

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="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: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
---	---	---

Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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>CALIFORNIA FAUCETS, INC. 401(K) PROFIT SHARING PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</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>CALIFORNIA FAUCETS, INC.</u></p> <p><u>5271 ARGOSY DRIVE</u> <u>HUNTINGTON BEACH, CA 92649-1015</u></p>	<p>1c Effective date of plan <u>05/01/1999</u></p> <p>2b Employer Identification Number (EIN) <u>33-0294654</u></p> <p>2c Plan Sponsor's telephone number <u>714-891-7797</u></p> <p>2d Business code (see instructions) <u>423700</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.	12/16/2025	RICHARD GRIPP
	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	260
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)	217
	6a(2)	231
	6b	0
	6c	50
	6d	281
	6e	0
	6f	281
	6g(1)	255
6g(2)	280	
6h	14	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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 type="checkbox"/> Insurance	(1) <input 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 type="checkbox"/> A (Insurance Information) – Number Attached _____
(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 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <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> 2024 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

Part I Service Provider Information (see instructions)

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

(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)

PACIFIC BENEFIT SERVICES, INC.

95-4746986

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
70	THIRD PARTY ADMINISTRATOR	21800	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CALIBER AUDIT AND ATTEST LLP

26-2350873

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	20000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE VANGUARD GROUP

23-1945930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19	CUSTODIAN	13518	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

RAYMOND JAMES & ASSOCIATES

6320 CANOGA AVENUE
SUITE 900
WOODLAND HILLS, CA 91367

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	CUSTODIAN	11757	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input 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"/>

(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 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> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan CALIFORNIA FAUCETS, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CALIFORNIA FAUCETS, INC.	D Employer Identification Number (EIN) 33-0294654

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	342773	526784
(2) Participant contributions	1b(2)	3033	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	261621	939453
(2) U.S. Government securities	1c(2)	82368	76890
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1262484	970162
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	305512	334776
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	63113	96061
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4551781	6022500
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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	6872685	8966626
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	6872685	8966626

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)	878920	
(B) Participants.....	2a(1)(B)	637913	
(C) Others (including rollovers).....	2a(1)(C)	7164	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1523997
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)	5767	
(F) Other.....	2b(1)(F)	41062	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		46829
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	153538	
(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)		153538
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	1756458	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1705196	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		51262
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	550426	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		550426

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2326052

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	163956	
(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)		163956
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)	22880	
(3) Recordkeeping fees	2i(3)	13518	
(4) IQPA audit fees	2i(4)	20000	
(5) Investment advisory and investment management fees	2i(5)	11757	
(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)		68155
j Total expenses. Add all expense amounts in column (b) and enter total	2j		232111

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2093941
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: CALIBER AUDIT AND ATTEST LLP

(2) EIN: 26-2350873

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:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
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.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
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.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SCHEDULE R (Form 5500) <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> 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>CALIFORNIA FAUCETS, INC. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CALIFORNIA FAUCETS, INC.</u>	D Employer Identification Number (EIN) <u>33-0294654</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): 83-0489708 33-6134835

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 (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703912A.

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

Financial Statements

December 31, 2024 and 2023



C O N T E N T S

	<u><i>Page(s)</i></u>
<i>Independent Auditors' Report</i>	1 - 4
<i>Financial Statements</i>	
Statements of net assets available for benefits	5
Statement of changes in net assets available for benefits	6
Notes to financial statements	7 - 16
<i>Supplemental Information</i>	
Schedule of assets (held at end of year)	17 - 19



Independent Auditors' Report

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

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of California Faucets, Inc. 401(k) Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements (financial statements).

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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



Independent Auditors' Report - Continued

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of California Faucets, Inc. 401(k) Profit Sharing Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about California Faucets, Inc. 401(k) Profit Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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



Independent Auditors' Report - Continued

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of California Faucets, Inc. 401(k) Profit Sharing Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about California Faucets, Inc. 401(k) Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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



Independent Auditors' Report - Continued

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Caliber Audit & Attest, LLP

San Luis Obispo, California
October 9, 2025

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

*Statements of Net Assets Available for Benefits
December 31, 2024 and 2023*

	<u>2024</u>	<u>2023</u>
ASSETS		
<i>Investments at fair value (See Notes 4 and 5)</i>	\$ 8,343,781	\$ 6,463,767
Receivables		
Participant contributions	-	3,033
Employer safe harbor matching contribution	1,784	1,105
Employer profit sharing contribution	525,000	341,667
Notes receivable from participants	96,061	63,113
Total receivables	<u>622,845</u>	<u>408,918</u>
Total assets	<u>8,966,626</u>	<u>6,872,685</u>
LIABILITIES		
Total liabilities	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 8,966,626</u>	<u>\$ 6,872,685</u>

See Notes to Financial Statements.

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

*Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2024*

Additions to net assets attributed to:

Investment income:	
Net appreciation in fair value of investments	\$ 569,017
Dividend and interest income	227,270
Total investment income	<u>796,287</u>
Interest income on notes receivable from participants	<u>5,767</u>
Contributions:	
Participant	637,913
Participant rollover	7,165
Employer safe harbor matching	353,920
Employer profit sharing	525,000
Total contributions	<u>1,523,998</u>
Total additions	<u>2,326,052</u>

Deductions from net assets attributed to:

Benefits paid to participants	163,956
Administrative expenses	<u>68,155</u>
Total deductions	<u>232,111</u>
Net increase	2,093,941

Net assets available for benefits:

Beginning of year	<u>6,872,685</u>
End of year	<u>\$ 8,966,626</u>

See Notes to Financial Statements.

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

Notes to Financial Statements

Note 1. Plan Description

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

General:

The Plan is a defined contribution plan covering all employees of California Faucets, Inc. (the Company) and its affiliate PVD II LLC who have met the waiting requirement of 60 days of continuous employment, and are not members of a collective bargaining unit, leased employees, or non-resident aliens. Employees enter the Plan on the first day of the calendar month that occurs after the employee has completed the eligibility service period. The Plan is a defined contribution plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan administration:

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

The Company contracts with Ascensus Trust Company, in partnership with Vanguard (Vanguard), to act as a custodian of the participant directed assets of the Plan. The Company contracts with Raymond James to act as the custodian over the Company profit sharing contributions and non-participant directed assets of the Plan. Vanguard and Howard Simon act as the recordkeeper to process and maintain records of participant data. Howard Simon is also the third party administrator.

Contributions:

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

The Plan is intended to satisfy an eligible automatic contribution arrangement (EACA). Only participants with an initial eligible entry date on or after April 1, 2023, are subject to the eligible automatic enrollment provisions of the Plan. The initial amount of the eligible automatic enrollment (as a percentage of pay) is 3% and there is no automatic increase provision.

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

Notes to Financial Statements

The Company makes a safe harbor matching contribution on behalf of each eligible employee equal to 100% of the amount of the employee's elective deferrals that do not exceed 3% of the employee's compensation for the Plan year plus 50% of the amount of the employee's elective deferrals that exceed 3% of the employee's compensation but that do not exceed 5% of the employee's compensation. Beginning January 1, 2023, the Plan amended its provisions to calculate and fund the safe harbor matching contribution each pay period. The Company may, in its discretion, also make additional matching contributions. Participants direct the investment of their contributions and Company safe harbor contribution into various investment options offered by the Plan.

The Company may also contribute to the Plan an employer discretionary profit sharing contribution. In order to receive a profit sharing allocation for the year ended December 31, 2024, the participant must be employed on the last day of the Plan year.

Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant accounts:

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

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

Vesting:

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

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

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

Notes to Financial Statements

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

Notes receivable from participants:

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

Benefit payments and withdrawals:

On termination of employment, participants, or their beneficiaries, are entitled to a distribution of their vested account balances. On termination due to death or retirement, a participant, or their beneficiaries, are entitled to 100% of the participant's account. Benefit payments are made at the participant's election at the latest of the close of the Plan year in which the participant terminated service or the receipt of a written election from the participant. Hardship withdrawals are not permitted by the Plan. On termination of service, if the participant's vested account does not exceed \$7,000, a distribution may be made without consent of the participant following the close of plan year in which separation occurred, with rollover provisions for balances over \$1,000.

Forfeited accounts:

Forfeitures result from non-vested benefit payments remaining in the Plan for all terminated employees or adjustments, if any. At December 31, 2024 and 2023, the forfeiture balance was \$9,093 and \$0, respectively. During the year ended December 31, 2024, no forfeitures were used to pay Plan expenses. If any forfeitures remain after being applied towards expenses in the current and subsequent year, they may be used to supplement the employer contributions and may be allocated to eligible participants.

Note 2. Significant Accounting Policies

Basis of accounting:

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

Use of estimates:

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

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

Notes to Financial Statements

Cash:

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

Investment valuation and income recognition:

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

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

Notes receivable from participants:

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative fees and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2024 and 2023. If a participant does not make loan repayments and the participant loan is considered to be in default and uncollectible, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Excess contributions payable:

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

Payment of benefits:

Benefits are recorded when paid.

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

Notes to Financial Statements

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 and benefit payments are charged directly to the participant's account and are included in administrative fees. Recordkeeping, investment, and investment advisory fees have also been included in administrative fees. Other investment related expenses, including transaction fees, are included in net appreciation of fair value of investments.

Note 3. Certified Investments and Notes Receivable (Participant Directed Investments)

The following information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2024 and 2023, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Ascensus, LLC, as an authorized representative of Ascensus Trust Company.

	<u>2024</u>	<u>2023</u>
Investments, at fair value	\$ 5,387,159	\$ 3,978,726
Notes receivable from participants	\$ 82,909	\$ 27,589
Investment income	\$ 563,545	
Interest income on notes receivable from participants	\$ 4,504	

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

Notes to Financial Statements

Note 4. Nonparticipant-Directed Investments

Investments not held or certified by Ascensus Trust Company are non-participant directed and were held by Raymond James as of December 31, 2024 and 2023.

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

	<u>2024</u>	<u>2023</u>
Net assets:		
Interest-bearing cash	\$ 766,558	\$ 95,515
Mutual funds	745,421	672,153
Exchange traded funds	62,815	67,008
Market-linked investments	533,416	690,390
Fixed income	169,283	303,046
Common stock	334,778	305,513
Capital call structure investments	123,774	123,339
Real estate investment trusts	220,577	228,077
Employer profit sharing contribution receivable	525,000	341,667
Notes receivable from participants	13,152	35,524
Total nonparticipant directed net assets	<u>\$ 3,494,774</u>	<u>\$ 2,862,232</u>
	Year Ended	
	<u>December 31, 2024</u>	
Changes in net assets:		
Dividend and interest income	\$ 102,480	
Interest income on notes receivable from participants	1,263	
Net appreciation in fair value of investments	130,262	
Employer profit sharing contribution	525,000	
Benefits paid to participants	(74,885)	
Other adjustments	3,059	
Administrative expenses	<u>(54,637)</u>	
Total changes in nonparticipant directed net assets	<u>\$ 632,542</u>	

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

Notes to Financial Statements

Note 5. Investments and Fair Value Measurements

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

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes to the methodologies used at December 31, 2024 and 2023.

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

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

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

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

Notes to Financial Statements

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

Fixed income (including brokered certificates of deposit): Valued using prices from independent quotation bureaus that use computerized valuation formulas to calculate the current value maximizing the use of observable inputs for similar securities, or valued at invested value plus accrued interest to date.

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

Real estate investment trust: Valued based on the net asset value of the underlying investments held in the portfolio.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024:

	<i>Level 1</i>	<i>Level 2</i>	<i>Total</i>
Interest-bearing cash	\$ 766,558	\$ -	\$ 766,558
Mutual funds (and money market)	6,132,580	-	6,132,580
Exchange traded funds	62,815	-	62,815
Common stock	334,778	-	334,778
Market-linked investments	-	533,416	533,416
Fixed income	-	169,283	169,283
Capital call structure investments	-	123,774	123,774
Real estate investment trusts	-	220,577	220,577
Total investments at fair value	<u>\$ 7,296,731</u>	<u>\$ 1,047,050</u>	<u>\$ 8,343,781</u>

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

Notes to Financial Statements

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
Interest-bearing cash	\$ 95,515	\$ -	\$ 95,515
Mutual funds (and money market)	4,650,879	-	4,650,879
Exchange traded funds	67,008	-	67,008
Common stock	305,513	-	305,513
Market-linked investments	-	690,390	690,390
Fixed income	-	303,046	303,046
Capital call structure investments	-	123,339	123,339
Real estate investment trusts	-	228,077	228,077
	<hr/>	<hr/>	<hr/>
Total investments at fair value	\$ 5,118,915	\$ 1,344,852	\$ 6,463,767

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

Vanguard (with affiliated entity Ascensus Trust Company) is the custodian and recordkeeper of the participant directed Plan assets. Raymond James is the custodian of the nonparticipant directed Plan assets. Howard Simon is the third party administrator for the Plan, as well as the recordkeeper of the non-participant directed Plan assets. Caliber Audit & Attest, LLP is the auditor as defined by the Plan. These entities are parties-in-interest with respect to the Plan, and transactions are exempt from the prohibited transactions rules.

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

Note 7. Plan Termination

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

Note 8. Tax Status

The Company has adopted a pre-approved plan document that has received an opinion letter from the IRS dated June 30, 2020, stating that the form of the pre-approved plan document was in compliance with the applicable requirements of the Internal Revenue Code (IRC). Including any applicable amendments, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC, and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

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

Notes to Financial Statements

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan as of December 31, 2024, and is not aware of any uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 9. Risks and Uncertainties

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

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

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

There were no reconciling items between the financial statements and Form 5500 as of December 31, 2024 and December 31, 2023, or for the year ended December 31, 2024.

Note 11. Subsequent Events

The Plan has evaluated subsequent events through October 9, 2025, the date the financial statements were available to be issued.

Supplemental Information
California Faucets, Inc. 401(k) Profit Sharing Plan
Schedule H, Line 4i Form 5500
Schedule of Assets (Held at End of Year)
EIN 33-0294654 Plan #001
December 31, 2024

(a)	(b) <i>Identity of Issue or Borrower</i>	(c) <i>Description of Investment</i>	(d) <i>Cost</i>	(e) <i>Current Value</i>
*	Vanguard Federal Money Market Investment	Money market	**	\$ 172,895
*	Vanguard 500 Index Adm	Mutual fund	**	58,052
*	Vanguard Health Care Adm	Mutual fund	**	19,547
*	Vanguard Value Index Adm	Mutual fund	**	3,936
*	Vanguard Growth Index Adm	Mutual fund	**	120,085
*	Vanguard ESG U.S. Stock ETF	Mutual fund	**	238,506
*	Vanguard Equity Income Adm	Mutual fund	**	15,455
*	Vanguard Mid Cap Index Adm	Mutual fund	**	57,000
*	Vanguard Balanced Index Adm	Mutual fund	**	2,818
*	Vanguard Small-Cap Index Adm	Mutual fund	**	61,860
*	Vanguard Financials Index Adm	Mutual fund	**	43,202
*	Vanguard Wellesley Income Adm	Mutual fund	**	5,599
*	Vanguard Real Estate Index Adm	Mutual fund	**	24,094
*	Vanguard ESG International Stock ETF	Mutual fund	**	16,051
*	Vanguard Information Tech Index Adm	Mutual fund	**	166,317
*	Vanguard Total International Stock Index Adm	Mutual fund	**	1,457
*	Vanguard Emerging Mkts Stock Idx Adm	Mutual fund	**	18
*	Vanguard Global ESG Select Stock Inv	Mutual fund	**	109,599
*	Vanguard Target Retirement 2020	Mutual fund	**	234,686
*	Vanguard Target Retirement 2025	Mutual fund	**	869,643
*	Vanguard Target Retirement 2030	Mutual fund	**	512,747
*	Vanguard Target Retirement 2035	Mutual fund	**	416,382
*	Vanguard Target Retirement 2040	Mutual fund	**	785,557
*	Vanguard Target Retirement 2045	Mutual fund	**	398,178
*	Vanguard Target Retirement 2050	Mutual fund	**	275,534
*	Vanguard Target Retirement 2055	Mutual fund	**	202,894
*	Vanguard Target Retirement 2060	Mutual fund	**	174,114
*	Vanguard Target Retirement 2065	Mutual fund	**	138,206
*	Vanguard Target Retirement 2070	Mutual fund	**	6,470
*	Vanguard Total Bond Market Index Adm	Mutual fund	**	73,052
*	Vanguard Total Stock Market Index Adm	Mutual fund	**	37,966
*	Vanguard Target Retirement Income	Mutual fund	**	145,239

* Party-in-interest

** Participant directed

Supplemental Information
California Faucets, Inc. 401(k) Profit Sharing Plan
Schedule H, Line 4i Form 5500
Schedule of Assets (Held at End of Year) - Continued
EIN 33-0294654 Plan #001
December 31, 2024

(a)	(b) <i>Identity of Issue or Borrower</i>	(c) <i>Description of Investment</i>	(d) <i>Cost</i>	(e) <i>Current Value</i>
*	Raymond James Bank Deposit Program	Interest-bearing cash	\$ 36,587	\$ 36,587
	JPMorgan Liquid Assets Govt Fund	Interest-bearing cash	456,782	456,782
	Goldman Sachs Financial Square Treasury Oblig	Interest-bearing cash	273,189	273,189
	Owl Rock Technology Finance Corp	Capital call structure investment	121,200	123,774
	Nuveen Global Cities	Real estate investment trust	252,500	220,577
	Wells Fargo & Co CUSIP 95000U2A0	Fixed income	6,083	5,814
	Citigroup Inc CUSIP 172967LP4	Fixed income	6,037	5,812
	Comcast Corp CUSIP 20030NCT6	Fixed income	5,314	4,876
	JPMorgan Chase & Co CUSIP 46647PAV8	Fixed income	8,191	7,785
	Enterprise Products Oper CUSIP 29379VBU6	Fixed income	4,295	3,442
	Bank Of America Corporation CUSIP 06051GHX0	Fixed income	6,308	5,422
	CVS Health Corp CUSIP 126650CX6	Fixed income	7,127	5,813
	Goldman Sachs Group, Inc. CUSIP 38141GXH2	Fixed income	7,031	5,627
	Shell International Finance CUSIP 822582BT8	Fixed income	6,675	5,866
	Verizon Communications Inc CUSIP 92343VDY7	Fixed income	6,992	5,932
	FNMA - Call Bond CUSIP 31359MGK3	Fixed income	4,037	3,331
	United States Treasury Bond CUSIP 912810SF6	Fixed income	13,523	8,730
	United States Treasury Notes CUSIP 912828ZL7	Fixed income	15,034	14,810
	United States Treasury Notes CUSIP 91282CAZ4	Fixed income	12,819	12,554
	United States Treasury Notes CUSIP 912828P46	Fixed income	10,706	9,714
	United States Treasury Notes CUSIP 91282CBL4	Fixed income	12,729	10,728
	United States Treasury Notes CUSIP 91282CCF6	Fixed income	4,983	4,762
	United States Treasury Notes CUSIP 91282CDQ1	Fixed income	12,767	12,261
	Amazon.com, Inc. NTS ISIN	Fixed income	6,033	5,125
	Fannie Mae Pool #MA4587 Intermediate Term 20 Year	Fixed income	4,856	4,154
	Fannie Mae Pool #MA4387 Intermediate Term 20 Year	Fixed income	5,172	4,257
	Fannie Mae Pool #MA4438 Long Term 30 Year	Fixed income	11,643	9,502
	Citigroup Global 5Y Global Equity Contingent Coupon	Market-linked investment	200,000	196,180
	GS Finance Corp	Market-linked investment	150,006	172,221
	HSBC Bank USA	Market-linked investment	160,456	165,015
	SPDR S&P Midcap 400 ETF Trust	Exchange-traded fund	34,515	47,275
	First Trust NASDAQ Clean Edge Green	Exchange-traded fund	12,831	15,540
	Brown Advisory Sustainable Growth	Mutual fund	66,935	129,805
	Calvert Emerging Markets Equity	Mutual fund	66,367	79,834

* Party-in-interest

Supplemental Information
California Faucets, Inc. 401(k) Profit Sharing Plan
Schedule H, Line 4i Form 5500
Schedule of Assets (Held at End of Year) - Continued
EIN 33-0294654 Plan #001
December 31, 2024

(a)	(b) <i>Identity of Issue or Borrower</i>	(c) <i>Description of Investment</i>	(d) <i>Cost</i>	(e) <i>Current Value</i>
	Freddie Mac #3132DWC84	Fixed income	\$ 3,239	\$ 2,719
	Freddie Mac #3132DWD7	Fixed income	6,674	5,984
	Fannie Mae #3140XGB32	Fixed income	4,874	4,263
	Parnassus Endeavor Fund	Mutual fund	230,111	323,235
	Pax Global Environmental Mkts Fund	Mutual fund	74,022	114,572
	PGIM Jennison Intl Opportunities Fund	Mutual fund	64,003	97,975
	Allegion Plc	Common stock	8,612	11,108
	Aspen Technology Inc	Common stock	10,580	13,230
	Bentley Systems Inc	Common stock	12,533	15,411
	Berkley W R Corp	Common stock	7,000	15,157
	BJS Wholesale Hldgs Incorporated	Common stock	8,328	9,739
	Bright Horizons Family Solutions Inc	Common stock	10,427	9,866
	Chemed Corp	Common stock	8,079	9,007
	Choice Hotels International Incorporated	Common stock	10,585	12,210
	Universal Display Corporation	Common stock	11,682	8,772
	Equifax Inc	Common stock	8,994	13,762
	Fair Isaac Corp	Common stock	1,652	7,964
	Henry Jack & Associates Inc	Common stock	11,967	12,096
	Interactive Brokers Group	Common stock	6,535	18,904
	LCI Industries	Common stock	3,094	2,688
	LPL Financial Holdings Inc	Common stock	7,964	18,285
	Lennox International Inc	Common stock	8,024	20,716
	Nordson Corp	Common stock	10,942	12,136
	Ollies Bargain Outlet Hldgs	Common stock	8,325	9,437
	Pool Corp	Common stock	12,191	14,319
	Rollins Inc	Common stock	8,408	12,236
	SAIA Incorporated	Common stock	6,552	10,938
	Scotts Miracle-Gro Company	Common stock	15,765	7,364
	SiteOne Landscape Supply Inc	Common stock	6,878	8,170
	Teradyne Inc	Common stock	7,316	10,200
	Thor Industries Inc	Common stock	8,997	8,231
	Watsco Inc	Common stock	9,343	14,691
	Zebra Technologies Corp	Common stock	10,042	14,676
	Zurn Elkay Water Solns Corporation	Common stock	9,352	13,465
*	Participant loans	Interest rates 4.00 - 9.50%	- 0 -	96,061
				\$ 8,439,842

* Party-in-interest

Supplemental Information
California Faucets, Inc. 401(k) Profit Sharing Plan
Schedule H, Line 4i Form 5500
Schedule of Assets (Held at End of Year)
EIN 33-0294654 Plan #001
December 31, 2024

(a)	(b) <i>Identity of Issue or Borrower</i>	(c) <i>Description of Investment</i>	(d) <i>Cost</i>	(e) <i>Current Value</i>
*	Vanguard Federal Money Market Investment	Money market	**	\$ 172,895
*	Vanguard 500 Index Adm	Mutual fund	**	58,052
*	Vanguard Health Care Adm	Mutual fund	**	19,547
*	Vanguard Value Index Adm	Mutual fund	**	3,936
*	Vanguard Growth Index Adm	Mutual fund	**	120,085
*	Vanguard ESG U.S. Stock ETF	Mutual fund	**	238,506
*	Vanguard Equity Income Adm	Mutual fund	**	15,455
*	Vanguard Mid Cap Index Adm	Mutual fund	**	57,000
*	Vanguard Balanced Index Adm	Mutual fund	**	2,818
*	Vanguard Small-Cap Index Adm	Mutual fund	**	61,860
*	Vanguard Financials Index Adm	Mutual fund	**	43,202
*	Vanguard Wellesley Income Adm	Mutual fund	**	5,599
*	Vanguard Real Estate Index Adm	Mutual fund	**	24,094
*	Vanguard ESG International Stock ETF	Mutual fund	**	16,051
*	Vanguard Information Tech Index Adm	Mutual fund	**	166,317
*	Vanguard Total International Stock Index Adm	Mutual fund	**	1,457
*	Vanguard Emerging Mkts Stock Idx Adm	Mutual fund	**	18
*	Vanguard Global ESG Select Stock Inv	Mutual fund	**	109,599
*	Vanguard Target Retirement 2020	Mutual fund	**	234,686
*	Vanguard Target Retirement 2025	Mutual fund	**	869,643
*	Vanguard Target Retirement 2030	Mutual fund	**	512,747
*	Vanguard Target Retirement 2035	Mutual fund	**	416,382
*	Vanguard Target Retirement 2040	Mutual fund	**	785,557
*	Vanguard Target Retirement 2045	Mutual fund	**	398,178
*	Vanguard Target Retirement 2050	Mutual fund	**	275,534
*	Vanguard Target Retirement 2055	Mutual fund	**	202,894
*	Vanguard Target Retirement 2060	Mutual fund	**	174,114
*	Vanguard Target Retirement 2065	Mutual fund	**	138,206
*	Vanguard Target Retirement 2070	Mutual fund	**	6,470
*	Vanguard Total Bond Market Index Adm	Mutual fund	**	73,052
*	Vanguard Total Stock Market Index Adm	Mutual fund	**	37,966
*	Vanguard Target Retirement Income	Mutual fund	**	145,239

* Party-in-interest

** Participant directed

Supplemental Information
California Faucets, Inc. 401(k) Profit Sharing Plan
Schedule H, Line 4i Form 5500
Schedule of Assets (Held at End of Year) - Continued
EIN 33-0294654 Plan #001
December 31, 2024

(a)	(b) <i>Identity of Issue or Borrower</i>	(c) <i>Description of Investment</i>	(d) <i>Cost</i>	(e) <i>Current Value</i>
*	Raymond James Bank Deposit Program	Interest-bearing cash	\$ 36,587	\$ 36,587
	JPMorgan Liquid Assets Govt Fund	Interest-bearing cash	456,782	456,782
	Goldman Sachs Financial Square Treasury Oblig	Interest-bearing cash	273,189	273,189
	Owl Rock Technology Finance Corp	Capital call structure investment	121,200	123,774
	Nuveen Global Cities	Real estate investment trust	252,500	220,577
	Wells Fargo & Co CUSIP 95000U2A0	Fixed income	6,083	5,814
	Citigroup Inc CUSIP 172967LP4	Fixed income	6,037	5,812
	Comcast Corp CUSIP 20030NCT6	Fixed income	5,314	4,876
	JPMorgan Chase & Co CUSIP 46647PAV8	Fixed income	8,191	7,785
	Enterprise Products Oper CUSIP 29379VBU6	Fixed income	4,295	3,442
	Bank Of America Corporation CUSIP 06051GHX0	Fixed income	6,308	5,422
	CVS Health Corp CUSIP 126650CX6	Fixed income	7,127	5,813
	Goldman Sachs Group, Inc. CUSIP 38141GXH2	Fixed income	7,031	5,627
	Shell International Finance CUSIP 822582BT8	Fixed income	6,675	5,866
	Verizon Communications Inc CUSIP 92343VDY7	Fixed income	6,992	5,932
	FNMA - Call Bond CUSIP 31359MGK3	Fixed income	4,037	3,331
	United States Treasury Bond CUSIP 912810SF6	Fixed income	13,523	8,730
	United States Treasury Notes CUSIP 912828ZL7	Fixed income	15,034	14,810
	United States Treasury Notes CUSIP 91282CAZ4	Fixed income	12,819	12,554
	United States Treasury Notes CUSIP 912828P46	Fixed income	10,706	9,714
	United States Treasury Notes CUSIP 91282CBL4	Fixed income	12,729	10,728
	United States Treasury Notes CUSIP 91282CCF6	Fixed income	4,983	4,762
	United States Treasury Notes CUSIP 91282CDQ1	Fixed income	12,767	12,261
	Amazon.com, Inc. NTS ISIN	Fixed income	6,033	5,125
	Fannie Mae Pool #MA4587 Intermediate Term 20 Year	Fixed income	4,856	4,154
	Fannie Mae Pool #MA4387 Intermediate Term 20 Year	Fixed income	5,172	4,257
	Fannie Mae Pool #MA4438 Long Term 30 Year	Fixed income	11,643	9,502
	Citigroup Global 5Y Global Equity Contingent Coupon	Market-linked investment	200,000	196,180
	GS Finance Corp	Market-linked investment	150,006	172,221
	HSBC Bank USA	Market-linked investment	160,456	165,015
	SPDR S&P Midcap 400 ETF Trust	Exchange-traded fund	34,515	47,275
	First Trust NASDAQ Clean Edge Green	Exchange-traded fund	12,831	15,540
	Brown Advisory Sustainable Growth	Mutual fund	66,935	129,805
	Calvert Emerging Markets Equity	Mutual fund	66,367	79,834

* Party-in-interest

Supplemental Information
California Faucets, Inc. 401(k) Profit Sharing Plan
Schedule H, Line 4i Form 5500
Schedule of Assets (Held at End of Year) - Continued
EIN 33-0294654 Plan #001
December 31, 2024

(a)	(b) <i>Identity of Issue or Borrower</i>	(c) <i>Description of Investment</i>	(d) <i>Cost</i>	(e) <i>Current Value</i>
	Freddie Mac #3132DWC84	Fixed income	\$ 3,239	\$ 2,719
	Freddie Mac #3132DWD7	Fixed income	6,674	5,984
	Fannie Mae #3140XGB32	Fixed income	4,874	4,263
	Parnassus Endeavor Fund	Mutual fund	230,111	323,235
	Pax Global Environmental Mkts Fund	Mutual fund	74,022	114,572
	PGIM Jennison Intl Opportunities Fund	Mutual fund	64,003	97,975
	Allegion Plc	Common stock	8,612	11,108
	Aspen Technology Inc	Common stock	10,580	13,230
	Bentley Systems Inc	Common stock	12,533	15,411
	Berkley W R Corp	Common stock	7,000	15,157
	BJS Wholesale Hldgs Incorporated	Common stock	8,328	9,739
	Bright Horizons Family Solutions Inc	Common stock	10,427	9,866
	Chemed Corp	Common stock	8,079	9,007
	Choice Hotels International Incorporated	Common stock	10,585	12,210
	Universal Display Corporation	Common stock	11,682	8,772
	Equifax Inc	Common stock	8,994	13,762
	Fair Isaac Corp	Common stock	1,652	7,964
	Henry Jack & Associates Inc	Common stock	11,967	12,096
	Interactive Brokers Group	Common stock	6,535	18,904
	LCI Industries	Common stock	3,094	2,688
	LPL Financial Holdings Inc	Common stock	7,964	18,285
	Lennox International Inc	Common stock	8,024	20,716
	Nordson Corp	Common stock	10,942	12,136
	Ollies Bargain Outlet Hldgs	Common stock	8,325	9,437
	Pool Corp	Common stock	12,191	14,319
	Rollins Inc	Common stock	8,408	12,236
	SAIA Incorporated	Common stock	6,552	10,938
	Scotts Miracle-Gro Company	Common stock	15,765	7,364
	SiteOne Landscape Supply Inc	Common stock	6,878	8,170
	Teradyne Inc	Common stock	7,316	10,200
	Thor Industries Inc	Common stock	8,997	8,231
	Watsco Inc	Common stock	9,343	14,691
	Zebra Technologies Corp	Common stock	10,042	14,676
	Zurn Elkay Water Solns Corporation	Common stock	9,352	13,465
*	Participant loans	Interest rates 4.00 - 9.50%	- 0 -	96,061
				\$ 8,439,842

* Party-in-interest

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
---	--	---

Part I Annual Report Identification Information				
For calendar plan year 2024 or fiscal plan year beginning		01/01/2024	and ending	12/31/2024
A This return/report is for:	<input type="checkbox"/> a multiemployer plan	<input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)		
	<input checked="" type="checkbox"/> a single-employer plan	<input type="checkbox"/> a DFE (specify) _____		
B This return/report is:	<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report		
	<input checked="" type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)		
C If the plan is a collectively-bargained plan, check here:	<input type="checkbox"/>			
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension	<input type="checkbox"/> the DFVC program	
	<input type="checkbox"/> special extension (enter description)			
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here:	<input type="checkbox"/>			

Part II Basic Plan Information —enter all requested information			
1a Name of plan	California Faucets, Inc. 401(k) Profit Sharing Plan	1b Three-digit plan number (PN) ▶	001
		1c Effective date of plan	05/01/1999
2a Plan sponsor's name (employer, if for a single-employer plan)	California Faucets, Inc.		
Mailing address (include room, apt., suite no. and street, or P.O. Box)	5271 Argosy Drive		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	Huntington Beach CA 92649-1015		
		2b Employer Identification Number (EIN)	33-0294654
		2c Plan Sponsor's telephone number	(714) 891-7797
		2d Business code (see instructions)	423700

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

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

SIGN HERE		12/17/25	Richard Gripp
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">5</td> <td style="text-align: right;">260</td> </tr> </table>	5	260																		
5	260																				
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.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6a(1)</td> <td style="text-align: right;">217</td> </tr> <tr> <td>6a(2)</td> <td style="text-align: right;">231</td> </tr> <tr> <td>6b</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6c</td> <td style="text-align: right;">50</td> </tr> <tr> <td>6d</td> <td style="text-align: right;">281</td> </tr> <tr> <td>6e</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6f</td> <td style="text-align: right;">281</td> </tr> <tr> <td>6g(1)</td> <td style="text-align: right;">255</td> </tr> <tr> <td>6g(2)</td> <td style="text-align: right;">280</td> </tr> <tr> <td>6h</td> <td style="text-align: right;">14</td> </tr> </table>	6a(1)	217	6a(2)	231	6b	0	6c	50	6d	281	6e	0	6f	281	6g(1)	255	6g(2)	280	6h	14
6a(1)	217																				
6a(2)	231																				
6b	0																				
6c	50																				
6d	281																				
6e	0																				
6f	281																				
6g(1)	255																				
6g(2)	280																				
6h	14																				
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">7</td> <td></td> </tr> </table>	7																			
7																					

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (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)

<p>a Pension Schedules</p> <p>(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____</p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
---	--

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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____
