943</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		<u>09/22/2022</u>
Signature of actuary		Date
<u>JEANNINE JODHAN</u>		<u>20-07262</u>
Type or print name of actuary		Most recent enrollment number
<u>JOHN HANCOCK</u>		<u>781-619-2450</u>
Firm name		Telephone number (including area code)
<u>200 BERKELEY STREET</u> <u>BOSTON, MA 02116</u>		
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2021
v. 201209

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>13.64</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.34</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	104.27 %
15 Adjusted funding target attainment percentage	15	104.27 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	107.17 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 3.32 %	2nd segment: 4.79 %	3rd segment: 5.47 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	415943	
b Excess assets, if applicable, but not greater than line 31a	31b	415943	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.		OMB No. 1210-0110
			2021
			This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning **01/01/2021** and ending **12/31/2021**

A Name of plan MANSFIELD PLUMBING PRODUCTS LLC RETIREMENT PLAN FOR HOURLY EMPLOYEES	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 MANSFIELD PLUMBING PRODUCTS LLC	D Employer Identification Number (EIN) 31-1739929	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

JOHN HANCOCK RETIREMENT PLAN SVCS

01-0233346

(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?
11 15 62 64	RETAINED BY EMPLOYER	151124	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

MORGAN STANLEY

20-8764829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	RETAINED BY EMPLOYER	89228	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MALONEY + NOVOT

35-0921680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	RETAINED BY EMPLOYER	20567	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:	CROWE HORWATH LLP	b EIN:	35-0921680
c Position:	AUDITOR		
d Address:	485 LEXINGTON AVE. FLOOR 11 NEW YORK, NC 10017	e Telephone:	212-572-5500

Explanation: CORPORATE DECISION TO CHANGE AUDITOR

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2021 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan MANSFIELD PLUMBING PRODUCTS LLC RETIREMENT PLAN FOR HOURLY EMPLOYEES	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 MANSFIELD PLUMBING PRODUCTS LLC	D Employer Identification Number (EIN) 31-1739929	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	111167	108937
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	143693	134488
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	241297	2107
(2) U.S. Government securities	1c(2)	4422830	4329052
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	11505978	16321696
(B) All other	1c(3)(B)	6512634	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1905704	1785516
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1096790	1486664
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	140304	0

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	26080397 24168460
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	26080397 24168460

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	0
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	0
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	0
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2539
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	2539
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(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)	
	(B) Other	2b(5)(B)	
	(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)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-165439
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		-162900
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1334720	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1334720
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	151124	
(3) Investment advisory and management fees.....	2i(3)	109795	
(4) Other.....	2i(4)	153398	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		414317
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1749037
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-1911937
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **MOLONEY + NOVOTNY LLC**

(2) EIN: **34-0677006**

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:

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.).....

	Yes	No	Amount
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?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year <u>433239</u> .			

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan MANSFIELD PLUMBING PRODUCTS LLC RETIREMENT PLAN FOR HOURLY EMPLOYEES	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 MANSFIELD PLUMBING PRODUCTS LLC	D Employer Identification Number (EIN) 31-1739929

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 80-0709115		
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	0

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

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

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

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

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

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

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

Schedule R (Form 5500) 2021
v. 201209

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 _____

**MANSFIELD PLUMBING PRODUCTS, LLC
RETIREMENT PLAN FOR
HOURLY EMPLOYEES**

FINANCIAL REPORT

DECEMBER 31, 2021 and 2020

MANSFIELD PLUMBING PRODUCTS, LLC
RETIREMENT PLAN FOR HOURLY EMPLOYEES

CONTENTS

	<u>Page</u>
INDEPENDENT AUDITORS' REPORT	1-3
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6-12
SUPPLEMENTAL SCHEDULES	
Schedule of Assets (Held at End of Year) at December 31, 2021	13-16
Schedule of Reportable Transactions for the Year Ended December 31, 2021	17



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Independent Auditors' Report

Plan Administrator for the
Mansfield Plumbing Products, LLC
Retirement Plan for Hourly Employees
Perrysville, Ohio

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of the Mansfield Plumbing Products, LLC Retirement Plan for Hourly Employees (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, 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 ("2021 financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section:

- The amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America ("GAAP").
- The information in the accompanying 2021 financial statements related to assets held by and certified by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

2021 Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2021 and the supplemental schedule of reportable transactions for the year then ended are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, is presented in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditors' Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 12, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and, accordingly, we did not express an opinion on the 2020 financial statements and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Meloney + Novotny LLC

Cleveland, Ohio
October 3, 2022

MANSFIELD PLUMBING PRODUCTS, LLC
RETIREMENT PLAN FOR HOURLY EMPLOYEES

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2021 and 2020

<u>ASSETS</u>	<u>2021</u>	<u>2020</u>
CASH	\$ 108,937	\$ 111,167
INVESTMENTS, AT FAIR VALUE		
Interest-bearing cash	2,107	241,297
U.S. government securities	4,329,052	4,563,135
Corporate debt instruments	16,321,696	18,018,612
Corporate stocks	1,785,516	1,905,703
Registered investment companies	1,486,664	1,096,790
Total investments	<u>23,925,035</u>	<u>25,825,537</u>
RECEIVABLES		
Earnings	<u>134,488</u>	<u>143,693</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$24,168,460</u>	<u>\$26,080,397</u>

The accompanying notes are an integral part of these financial statements.

MANSFIELD PLUMBING PRODUCTS, LLC
RETIREMENT PLAN FOR HOURLY EMPLOYEES

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
ADDITIONS		
Investment income:		
Interest and dividends	\$ 2,539	\$ 340,158
Net appreciation in fair value of investments	<u>-</u>	<u>2,911,167</u>
Total additions	2,539	3,251,325
DEDUCTIONS		
Net depreciation in fair value of investments	165,439	-
Benefits paid directly to participants	1,334,720	1,343,670
Administrative expenses	<u>414,317</u>	<u>413,143</u>
Total deductions	<u>1,914,476</u>	<u>1,756,813</u>
NET (DECREASE) INCREASE	(1,911,937)	1,494,512
NET ASSETS AVAILABLE FOR BENEFITS – BEGINNING	<u>26,080,397</u>	<u>24,585,885</u>
NET ASSETS AVAILABLE FOR BENEFITS – ENDING	<u>\$24,168,460</u>	<u>\$26,080,397</u>

The accompanying notes are an integral part of these financial statements.

MANSFIELD PLUMBING PRODUCTS, LLC
RETIREMENT PLAN FOR HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

Note 1. Significant Accounting Policies

Basis of Accounting

The Mansfield Plumbing Products, LLC Retirement Plan for Hourly Employees (the "Plan") uses the accrual basis of accounting. Benefit payments to participants are recorded upon distribution.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the Plan's valuation policies utilizing information provided by its investment advisers and John Hancock Trust Company (the "Trustee"). See Note 8 for a discussion of fair value measurements.

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

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments including lump-sum distributions that are attributable under the Plan's provisions to the service which employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The accumulated plan benefits for active employees are based on the credited service as of the date the benefit information is presented (the valuation date). Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

Administrative Expenses

Fees of the Plan are paid by Mansfield Plumbing Products, LLC (the "Company") or the Plan at the discretion of the Company. Fees may be offset with funds made available by the Trustee from fees it receives from investment fund managers.

Use of Estimates

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

MANSFIELD PLUMBING PRODUCTS, LLC
RETIREMENT PLAN FOR HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 1. Significant Accounting Policies (Continued)

Subsequent Events

The Plan has evaluated subsequent events through October 3, 2022, the date the financial statements were available to be issued.

Note 2. Description of Plan

The following brief description of the Plan is provided for general information purposes only. Participants should refer to the plan agreement for more complete information.

General

The Plan is a defined benefit pension plan, established in April 1964, for designated hourly employees of Mansfield Plumbing Products, LLC ("Mansfield") (including the Kilgore Plumbing Products ("Kilgore") and Norris Plumbing Products ("Norris") divisions) (the "Company") who meet the requirements of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

The Kilgore Ceramics Shop Employees' Pension Plan (the "Kilgore Plan") was originally established in 1964 and via various corporate acquisitions and restructuring, effective December 31, 1994, the Kilgore Plan, the Mansfield Plumbing Products, Inc. Hourly Pension Plan, and the Norris Plumbing Products Retirement Plan for Hourly Employees were merged and renamed the Mansfield Plumbing Products, Inc. Retirement Plan for Hourly Employees. Mansfield Plumbing Products, Inc. amended and restated the Plan effective December 31, 1994 to reflect the mergers of the previously mentioned Plans and to incorporate certain legislative changes.

Effective January 1, 2001, the Plan was amended to incorporate certain legislative changes and was renamed the Mansfield Plumbing Products, LLC Retirement Plan for Hourly Employees.

Effective July 31, 2008, the Plan was amended to freeze participation and benefit accruals. Participants will continue to accrue years of service solely for vesting purposes.

Effective January 1, 2014, the Plan was restated to incorporate previous amendments and certain legislative changes.

Benefits

Each participant is entitled to a monthly benefit for each year of credited service upon reaching age 65. The benefit level varies for each division (Mansfield, Kilgore, and Norris). See the plan document for the amount received per year of credited service for each division.

A participant may elect early retirement as permitted by the terms of the Plan. Benefits under this election would be determined in the same manner as for normal retirement but would be based on years of credited service up to the date of retirement, reduced by the appropriate early retirement factor, as defined in the plan document. The Plan also provides for the payment of benefits upon death and disability.

MANSFIELD PLUMBING PRODUCTS, LLC
RETIREMENT PLAN FOR HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 2. Description of Plan (Continued)

Benefits (Continued)

A participant may continue in active employment after his/her normal retirement date. In such a case, the amount of pension benefits will be determined in the same manner as for normal retirement but will be based upon credited service up to the date of retirement.

A retirement benefit will be provided for a terminated participant who meets the appropriate vesting requirements. The retirement benefit will be determined in the same manner as for normal retirement but based on credited service up to the date of termination.

Vesting

Participants are vested on a five-year cliff. Once participants are 100% vested, they are eligible to receive benefits upon retirement. Prior to meeting the service requirement, a participant is not vested.

Note 3. Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits was determined by an independent actuary from John Hancock Retirement Plan Services, LLC and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2021 and 2020 were (a) life expectancy of participants based on the Pri-2012 Blue-Collar Mortality Table with Generational Projection Scale MP 2020 for 2021 and Scale MP 2019 for 2020; (b) retirement age of 65; and (c) a discount rate used to value plan benefits of 6.00%. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The accumulated plan benefit information as of January 1, 2021 is as follows:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving payments	\$17,418,276
Other participants	2,669,161
	<u>20,087,437</u>

Nonvested benefits	<u>67,636</u>
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Total accumulated plan benefits	<u><u>\$20,155,073</u></u>
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MANSFIELD PLUMBING PRODUCTS, LLC
RETIREMENT PLAN FOR HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 3. Actuarial Present Value of Accumulated Plan Benefits (Continued)

The change in accumulated plan benefits from January 1, 2020 to January 1, 2021 is as follows:

Actuarial present value of accumulated plan benefits – January 1, 2020		\$20,390,344
Increase (decrease) during the period attributable to:		
Benefits accumulated	\$ 26,216	
Decrease in discount period	1,185,044	
Actuarial assumption changes	(102,861)	
Benefits paid	<u>(1,343,670)</u>	
Net decrease		<u>(235,271)</u>
Actuarial present value of accumulated plan benefits – January 1, 2021		<u><u>\$20,155,073</u></u>

Note 4. Funding Policy

The Company contributes such amounts as are necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to Plan participants. The Plan has met the minimum funding requirements of ERISA for 2021 and 2020. Earnings or losses on the Plan's investments are used to reduce or increase the Company's contributions to the Plan. Participant contributions are not permitted under the Plan.

Note 5. Plan Termination

Although the Company has not expressed any intent to terminate the pension plan agreement, it may do so at any time. In the event of a complete termination of the Plan, the assets then remaining in the pension fund, after providing for expenses of administration, shall be allocated, to the extent that they shall be sufficient, for the purpose of funding the accrued benefits to the date of termination of the Plan of all pensioners, participants, vested former participants, and beneficiaries in the manner and order of precedence required under the terms of Section 4044 of ERISA, and any funds remaining in the pension fund after funding in full all of said accrued benefits shall revert to the Company. In the event of a partial termination of the Plan, the portion of the assets of the pension fund relating to the terminated portion of the Plan shall be allocated as aforesaid for the purpose of funding the accrued benefits of pensioners, participants, vested former participants, and beneficiaries whose benefit rights are affected by such partial termination.

Whether a particular participant's accumulated plan benefits will be paid depends on the priority of those benefits, the sufficiency of Plan assets at that time to provide for accumulated benefit obligations, the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") at that time, and may also depend on the financial condition of the Plan sponsor or the PBGC at that time. Certain benefits under the Plan are insured by the PBGC if the Plan terminates. The PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations.

MANSFIELD PLUMBING PRODUCTS, LLC
RETIREMENT PLAN FOR HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 6. Income Tax Status

The Plan has adopted an approved volume submitter plan document. This plan document has obtained a determination letter dated February 19, 2016 from the Internal Revenue Service ("IRS") in which the IRS stated that the document, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan has been amended since adopting this approved volume submitter document. However, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2021, there are no uncertain positions taken or expected to be taken that would require such recognition or disclosure in the financial statements.

Note 7. Unaudited Information

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified to the completeness and accuracy of all investments reflected in the statements of net assets available for benefits at December 31, 2021 and 2020, the supplemental schedules at December 31, 2021 and for the year then ended, the related investment activity reflected in the statements of changes in net assets available for benefits for the years ended December 31, 2021 and 2020, and investment related information in the accompanying notes to the financial statements. This information is unaudited by independent accountants.

Note 8. Fair Value Measurements

The Plan estimates the fair value of financial instruments using available market information and other generally accepted valuation methodologies. The inputs used to measure fair value are classified into three levels:

Level 1 – Quoted market prices in active markets for identical assets and liabilities

Level 2 – Observable market-based inputs or unobservable inputs that are corroborated by market data

Level 3 – Unobservable inputs in which little or no market data exists

The following is a description of the valuation methodologies used for plan assets measured at fair value:

- The fair values of registered investment companies and corporate stocks are determined based on their quoted closing market prices in active markets for identical investments, and are classified as Level 1.

MANSFIELD PLUMBING PRODUCTS, LLC
RETIREMENT PLAN FOR HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 8. Fair Value Measurements (Continued)

- The fair values of corporate debt instruments and U.S. government securities are valued based on observable market information in primary markets or determined by pricing services based on market values for investments with similar credit ratings and maturity dates. These securities are classified as Level 2.
- Interest-bearing cash is valued at \$1 per share and considered to be Level 1.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. There have been no changes in the methodologies used from 2020 to 2021. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level the Plan's assets at fair value as of December 31, 2021 and 2020:

Assets at Fair Value as of December 31, 2021				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Interest-bearing cash	\$ 2,107		\$ -	\$ 2,107
U.S. government securities	-	4,329,052	-	4,329,052
Corporate debt instruments	-	16,321,696	-	16,321,696
Corporate stocks	1,785,516	-	-	1,785,516
Registered investment companies	<u>1,486,664</u>	<u>-</u>	<u>-</u>	<u>1,486,664</u>
Total	<u>\$3,274,287</u>	<u>\$20,650,748</u>	<u>\$ -</u>	<u>\$23,925,035</u>

Assets at Fair Value as of December 31, 2020				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Interest-bearing cash	\$ 241,297		\$ -	\$ 241,297
U.S. government securities	-	4,563,135	-	4,563,135
Corporate debt instruments	-	18,018,612	-	18,018,612
Corporate stocks	1,905,703	-	-	1,905,703
Registered investment companies	<u>1,096,790</u>	<u>-</u>	<u>-</u>	<u>1,096,790</u>
Total	<u>\$3,243,790</u>	<u>\$22,581,747</u>	<u>\$ -</u>	<u>\$25,825,537</u>

MANSFIELD PLUMBING PRODUCTS, LLC
RETIREMENT PLAN FOR HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 9. Party-in-Interest Transactions

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. The Trustee represents a party-in-interest as they also provide administrative services to the Plan.

During 2021 and 2020, administrative expenses were paid by the Plan to the Trustee, as well as to John Hancock Retirement Plan Services, LLC, the Plan's actuary. These expenses constitute party-in-interest transactions.

Note 10. Risks and Uncertainties

The Plan holds various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Attachment to 2021 Form 5500
Schedule SB, line 26 – Schedule of Active Participant Data

Plan Name: Mansfield Plumbing Products LLC Retirement Plan for Hourly Employees
Plan Sponsor: Mansfield Plumbing Products LLC

EIN: 31-1739929
PN: 001

Schedule of Active Participant Data
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	Years of credited service										
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	Total
Attained Age	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Under 25											
25 to 29											
30 to 34				1							1
35 to 39				1	6						7
40 to 44				3	10	7	1				21
45 to 49				1	1	9	9				20
50 to 54					5	9	5	1			20
55 to 59					2	10	6	11	1		30
60 to 64				1		3	1	17			22
65 to 69								4			4
70 & up											
Total				7	24	38	22	33	1		125

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name:	Mansfield Plumbing Products LLC Retirement Plan for Hourly Employees	EIN:	31-1739929
Plan Sponsor:	Mansfield Plumbing Products LLC	PN:	001

Actuarial Cost Method**Funding Target / Target Normal Cost**

An Actuarial Cost Method is an allocation of the expected cost of a pension plan on a year-by-year basis. The primary objective of an Actuarial Cost Method is to accumulate enough assets prior to each participant's retirement to provide the promised pension benefits.

The Pension Protection Act of 2006 (PPA) mandates the use of the Traditional Unit Credit Actuarial Cost Method. Under this method, the accrued benefit is estimated based upon service and, if applicable, earnings as of the valuation date. The Funding Target is equal to the actuarial present value of all accrued benefits as of the valuation date. The Target Normal Cost is the actuarial present value, as of the valuation date, of the expected increases in projected accrued benefit attributable to service expected to be completed during the plan year (i.e. if applicable, one year's salary growth is reflected in the determination of Target Normal Cost).

For tax deduction purposes, the Funding Target may reflect the value of future pay increases on accrued benefits, if applicable.

PPA Discounting Method

The plan sponsor is responsible for making the following decisions with regard to the discounting method:

- Full yield-curve spot rates or a segmented yield-curve of 24-month average rates of corporate bond rates
- If the segmented yield curve is used, the rates as of the month of the valuation may be used or as of a lookback month up to 4 months prior to the valuation date (the full yield curve must use the rates as of the month of the valuation starting in 2010)

For purposes of this valuation, the following discounting method was used and is assumed to be approved by the plan sponsor:

- Segment rates through the month of December preceding the valuation date adjusted such that each segment rate is no less than the applicable minimum percentage* of the corresponding 25-year average segment rate for the calendar year that contains the first day of the plan year and no more than the applicable maximum percentage** of that 25-year average segment rate.

Asset Valuation Method

The Plan Assets for purposes of this Actuarial Valuation are valued under the asset averaging method, including, if applicable, discounted receivable contributions. The value of plan assets is set equal to the average of the fair market value of assets on the valuation date and the adjusted fair market value of assets (including expected earnings) determined for the two earlier annual determination dates. Expected earnings are calculated using a rate no greater than the third segment rate of the segmented yield-curve in effect at the beginning of each valuation year. The resulting average value must be constrained so that it falls between 90 and 110 percent of the fair market value of assets on the valuation date.

* The applicable minimum percentage is 85% in 2021, 95% in 2022 through 2025, 90% in 2026, 85% in 2027, 80% in 2028, 75% in 2029 and 70% in 2030 and later.

** The applicable maximum percentage is 115% in 2021, 105% in 2021 - 2025, 110% in 2026, 115% in 2027, 120% in 2028, 125% in 2029 and 130% in 2030 and later.

Attachment to 2021 Form 5500

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name:	Mansfield Plumbing Products LLC Retirement Plan for Hourly Employees	EIN:	31-1739929
Plan Sponsor:	Mansfield Plumbing Products LLC	PN:	001

Actuarial Assumptions

Actuarial Assumptions

Economic Assumptions

<u>PPA Segment Rates</u>	<u>Funding Target</u>	<u>Maximum Deductible Funding Target</u>	<u>PBGC Funding Target</u>
- Segment 1: Up to Year 5	3.32%	1.75%	1.75%
- Segment 2: Years 5-20	4.79%	3.04%	3.04%
- Segment 3: Years 20+	5.47%	3.65%	3.65%

Funding Assumed Investment Return: 6.00% (limited to PPA 3rd Segment Rate)

ASC 960 Assumed Investment Return: 6.00%

Annual rates of increase:

- Salaries	N/A
- Future Social Security wage bases	N/A
- Statutory limits on compensation and benefits	N/A

Demographic Assumptions

Mortality:

- Funding	IRS 2021 Mortality Table with Static Projections
- ASC 960	Pri-2012 Mortality Table (Total Dataset) with Generational Projection (Scale MP 2020)

Retirement:

Rates of retirement as follows:

<u>Age</u>	<u>Retirement</u>
60-61	6%
62	25%
63-64	15%
65	100%

Terminated vested participants assumed to retire at age 65.

Disability:

Illustrative rates as follows:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
20	0.03%	45	0.08%
25	0.03%	50	0.21%
30	0.03%	55	0.45%
35	0.03%	60	1.01%
40	0.04%	62	1.44%

Actuarial Assumptions

Terminations:

Illustrative annual rates of withdrawal as follows:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
20	6.58%	45	3.22%
25	5.27%	50	1.53%
30	4.83%	55	0.33%
35	4.47%	60	0.00%
40	3.84%		

Miscellaneous Assumptions

Form of Payment:

Life Annuity

Expenses:

Equal to prior year's administrative expenses and the current year's estimated PBGC premium

Percent Married:

80%

Spouse's Age:

Wives assumed to be three years younger than their husbands

MANSFIELD PLUMBING PRODUCTS, LLC
RETIREMENT PLAN FOR HOURLY EMPLOYEES

EMPLOYER NO. 31-1739929
PLAN NO. 001

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended December 31, 2021

SERIES OF SECURITY TRANSACTIONS IN EXCESS OF 5%
OF THE CURRENT VALUE OF PLAN ASSETS
AT THE BEGINNING OF THE YEAR

Total Current Value of Plan	
Assets - January 1, 2021.....	\$26,080,397
5% of Total Current Value of	
Plan Assets	\$1,304,020

Identity of (a) <u>Party</u>	(b) <u>Description of Asset</u>	Purchase (c) <u>Price</u>	Selling (d) <u>Price</u>	Lease (e) <u>Rental</u>	Expenses Incurred With (f) <u>Transaction</u>	Cost of (g) <u>Asset</u>	Current Value of Assets on Transaction (h) <u>Date</u>	Net Gain or (i) <u>Loss</u>
John Hancock	Allspring Allspring Govt Money Market A	N/A	\$1,747,204	N/A	\$ -	\$ 1,747,204	\$ 1,747,204	\$ -
John Hancock	Allspring Allspring Govt Money Market A	\$1,784,878	N/A	N/A	-	N/A	1,784,878	N/A

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan MANSFIELD PLUMBING PRODUCTS LLC RETIREMENT PLAN FOR HOURLY EMPLOYEES	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MANSFIELD PLUMBING PRODUCTS LLC	D Employer Identification Number (EIN) 31-1739929	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information				
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>				
2 Assets:				
a Market value	2a	26,080,396		
b Actuarial value	2b	24,203,757		
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	
a For retired participants and beneficiaries receiving payment	448	14,211,835	14,211,835	
b For terminated vested participants	284	5,822,166	5,822,166	
c For active participants	125	3,100,750	3,176,526	
d Total	857	23,134,751	23,210,527	
4 If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐				
a Funding target disregarding prescribed at-risk assumptions	4a			
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b			
5 Effective interest rate	5	4.92%		
6 Target normal cost				
a Present value of current plan year accruals	6a	0		
b Expected plan-related expenses	6b	415,943		
c Total (line 6a + line 6b)	6c	415,943		

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary	9/22/2022 Date
	JEANNINE JODHAN Type or print name of actuary	2007262 Most recent enrollment number
	JOHN HANCOCK Firm name	781-619-2000 Telephone number (including area code)
	200 BERKELEY STREET BOSTON MA 02116 Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2021
v. 201209

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>13.64</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.34</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	104.27%
15 Adjusted funding target attainment percentage	15	104.27%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	107.17%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c)
0					
19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:					
a Contributions allocated toward unpaid minimum required contributions from prior years				19a	0
b Contributions made to avoid restrictions adjusted to valuation date				19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date				19c	0
20 Quarterly contributions and liquidity shortfalls:					
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No					
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No					
c If line 20a is "Yes," see instructions and complete the following table as applicable:					
Liquidity shortfall as of end of quarter of this plan year					
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th		

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 3.32 %	2nd segment: 4.79 %	3rd segment: 5.47 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	415,943	
b Excess assets, if applicable, but not greater than line 31a	31b	415,943	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Attachment to 2021 Form 5500

Schedule SB, line 22 – Description of Weighted Average Retirement Age

Plan Name:	Mansfield Plumbing Products LLC Retirement Plan for Hourly Employees	EIN:	31-1739929
Plan Sponsor:	Mansfield Plumbing Products LLC	PN:	001

Description of Weighted Average Retirement Age

<u>Age</u>	<u>Expected Active Headcount</u>	<u>Retirement Rate</u>	<u>Expected Retirements</u>	<u>Weighted Age</u>
60	85.3489	0.0600	5.1209	307.2560
61	87.0414	0.0593	5.1625	314.9115
62	81.4461	0.2500	20.3615	1,262.4140
63	62.5172	0.1500	9.3776	590.7873
64	58.7231	0.1500	8.8085	563.7422
65	51.3758	1.0000	51.3758	3,339.4246
66	1.0000	1.0000	1.0000	66.0000
67	0.0000	1.0000	0.0000	0.0000
68	0.0000	1.0000	0.0000	0.0000
69	1.0000	1.0000	1.0000	69.0000
Total			102.2067	6,513.5355
Average				63.73

Attachment to 2021 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Mansfield Plumbing Products LLC Retirement Plan for Hourly
Employees
Plan Sponsor: Mansfield Plumbing Products LLC

EIN: 31-1739929
PN: 001

Summary of Plan Provisions

Summary of Plan Provisions

Employee: Perrysville Employees compensated on an hourly basis at the Company's plants in Perrysville or Big Prairie, Ohio. Walnut and Kilgore operations ceased in 2000 and 2002 respectively. There are no new participants from these locations. Employees who were vested participants at the time operations ceased and have not been paid their benefits in full are still participants of the plan.

Eligibility Requirements: Perrysville: One Year of Service

Plan Entry Date: An eligible employee will enter the plan on the first day of the month following completion of the eligibility requirements. Plan entry was frozen effective July 31, 2008.

Year of Service: 12-consecutive month computation period in which an employee is credited with 1,000 or more hours of service. The computation period is measured on the employee's anniversary date for all active employees. No further benefit service will accrue after July 31, 2008.

Normal Retirement Date: First of month coincident with or following attainment of age 65. Former Kilgore Employees are also required to have five years of vesting service.

Normal Retirement Benefit:	<u>Perrysville</u>	
	<u>Retirement Date</u>	<u>Amount Per Year of Credited Service</u>
	1/1/97 – 12/31/98	\$16.00
	1/1/1998	\$17.00
	1/1/1999	\$18.00
	1/1/2000	\$19.00
	1/1/2001	\$20.00
	1/1/2002	\$20.50
	1/1/2003 and later	\$21.00

Summary of Plan Provisions

Kilgore

<u>Retirement Date</u>	<u>Amount Per Year of Credited Service</u>
1/1/97 – 12/31/98	\$16.50
1/1/1999	\$17.00
1/1/2000	\$17.50
1/1/2001	\$18.00
1/1/2002 and later	\$18.50

Walnut

<u>Retirement Date</u>	<u>Amount Per Year of Credited Service</u>
5/1/95 – 12/1/96	\$16.50
1/1/97 – 12/31/98	\$17.00
1/1/99 – 12/31/99	\$17.50
1/1/00 and later	\$18.00

Accrued benefits were frozen effective April 6, 2000 for Walnut Employees, May 31, 2002 for Kilgore Employees and July 31, 2008 for Mansfield (Perrysville) Employees.

Early Retirement Benefit:

Perrysville

Age 55 or later and 15 years of service. Benefit determined under the same formula as for normal retirement but based on credited service to early retirement date, reduced for earlier commencement by $1 / 180^{\text{th}}$ for each of the first 60 months by which commencement date precedes normal retirement date and by $1 / 360^{\text{th}}$ for the each of the next 60 months.

Kilgore

Age 60 or later and 10 years of vesting service. Benefit determined under same formula as for normal retirement but based on benefit service to early retirement date, reduced for earlier commencement by .6% for each month commencement date precedes normal retirement date. No reduction if age 60 or older with 30 or more years of credited service.

SUPPLEMENTAL SCHEDULES

MANSFIELD PLUMBING PRODUCTS, LLC
RETIREMENT PLAN FOR HOURLY EMPLOYEES

EMPLOYER NO. 31-1739929
PLAN NO. 001

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

December 31, 2021

(a)	(b) <u>Identity of Party</u>	(c) <u>Description of Investment</u>	No. of <u>Units/Shares</u>	(d) <u>Cost</u>	Current (e) <u>Value</u>
		Cash and cash equivalents:			
	Morgan Stanley	Morgan Stanley Bank NA	1,344.700	\$ 1,345	\$ 1,345
	BNY Mellon	Cash	678.310	678	678
	Morgan Stanley	Morgan Stanley Private Bank NA	83.950	84	84
		Total cash and cash equivalents			2,107
		U.S. government securities:			
	BNY Mellon	U.S. Treasury Bd Cpn Strip 0.000% 08/15/2047 Dd 08/15/17	3,175,000.000	1,292,433	1,885,456
	BNY Mellon	U.S. Treasury Bd Cpn Strip 0.000% 08/15/2043 Dd 08/15/13	570,000.000	262,052	362,846
	BNY Mellon	U.S. Treasury Bd Cpn Strip 0.000% 08/15/2044 Dd 08/15/14	535,000.000	238,685	334,962
	BNY Mellon	U.S. Treasury Bd Cpn Strip 0.000% 08/15/2045 Dd 08/17/15	495,000.000	214,840	303,768
	BNY Mellon	U.S. Treasury Bd Cpn Strip 0.000% 08/15/2046 Dd 08/15/16	465,000.000	197,244	279,510
	BNY Mellon	U.S. Treasury Bd Cpn Strip 0.000% 08/15/2042 Dd 08/15/12	310,000.000	147,507	201,878
	BNY Mellon	U.S. Treasury Bond 1.750% 08/15/2041 Dd 08/15/21	205,000.000	199,010	199,395
	BNY Mellon	U.S. Treasury Bond 2.250% 05/15/2041 Dd 05/15/21	165,000.000	171,499	173,843
	BNY Mellon	U.S. Treasury Note 1.250% 08/15/2031 Dd 08/15/21	160,000.000	156,341	156,625
	BNY Mellon	U.S. Treasury Note 1.250% 11/30/2026 Dd 11/30/21	115,000.000	115,036	115,000
	BNY Mellon	U.S. Treasury Bond 1.375% 08/15/2050 Dd 08/15/20	115,000.000	104,911	101,218
	BNY Mellon	U.S. Treasury Note 1.375% 11/15/2031 Dd 11/15/21	75,000.000	74,836	74,145
	BNY Mellon	U.S. Treasury Bond 1.625% 11/15/2050 Dd 11/15/20	55,000.000	49,337	51,483
	BNY Mellon	U.S. Treasury Bond 1.875% 02/15/2051 Dd 2/15/21	50,000.000	49,066	49,695
	BNY Mellon	U.S. Treasury Note .750% 04/30/2026 Dd 04/30/21	40,000.000	39,847	39,228
					4,329,052
		Corporate debt instruments:			
	BNY Mellon	Microsoft Corp 2.921% 03/17/2052 Dd 03/17/21	310,000.000	312,940	330,470
	BNY Mellon	Oracle Corp 3.800% 11/15/2037 Dd 11/09/17	305,000.000	307,569	319,180
	BNY Mellon	Apple Inc 4.375% 05/13/2045 Dd 05/13/15	245,000.000	258,407	309,937
	BNY Mellon	Allstate Corp 4.200% 12/15/2046 Dd 12/08/16	200,000.000	205,090	240,859
	BNY Mellon	Commonwealth Edison Co 2.550% 06/15/2026	225,000.000	209,212	235,292
	BNY Mellon	Jpmorgan Chase & Co Var Rt 07/24/2038 Dd 07/24/17	205,000.000	208,225	233,173
	BNY Mellon	Unitedhealth Group Inc 4.625% 07/15/2035 Dd 07/23/15	185,000.000	195,054	231,584
	BNY Mellon	Ppl Electric Utilities Corp 4.750% 07/15/2043 Dd 07/11/13	180,000.000	208,116	228,343
	BNY Mellon	Public Service Electric and Ga 3.650% 09/01/2028 Dd 09/07/18	205,000.000	204,967	225,158
	BNY Mellon	Duke Energy Florida Llc 3.200% 01/15/2027 Dd 01/06/17	210,000.000	200,069	223,541
	BNY Mellon	Ameren Illinois Co 3.700% 12/01/2047 Dd 11/28/17	195,000.000	194,025	222,078
	BNY Mellon	Jpmorgan Chase & Co 3.900% 07/15/2025 Dd 07/21/15	200,000.000	201,440	216,502
	BNY Mellon	Comcast Corp 4.250% 01/15/2033 Dd	180,000.000	184,158	210,938
	BNY Mellon	Bank of America Corp Var Rt 06/14/2029 Dd 06/14/21	210,000.000	213,352	208,702
	BNY Mellon	Franklin Resources Inc 1.600% 10/30/2030 Dd 10/19/20	220,000.000	210,624	208,044
	BNY Mellon	National Rural Utilities Coope 3.050% 04/25/2027 Dd 04/25/17	195,000.000	186,884	207,201
	BNY Mellon	Wells Fargo & Co 4.300% 07/22/2027 Dd 07/22/15	180,000.000	204,376	200,664
	BNY Mellon	Mastercard Inc 3.650% 06/01/2049 Dd 05/31/19	165,000.000	177,134	191,652
	BNY Mellon	Home Depot Inc/The 4.500% 12/06/2048 Dd 12/06/18	140,000.000	159,299	181,632
	BNY Mellon	Siemens Financieringsmaat 144a 3.400% 03/16/2027 Dd 03/16/17	167,000.000	163,812	180,091
	BNY Mellon	Spectra Energy Partners Lp 4.750% 03/15/2024 Dd 09/25/13	165,000.000	173,208	175,798
	BNY Mellon	Intel Corp 3.734% 12/08/2047 Dd 06/08/18	150,000.000	146,012	171,447
	BNY Mellon	United Parcel Service Inc 3.750% 11/15/2047 Dd 11/14/17	140,000.000	137,261	167,053
	BNY Mellon	Johnson & Johnson 4.375% 12/05/2033 Dd 12/05/13	135,000.000	157,581	166,805
	BNY Mellon	Pfizer Inc 4.000% 03/15/2049 Dd 03/11/19	135,000.000	143,705	164,980
	BNY Mellon	American Honda Finance Corp 0.650% 09/08/2023 Dd 09/10/20	165,000.000	165,076	164,517
	BNY Mellon	Goldman Sachs Group Inc/The Var Rt 01/27/2032 Dd 01/27/21	170,000.000	164,797	163,177
	BNY Mellon	Amazon.com Inc 2.500% 06/03/2050 Dd 06/03/20	170,000.000	170,224	162,529
	BNY Mellon	Dte Electric Co 2.950% 03/01/2050 Dd 02/26/20	160,000.000	169,378	161,828

MANSFIELD PLUMBING PRODUCTS, LLC
RETIREMENT PLAN FOR HOURLY EMPLOYEES

EMPLOYER NO. 31-1739929
PLAN NO. 001

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

December 31, 2021

(a)	(b) Identity of Party	(c) Description of Investment	No. of Units/Shares	(d) Cost	Current (e) Value
	BNY Mellon	Burlington Northern Santa Fe 5.150% 09/01/2043 Dd 08/22/13	120,000.000	143,545	161,172
	BNY Mellon	slg Office Trust 20 OVA A 144A 2.585% 07/15/2041 Dd 06/1/21	150,000.000	155,416	153,615
	BNY Mellon	General Motors Financial Co In 3.250% 01/05/2023 Dd 01/05/18	150,000.000	154,329	153,299
	BNY Mellon	Energy Transfer LP 3.900% 07/15/2026 Dd 07/12/16	140,000.000	153,016	150,492
	BNY Mellon	Fremf 2016-k723 Mo K723 C 144a Var Rt 11/25/2023 Dd 11/01/16	140,000.000	138,863	143,374
	BNY Mellon	Midamerican Energy Co 4.800% 09/15/2043 Dd 09/19/13	112,000.000	129,120	143,183
	BNY Mellon	Pepsico Inc 2.750% 10/21/2051 Dd 10/21/21	130,000.000	127,691	133,779
	BNY Mellon	California St 7.300% 10/01/2039 Dd 10/15/09	85,000.000	135,736	133,349
	BNY Mellon	Welltower Inc 3.625% 03/15/2024 Dd 02/15/19	125,000.000	127,979	131,484
	BNY Mellon	Walmart Inc 4.050% 06/29/2048 Dd 06/27/18	100,000.000	98,699	127,541
	BNY Mellon	New York Life Insurance C 144a 3.750% 05/15/2050 Dd 04/14/20	110,000.000	121,465	125,651
	BNY Mellon	Consolidated Edison Co of New 4.200% 03/15/2042 Dd 03/13/2012	110,000.000	104,532	124,390
	BNY Mellon	Conagra Brands Inc 1.375% 11/01/2027	130,000.000	129,376	124,244
	BNY Mellon	Verizon Communications Inc 4.016% 12/03/2029 Dd 06/03/19	110,000.000	110,196	123,434
	BNY Mellon	Fifth Third Bankcorp 4.300% 01/16/2024 Dd 11/20/13	115,000.000	125,466	121,623
	BNY Mellon	Southwestern Public Service Co 4.500% 08/15/2041 Dd 08/10/11	100,000.000	108,262	121,488
	BNY Mellon	Shell International Finance Bv 2.500% 09/12/2026 Dd 09/12/16	115,000.000	107,167	120,379
	BNY Mellon	Pacificorp 6.250% 10/15/2037 Dd 10/03/07	85,000.000	110,126	118,385
	BNY Mellon	Equinor Asa 3.950% 05/15/2043 Dd 05/15/13	100,000.000	98,790	116,595
	BNY Mellon	Cvs Health Corp 3.000% 08/15/2026 Dd 08/15/19	110,000.000	110,855	116,218
	BNY Mellon	Gilead Sciences Inc 4.000% 09/01/2036 Dd 09/20/16	100,000.000	121,735	115,194
	BNY Mellon	Florida Power & Light Co 5.250% 02/01/2041 Dd 12/09/10	85,000.000	100,490	114,209
	BNY Mellon	Apple Inc 3.350% 02/09/2027 Dd 02/09/17	105,000.000	103,612	114,024
	BNY Mellon	Loews Corp 3.750% 04/01/2026 Dd 03/22/16	105,000.000	104,119	113,551
	BNY Mellon	American Tower Corp 2.750% 01/15/2027 Dd 10/03/19	110,000.000	110,011	113,443
	BNY Mellon	Pnc Bank Na 4.050% 07/26/2028 Dd 07/26/18	100,000.000	100,368	112,210
	BNY Mellon	Tencent Holdings Ltd 144a 2.985% 01/19/2023 Dd 01/19/18	110,000.000	106,381	111,819
	BNY Mellon	Consumer Energy Co 3.250% 08/15/2046 Dd 08/10/16	105,000.000	102,010	111,499
	BNY Mellon	Benchmark 2020-IG2 IG2 B 144 A Var Rt 09/01/2048 Dd 05/01/20	110,000.000	116,145	111,155
	BNY Mellon	Bp Capital Markets America Inc 3.119% 05/04/2026 Dd 11/04/18	105,000.000	100,164	111,067
	BNY Mellon	Medtronic Inc 4.375% 03/15/2035 Dd 03/15/15	90,000.000	99,763	110,871
	BNY Mellon	Westpac Banking Corp 2.850% 05/13/2026 Dd 05/13/16	105,000.000	109,578	110,642
	BNY Mellon	Dupont De Nemours Inc 4.493% 11/15/2025 Dd 11/28/18	100,000.000	102,287	110,545
	BNY Mellon	Oncor Electric Delivery Co Llc 3.800% 06/01/2049 Dd 05/23/19	95,000.000	98,377	110,232
	BNY Mellon	Anthem Inc 3.650% 12/01/2027 Dd 11/21/17	100,000.000	96,404	109,780
	BNY Mellon	Hsbc Holdings Plc 4.375% 11/23/2026 Dd 11/23/16	100,000.000	111,348	109,772
	BNY Mellon	Banco Santander Sa 3.848% 04/12/2023 Dd 04/12/18	105,000.000	106,406	108,619
	BNY Mellon	Charles Schwab Corp/The 3.850% 05/21/2025 Dd 05/22/18	100,000.000	100,403	107,794
	BNY Mellon	Boston Gas Co 144a 3.001% 08/01/2029 Dd 07/29/19	105,000.000	107,437	107,124
	BNY Mellon	Georgia Power Co 2.650% 09/15/2029 Dd 09/10/19	105,000.000	104,871	107,113
	BNY Mellon	Intercontinental Exchange Inc 2.650% 09/15/2040 Dd 08/20/20	110,000.000	109,218	106,219
	BNY Mellon	Equinor Asa 1.750% 01/22/2026 Dd 05/22/20	105,000.000	108,396	105,689
	BNY Mellon	Conocophillips Co 6.950% 04/15/2029	80,000.000	107,685	105,337
	BNY Mellon	Capital One Financial 3.900% 01/29/2024 Dd	100,000.000	102,081	105,249
	BNY Mellon	Alibaba Group Holdings Ltd 3.600% 11/28/2024 Dd 05/28/15	100,000.000	100,883	105,214
	BNY Mellon	Verizon Communications Inc 4.400% 11/01/2034 Dd 10/29/14	90,000.000	113,855	104,972
	BNY Mellon	Ventas Realty Lp 3.750% 05/01/2024 Dd 04/17/14	100,000.000	99,747	104,744
	BNY Mellon	Cisco Systems Inc 5.500% 01/15/2040 Dd 11/17/09	75,000.000	107,000	104,689
	BNY Mellon	Telefonica Emisiones SA 4.103% 03/8/2027 Dd 03/08/17	95,000.000	109,543	104,631
	BNY Mellon	Ventas Realty Lp 3.500% 04/15/2024 Dd 02/26/19	100,000.000	104,816	104,578
	BNY Mellon	Barclays Plc Var Rt 12/10/2024 Dd 12/10/20	105,000.000	105,155	104,246
	BNY Mellon	3m Co 3.375% 03/01/2029 Dd 02/22/19	95,000.000	97,426	103,120
	BNY Mellon	Bnp Paribas Sa 144a Var Rt 01/13/2031 Dd 01/13/20	100,000.000	104,137	102,970

MANSFIELD PLUMBING PRODUCTS, LLC
RETIREMENT PLAN FOR HOURLY EMPLOYEES

EMPLOYER NO. 31-1739929
PLAN NO. 001

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

December 31, 2021

(a) Identity of (b) <u>Party</u>	(c) <u>Description of Investment</u>	No. of <u>Units/Shares</u>	(d) <u>Cost</u>	Current (e) <u>Value</u>
BNY Mellon	Simon Property Group Lp 3.375% 06/15/2027 Dd 06/01/17	95,000.000	93,371	101,958
BNY Mellon	Citigroup Inc Var Rt 01/29/2031 Dd 01/29/2020	10,000.000	101,554	101,615
BNY Mellon	Metropolitan Life Global 144a 3.050% 06/17/2029 Dd 06/17/19	95,000.000	95,139	101,524
BNY Mellon	Kinder Morgan Energy Partners 3.950% 09/01/2022 Dd 03/14/12	100,000.000	105,408	101,341
BNY Mellon	Kinder Morgan Energy Partners 4.250% 09/01/2024 Dd 09/11/14	95,000.000	103,481	101,286
BNY Mellon	Jpmcc Re-remic Frr2 Ak39 144a Var Rt 08/27/2047 Dd 06/01/15	100,000.000	88,735	99,916
BNY Mellon	Aviation Capital Group 3.875% 05/01/2023 Dd 05/01/18	95,000.000	97,164	97,797
BNY Mellon	Aercap Ireland Capital DAC A 1.650% 10/29/2024 Dd 10/29/21	95,000.000	95,287	94,849
BNY Mellon	Anheuser-busch Inbev Worldwide 4.150% 01/23/2025 Dd 01/23/19	80,000.000	94,117	93,191
BNY Mellon	Electricite De France Sa 144a 4.950% 10/13/2045 Dd 10/13/15	74,000.000	81,698	93,147
BNY Mellon	Truist Bank Var Rt 09/17/2029 Dd 09/16/19	90,000.000	89,697	92,559
BNY Mellon	Walt Disney Co/The 2.00% 09/01/2029 Dd 09/06/19	90,000.000	89,766	89,611
BNY Mellon	Lloyds Banking Group Plc 4.050% 08/16/2023 Dd 08/16/18	85,000.000	92,274	89,064
BNY Mellon	Kimco Realty Corp 2.800% 10/01/2026 Dd 08/18/16	85,000.000	84,028	88,394
BNY Mellon	Exxon Mobil Corp 2.440% 08/16/2029 Dd 08/16/19	85,000.000	85,598	87,261
BNY Mellon	Bank of America Corp Var Rt 04/24/2028 Dd 04/24/17	80,000.000	87,252	86,874
BNY Mellon	American International Group I 3.400% 06/30/2030 Dd 05/11/20	80,000.000	81,790	86,595
BNY Mellon	Total Capital International Sa 2.829% 01/10/2030 Dd 07/10/19	80,000.000	80,072	83,846
BNY Mellon	Abbvie Inc 3.200% 11/21/2029 Dd 05/21/2020	75,000.000	80,807	80,264
BNY Mellon	Florida Power & Light Co 4.050% 10/01/2044 Dd 09/10/14	60,000.000	74,948	71,306
BNY Mellon	Nevada Power Co 3.700% 05/01/2029 Dd 01/30/19	65,000.000	67,326	71,178
BNY Mellon	Cigna Corp 2.400% 03/15/2030 Dd 03/16/20	70,000.000	74,310	70,638
BNY Mellon	John Deere Capital Corp 2.800% 07/18/2029 Dd 07/18/19	65,000.000	67,404	68,620
BNY Mellon	Prudential Financial Inc 3.000% 03/10/2040 Dd 03/10/20	65,000.000	68,932	66,792
BNY Mellon	Manulife Financial Corp 02/24/2032 Dd 02/24/17	60,000.000	66,430	64,592
BNY Mellon	Lowe's Cos Inc 4.500% 04/15/2030 Dd 03/26/20	55,000.000	69,026	63,904
BNY Mellon	Fremf 2016-k53 Mort K53 C 144a Var Rt 03/25/2049 Dd 03/01/16	60,000.000	57,837	62,805
BNY Mellon	Merck & Co Inc 2.450% 06/24/2050 Dd 06/24/20	65,000.000	63,296	61,492
BNY Mellon	General Dynamics Corp 4.250% 04/01/2040 Dd 03/25/20	50,000.000	63,190	61,211
BNY Mellon	Prologis Lp 1.250% 10/15/2030 Dd 08/20/20	65,000.000	64,181	60,517
BNY Mellon	Southern California Edison Co 4.650% 10/01/2043 Dd 10/02/13	50,000.000	56,242	58,558
BNY Mellon	Walt Disney Co/The 2.750% 09/01/2049 Dd 09/06/19	60,000.000	62,777	58,281
BNY Mellon	Fremf 2016-k60 Mort K60 C 144a Var Rt 12/25/2049 Dd 12/01/16	55,000.000	53,389	57,191
BNY Mellon	Centerpoint Energy Resources 1.750% 10/01/2030 Dd 10/01/20	60,000.000	56,045	56,896
BNY Mellon	Mill City Mortgage L 2 M3 144a Var Rt 07/25/2059 Dd 06/01/17	55,000.000	55,550	56,885
BNY Mellon	Abbvie Inc 3.200% 11/06/2022 Dd 05/14/15	55,000.000	54,370	55,930
BNY Mellon	Walmart Inc 2.500% 09/22/2041 Dd 09/22/21	55,000.000	55,000	55,620
BNY Mellon	Eli Lilly & Co 2.250% 05/15/2050 Dd 05/05/20	60,000.000	55,375	55,108
BNY Mellon	VMWARE Inc 4.500% 05/15/2025 Dd 04/07/20	50,000.000	55,933	54,469
BNY Mellon	Natwest Group PLC Var Rt 06/14/2027 Dd 06/14/21	55,000.000	55,074	54,276
BNY Mellon	Hyundai Capital America 144A 1.000% 09/17/2024 Dd 09/17/21	55,000.000	54,901	54,061
BNY Mellon	Belrose Funding Trust 144a 2.330% 08/15/2030 Dd 08/18/20	55,000.000	55,120	53,984
BNY Mellon	Comcast Corp 3.400% 07/15/2046 Dd 07/19/16	50,000.000	54,369	53,147
BNY Mellon	Toronto-dominion Bank/The 3.250% 03/11/2024 Dd 03/11/19	50,000.000	52,254	52,259
BNY Mellon	Cameron Lng Llc 144a 2.902% 07/15/2031 Dd 12/13/19	50,000.000	50,115	52,115
BNY Mellon	Omnicom Group Inc 2.600% 08/01/2031 Dd 05/03/21	50,000.000	50,129	50,724
BNY Mellon	Aflac Inc 3.600% 04/01/2030 Dd 04/01/20	45,000.000	50,103	49,652
BNY Mellon	Penske Truck Leasing Co L 144A 1.700% 06/15/2026 Dd 04/13/21	50,000.000	49,990	49,452
BNY Mellon	Costco Wholesale Corp 1.600% 04/20/2030 Dd 04/20/20	50,000.000	49,913	48,489
BNY Mellon	Bank of America Corp Var Rt 06/19/2041 Dd 06/19/20	50,000.000	48,652	48,262
BNY Mellon	Corporate Office Properties 2.000% 01/15/2029 Dd 08/11/21	50,000.000	48,705	48,115
BNY Mellon	John Deere Capital Corp 2.650% 06/10/2026 Dd 06/10/16	45,000.000	41,724	47,071
BNY Mellon	Trustees of Princeton Universi 2.516% 07/01/2050 Dd 06/15/20	45,000.000	46,819	45,138
BNY Mellon	Duke Energy Indiana Llc 3.750% 05/15/2046 Dd 05/12/16	40,000.000	43,560	44,717

MANSFIELD PLUMBING PRODUCTS, LLC
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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2021

(a)	(b) Identity of Party	(c) Description of Investment	No. of Units/Shares	(d) Cost	Current (e) Value
	BNY Mellon	At&t Inc. 1.650% 02/01/2028 Dd 08/04/20	45,000.000	45,595	44,083
	BNY Mellon	General Motors Financial Co In 3.550% 07/08/2022 Dd 04/08/19	40,000.000	39,975	40,581
	BNY Mellon	Lowe's Cos Inc 1.700% 10/15/2030 Dd 10/22/20	40,000.000	39,880	38,046
	BNY Mellon	At&t Inc 3.650% 06/01/2051 Dd 05/28/20	30,000.000	35,092	33,726
	BNY Mellon	Chubb Ina Holdings Inc 4.350% 11/03/2045 Dd 11/03/15	25,000.000	29,038	31,013
	BNY Mellon	American Honda Finance Corp 1.000% 09/10/2025 Dd 09/10/20	30,000.000	29,999	29,532
	BNY Mellon	American Express Co 3.400% 02/22/2024 Dd 02/22/19	20,000.000	19,977	20,977
		Total corporate debt instruments			16,321,696
		Corporate stocks:			
	Morgan Stanley	Vanguard Index FDS S&P 500 Eft	1,291.000	412,934	563,612
	Morgan Stanley	Vanguard Intl Equity Index Fd	8,246.000	400,198	505,315
	Morgan Stanley	iShares S&P MidCap 400 Index	546.000	94,671	154,562
	Morgan Stanley	Vanguard FTSE Emerging Markets	2,500.000	99,266	123,650
	Morgan Stanley	iShares S&P SmallCap Index	879.000	61,111	100,654
	BNY Mellon	Alphabet Inc Cl A	9.000	8,998	26,073
	BNY Mellon	Medtronic Plc	236.000	21,229	24,414
	BNY Mellon	Fiserv Inc	235.000	22,320	24,391
	BNY Mellon	Sysco Corp	294.000	22,723	23,094
	BNY Mellon	Analog Devices Inc	125.000	12,141	21,971
	BNY Mellon	Public Storage	47.000	9,792	17,604
	BNY Mellon	Crown Castle International Cor	83.000	12,663	17,325
	BNY Mellon	Waste Management Inc	103.000	10,253	17,191
	BNY Mellon	Dollar Tree Inc	120.000	11,391	16,862
	BNY Mellon	Intercontinental Exchange Inc	119.000	9,642	16,276
	BNY Mellon	Skyworks Solutions Inc	104.000	11,580	16,134
	BNY Mellon	S&P Global Inc	32.000	6,067	15,102
	BNY Mellon	LKQ Corp	242.000	9,823	14,527
	BNY Mellon	Vulcan Materials Co	60.000	7,294	12,455
	BNY Mellon	Lowe's Cos Inc	42.000	3,942	10,856
	BNY Mellon	Otis Worldwide Corp	120.000	9,896	10,448
	BNY Mellon	Visa Inc	41.000	7,091	8,885
	BNY Mellon	Armstrong World Industries Inc	75.000	5,692	8,709
	BNY Mellon	Verisk Analytics Inc	36.000	6,439	8,234
	BNY Mellon	Norfolk Southern Corp	21.000	3,553	6,252
	BNY Mellon	Verisign Inc	22.000	4,397	5,584
	BNY Mellon	Liveramp Holdings Inc.	100.000	4,916	4,795
	BNY Mellon	CDW Cord/De	21.000	2,232	4,300
	BNY Mellon	Sotera Health Co	181.000	4,798	4,262
	BNY Mellon	Electronic Arts Inc	15.000	1,369	1,979
		Total corporate stocks			1,785,516
		Registered investment companies:			
	BNY Mellon	Fidelity Inv Mmkt Treas 680	379,645.320	379,646	379,646
	Morgan Stanley	Edgewood Growth Instl	5,241.990	144,490	317,088
	Allspring Global	Allspring Govt Money Market A	276,694.400	276,694	276,694
	Virtus Vontobel	Virtus Vontobel Foreign Opps I	9,389.630	264,391	275,022
	Oakmark	Oakmark Global Select Fd Inst	10,489.367	263,978	238,214
		Total registered investment companies			1,486,664
					<u>\$23,925,035</u>