

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 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>CALIFORNIA FAUCETS, INC. 401(K) PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>05/01/1999</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>05/01/1999</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>05/01/1999</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>CALIFORNIA FAUCETS, INC.</u> <u>5271 ARGOSY DRIVE</u> <u>HUNTINGTON BEACH, CA 92649-1015</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>33-0294654</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>714-891-7797</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>423700</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>33-0294654</u>	2c Plan Sponsor's telephone number <u>714-891-7797</u>	2d Business code (see instructions) <u>423700</u>	
2b Employer Identification Number (EIN) <u>33-0294654</u>					
2c Plan Sponsor's telephone number <u>714-891-7797</u>					
2d Business code (see instructions) <u>423700</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2022	JEFF SILVERSTEIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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	
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	201
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	169
a(2) Total number of active participants at the end of the plan year		6a(2)	152
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	48
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	200
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	4
f Total. Add lines 6d and 6e		6f	204
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	192
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	21
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2H 2J 2K			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 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 CALIFORNIA FAUCETS, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CALIFORNIA FAUCETS, INC.	D Employer Identification Number (EIN) 33-0294654	

Part I	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)

RAYMOND JAMES & ASSOCIATES

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	CUSTODIAN	19826	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

PACIFIC BENEFIT SERVICES, INC.

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

95-4746986

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
70	THIRD PARTY ADMINISTRATOR	13800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CALIBER AUDIT AND ATTEST LLP

805 AEROVISTA PLACE
SAN LUIS OBISPO, CA 93401

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	13000	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)

THE VANGUARD GROUP

P.O. BOX 2600
VALLEY FORGE, PA 19482

23-1945930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19	CUSTODIAN	8100	Yes ☒ No ☐	Yes ☒ No ☐	0	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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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		
A Name of plan CALIFORNIA FAUCETS, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 CALIFORNIA FAUCETS, INC.		
D Employer Identification Number (EIN) 33-0294654		

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	326208	367876
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	156154	111662
(2) U.S. Government securities	1c(2)	87541	111698
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	259174	399162
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	361088	414962
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	46498	41610
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts.....	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3211252	4137855
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other.....	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	4447915	5584825

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	36	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	36	0

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	4447879	5584825
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	367876	
(B) Participants	2a(1)(B)	367145	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)	0	735021
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	2494	
(F) Other	2b(1)(F)	6596	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		9090
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	137687	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		137687
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1136704	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1054818	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		81886
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	303786	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		303786

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		0
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		1267470
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	64397	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		64397
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		10721
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	27080	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	27926	
(4) Other.....	2i(4)	400	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		55406
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		130524
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		1136946
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CALIBER AUDIT & ATTEST, LLP

(2) EIN: 26-2350873

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

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

Part IV Compliance Questions

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

During the plan year:

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		444788
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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

A Name of plan CALIFORNIA FAUCETS, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 CALIFORNIA FAUCETS, INC.	D Employer Identification Number (EIN) 33-0294654

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 83-0489708		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

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

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

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

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 _____

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

Financial Statements

December 31, 2021 and 2020

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Independent Auditors' Report

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

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 California Faucets, Inc. 401(k) Profit Sharing 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 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 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 to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor'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 3 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.
- the information in the accompanying 2021 financial statements related to assets held by and certified to 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).



Independent Auditors' Report – Continued

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 California Faucets, Inc. 401(k) Profit Sharing 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 accounting principles generally accepted in the United States of America, 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 California Faucets, Inc. 401(k) Profit Sharing Plan's ability to continue as a going concern for one year after the date 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 for 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.



Independent Auditors' Report – Continued

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 California Faucets, Inc. 401(k) Profit Sharing 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 California Faucets, Inc. 401(k) Profit Sharing 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 accounting principles generally accepted in the United States of America.

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 accounting principles generally accepted in the United States of America.

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.

Other Matters

2021 Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2021, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived



Independent Auditors' Report - Continued

from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to 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 schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to 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 California Faucets, Inc. 401(k) Profit Sharing Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor'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 11, 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Caliber Audit & Attest, LLP

San Luis Obispo, California
October 13, 2022

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

***Statements of Net Assets Available for Benefits
December 31, 2021 and 2020***

	<u>2021</u>	<u>2020</u>
<i>ASSETS</i>		
<i>Investments at fair value (See Notes 4 and 5)</i>	<u>\$ 5,175,339</u>	<u>\$ 4,075,209</u>
<i>Receivables</i>		
Employer safe harbor matching contribution	217,876	176,208
Employer profit sharing contribution	150,000	150,000
Notes receivable from participants	41,610	46,483
Total receivables	<u>409,486</u>	<u>372,691</u>
Total assets	<u>5,584,825</u>	<u>4,447,900</u>
<i>LIABILITIES</i>		
Total liabilities	<u>-</u>	<u>-</u>
<i>NET ASSETS AVAILABLE FOR BENEFITS</i>	<u>\$ 5,584,825</u>	<u>\$ 4,447,900</u>

See Notes to Financial Statements.

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

***Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2021***

Additions to net assets attributed to:

Investment income:	
Net appreciation in fair value of investments	\$ 402,387
Dividend and interest income	127,567
Total investment income	<u>529,954</u>
Interest on notes receivable from participants	<u>2,494</u>
Contributions:	
Participant	367,125
Employer safe harbor matching	217,876
Employer profit sharing	150,000
Total contributions	<u>735,001</u>
Total additions	<u>1,267,449</u>

Deductions from net assets attributed to:

Benefits paid to participants	75,118
Administrative fees	<u>55,406</u>
Total deductions	<u>130,524</u>
Net increase	1,136,925

Net assets available for benefits:

Beginning of year	<u>4,447,900</u>
End of year	<u>\$ 5,584,825</u>

See Notes to Financial Statements.

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

Notes to Financial Statements

Note 1. Plan Description

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

General:

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

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

Plan administration:

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

The custodian, Ascensus Trust Company, in partnership with Vanguard, has been granted discretionary authority to invest and reinvest the participant directed assets of the Plan, subject to the investment discretion of the individual participants over the participant contributions and Company matching contributions, if any.

The custodian, Raymond James, has been granted discretionary authority to invest and reinvest the non-participant directed assets of the Plan, subject to the investment discretion of the Company over the Company profit sharing contributions, if any.

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

Notes to Financial Statements

Contributions:

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

The Company makes a safe harbor matching contribution for the Plan year on behalf of each eligible employee equal to 100% of the amount of the employee's elective deferrals that do not exceed 3% of the employee's compensation for the Plan year plus 50% of the amount of the employee's elective deferrals that exceed 3% of the employee's compensation but that do not exceed 5% of the employee's compensation. The Company may, in its discretion, also make additional matching contributions. For the Plan year ended December 31, 2021, the Company made a \$217,876 safe harbor matching contribution funded subsequent to the year end. The Company may also contribute to the Plan an employer discretionary profit sharing contribution. For the year ended December 31, 2021, the Company made a \$150,000 profit sharing contribution to the Plan. In order to receive a profit sharing allocation, the participant must be employed on the last day of the Plan year. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant accounts:

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

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

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

Notes to Financial Statements

Vesting:

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

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

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

Notes receivable from participants:

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

Benefit payments and withdrawals:

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

At December 31, 2021 and 2020, there was \$0 of amounts allocated to accounts of persons who have elected to withdraw from the Plan but have not been paid.

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

Notes to Financial Statements

Forfeited accounts:

Forfeitures result from non-vested benefit payments remaining in the Plan for all terminated employees or adjustments, if any. At December 31, 2021 and 2020, the forfeiture balance was \$0. Forfeitures are used to pay Plan expenses. If any forfeitures remain after being applied towards expenses in the current and subsequent year, they may be used to supplement the employer contributions and are allocated to eligible participants. For the year ended December 31, 2021, \$2,791 of forfeitures were used to pay Plan expenses.

Note 2. Significant Accounting Policies

Basis of accounting:

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

Use of estimates:

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

Cash:

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

Investment valuation and income recognition:

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

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

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

Notes to Financial Statements

Notes receivable from participants:

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative fees and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 and 2020. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, and a distributable event has occurred, the participant loan balance is reduced and a benefit payment is recorded.

Excess contributions payable:

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions.

Payment of benefits:

Benefits are recorded when paid.

Administrative fees:

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

Note 3. Certified Investments (Participant Directed Investments)

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by Ascensus Trust Company, as of December 31, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Mutual funds (and money market), investments, at fair value	<u>\$ 2,306,752</u>	<u>\$ 1,533,872</u>
Notes receivable from participants	<u>\$ 15,911</u>	<u>\$ 13,203</u>

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

Notes to Financial Statements

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by Ascensus Trust Company, for the year ended December 31, 2021:

Investment income	<u>\$ 253,902</u>
Interest income on notes receivable from participants	<u>\$ 1,050</u>

Note 4. Nonparticipant-Directed Investments

Investments not held or certified by Ascensus Trust Company are non-participant directed and were held by Raymond James for the year ended December 31, 2021.

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

	<u>2021</u>	<u>2020</u>
Net assets:		
Interest-bearing cash	\$ 111,661	\$ 155,416
Mutual funds	1,625,830	1,480,858
Exchange traded funds	205,276	197,258
Market-linked investments	175,300	133,900
Fixed income	207,729	212,816
Common stock	414,961	361,089
Capital call structure investments	127,830	-
Employer profit sharing contribution receivable	150,000	150,000
Notes receivable from participants	25,699	33,280
Total nonparticipant directed net assets	<u>\$ 3,044,286</u>	<u>\$ 2,724,617</u>

**Year Ended
December 31, 2021**

Changes in net assets:	
Profit sharing contribution	\$ 150,000
Dividend and interest income	90,803
Participant loan interest	1,444
Net appreciation in fair value of investments	185,249
Benefits paid to participants	(60,521)
Administrative expenses	<u>(47,306)</u>
Total changes in nonparticipant directed net assets	<u>\$ 319,669</u>

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

Notes to Financial Statements

Note 5. Investments and Fair Value Measurements

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

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes to the methodologies used at December 31, 2021 and 2020.

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

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

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

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

Notes to Financial Statements

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

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

Capital call structure investment: Valued based on the net asset value of the underlying investments held in the portfolio.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021:

	<i>Level 1</i>	<i>Level 2</i>	<i>Total</i>
Interest-bearing cash	\$ 111,661	\$ -	\$ 111,661
Mutual funds (and money market)	3,932,582	-	3,932,582
Exchange traded funds	205,276	-	205,276
Market-linked investments	-	175,300	175,300
Fixed income	-	207,729	207,729
Capital call structure investments	-	127,830	127,830
Common stock	414,961	-	414,961
Total investments at fair value	<u>\$ 4,664,480</u>	<u>\$ 510,859</u>	<u>\$ 5,175,339</u>

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

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

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

Notes to Financial Statements

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

Raymond James is the custodian of the nonparticipant directed Plan assets. Ascensus Trust Company, in partnership with Vanguard (Vanguard), is the custodian and recordkeeper of the participant directed Plan assets. Pacific Benefit Services is the third party administrator. Raymond James, Vanguard, and Pacific Benefit Services are parties-in-interest with respect to the Plan, and transactions are exempt from the prohibited transactions rules.

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

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

Note 7. Plan Termination

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

Note 8. Tax Status

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

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan as of December 31, 2021, and is not aware of any uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

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

Notes to Financial Statements

Note 9. Risks and Uncertainties

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

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

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

There were no reconciling items between net assets available for benefits per the financial statements to the Form 5500 at December 31, 2021.

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

Net assets available for benefits per the financial statements	\$ 4,447,900
Deposit correction payable paid in 2021, accrued in 2020 for Form 5500	<u>(21)</u>
Net assets available for benefits per the Form 5500	<u><u>\$ 4,447,879</u></u>

The following is a reconciliation of changes in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2021.

Net increase in net assets available for benefits per the financial statements	\$ 1,136,925
Deposit correction payable paid in 2021, accrued in 2020 for Form 5500	<u>21</u>
Net increase in net assets available for benefits per the Form 5500	<u><u>\$ 1,136,946</u></u>

Note 11. Subsequent Events

The Plan has evaluated subsequent events through October 13, 2022, the date the financial statements were available to be issued.

Supplemental Information
California Faucets, Inc. 401(k) Profit Sharing Plan
Schedule H, Line 4i Form 5500
Schedule of Assets (Held at End of Year)
EIN 33-0294654 Plan #001
December 31, 2021

(a)	(b) Identity of Issue or Borrower	(c) Description of Investment	(d) Cost	(e) Current Value
*	Vanguard Federal Money Market Investment	Money market	**	\$ 31,206
*	Vanguard 500 Index Adm	Mutual fund	**	7,713
*	Vanguard Health Care Adm	Mutual fund	**	6,593
*	Vanguard Value Index Adm	Mutual fund	**	28
*	Vanguard Growth Index Adm	Mutual fund	**	21,643
*	Vangaurd ESG U.S. Stock ETF	Mutual fund	**	98,671
*	Vanguard Equity Income Adm	Mutual fund	**	31,155
*	Vanguard Mid Cap Index Adm	Mutual fund	**	38,678
*	Vanguard Balanced Index Adm	Mutual fund	**	545
*	Vanguard Small-Cap Index Adm	Mutual fund	**	28,213
*	Vanguard Financials Index Adm	Mutual fund	**	26,182
*	Vanguard Wellesley Income Adm	Mutual fund	**	4,112
*	Vanguard Real Estate Index Adm	Mutual fund	**	9,870
*	Vanguard Short-Term Bond Index Adm	Mutual fund	**	17,538
*	Vanguard ESG International Stock ETF	Mutual fund	**	9,861
*	Vanguard Information Tech Index Adm	Mutual fund	**	45,195
*	Vanguard Emerging Mkts Stock Idx Adm	Mutual fund	**	1,128
*	Vanguard Global ESG Select Stock Inv	Mutual fund	**	56,436
*	Vanguard Instl Target Retirement 2020	Mutual fund	**	50,085
*	Vanguard Instl Target Retirement 2025	Mutual fund	**	550,708
*	Vanguard Instl Target Retirement 2030	Mutual fund	**	178,902
*	Vanguard Instl Target Retirement 2035	Mutual fund	**	203,706
*	Vanguard Instl Target Retirement 2040	Mutual fund	**	380,147
*	Vanguard Instl Target Retirement 2045	Mutual fund	**	222,894
*	Vanguard Instl Target Retirement 2050	Mutual fund	**	84,802
*	Vanguard Instl Target Retirement 2055	Mutual fund	**	73,645
*	Vanguard Instl Target Retirement 2060	Mutual fund	**	37,951
*	Vanguard Instl Target Retirement 2065	Mutual fund	**	33,501
*	Vanguard Total Stock Market Index Adm	Mutual fund	**	2,317
*	Vanguard Instl Target Retirement Income	Mutual fund	**	53,327

* Party-in-interest

** Participant directed

Supplemental Information
California Faucets, Inc. 401(k) Profit Sharing Plan
Schedule H, Line 4i Form 5500
Schedule of Assets (Held at End of Year) - Continued
EIN 33-0294654 Plan #001
December 31, 2021

(a)	(b) <i>Identity of Issue or Borrower</i>	(c) <i>Description of Investment</i>	(d) <i>Cost</i>	(e) <i>Current Value</i>
*	Raymond James Bank Deposit Program	Interest-bearing cash	\$ 74,188	\$ 74,188
*	Raymond James Client Interest Program	Interest-bearing cash	93	93
	JPMorgan Liquid Assets Govt Fund	Interest-bearing cash	37,380	37,380
	Owl Rock Technology Finance Corp	Capital call structure investment	121,200	127,830
	Wells Fargo & Co CUSIP 95000U2A0	Fixed income	6,083	6,454
	Citigroup Inc CUSIP 172967LP4	Fixed income	6,037	6,476
	Comcast Corp CUSIP 20030NCT6	Fixed income	5,314	5,681
	JPMorgan Chase & Co CUSIP 46647PAV8	Fixed income	8,191	8,956
	Enterprise Products Oper CUSIP 29379VBU6	Fixed income	4,295	4,884
	Bank Of America Corporation CUSIP 06051GHX0	Fixed income	6,308	6,201
	CVS Health Corp CUSIP 126650CX6	Fixed income	7,127	6,738
	Goldman Sachs Group, Inc. CUSIP 38141GXX2	Fixed income	7,031	6,611
	Shell International Finance CUSIP 822582BT8	Fixed income	6,675	6,368
	Verizon Communications Inc CUSIP 92343VDY7	Fixed income	6,992	6,669
	FNMA - Call Bond CUSIP 31359MGK3	Fixed income	4,037	4,228
	United States Treasury Bond CUSIP 912810RM2	Fixed income	11,125	12,004
	United States Treasury Bond CUSIP 912810RQ3	Fixed income	10,209	11,089
	United States Treasury Bond CUSIP 912810SF6	Fixed income	16,585	18,516
	United States Treasury Notes CUSIP 912828ZL7	Fixed income	15,034	14,672
	United States Treasury Notes CUSIP 91282CAZ4	Fixed income	8,990	8,732
	United States Treasury Notes CUSIP 912828P46	Fixed income	10,706	10,177
	United States Treasury Notes CUSIP 91282CBL4	Fixed income	12,729	12,631
	United States Treasury Notes CUSIP 91282CBR1	Fixed income	5,990	5,929
	United States Treasury Notes CUSIP 91282CCF6	Fixed income	13,954	13,720
	Amazon.com, Inc. NTS ISIN	Fixed income	6,033	6,086
	Fannie Mae Pool #FM3619 Long Term 30 Year	Fixed income	4,255	4,184
	Fannie Mae Pool #MA4387 Intermediate Term 20 Year	Fixed income	12,798	12,693
	Fannie Mae Pool #MA4438 Long Term 30 Year	Fixed income	8,108	8,030
	Credit Suisse Ag London Trigger	Market-linked investment	100,000	175,300
	SPDR S&P Midcap 400 ETF Trust	Exchange-traded fund	36,617	56,945
	First Trust NASDAQ Clean Edge Green	Exchange-traded fund	16,809	40,782
	ISHares Tr ESG Awre 15 Yr	Exchange-traded fund	55,116	54,198
	Vaneck Vectors Green Bond ETF	Exchange-traded fund	55,039	53,351
	Brown Advisory Sustainable Growth	Mutual fund	77,622	146,830
	Calvert Emerging Markets Equity	Mutual fund	84,456	122,280

* Party-in-interest

Supplemental Information
California Faucets, Inc. 401(k) Profit Sharing Plan
Schedule H, Line 4i Form 5500
Schedule of Assets (Held at End of Year) - Continued
EIN 33-0294654 Plan #001
December 31, 2021

(a)	(b) Identity of Issue or Borrower	(c) Description of Investment	(d) Cost	(e) Current Value
	Calvert Green Bond Fund Class I N/L	Mutual fund	\$ 451,554	\$ 443,240
	Parnassus Endeavor Fund	Mutual fund	237,815	385,818
	Pax Global Environmental Mkts Fund	Mutual fund	87,022	157,972
	PGIM Jennison Intl Opportunities Fund	Mutual fund	83,138	159,573
	Western Asset Smash Series M Fund LMSMX	Mutual fund	57,066	54,938
	Western Asset Smash Series C Fund LMLCX	Mutual fund	40,207	40,789
	Western Asset Smash Series Core Fund LMECX	Mutual fund	112,118	114,390
	Allegion Plc	Common stock	10,463	13,641
	Ansys Inc	Common stock	7,893	12,034
	Aspen Technology Inc	Common stock	8,536	13,089
	Bentley Systems Inc	Common stock	7,493	10,681
	Berkley W R Corp	Common stock	11,975	16,478
	Bright Horizons Family Solutions Inc	Common stock	10,746	10,574
	CDW Corp	Common stock	11,667	21,092
	Chemed Corp	Common stock	10,455	11,639
	Copart Inc	Common stock	9,727	17,740
	Elanco Animal Health Inc	Common stock	9,512	10,529
	Equifax Inc	Common stock	11,480	20,203
	Fair Isaac Corp	Common stock	7,434	7,806
	Henry Jack & Associates Inc	Common stock	9,860	9,017
	Interactive Brokers Group	Common stock	10,338	14,454
	Lennox International Inc	Common stock	10,148	13,947
	MSCI Inc	Common stock	13,567	22,057
	Nordson Corp	Common stock	13,960	18,890
	Pool Corp	Common stock	12,805	25,470
	Rollins Inc	Common stock	7,257	8,210
	Scotts Miracle-Gro Company	Common stock	19,315	21,896
	SiteOne Landscape Supply Inc	Common stock	11,869	25,924
	Teradyne Inc	Common stock	13,367	24,202
	Thor Industries Inc	Common stock	15,170	15,047
	Duck Creek Technologies Inc	Common stock	11,258	6,082
	LPL Financial Holdings Inc	Common stock	13,989	15,689
	Zebra Technologies Corp	Common stock	12,685	28,570
*	Participant loans	Interest rates 4.00 - 6.50%	- 0 -	41,610
				\$ 5,216,949

* Party-in-interest

Supplemental Information
California Faucets, Inc. 401(k) Profit Sharing Plan
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* Party-in-interest

** Participant directed

Supplemental Information
California Faucets, Inc. 401(k) Profit Sharing Plan
Schedule H, Line 4i Form 5500
Schedule of Assets (Held at End of Year) - Continued
EIN 33-0294654 Plan #001
December 31, 2021

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	Verizon Communications Inc CUSIP 92343VDY7	Fixed income	6,992	6,669
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	United States Treasury Bond CUSIP 912810RM2	Fixed income	11,125	12,004
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	United States Treasury Notes CUSIP 912828ZL7	Fixed income	15,034	14,672
	United States Treasury Notes CUSIP 91282CAZ4	Fixed income	8,990	8,732
	United States Treasury Notes CUSIP 912828P46	Fixed income	10,706	10,177
	United States Treasury Notes CUSIP 91282CBL4	Fixed income	12,729	12,631
	United States Treasury Notes CUSIP 91282CBR1	Fixed income	5,990	5,929
	United States Treasury Notes CUSIP 91282CCF6	Fixed income	13,954	13,720
	Amazon.com, Inc. NTS ISIN	Fixed income	6,033	6,086
	Fannie Mae Pool #FM3619 Long Term 30 Year	Fixed income	4,255	4,184
	Fannie Mae Pool #MA4387 Intermediate Term 20 Year	Fixed income	12,798	12,693
	Fannie Mae Pool #MA4438 Long Term 30 Year	Fixed income	8,108	8,030
	Credit Suisse Ag London Trigger	Market-linked investment	100,000	175,300
	SPDR S&P Midcap 400 ETF Trust	Exchange-traded fund	36,617	56,945
	First Trust NASDAQ Clean Edge Green	Exchange-traded fund	16,809	40,782
	ISHares Tr ESG Awre 15 Yr	Exchange-traded fund	55,116	54,198
	Vaneck Vectors Green Bond ETF	Exchange-traded fund	55,039	53,351
	Brown Advisory Sustainable Growth	Mutual fund	77,622	146,830
	Calvert Emerging Markets Equity	Mutual fund	84,456	122,280

* Party-in-interest

Supplemental Information
California Faucets, Inc. 401(k) Profit Sharing Plan
Schedule H, Line 4i Form 5500
Schedule of Assets (Held at End of Year) - Continued
EIN 33-0294654 Plan #001
December 31, 2021

(a)	(b) <i>Identity of Issue or Borrower</i>	(c) <i>Description of Investment</i>	(d) <i>Cost</i>	(e) <i>Current Value</i>
	Calvert Green Bond Fund Class I N/L	Mutual fund	\$ 451,554	\$ 443,240
	Parnassus Endeavor Fund	Mutual fund	237,815	385,818
	Pax Global Environmental Mkts Fund	Mutual fund	87,022	157,972
	PGIM Jennison Intl Opportunities Fund	Mutual fund	83,138	159,573
	Western Asset Smash Series M Fund LMSMX	Mutual fund	57,066	54,938
	Western Asset Smash Series C Fund LMLCX	Mutual fund	40,207	40,789
	Western Asset Smash Series Core Fund LMECX	Mutual fund	112,118	114,390
	Allegion Plc	Common stock	10,463	13,641
	Ansys Inc	Common stock	7,893	12,034
	Aspen Technology Inc	Common stock	8,536	13,089
	Bentley Systems Inc	Common stock	7,493	10,681
	Berkley W R Corp	Common stock	11,975	16,478
	Bright Horizons Family Solutions Inc	Common stock	10,746	10,574
	CDW Corp	Common stock	11,667	21,092
	Chemed Corp	Common stock	10,455	11,639
	Copart Inc	Common stock	9,727	17,740
	Elanco Animal Health Inc	Common stock	9,512	10,529
	Equifax Inc	Common stock	11,480	20,203
	Fair Isaac Corp	Common stock	7,434	7,806
	Henry Jack & Associates Inc	Common stock	9,860	9,017
	Interactive Brokers Group	Common stock	10,338	14,454
	Lennox International Inc	Common stock	10,148	13,947
	MSCI Inc	Common stock	13,567	22,057
	Nordson Corp	Common stock	13,960	18,890
	Pool Corp	Common stock	12,805	25,470
	Rollins Inc	Common stock	7,257	8,210
	Scotts Miracle-Gro Company	Common stock	19,315	21,896
	SiteOne Landscape Supply Inc	Common stock	11,869	25,924
	Teradyne Inc	Common stock	13,367	24,202
	Thor Industries Inc	Common stock	15,170	15,047
	Duck Creek Technologies Inc	Common stock	11,258	6,082
	LPL Financial Holdings Inc	Common stock	13,989	15,689
	Zebra Technologies Corp	Common stock	12,685	28,570
*	Participant loans	Interest rates 4.00 - 6.50%	- 0 -	41,610
				\$ 5,216,949

* Party-in-interest