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

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [X] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
WL PLASTICS 401(K) RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/01/2004

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)
WL PLASTICS CORPORATION

3575 LONE STAR CIRCLE SUITE 300
FORT WORTH, TX 76177

2b Employer Identification Number (EIN)
03-0529076

2c Plan Sponsor's telephone number
682-831-2700

2d Business code (see instructions)
326100

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.	09/18/2019	TIMOTHY SMITH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	357
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	290
a(2) Total number of active participants at the end of the plan year	**6a(2)**	413
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	72
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	485
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f Total. Add lines **6d** and **6e**.	**6f**	486
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	390
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	53
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:

2E 2F 2G 2J 2K 2S 2T 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)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2018** **This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
WL PLASTICS 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WL PLASTICS CORPORATION

D Employer Identification Number (EIN)
03-0529076

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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(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)

MORGAN STANLEY GLOBAL BANKING OPER

26-4310632

(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?
26 28	INVESTMENT ADVISOR	34780	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	34682	Yes [X] No [ ]	Yes [X] No [ ]		Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TRP BLUE CHIP GRTH - T. ROWE PRICE 52-2269240	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TRP QM US SM-CP GR - T. ROWE PRICE 52-2269240	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
WL PLASTICS 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
WL PLASTICS CORPORATION

D Employer Identification Number (EIN)
03-0529076

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

a Name of MTIA, CCT, PSA, or 103-12 IE: WT G RETIRE INC F35

b Name of sponsor of entity listed in (a): WILMINGTON TRUST FIDUCIARY SERVICES

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-5886387-082	C	11802

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
WL PLASTICS 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WL PLASTICS CORPORATION

D Employer Identification Number (EIN)
03-0529076

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	110269	144028
(9) Value of interest in common/collective trusts	1c(9)	56026	11802
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7914230	8411692
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	8080525	8567522
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	8080525	8567522

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)	506506	
	(B) Participants	2a(1)(B)	858472	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1364978
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	5688	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		5688
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	261481	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		261481
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1001
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-831693
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		801455
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	243812	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		243812
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	1184	
(4) Other	2i(4)	69462	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		70646
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		314458
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		486997
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

(1) Name: ARMANINO LLP **(2)** EIN: 94-6214841

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
WL PLASTICS 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WL PLASTICS CORPORATION

D Employer Identification Number (EIN)
03-0529076

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

WL Plastics 401(k) Retirement Plan

Financial Statements
and Supplemental Schedules

December 31, 2018 and 2017
and For the Year Ended December 31, 2018

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INDEPENDENT AUDITOR'S REPORT

Plan Investment Committee and Participants
WL Plastics 401(k) Retirement Plan
Fort Worth, Texas

We were engaged to audit the accompanying financial statements of WL Plastics 401(k) Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statement of changes in net assets available for benefits for the year ended December 31, 2018, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform any audit procedures with respect to the information referred to in Note 4 which was certified by Fidelity Management Trust Company, the trustee of the Plan (Trustee), except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the Trustee as of December 31, 2018 and 2017, and for the year ended December 31, 2018, that the information provided to the plan administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter - Supplemental Schedules

The supplemental schedules of delinquent participant contributions and assets (held at end of year) ("supplemental schedules") as of December 31, 2018, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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

Armanino LLP

Armanino LLP
Dallas, Texas

August 20, 2019

WL Plastics 401(k) Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2018 and 2017

	2018	2017
ASSETS		
Investments		
Mutual funds, at fair value	$ 8,411,693	$ 7,914,230
Common collective trust fund, at estimated fair value	11,802	56,026
Total investments	8,423,495	7,970,256
Receivables		
Employer contributions	32,532	25,424
Employee contributions	29,726	-
Notes receivable from participants	152,951	119,650
Total receivables	215,209	145,074
Net assets available for benefits	$ 8,638,704	$ 8,115,330

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

WL Plastics 401(k) Retirement Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2018

Additions to net assets	
Contributions	
Participants	$ 888,198
Employer	513,614
Total contributions	1,401,812
Investment income (loss)	
Net depreciation of fair value of investments	(830,693)
Interest and dividends	261,483
Total investment income (loss)	(569,210)
Interest income on notes receivable from participants	6,092
Net additions to net assets	838,694
Deductions from net assets	
Benefits paid to or on behalf of participants	244,674
Administrative expenses	70,646
Total deductions from net assets	315,320
Net increase in net assets available for benefits	523,374
Net assets available for benefits, beginning of year	8,115,330
Net assets available for benefits, end of year	$ 8,638,704

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

WL Plastics 401(k) Retirement Plan
Notes to Financial Statements
December 31, 2018 and 2017

1. DESCRIPTION OF THE PLAN

The following description of the WL Plastics 401(k) Retirement Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a complete description of the Plan's provisions.

General

The Plan was established on September 1, 2004, and is a Qualified Automatic Contribution Arrangement (QACA) Safe Harbor defined contribution 401(k) plan covering all non-union employees of WL Plastics, Inc. (the "Company" or "Employer"). The Plan is designed to comply with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) and the Internal Revenue Code (IRC). In addition, the financial statements have been prepared in compliance with accounting principles generally accepted in the United States of America (US GAAP) and with ERISA.

Plan administration

The Plan is administered by a committee appointed by the Board of Directors of the Company. Fidelity Management Trust Company (the "Trustee") serves as the Plan's directed trustee and is responsible for the custody and management of the Plan's assets pursuant to a service agreement. Fidelity Workplace Services LLC serves as recordkeeper and provides certain administrative services to the Plan as well as maintains participants' accounts.

Eligibility

All non-union employees of the Company who have attained eighteen years of age and completed six months of service are eligible to participate in the Plan. All eligible employees shall become a participant in the Plan on the first day of each month coinciding with or immediately following the date eligibility requirements are met.

Contributions

Participants are automatically enrolled in the Plan upon meeting eligibility requirements and may contribute a percentage of their annual pretax compensation, up to 100%, to their Plan accounts, subject to certain limitations. Participants that automatically enroll into the Plan with a deferral rate greater than zero (who are not suspended from making deferral contributions) will have deferral increased annually on January 1 by 1% (not to exceed 3%) as a pre-tax deferral contribution until a deferral rate of 6% is reached. Participants may also contribute (or rollover) amounts representing distributions from other qualified defined benefit or defined contribution plans. The Company matches 100% of each participant's pretax contributions up to 3% of their compensation and 18% of the next 3% (maximum 3.54% match). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions subject to IRC limits. The Company may make an additional match contribution, at its discretion.

1. DESCRIPTION OF THE PLAN (continued)

Investment options

Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers a variety of mutual funds and a common collective trust fund as investment options for participants.

Participant accounts

Each participant's account is credited with the participant's contributions, the Company's matching contributions, an allocation or deduction of Plan earnings or losses, and charged with certain administrative expenses, as applicable. Allocation and deduction of Plan earnings and losses are based on a participant's account balance in the various investment options as a percentage of the total of the participants' account balances or on the change in fair value of the individual units held in the Plan's investments. Investment income or losses are applied daily.

Vesting

Participants are immediately vested in their contributions and actual earnings or losses thereon. Pursuant to QACA safe harbor requirements, the Company's matching contributions and related earnings or losses thereon vest 100% after two years of credited service.

Payment of benefits

The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance. Upon termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount or payment by annual installments. Upon termination of service for other reasons, the participant must receive their vested account balance as a lump-sum distribution.

Forfeitures

Forfeitures of terminated participants' non-vested account balances are used to reduce either administrative expenses or Employer contributions at the discretion of the plan administrator. Unallocated forfeitures totaled approximately $9,599 and $58,074 as of December 31, 2018 and 2017. Forfeitures in the amount of approximately $10,000 were used to pay Plan expenses and approximately $74,000 were used to offset Employer matching contributions during the 2018 Plan year.

1. DESCRIPTION OF THE PLAN (continued)

Administrative expenses

Plan administrative expenses, with certain exceptions, are paid by the Plan. Administrative expenses cover the routine expenses for services of lawyers, accountants, third party administrators, and other advisors. Certain Plan investments are managed by the Trustee. Certain fees paid to Fidelity for investment management services are incorporated into the expense ratios of the Plan's individual funds and paid directly from fund earnings, thus impacting the amount of earnings allocated to participants' accounts.

The Plan's agreement with the Trustee to receive and retain earnings (i.e. float income) on funds received or credited to the Plan before they are invested, allocated, or applied in accordance with the Plan's instruction or on funds withdrawn, collected, or deducted from the Plan before actual disbursements are made to recipients. Float income is credited at institutional money market rates. The Trustee is further compensated through a revenue sharing agreement.

Notes receivable from participants

Participants may borrow from their fund accounts a minimum of $1,000 up to an amount equal to the lesser of $50,000 reduced by the excess of the highest outstanding balance of any additional outstanding loan for that participant during the one-year period ending on the day before the loan is made or 50% of their vested account balance. Loan terms may not exceed five years unless the loan is for the purchase of a primary residence. Participant notes are collateralized by the remaining balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the plan administrator. Principal and interest are paid ratably through bi-weekly payroll deductions. A participant may not have more than two loans outstanding at any time.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting and financial statement presentation

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with US GAAP and present the Plan's net assets available for benefits and changes in those net assets.

Use of estimates

The preparation of financial statements in conformity with US GAAP requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets during the reporting period. Actual results could differ from those estimates. Significant items subject to such estimates and assumptions include the fair value of investments.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

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 such changes could materially affect participants' account balances.

Investment valuation and income recognition

The Plan's investments in mutual funds are stated at fair value as determined on the open market.

Investment in Galliard Retirement Income Fund, a common collective trust fund (CCT), which primarily holds fully benefit-responsive investment contracts is stated at net asset value (NAV), as a practical expedient for fair value, as reported by the fund provider. Complete liquidation of the investment by the Plan may require up to twelve (12) months advance notice, at the discretion of the fund provider. The fund provider may grant, in its sole discretion, a withdrawal as of an earlier date.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

The Plan presents, in the statement of changes in net assets available for benefits, the net depreciation in the fair value of its investments, which consists of the realized gains or losses, and the unrealized appreciation (depreciation) on those investments.

Payment of benefits

Benefits paid to participants are recorded as a reduction of net assets available for benefits when paid.

Contributions and receivables

Participant contributions are recorded based on the date the contributions or repayments have been separated from a participant's pay which is the pay date. The Plan records receivables for participant contributions based upon the contributions recognized, less amounts received by the Plan as of the last day of the Plan year. Employer matching contributions, if any, are recorded in the year they are earned.

Administrative expenses

Administrative expenses by the Plan are recorded when incurred. Accruals for Plan expenses not related to benefit payments are recorded when due.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Subsequent events

Management evaluated subsequent events or transactions that occurred after December 31, 2018, through August 20, 2019, the date the financial statements were available to be issued.

3. FAIR VALUE MEASUREMENTS

Accounting standards define fair value, establish a framework for measuring fair value, and defines required disclosures about fair value measurements. The 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 inputs) and lowest priority to unobservable inputs (level 3 inputs). The three levels of the fair value hierarchy under U.S. GAAP are described as follows:

- *Level 1* - Quoted prices in active markets for identical assets or liabilities.
- *Level 2* - Observable inputs such as quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in markets that are not active; and model-derived valuations in which all significant input and significant value drivers are observable in active markets.
- *Level 3* - Valuations with one or more unobservable significant inputs that reflect the reporting entity's own assumptions.

An asset or liability's classification within the fair value hierarchy is based on the lowest level of significant input to its valuation.

Fair value estimates are made at a specific point in time, and the methods described may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future fair value. Although the plan administrator believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in different fair value measurements at the reporting date.

As stated in Note 2, at December 31, 2018 and 2017, Plan investments are held in mutual funds and a CCT. The fair value of mutual funds is based on the quoted market prices in the active markets in which they are traded. The estimated fair value of the CCT is based on the underlying unit value of investments held, as reported by the investment issuer, however, investments carried at NAV as a practical expedient to fair value are not categorized in the fair value hierarchy. There have been no changes in the methodology used to measure fair value at December 31, 2018 and 2017.

3. FAIR VALUE MEASUREMENTS (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2018:

	Level 1	Level 2	Level 3	Fair Value
Mutual funds, at fair value	$ 8,411,693	$ -	$ -	$ 8,411,693
Common collective trust measured at net asset value				11,802
				$ 8,423,495

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017:

	Level 1	Level 2	Level 3	Fair Value
Mutual funds, at fair value	$ 7,914,230	$ -	$ -	$ 7,914,230
Common collective trust measured at net asset value				56,026
				$ 7,970,256

There are no unfunded commitments nor limitations on redemptions for any of the significant types of investments.

4. INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE (UNAUDITED)

The plan administrator has elected the method of annual reporting permitted by Regulation 2520.103-8 of ERISA. Accordingly, as permitted under such election, the plan administrator instructed the Plan's independent auditor not to perform any auditing procedures with respect to the following information certified by the Trustee, except for comparing such information to information included in the Plan's financial statements and supplemental schedules.

4. INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE (UNAUDITED) (continued)

The Trustee has certified (in the manner described above) that the following investment information and related activity included in the accompanying financial statements is complete and accurate as of December 31:

	2018	2017
Mutual funds, at fair value	$ 8,411,693	$ 7,914,230
Common collective trust fund, at estimated fair value	11,802	56,026
Notes receivable from participants	152,951	119,650
	$ 8,576,446	$ 8,089,906

Investment income (loss) for the year ended December 31, 2018:

Net depreciation of fair value of investments	$ (830,693)
Interest and dividends	$ 261,483
Interest income on notes receivable from participants	$ 6,092

5. 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 fully vested in their accounts.

6. INCOME TAX STATUS

The Plan utilizes a volume submitter plan document provided by Fidelity Management & Research Co., an affiliate of the Trustee and has received an opinion letter from the Internal Revenue Service, dated March 31, 2014, which states that the form of the volume submitter plan document is acceptable under section 401 of the IRC for use by employers for the benefit of its employees. The plan administrator believes the Plan is currently designed and is being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

7. PARTY-IN-INTEREST TRANSACTIONS

Party-in-interest is defined by ERISA as any fiduciary of the Plan, any party rendering services to the Plan, the Employer, and certain others. As such, transactions conducted on behalf of the Plan by the Trustee and its affiliates, and the Company, including fund fees and revenue sharing arrangements, qualify as party-in-interest transactions.

8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following reconciles net assets available for benefits per the financial statements to the Form 5500 for the indicated year:

	2018	2017
Net assets available for benefits per the financial statements	$ 8,638,704	$ 8,115,330
Employer contributions receivable	(32,532)	(25,424)
Employee contributions receivable	(29,726)	-
Deemed distributions	(8,924)	(9,381)
Net assets available for benefits per the Form 5500	$ 8,567,522	$ 8,080,525

The following reconciles changes in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2018:

Net increase in net assets available for benefits per the financial statements	$ 523,374
Change in employer contributions receivable	(7,108)
Change in employee contributions receivable	(29,726)
Change in deemed distributions	457
Net increase in net assets available for benefits per the Form 5500	$ 486,997

SUPPLEMENTAL SCHEDULE

WL Plastics 401(k) Retirement Plan
EIN: 03-0529076; Plan: 001
Schedule H, Part IV, Item 4(a) - Schedule of Delinquent Participant Contributions
December 31, 2018

	Total that Constitutes Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$ 2,157	$ -	$ -	$ 2,157	$ -

WL Plastics 401(k) Retirement Plan
EIN: 03-0529076; Plan: 001
Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2018

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Vanguard Target Retirement 2030 Fund	Mutual Fund	**	$ 1,169,642
	T. Rowe Price Blue Chip Growth Fund	Mutual Fund	**	1,015,317
	Vanguard Target Retirement 2035 Fund	Mutual Fund	**	852,525
	Vanguard Target Retirement 2040 Fund	Mutual Fund	**	727,659
	Vanguard Target Retirement 2050 Fund	Mutual Fund	**	657,089
	Vanguard Target Retirement 2055 Fund	Mutual Fund	**	557,408
	T. Rowe Price US Small-Cap Growth Equity Fund	Mutual Fund	**	455,632
	Vanguard Target Retirement 2045 Fund	Mutual Fund	**	441,098
	Ivy Investments International Core Equity Fund	Mutual Fund	**	333,527
	Vanguard Mid-Cap Index Fund Admiral	Mutual Fund	**	312,295
*	Fidelity 500 Index Fund - Premium Class	Mutual Fund	**	301,560
	Vanguard Target Retirement 2060 Fund	Mutual Fund	**	275,018
	Vanguard Target Retirement 2025 Fund	Mutual Fund	**	267,682
	Vanguard Small Cap Index Admiral Shares	Mutual Fund	**	222,153
	Western Asset Core Plus Bond Fund Class IS	Mutual Fund	**	195,792
	Vanguard Target Retirement 2020 Fund	Mutual Fund	**	190,279
	Vanguard Target Retirement 2015 Fund	Mutual Fund	**	175,801
	Columbia Balanced Fund Class Y	Mutual Fund	**	104,416
	Templeton Global Bond R6	Mutual Fund	**	90,684
	Vanguard Wellesley Income Fund Admiral Shares	Mutual Fund	**	59,170
	Vanguard Target Retirement Income Fund	Mutual Fund	**	6,946
	Galliard Retirement Income Fund F35	Common Collective Trust	**	11,802
*	Notes receivable from participants	Varying maturity dates with interest rate ranging from 4.25% to 5.25%	--	152,951
				$ 8,576,446

* Indicates party-in-interest to the Plan
** Cost information not provided as indicated investments are participant directed

WL Plastics 401(k) Retirement Plan

Financial Statements
and Supplemental Schedules

December 31, 2018 and 2017
and For the Year Ended December 31, 2018

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INDEPENDENT AUDITOR'S REPORT

Plan Investment Committee and Participants
WL Plastics 401(k) Retirement Plan
Fort Worth, Texas

We were engaged to audit the accompanying financial statements of WL Plastics 401(k) Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statement of changes in net assets available for benefits for the year ended December 31, 2018, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform any audit procedures with respect to the information referred to in Note 4 which was certified by Fidelity Management Trust Company, the trustee of the Plan (Trustee), except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the Trustee as of December 31, 2018 and 2017, and for the year ended December 31, 2018, that the information provided to the plan administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter - Supplemental Schedules

The supplemental schedules of delinquent participant contributions and assets (held at end of year) ("supplemental schedules") as of December 31, 2018, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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

Armanino LLP

Armanino LLP
Dallas, Texas

August 20, 2019

WL Plastics 401(k) Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2018 and 2017

	2018	2017
ASSETS		
Investments		
Mutual funds, at fair value	$ 8,411,693	$ 7,914,230
Common collective trust fund, at estimated fair value	11,802	56,026
Total investments	8,423,495	7,970,256
Receivables		
Employer contributions	32,532	25,424
Employee contributions	29,726	-
Notes receivable from participants	152,951	119,650
Total receivables	215,209	145,074
Net assets available for benefits	$ 8,638,704	$ 8,115,330

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

WL Plastics 401(k) Retirement Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2018

Additions to net assets	
Contributions	
Participants	$ 888,198
Employer	513,614
Total contributions	1,401,812
Investment income (loss)	
Net depreciation of fair value of investments	(830,693)
Interest and dividends	261,483
Total investment income (loss)	(569,210)
Interest income on notes receivable from participants	6,092
Net additions to net assets	838,694
Deductions from net assets	
Benefits paid to or on behalf of participants	244,674
Administrative expenses	70,646
Total deductions from net assets	315,320
Net increase in net assets available for benefits	523,374
Net assets available for benefits, beginning of year	8,115,330
Net assets available for benefits, end of year	$ 8,638,704

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

WL Plastics 401(k) Retirement Plan
Notes to Financial Statements
December 31, 2018 and 2017

1. DESCRIPTION OF THE PLAN

The following description of the WL Plastics 401(k) Retirement Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a complete description of the Plan's provisions.

General

The Plan was established on September 1, 2004, and is a Qualified Automatic Contribution Arrangement (QACA) Safe Harbor defined contribution 401(k) plan covering all non-union employees of WL Plastics, Inc. (the "Company" or "Employer"). The Plan is designed to comply with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) and the Internal Revenue Code (IRC). In addition, the financial statements have been prepared in compliance with accounting principles generally accepted in the United States of America (US GAAP) and with ERISA.

Plan administration

The Plan is administered by a committee appointed by the Board of Directors of the Company. Fidelity Management Trust Company (the "Trustee") serves as the Plan's directed trustee and is responsible for the custody and management of the Plan's assets pursuant to a service agreement. Fidelity Workplace Services LLC serves as recordkeeper and provides certain administrative services to the Plan as well as maintains participants' accounts.

Eligibility

All non-union employees of the Company who have attained eighteen years of age and completed six months of service are eligible to participate in the Plan. All eligible employees shall become a participant in the Plan on the first day of each month coinciding with or immediately following the date eligibility requirements are met.

Contributions

Participants are automatically enrolled in the Plan upon meeting eligibility requirements and may contribute a percentage of their annual pretax compensation, up to 100%, to their Plan accounts, subject to certain limitations. Participants that automatically enroll into the Plan with a deferral rate greater than zero (who are not suspended from making deferral contributions) will have deferral increased annually on January 1 by 1% (not to exceed 3%) as a pre-tax deferral contribution until a deferral rate of 6% is reached. Participants may also contribute (or rollover) amounts representing distributions from other qualified defined benefit or defined contribution plans. The Company matches 100% of each participant's pretax contributions up to 3% of their compensation and 18% of the next 3% (maximum 3.54% match). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions subject to IRC limits. The Company may make an additional match contribution, at its discretion.

1. DESCRIPTION OF THE PLAN (continued)

Investment options

Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers a variety of mutual funds and a common collective trust fund as investment options for participants.

Participant accounts

Each participant's account is credited with the participant's contributions, the Company's matching contributions, an allocation or deduction of Plan earnings or losses, and charged with certain administrative expenses, as applicable. Allocation and deduction of Plan earnings and losses are based on a participant's account balance in the various investment options as a percentage of the total of the participants' account balances or on the change in fair value of the individual units held in the Plan's investments. Investment income or losses are applied daily.

Vesting

Participants are immediately vested in their contributions and actual earnings or losses thereon. Pursuant to QACA safe harbor requirements, the Company's matching contributions and related earnings or losses thereon vest 100% after two years of credited service.

Payment of benefits

The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance. Upon termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount or payment by annual installments. Upon termination of service for other reasons, the participant must receive their vested account balance as a lump-sum distribution.

Forfeitures

Forfeitures of terminated participants' non-vested account balances are used to reduce either administrative expenses or Employer contributions at the discretion of the plan administrator. Unallocated forfeitures totaled approximately $9,599 and $58,074 as of December 31, 2018 and 2017. Forfeitures in the amount of approximately $10,000 were used to pay Plan expenses and approximately $74,000 were used to offset Employer matching contributions during the 2018 Plan year.

1. DESCRIPTION OF THE PLAN (continued)

Administrative expenses

Plan administrative expenses, with certain exceptions, are paid by the Plan. Administrative expenses cover the routine expenses for services of lawyers, accountants, third party administrators, and other advisors. Certain Plan investments are managed by the Trustee. Certain fees paid to Fidelity for investment management services are incorporated into the expense ratios of the Plan's individual funds and paid directly from fund earnings, thus impacting the amount of earnings allocated to participants' accounts.

The Plan's agreement with the Trustee to receive and retain earnings (i.e. float income) on funds received or credited to the Plan before they are invested, allocated, or applied in accordance with the Plan's instruction or on funds withdrawn, collected, or deducted from the Plan before actual disbursements are made to recipients. Float income is credited at institutional money market rates. The Trustee is further compensated through a revenue sharing agreement.

Notes receivable from participants

Participants may borrow from their fund accounts a minimum of $1,000 up to an amount equal to the lesser of $50,000 reduced by the excess of the highest outstanding balance of any additional outstanding loan for that participant during the one-year period ending on the day before the loan is made or 50% of their vested account balance. Loan terms may not exceed five years unless the loan is for the purchase of a primary residence. Participant notes are collateralized by the remaining balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the plan administrator. Principal and interest are paid ratably through bi-weekly payroll deductions. A participant may not have more than two loans outstanding at any time.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting and financial statement presentation

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with US GAAP and present the Plan's net assets available for benefits and changes in those net assets.

Use of estimates

The preparation of financial statements in conformity with US GAAP requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets during the reporting period. Actual results could differ from those estimates. Significant items subject to such estimates and assumptions include the fair value of investments.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

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 such changes could materially affect participants' account balances.

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The Plan's investments in mutual funds are stated at fair value as determined on the open market.

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The Plan presents, in the statement of changes in net assets available for benefits, the net depreciation in the fair value of its investments, which consists of the realized gains or losses, and the unrealized appreciation (depreciation) on those investments.

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Benefits paid to participants are recorded as a reduction of net assets available for benefits when paid.

Contributions and receivables

Participant contributions are recorded based on the date the contributions or repayments have been separated from a participant's pay which is the pay date. The Plan records receivables for participant contributions based upon the contributions recognized, less amounts received by the Plan as of the last day of the Plan year. Employer matching contributions, if any, are recorded in the year they are earned.

Administrative expenses

Administrative expenses by the Plan are recorded when incurred. Accruals for Plan expenses not related to benefit payments are recorded when due.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Subsequent events

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3. FAIR VALUE MEASUREMENTS

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December 31, 2018

	Total that Constitutes Nonexempt Prohibited Transactions			
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WL Plastics 401(k) Retirement Plan
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December 31, 2018

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	Vanguard Target Retirement 2035 Fund	Mutual Fund	**	852,525
	Vanguard Target Retirement 2040 Fund	Mutual Fund	**	727,659
	Vanguard Target Retirement 2050 Fund	Mutual Fund	**	657,089
	Vanguard Target Retirement 2055 Fund	Mutual Fund	**	557,408
	T. Rowe Price US Small-Cap Growth Equity Fund	Mutual Fund	**	455,632
	Vanguard Target Retirement 2045 Fund	Mutual Fund	**	441,098
	Ivy Investments International Core Equity Fund	Mutual Fund	**	333,527
	Vanguard Mid-Cap Index Fund Admiral	Mutual Fund	**	312,295
*	Fidelity 500 Index Fund - Premium Class	Mutual Fund	**	301,560
	Vanguard Target Retirement 2060 Fund	Mutual Fund	**	275,018
	Vanguard Target Retirement 2025 Fund	Mutual Fund	**	267,682
	Vanguard Small Cap Index Admiral Shares	Mutual Fund	**	222,153
	Western Asset Core Plus Bond Fund Class IS	Mutual Fund	**	195,792
	Vanguard Target Retirement 2020 Fund	Mutual Fund	**	190,279
	Vanguard Target Retirement 2015 Fund	Mutual Fund	**	175,801
	Columbia Balanced Fund Class Y	Mutual Fund	**	104,416
	Templeton Global Bond R6	Mutual Fund	**	90,684
	Vanguard Wellesley Income Fund Admiral Shares	Mutual Fund	**	59,170
	Vanguard Target Retirement Income Fund	Mutual Fund	**	6,946
	Galliard Retirement Income Fund F35	Common Collective Trust	**	11,802
*	Notes receivable from participants	Varying maturity dates with interest rate ranging from 4.25% to 5.25%	--	152,951
				$ 8,576,446

* Indicates party-in-interest to the Plan
** Cost information not provided as indicated investments are participant directed