

<p style="text-align: center;">Form 5500</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold; text-align: center;">2023</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
---	---	--

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide 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

<p>1a Name of plan <u>COLOR IMAGE APPAREL, INC. 401(K) PROFIT SHARING PLAN B</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>002</u></p>
<p>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>COLOR IMAGE APPAREL, INC.</u></p> <p><u>9830 WILSHIRE BLVD</u> <u>BEVERLY HILLS, CA 90212</u></p>	<p>1c Effective date of plan <u>12/31/2013</u></p> <p>2b Employer Identification Number (EIN) <u>77-0540132</u></p> <p>2c Plan Sponsor's telephone number <u>323-727-2005</u></p> <p>2d Business code (see instructions) <u>315280</u></p>

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.	05/22/2024	BEAU SWENSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	244
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(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) 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)	244
	6a(2)	242
	6b	0
	6c	0
	6d	242
	6e	0
	6f	242
	6g(1)	
6g(2)		39
6h		28
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2A 2E 2F 2G 2J 2K 3D 3F 3H

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **01/01/2020** and ending **12/31/2020**

A Name of plan COLOR IMAGE APPAREL, INC. 401(K) PROFIT SHARING PLAN B		B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 COLOR IMAGE APPAREL, INC.		D Employer Identification Number (EIN) 77-0540132	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	802708-000	51	01/01/2020	12/31/2020

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 4246	(b) Total amount of fees paid 1715
---	--

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
WORLD FINANCIAL GROUP INSURANCE AGE 11315 JOHNS DULUTH, GA 30097

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4246	0 0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
BENEFIT EQUITY INC. 1971 E. 4TH ST. SUITE 100 SANTA ANA, CA 92705

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	1378 0		5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

BENEFIT EQUITY INC.

525 N. CABRILLO PARK
STE 200
SANTA ANA, CA 92701

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	337	0	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	2112580

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ STABLE VALUE OPTION

b Balance at the end of the previous year **7b** 14353

c Additions: (1) Contributions deposited during the year	7c(1)	22452	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	131	
(4) Transferred from separate account.....	7c(4)	218	
(5) Other (specify below)	7c(5)	2348	
▶ LOAN PRINCIPAL - 62.74, LOAN INTEREST - 1.16, FORFEITURES - \$2,284.19			

(6) Total additions..... **7c(6)** 25149

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 39502

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	254	
(2) Administration charge made by carrier	7e(2)	12	
(3) Transferred to separate account.....	7e(3)	0	
(4) Other (specify below)	7e(4)		

(5) Total deductions..... **7e(5)** 266

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 39236

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b	Benefit charges (1) Claims paid.....	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2)).....		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies.....	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves.....		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (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>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2023 or fiscal plan year beginning **01/01/2020** and ending **12/31/2020**

A Name of plan COLOR IMAGE APPAREL, INC. 401(K) PROFIT SHARING PLAN B	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 COLOR IMAGE APPAREL, INC.	D Employer Identification Number (EIN) 77-0540132	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

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

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

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

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

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

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

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

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

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

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

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

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)

BENEFIT EQUITY INC.

33-0384246

(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 37 64	TPA	919	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

(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 37 52 62 64 67	RECORDKEEPER	877	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2023 <hr/> This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2023 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan <u>COLOR IMAGE APPAREL, INC. 401(K) PROFIT SHARING PLAN B</u>	B Three-digit plan number (PN) ▶	<u>002</u>
--	---	------------

C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>COLOR IMAGE APPAREL, INC.</u>	D Employer Identification Number (EIN) <u>77-0540132</u>
--	--

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2035 WITH BLA

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN <u>39-0989781-050</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>241817</u>
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2050 WITH BLA

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN <u>39-0989781-113</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>213380</u>
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2045 WITH BLA

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN <u>39-0989781-051</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>192378</u>
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES INVESTMENT GRADE BOND

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN <u>39-0989781-086</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>173630</u>
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2030 WITH BLA

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN <u>39-0989781-111</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>167074</u>
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SMALL CAP INDE

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN <u>39-0989781-033</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>126504</u>
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: VIRTUS CEREDX LARGE-CAP VALUE EQUI

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN <u>39-0989781-477</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>123862</u>
---------------------------------------	-------------------------------	---

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

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW PERSPECTIVE RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-259	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 123739
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P MID CAP INDEX RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-036	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 105018
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GROWTH FUND OF AMERI		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-250	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 104149
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPACIFIC GROWTH R		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-068	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 99858
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2025 WITH BLA		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-049	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 87142
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS STOCK INDEX R		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-587	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 77572
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS HIGH YIELD BO		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-434	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64955
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD REAL ESTATE INDEX RET O		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-505	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 58856
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL RETIREMENT WI		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-047	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37164
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON BALANCED RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-231	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33442

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

SCHEDULE H (Form 5500) <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> 2023 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2023 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
A Name of plan COLOR IMAGE APPAREL, INC. 401(K) PROFIT SHARING PLAN B	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 COLOR IMAGE APPAREL, INC.	D Employer Identification Number (EIN) 77-0540132

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	594
(2) Participant contributions	1b(2)	0	2767
(3) Other	1b(3)	732306	1164412
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)	65186	15451
(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)	1618873	2112580
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	14353	39236
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	2430718	3335040
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	26493	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	26493	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2404225	3335040

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)	70311	
(B) Participants	2a(1)(B)	301421	
(C) Others (including rollovers)	2a(1)(C)	372326	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		744058
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)	2281	
(F) Other	2b(1)(F)	131	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2412
(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)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		0
(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)		
(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)		

		(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)		271784
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1018254

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	85643	
(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)		85643
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	1796	
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees.....	2i(5)		
(6) Bank or trust company trustee/custodial fees.....	2i(6)		
(7) Actuarial fees.....	2i(7)		
(8) Legal fees.....	2i(8)		
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1796
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		87439

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		930815
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: **MARCUM LLP**

(2) EIN: **11-1986323**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

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.)
- 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.)
- 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.)
- 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.)
- e** Was this plan covered by a fidelity bond?
- f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?
- 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?
- 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?
- i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)
- 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.)
- k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?
- l** Has the plan failed to provide any benefit when due under the plan?
- m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)
- 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.

	Yes	No	Amount
4a	X		174067
4b		X	
4c		X	
4d		X	
4e		X	
4f		X	
4g		X	
4h		X	
4i	X		
4j		X	
4k		X	
4l		X	
4m		X	
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 _____.

COLOR IMAGE APPAREL, INC. 401(k) PROFIT SHARING PLAN B

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

**AS OF DECEMBER 31, 2020 AND 2019 AND
FOR THE YEAR ENDED DECEMBER 31, 2020**

COLOR IMAGE APPAREL, INC. 401(k) PROFIT SHARING PLAN B

CONTENTS

Independent Auditors' Report	1-2
---	-----

Financial Statements

Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits.....	4

Notes to Financial Statements	5-17
--	------

Supplemental Schedule

Schedule H-Line 4a Schedule of Delinquent Participant Contributions	18
Schedule H-Line 4i Schedule of Assets (Held at End of Year).....	19-20



INDEPENDENT AUDITORS' REPORT

To the Plan Trustee, Plan Administrator, and Management
Color Image Apparel, Inc. 401(k) Profit Sharing Plan B

Report on the Financial Statements

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

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Transamerica Life Insurance Company, Inc., the Custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certification from the Custodian as of December 31, 2020 and 2019 and for the year ended December 31, 2020, that the information provided to the plan administrator by the Custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2020 and Schedule of Delinquent Participant Contributions for the year ended December 31, 2020, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Marcum LLP

Los Angeles, California
May 21, 2024

COLOR IMAGE APPAREL, INC. 401(k) PROFIT SHARING PLAN B

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2020 AND 2019

	<u>2020</u>	<u>2019</u>
Assets		
Investments		
Pooled separate accounts at fair value	\$ 2,112,580	\$ 1,618,873
Fully benefit-responsive investment contract at contract value	<u>39,236</u>	<u>14,353</u>
Total Investments	<u>2,151,816</u>	<u>1,633,226</u>
Receivables		
Participant contributions receivable	2,767	--
Employer contributions receivable	594	--
Qualified nonelective contributions	1,017,908	645,582
Notes receivables from participants	15,451	65,186
Due from Color Image Apparel, Inc. 401(k) Profit Sharing Plan	<u>146,504</u>	<u>86,724</u>
Total Receivables	<u>1,183,224</u>	<u>797,492</u>
Total Assets	<u>3,335,040</u>	<u>2,430,718</u>
Liabilities		
Due to Color Image Apparel, Inc. 401(k) Profit Sharing Plan	<u>--</u>	<u>26,493</u>
Total Liabilities	<u>--</u>	<u>26,493</u>
Net Assets Available for Benefits	<u>\$ 3,335,040</u>	<u>\$ 2,404,225</u>

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

COLOR IMAGE APPAREL, INC. 401(k) PROFIT SHARING PLAN B

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2020

Additions to Net Assets Attributed to:

Investment Income:

Net appreciation in fair value of investments	\$	271,784
Interest income		<u>131</u>

Total Investment Income \$ 271,915

Contributions:

Participants	301,421
Employer	70,311
Qualified nonelective contributions	<u>372,326</u>

Total Contributions 744,058

Interest Income on Notes Receivable from Participants 2,281

Total Additions 1,018,254

Deductions From Net Assets Attributed to:

Benefits paid to participants	85,643
Administrative expenses	<u>1,796</u>

Total Deductions 87,439

Net Increase in Assets Available for Benefits 930,815

Net Assets Available for Benefits - Beginning 2,404,225

Net Assets Available for Benefits - Ending \$ 3,335,040

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

COLOR IMAGE APPAREL, INC. 401(k) PROFIT SHARING PLAN B

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2020 AND 2019 AND
FOR THE YEAR ENDED DECEMBER 31, 2020

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Color Image Apparel, Inc. 401(k) Profit Sharing Plan B (the “Plan”) is provided for general information purposes only. 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 that was established by Color Image Apparel, Inc. (the “Company”) effective on January 1, 2011. The Plan is a multiple employer plan and Ingrid and Isabel, LLC is a participating employer (collectively, the “Company”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Director of Human Resources is the Plan administrator and serves at the discretion of the Company’s Board of Directors, and administers the Plan. The Plan administrator is responsible for all matters including, but not limited to, eligibility, rights to benefits, interpreting Plan documents and maintaining participants’ accounts. The custodian of the Plan is Transamerica Life Insurance Company, Inc. (“Custodian”). Each participant allocates his or her Plan contributions among the funds available in the Plan. Asset management fees are charged to participants by the various investment funds.

ELIGIBILITY AND PARTICIPATION

All employees who meet the eligibility requirements are eligible to participate in the Plan. The following categories of employees are not eligible to participate in the Plan: (i) employees covered under a collective bargaining agreement (i.e. union employees), (ii) non-resident aliens who do not receive any compensation from U.S. sources, (iii) all employees of the Company except for quality control (“QC”), technical design (“TD”), and Shipping (iv) owners of Color Image Apparel, Director of Sales – Bella Luxx, Director – QC/Fabric Cutting and (iv) non-warehouse leased employees.

Prior to January 1, 2020, employees of the Company who are not excluded from participation and who are at least 21 years of age are eligible to participate upon the completion of one Year of Service. A Year of Service, for eligibility determination purposes, is defined as at least 1,000 hours during the 12-month period immediately following the date of hire. An eligible employee may elect to participate on the first day of the quarter following the satisfaction of all eligibility requirements.

COLOR IMAGE APPAREL, INC. 401(k) PROFIT SHARING PLAN B

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2020 AND 2019 AND
FOR THE YEAR ENDED DECEMBER 31, 2020

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

ELIGIBILITY AND PARTICIPATION (CONTINUED)

Effective January 1, 2020, employees of the Company who are not excluded from participation and who are at least 21 years of age are eligible to make salary deferrals upon the completion of at least 1 hour of service during the first 3 months of continuous employment. An eligible employee may elect to participate on the first day of the calendar month following the satisfaction of all eligibility requirements.

CONTRIBUTIONS

Participants

Each year, employee contributions are subject to the maximum amount permitted for such deferral under the applicable provisions of the Internal Revenue Code (the "IRC"). Participant contributions are limited to a maximum of \$19,500 in 2020 by §402(g) of the IRC. In addition, participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions up to \$6,500 in 2020. If any participant's elective deferrals for the year exceed the maximum allowable for that year, the excess amount will be returned to the Company and then paid to the participant as taxable compensation. The Plan also allows participants to make post-tax Roth contributions subject to the same limitations.

Employer

Prior to January 1, 2020, participants who are eligible to make salary deferrals are eligible to receive discretionary employer matching contributions. The Company may also make discretionary employer profit sharing contributions. To be eligible to receive employer profit sharing contributions, participants must be employed on the last day of the Plan Year and work at least 1,000 hours during the Plan Year.

Effective January 1, 2020, participants who are eligible to make salary deferrals are eligible to receive discretionary employer matching contributions after one Year of Service. The Company may also make discretionary employer profit sharing contributions. To be eligible to receive employer profit sharing contributions, participants must be employed on the last day of the Plan Year and work at least 1,000 hours during the Plan Year. An eligible employee will start receiving discretionary matching contributions on the first day of the calendar quarter following the satisfaction of all eligibility requirements.

For the year ended December 31, 2020, the Company made discretionary employer matching contributions equal to 50% of the participant's salary deferrals up to 4% of Plan compensation which amounted to \$70,311. There were no discretionary employer contributions made during the year ended December 31, 2020.

COLOR IMAGE APPAREL, INC. 401(k) PROFIT SHARING PLAN B

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2020 AND 2019 AND
FOR THE YEAR ENDED DECEMBER 31, 2020

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

CONTRIBUTIONS (CONTINUED)

Rollovers

With the consent of the Plan administrator, participants are permitted to deposit distributions received from other qualified plans (“rollovers”) without incurring federal or state income taxes and penalties.

PARTICIPANT ACCOUNTS

Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various pooled separate accounts and investment contract as investment options for participants.

Each participant’s account is credited with the participant’s contributions and allocations of (a) the Company’s matching contribution, and (b) Plan earnings, and is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

VESTING

Participants are immediately vested in their elective salary deferrals, rollovers and any related investment earnings thereon. Vesting in discretionary employer matching contributions and profit sharing contributions is based on years of continuous service according to the following schedule:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 1 year	0%
1 year but less than 2	25%
2 years but less than 3	50%
3 years but less than 4	75%
4 years or more	100%

Participants become 100% vested in their accounts upon attainment of normal retirement age, or separation of service due to disability or death.

COLOR IMAGE APPAREL, INC. 401(k) PROFIT SHARING PLAN B

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2020 AND 2019 AND
FOR THE YEAR ENDED DECEMBER 31, 2020

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

NOTES RECEIVABLE FROM PARTICIPANTS

Participants may borrow from their 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 interest rate is the prime rate plus 1.00% per annum, which is fixed at the time of the loan. Loans along with interest must be fully repaid ratably through payroll deductions for up to five years or up to fifteen years only if loan is for purchase of a principal residence. Notes receivable outstanding at December 31, 2020 and 2019 bear interest ranging from 4.25% to 6.25% per annum and 5.50% to 6.50% per annum, respectively. Participants may have only one outstanding loan at a time and the loan is secured by participants' account balances.

PAYMENT OF BENEFITS AND WITHDRAWALS

Upon termination of service due to death, disability or retirement, vested benefits due to the participants or their beneficiaries will be distributed in accordance with the plan document. The Plan also allows for hardship withdrawals of part or all of a participant's vested account, as outlined in the plan document.

On termination of service due to other reasons, a participant may receive the value of the vested benefits pursuant to the election of the participant. If the vested account balance exceeds \$5,000, participant consent is required to distribute an account balance before reaching normal retirement age. If the vested account balance is between \$1,000 and \$5,000, participant consent is required to distribute an account balance. However, the participant's vested account balance will be automatically rolled over to an individual retirement account ("IRA") selected by the Plan Administrator. If the vested account balance is \$1,000 or less, a distribution of a participant's account balance will be made to the participant, regardless of consent, as soon as administratively feasible following termination of employment.

PLAN TERMINATION

Although the Company has not expressed any intent to do so, it has the right under the Plan agreement to terminate the Plan at any time, subject to the provisions of ERISA. In the event of the Plan's termination, all participants become 100% vested in their accounts.

COLOR IMAGE APPAREL, INC. 401(k) PROFIT SHARING PLAN B

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2020 AND 2019 AND
FOR THE YEAR ENDED DECEMBER 31, 2020

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

FORFEITURES

Upon termination of employment, the non-vested portion of the participant's account balance is forfeited. Plan forfeitures are used to pay for administrative expenses or to reduce employer contributions. As of December 31, 2020 and 2019, forfeited non-vested participant account balances were \$8,220 and \$5,909, respectively. For the year ended December 31, 2020, forfeitures in the amount of \$3 were used to pay for administrative expenses.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The Plan's financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

USE OF ESTIMATES

The preparation of financial statements in conformity with U.S. GAAP requires 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.

INVESTMENT VALUATION AND INCOME RECOGNITION

Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's trustees determine the Plan's valuation policies utilizing information provided by the Custodian. See Note 3 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. Participants have investment discretion over all contributions made on their behalf.

COLOR IMAGE APPAREL, INC. 401(k) PROFIT SHARING PLAN B

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2020 AND 2019 AND
FOR THE YEAR ENDED DECEMBER 31, 2020

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

NOTES RECEIVABLE FROM PARTICIPANTS

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

PAYMENTS OF BENEFITS

Benefits are recorded when paid.

ADMINISTRATIVE EXPENSES

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 are charged directly to the participants' account and are included in administrative expenses. Investment related expenses are included in net depreciation in fair value of investments.

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. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

COLOR IMAGE APPAREL, INC. 401(k) PROFIT SHARING PLAN B

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2020 AND 2019 AND
FOR THE YEAR ENDED DECEMBER 31, 2020

NOTE 3 - FAIR VALUE OF INVESTMENTS

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). 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 other means.

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

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

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

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

Pooled separate accounts: The units of these pooled separate accounts are valued at the daily net asset value ("NAV"). The NAV, as provided by the Custodian, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the pooled separate accounts less its liabilities, divided by the outstanding units. This practical expedient is not used when it is determined to be probable that the pooled separate accounts will sell the investment for an amount different from the reported NAV.

COLOR IMAGE APPAREL, INC. 401(k) PROFIT SHARING PLAN B

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2020 AND 2019 AND
FOR THE YEAR ENDED DECEMBER 31, 2020

NOTE 3 - FAIR VALUE OF INVESTMENTS (CONTINUED)

FAIR VALUE OF INVESTMENTS IN ENTITIES THAT USE NAV PRACTICAL EXPEDIENT

The following table summarizes investments measured at fair value based on NAV per share practical expedient as of December 31, 2020 and 2019:

December 31, 2020	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Pooled separate accounts	<u>\$ 2,112,580</u>	N/A	Daily	Daily

December 31, 2019	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Pooled separate accounts	<u>\$ 1,618,873</u>	N/A	Daily	Daily

NOTE 4 - INVESTMENT CONTRACT WITH TRANSAMERICA LIFE INSURANCE COMPANY

The Plan entered into a traditional fully benefit-responsive investment contract with Transamerica Life Insurance Company, Inc. (“Transamerica”). Transamerica maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The investment contract issuer is obligated to repay the principal and a specified interest rate to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer with no minimum amount and no set maturity. Such interest rates are reviewed on a semi-annual basis for resetting.

COLOR IMAGE APPAREL, INC. 401(k) PROFIT SHARING PLAN B

NOTES TO FINANCIAL STATEMENTS

**DECEMBER 31, 2020 AND 2019 AND
FOR THE YEAR ENDED DECEMBER 31, 2020**

NOTE 4 - INVESTMENT CONTRACT WITH TRANSAMERICA LIFE INSURANCE COMPANY (CONTINUED)

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Transamerica, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA (5) premature termination of the contract. The plan administrator believes that no events are probable of occurring that might limit the Plan's ability to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

NOTE 5 - INFORMATION CERTIFIED BY THE PLAN CUSTODIAN

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments and notes receivable from participants held at December 31, 2020 and 2019, and net appreciation in fair value of investments, interest income and interest income from notes receivable from participants for the year ended December 31, 2020, was obtained by management and agreed to or derived from information certified as complete and accurate by Transamerica Life Insurance Company, Inc. (the custodian of the Plan). This information has not been audited by the Plan's independent auditors.

COLOR IMAGE APPAREL, INC. 401(k) PROFIT SHARING PLAN B

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2020 AND 2019 AND
FOR THE YEAR ENDED DECEMBER 31, 2020

NOTE 6 - INCOME TAX STATUS

The Company adopted the Volume Submitter Profit Sharing Plan of Benefit Equity Inc. The Volume Submitter Profit Sharing Plan provider obtained an advisory letter on March 31, 2014, in which the Internal Revenue Service stated that the Volume Submitter Profit Sharing Plan, as then designed, was acceptable under §401 of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements. The Company intends to amend the Plan on a timely basis to comply with all applicable, recently adopted tax laws and regulations.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. The Plan administrator has analyzed tax positions taken by the Plan and has concluded that, as of December 31, 2020 and 2019, there are no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or that would require disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. However, currently no audits for any tax periods are pending or in progress.

NOTE 7 - VOLUNTARY CORRECTION PROGRAM

The Company previously sponsored two volume-submitter retirement plans, Color Image Apparel, Inc. 401(k) Profit Sharing Plan ("Plan A") and Color Image Apparel, Inc. 401(k) Profit Sharing Plan B ("Plan B"). Effective December 31, 2022, Plan B was merged into Plan A, with Plan A as the surviving plan ("Merged Plan"). On April 3, 2023, the Company submitted a request for a compliance statement under the Internal Revenue Service Voluntary Correction Program ("VCP") in connection with certain operational and demographic errors that occurred between 2016 through 2021 with respect to Plans A and B, including a failure to provide certain leased employees the opportunity to participate in Plan B in 2016-2021, and certain nondiscrimination testing failures that affected Plans A and B from 2016 through 2021.

In its VCP submission, the Company proposed correcting the errors described above by making a qualified nonelective contribution ("QNEC") on behalf of each leased employees to the Merged Plan, and amending the Merged Plan to provide for such QNEC. The total QNEC for each year that the Company proposed making would (1) allow Plans A and B to have passed coverage testing under Section 410(b) of the Internal Revenue Code on an aggregated basis, (2) allow Plans A and B to have passed the ADP and ACP tests on an aggregated basis, and (3) correct Plan B's missed deferral opportunity/missed employer contribution error, with each of the foregoing adjusted for earnings.

COLOR IMAGE APPAREL, INC. 401(k) PROFIT SHARING PLAN B

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2020 AND 2019 AND FOR THE YEAR ENDED DECEMBER 31, 2020

NOTE 7 - VOLUNTARY CORRECTION PROGRAM (CONTINUED)

As of May 21, 2024, the Company is awaiting response on the VCP submission from the IRS.

As of December 31, 2020 and 2019, Plan B recorded qualified nonelective contributions receivable of \$944,079 and \$576,715, respectively, including lost earnings of \$63,871 and \$34,157, respectively. For the year ended December 31, 2020, Plan B recognized qualified nonelective contributions amounted to \$367,364.

In addition, as a result of the nondiscrimination testing failures that affected certain Ingrid & Isabel, LLC participants in Plan B from 2016 through 2020, Plan B recorded qualified nonelective contributions receivable of \$73,829 and \$68,867 as of December 31, 2020 and 2019, respectively. These amounts include lost earnings of \$8,115 and \$4,360, respectively. For the year ended December 31, 2020, Plan B recognized qualified nonelective contributions amounted to \$4,962. The Company intends to submit an updated VCP filing to include these failures.

NOTE 8 - OPERATIONAL FAILURES

During the plan years 2017 through 2020, operational failures have occurred in the administration of the Plan. These operational failures include (1) untimely processing of enrollment and deferral changes (2) incorrect calculation of employee deferrals and employer matching contributions (3) untimely, duplicate or failure to remit employee contributions (4) incorrect segregation of plan participants and their account balances between Plan A and Plan B (5) noncompliance with the bonding requirements in accordance with ERISA (6) errors in census used for nondiscrimination testing and calculation of corrective contributions. The Company is working with an ERISA counsel to evaluate the impact of these operational failures and to make such corrections as necessary in accordance with Revenue Procedure 2021-30, Employee Plans Compliance Resolution System. Any qualified nonelective contributions that is necessary to be made by the Company to correct these failures has not yet been determined, and as such, no qualified nonelective contributions receivable is recognized on the Plan's financial statements as of December 31, 2020.

COLOR IMAGE APPAREL, INC. 401(k) PROFIT SHARING PLAN B

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2020 AND 2019 AND FOR THE YEAR ENDED DECEMBER 31, 2020

NOTE 8 - OPERATIONAL FAILURES (CONTINUED)

The Company has incorrectly reported the account balances and activity of ten participants of Plan B in Plan A as of December 31, 2020, and seven participants of Plan B as of December 31, 2019. Further, there was also one participant of plan A that was incorrectly included Plan B as of December 31, 2019. The Company is working with an ERISA counsel to make corrections as necessary. As of December 31, 2020 and 2019, the Plan recorded a receivable from Plan A amounting to \$146,504 and \$86,724, respectively, which represents the account balances of the Plan participants that were incorrectly included in Plan A. In addition, as of December 31, 2020 and 2019, the Plan also recorded a payable to Plan A amounting to \$0 and \$26,493, respectively, which represents the account balance of one Plan A participant that was incorrectly included in Plan.

The Plan has not filed a complete Form 5500 for the plan years 2020 and 2021, and has not filed the Form 5500 for the plan year 2022. Plan management is working diligently to file the late Form 5500s and be current in the filings.

NOTE 9 - DELINQUENT PARTICIPANT CONTRIBUTIONS

The Company determined that certain remittances of employee deferrals and loan repayments were not made timely in accordance with the Department of Labor's guidelines totaling \$174,067. All remittances that the Company has categorized as delinquent are included in the Schedule of Delinquent Participant Contributions in the supplemental information to the financial statements. The Company is working with an ERISA counsel to make such corrections as necessary in accordance with Revenue Procedure 2021-30, Employee Plans Compliance Resolution System.

NOTE 10 - PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Transamerica Life Insurance Company, Inc., the Custodian of the Plan's assets. Transactions relating to these investments qualify as party-in-interest transactions. Administrative expenses paid to service providers qualify as party-in-interest transactions. Participants' loan activities also qualify as party-in-interest transactions. These transactions are covered by an exemption from the "prohibited transaction" provisions of ERISA and the IRC.

COLOR IMAGE APPAREL, INC. 401(k) PROFIT SHARING PLAN B

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2020 AND 2019 AND FOR THE YEAR ENDED DECEMBER 31, 2020

NOTE 11 - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through May 21, 2024, the date the financial statements were available to be issued. The Plan did not identify any subsequent events, except as disclosed in Notes 7 and 8 and below, that require recognition or disclosure in these financial statements.

The Plan was amended effective January 1, 2020 and employees are eligible to make salary deferrals upon the completion of at least 1 hour of service during the first 3 months of continuous employment. An eligible employee may elect to participate on the first day of the calendar month following the satisfaction of all eligibility requirements.

The Plan was amended and restated effective January 1, 2021 to bring the Plan into compliance with the legislative and regulatory changes.

The SECURE 2.0 Act of 2022 was signed into law on December 29, 2022. The legislation includes a vast array of provisional changes to retirement plans, becoming effective in 2023 and beyond. Plan management is evaluating the impact of the adoption and implementation of this legislation on the Plan.

Effective December 31, 2022, the Plan was merged into the Plan A, and the assets and liabilities of the Plan were effectively transferred into Plan A.

Effective December 31, 2022, Ingrid and Isabel, LLC ceased to be a participating employer of the Plan and is not a participating employer of the Merged Plan. Ingrid and Isabel, LLC and its employees were no longer eligible to make contributions to the Plan for any period after the effective date. On January 24, 2023, the assets and liabilities attributable to the employees of Ingrid and Isabel, LLC were transferred to a new separate plan established by Ingrid and Isabel, LLC.

Effective January 1, 2023, the Merged Plan was amended and restated to be a 401(k) safe harbor plan and excludes all leased employees. The amendment and restatement also include the formal adoption of the provisions under the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") and Setting Every Community Up for Retirement Act of 2019 ("SECURE Act").

On April 17, 2023, the Merged Plan was amended to adopt the FMR, LLC's pre-approved plan. In addition, the Plan changed recordkeeper from Transamerica to Fidelity Workplace Services, LLC and changed custodian from Transamerica to Fidelity Investments. On April 14, 2023, the Plan's assets were transferred from Transamerica to Fidelity Investments.

<p>SCHEDULE MEP (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p>	<p>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</p> <p>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)</p> <p>▶ File as an attachment to Form 5500.</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: 1.2em;">2023</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
--	---	--

For calendar plan year 2023 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

<p>A Name of plan Color Image Apparel, Inc. 401(k) Profit Sharing Plan B</p>	<p>B Three-digit Plan number (PN)..... ▶</p>	<p>002</p>
<p>C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF Color Image Apparel, Inc.</p>	<p>D Administrator's EIN 77-0540132</p>	

Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See instructions).

- a association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d other multiple-employer pension plan (Describe) Affiliated by ownership (Complete Part II)

Part II Participating Employer Information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
Color Image Apparel, Inc.	77-0540132	0%	0
Alo, LLC	81-4726986	16%	\$337,503.04
Bella + Canvas, LLC	81-4728563	23%	\$664,045.08
Ingrid & Ingrid, LLC	26-1438905	61%	\$1,304,001.11

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

Part III	Pooled Employer Plan Information
-----------------	---

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

- 3a** Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) Yes No
- 3b** If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)
ACK ID _____

Schedule D Part 1 Additional Page

a Name of MTIA, CCT, PSA, or 103-12 IE: Transamerica LifeGoal 2055 with BlackRock Ret Opt

b Name of sponsor of entity listed in (a): Transamerica Life Insurance Company

c EIN-PN	39-0989781 505	d Entity Code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	\$37,866.30
----------	----------------	---------------	---	--	-------------

a Name of MTIA, CCT, PSA, or 103-12 IE: Transamerica LifeGoal 2040 with BlackRock Ret Opt

b Name of sponsor of entity listed in (a): Transamerica Life Insurance Company

c EIN-PN	39-0989781 112	d Entity Code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	\$23,237.25
----------	----------------	---------------	---	--	-------------

a Name of MTIA, CCT, PSA, or 103-12 IE: Invesco International Bond Ret Opt

b Name of sponsor of entity listed in (a): Transamerica Life Insurance Company

c EIN-PN	39-0989781 89	d Entity Code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	\$17,300.58
----------	---------------	---------------	---	--	-------------

a Name of MTIA, CCT, PSA, or 103-12 IE: Transamerica LifeGoal 2060 with BlackRock Ret Opt

b Name of sponsor of entity listed in (a): Transamerica Life Insurance Company

c EIN-PN	39-0989781 612	d Entity Code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	\$3,635.17
----------	----------------	---------------	---	--	------------

COLOR IMAGE APPAREL, INC. 401(k) PROFIT SHARING PLAN B

SCHEDULE H-Line 4a-SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EIN: 77-0540132

PN: 002

FOR THE YEAR ENDED DECEMBER 31, 2020

Participant Contributions Transferred Late to the Plan	Check Here <input checked="" type="checkbox"/> If Late Participant Loan Repayments Are Included	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption (PTE) 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
January 6, 2017	X	\$ 743	\$ --	\$ --	--
January 13, 2017	X	3,504	--	--	--
January 20, 2017	X	900	--	--	--
January 27, 2017	X	868	--	--	--
January 31, 2017	X	2,639	--	--	--
February 3, 2017	X	867	--	--	--
February 10, 2017	X	868	--	--	--
February 15, 2017	X	3,011	--	--	--
February 17, 2017	X	2,594	--	--	--
March 31, 2017	X	3,181	--	--	--
April 28, 2017	X	1,111	--	--	--
April 30, 2017		2,723	--	--	--
May 19, 2017	X	1,102	--	--	--
May 26, 2017	X	1,148	--	--	--
May 31, 2017		2,414	--	--	--
June 9, 2017	X	1,116	--	--	--
June 16, 2017	X	1,129	--	--	--
June 23, 2017	X	1,123	--	--	--
June 30, 2017	X	3,538	--	--	--
June 30, 2017	X	1,199	--	--	--
July 7, 2017	X	1,032	--	--	--
July 14, 2017	X	1,203	--	--	--
July 21, 2017	X	1,235	--	--	--
July 28, 2017	X	1,209	--	--	--
August 4, 2017	X	1,215	--	--	--
August 11, 2017	X	1,231	--	--	--
August 15, 2017		1,683	--	--	--
August 18, 2017	X	86	--	--	--
August 25, 2017	X	1,208	--	--	--
September 1, 2017	X	1,187	--	--	--
September 15, 2017	X	2,253	--	--	--
September 22, 2017	X	1,240	--	--	--
October 6, 2017	X	1,254	--	--	--
October 27, 2017	X	1,140	--	--	--
October 31, 2017	X	2,348	--	--	--
November 3, 2017	X	1,238	--	--	--
December 1, 2017	X	1,239	--	--	--
December 29, 2017		2,313	--	--	--
February 9, 2018	X	15	--	--	--
February 23, 2018	X	3,759	--	--	--
March 2, 2018	X	1,432	--	--	--
March 9, 2018		813	--	--	--
March 23, 2018		3,040	--	--	--
March 23, 2018	X	174	--	--	--
March 30, 2018	X	5	--	--	--
January 17, 2020		1,890	--	--	--
March 31, 2020		4,021	--	--	--
April 1, 2020		63	--	--	--
April 3, 2020	X	1,423	--	--	--
May 5, 2020		7,564	--	--	--
May 20, 2020		7,564	--	--	--
June 5, 2020		7,564	--	--	--
June 19, 2020	X	9,462	--	--	--
June 30, 2020		7,564	--	--	--
July 20, 2020		7,564	--	--	--
August 5, 2020		7,564	--	--	--
September 4, 2020		20,071	--	--	--
September 18, 2020		8,579	--	--	--
October 5, 2020		6,719	--	--	--
November 20, 2020		7,125	--	--	--
		<u>\$ 174,067</u>	<u>\$ --</u>	<u>\$ --</u>	<u>--</u>

See independent auditors' report.

SCHEDULE R (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>	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.	<small>OMB No. 1210-0110</small> 2020 This Form is Open to Public Inspection.
--	---	---

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

A Name of plan <u>Color Image Apparel, Inc. 401(k) Profit Sharing Plan B</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>Color Image Apparel, Inc.</u>	D Employer Identification Number (EIN) <u>77-0540132</u>	

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): 77-0540132 26-1438905

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

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

3	
----------	--

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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 _____

COLOR IMAGE APPAREL, INC. 401(k) PROFIT SHARING PLAN B

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

EIN: 77-0540132

PN: 002

DECEMBER 31, 2020

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party		Description of Investment	Cost	Current Value
		Pooled Separate Accounts		
* TransAmerica		TA BlackRock Lifepath Index 2035 Ret Opt	**	\$ 241,817
* TransAmerica		TA BlackRock Lifepath Index 2050 Ret Opt	**	213,380
* TransAmerica		TA BlackRock Lifepath Index 2045 Ret Opt	**	192,378
* TransAmerica		Loomis Sayles Investment Grade Bond Ret Opt	**	173,630
* TransAmerica		TA BlackRock Lifepath Index 2030 Ret Opt	**	167,074
* TransAmerica		SSgA Russell Small Cap Index Ret Opt	**	126,504
* TransAmerica		Transamerica Large Cap Value Ret Opt	**	123,862
* TransAmerica		American Funds New Perspective Ret Opt	**	123,739
* TransAmerica		SSgA S&P Mid Cap Index Ret Opt	**	105,018
* TransAmerica		American Funds Growth Fund of America Ret Opt	**	104,149
* TransAmerica		Amer Funds EuroPacific Growth Ret Opt	**	99,858
* TransAmerica		TA BlackRock Lifepath Index 2025 Ret Opt	**	87,142
* TransAmerica		Transamerica Partners Stock Index Ret Opt	**	77,572
* TransAmerica		Transamerica Partners High Yield Bond Ret Opt	**	64,955
* TransAmerica		TA Vanguard REIT Index Ret Opt	**	58,856
* TransAmerica		TA BlackRock Lifepath Index 2055 Ret Opt	**	37,866
* TransAmerica		TA BlackRock Lifepath Index Retirement Ret Opt	**	37,164
* TransAmerica		Janus Balanced Ret Opt	**	33,442
* TransAmerica		TA BlackRock Lifepath Index 2040 Ret Opt	**	23,238
* TransAmerica		Invesco International Bond Ret Opt	**	17,301
* TransAmerica		TA BlackRock Lifepath Index 2060 Ret Opt	**	<u>3,635</u>
				2,112,580
		Fully Benefit-Responsive Investment Contract		
* TransAmerica		Stable Value Compass Option	**	<u>39,236</u>
		Total Investments		<u>\$ 2,151,816</u>

See independent auditors' report.

COLOR IMAGE APPAREL, INC. 401(k) PROFIT SHARING PLAN B

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

EIN: 77-0540132

PN: 002

DECEMBER 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	Cost	Current Value
		Notes Receivable from Participants		
		Participant loans, with interest ranging from 4.25% to 6.25% per annum, due at various dates through 2021.		
* Participant Loans				<u>\$ 15,451</u>
Total				<u>\$ 2,167,267</u>

* A party-in-interest for which a statutory exemption exists.

** Cost information for investments not required for participant-directed investments

See independent auditors' report.