# 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

**2019**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

**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
- [ ] 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
LAKESHORE RECYCLING SYSTEMS 401(K) PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 06/01/2014

**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)
LAKESHORE RECYCLING SYSTEMS

6132 OAKTON STREET
MORTON GROVE, IL 60053

**2b** Employer Identification Number (EIN)
90-0905125

**2c** Plan Sponsor's telephone number
847-779-7500

**2d** Business code (see instructions)
562000

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/15/2020 | CARRIE VELKOVER |
| | **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:<br>**a** Sponsor's name<br>**c** Plan Name | **4b** | EIN |
| | | **4d** | PN |
| **5** | Total number of participants at the beginning of the plan year | **5** | 410 |
| **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)** | 402 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 427 |
| **b** | Retired or separated participants receiving benefits | **6b** | |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 16 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 443 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 443 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 131 |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | |
| **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 2T 3D 3H

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

| **9a** Plan funding arrangement (check all that apply) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** | [ ] Insurance | **(1)** | [ ] Insurance |
| **(2)** | [ ] Code section 412(e)(3) insurance contracts | **(2)** | [ ] Code section 412(e)(3) insurance contracts |
| **(3)** | [X] Trust | **(3)** | [X] Trust |
| **(4)** | [ ] General assets of the sponsor | **(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)** [ ] **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 2019 Form M-1 annual report. If the plan was not required to file the 2019 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<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2019**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

**A** Name of plan
LAKESHORE RECYCLING SYSTEMS 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
LAKESHORE RECYCLING SYSTEMS

**D** Employer Identification Number (EIN)
90-0905125

## 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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**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)

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 | 9006 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | 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 [ ] |

**(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. |
|---|---|---|
| AMG M SKY SPL EQ N - BNY MELLON IN | P.O. BOX 9793<br>PROVIDENCE, RI 02940 | 0.25% |

| **(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. |
|---|---|---|
| COHEN & STEERS RLTY - BOSTON FINAN | P.O. BOX 8480<br>BOSTON, MA 02266 | 0.40% |

| **(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. |
|---|---|---|
| COL QUALITY INC ADV - COLUMBIA MGT | PO BOX 219104<br>KANSAS CITY, MO 64121-9104 | 0.25% |

## 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. |
|---|---|
| DRIEHAUS EM GRTH INV - BNY MELLON<br>P.O. BOX 9793<br>PROVIDENCE, RI 02940 | 0.40% |

| **(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. |
|---|---|
| DWS GLB SM CAP S - DWS SERVICE COM<br>DEAWM SERVICE COMPANY<br>210 W. 10TH STREET<br>KANSAS CITY, MO 64105 | 0.35% |

| **(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. |
|---|---|
| FRANKLIN INCOME A1 - FRANKLIN TEMP<br>94-3167260 | 0.30% |

## 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. |
|---|---|---|
| I O INTL GROWTH A - INVESCO INVEST | 11 GREENWAY PLAZA, SUITE 100<br>HOUSTON, TX 77046 | 0.50% |

| **(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. |
|---|---|---|
| INVS COMSTOCK A - INVESCO INVESTME | 11 GREENWAY PLAZA, SUITE 100<br>HOUSTON, TX 77046 | 0.50% |

| **(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. |
|---|---|---|
| INVS HIGH YLD R5 - INVESCO CANADA | 5140 YONGE STREET, SUITE 900<br>TORONTO, ON M2N 6 CA | 0.35% |

## 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. |
|---|---|
| IVY SCIENCE & TECH Y - WI SERVICES<br>P.O. BOX 29217<br>SHAWNEE MISSION, KS 66201 | 0.50% |

| **(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. |
|---|---|
| J H VENTURE T - JANUS SERVICES LLC<br>43-1804048 | 0.35% |

| **(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. |
|---|---|
| METWEST TOT RTN BD M - BNY MELLON<br>P.O. BOX 9793<br>PROVIDENCE, RI 02940 | 0.35% |

**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. |
|---|---|
| MFS INTL INTR VAL R3 - MFS SERVICE<br>04-2865649 | 0.50% |

| **(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. |
|---|---|
| OAKMARK INTL INV - DST ASSET MANAG<br>430 W 7TH STREET STE 219432<br>KANSAS CITY, MO 64105 | 0.35% |

| **(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. |
|---|---|
| THOMPSON BOND - U.S. BANCORP FUND<br>P.O. BOX 701<br>MILWAUKEE, WI 53201 | 0.25% |

## 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. |
|---|---|
| TMPL GLOBAL BOND A - FRANKLIN TEMP<br><br>94-3167260 | 0.40% |

| **(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. |
|---|---|
| VRTS C MDCP VAL EQ I - VIRTUS FUND 4400 COMPUTER DRIVE WESTBOROUGH, MA 01581-1722 | 0.40% |

| **(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)

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

**2019**

**This Form is Open to Public Inspection**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

**A** Name of plan
LAKESHORE RECYCLING SYSTEMS 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
LAKESHORE RECYCLING SYSTEMS

**D** Employer Identification Number (EIN)
90-0905125

## 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) | 24446 | 40235 |
| **(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) | 46301 | 101587 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 0 | 0 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 0 | 0 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | 0 | 0 |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | 0 | 0 |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 2240750 | 4162102 |
| **(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 | 2311497 | 4303924 |
| | **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 | 2311497 | 4303924 |

## 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) | 420608 | |
| | **(B)** Participants | 2a(1)(B) | 799011 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 220390 | |
| | **(2)** Noncash contributions | 2a(2) | 0 | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 1440009 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 679 | |
| | **(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) | 4426 | |
| | **(F)** Other | 2b(1)(F) | 0 | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 5105 |
| | **(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) | 194142 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 194142 |
| | **(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) | | 0 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 0 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | 0 |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | 0 |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 478599 |
| c Other income | 2c | | 0 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 2117855 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 112453 | |
| (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) | | 112453 |
| 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) | 3969 | |
| (4) Other | 2i(4) | 9006 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 12975 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 125428 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 1992427 |
| 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)** ☐ Unmodified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

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

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

**(1)** Name: VANDERBLOEMEN GROUP **(2)** EIN: 20-1640706

**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

**2019**

**This Form is Open to Public Inspection.**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

**A** Name of plan
LAKESHORE RECYCLING SYSTEMS 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
LAKESHORE RECYCLING SYSTEMS

**D** Employer Identification Number (EIN)
90-0905125

## 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):

**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_____

**LAKESHORE RECYCLING SYSTEMS 401(K) PLAN**

Report of Independent
Certified Public Accountants
and
Financial Statements
and Supplemental Schedule

December 31, 2019 and 2018
and
Year Ended December 31, 2019

draft

October 12, 2020

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Plan Administrator
LAKESHORE RECYCLING SYSTEMS 401(K) PLAN
Morton Grove, IL

**Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of the Lakeshore Recycling Systems 401(K) Plan (the "Plan"), which comprise the comparative statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, 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 auditing procedures with respect to the information summarized in Note C, which was certified by Fidelity Management Trust Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2019 and 2018, that the information provided to the plan administrator by the custodian is complete and accurate.

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS
(Continued)

***Disclaimer of Opinion***

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

***Other Matter - Supplemental Schedule***

The supplemental schedule, Schedule of Assets (Held at End of Year), is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and 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 schedule 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 schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Certified Public Accountants
October 7, 2020

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LAKESHORE RECYCLING SYSTEMS 401(K) PLAN

COMPARATIVE STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31

| | 2019 | 2018 |
|---|---|---|
| ASSETS: | | |
| Participant-directed investments - at fair value (Notes A-12 and B) | | |
| Mutual funds (Note C) | $ 4,202,337 | $ 2,265,196 |
| Notes receivable from participants (Note A-5) | 101,586 | 46,301 |
| Employer contribution receivable | 9,252 | 9,252 |
| TOTAL ASSETS | 4,313,175 | 2,320,749 |
| LIABILITIES | – | – |
| NET ASSETS AVAILABLE FOR BENEFITS - at fair value | $ 4,313,175 | $ 2,320,749 |

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See Report of Independent Certified Public Accountants and Notes to Financial Statements.

LAKESHORE RECYCLING SYSTEMS 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2019

| | | |
|---|---|---|
| ADDITIONS: | | |
| INVESTMENT INCOME: | | |
| Interest and dividends | $ 194,820 | |
| Net realized and unrealized appreciation on investments in mutual funds (Note A-12) | 478,600 | $ 673,420 |
| INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS | | 4,398 |
| CONTRIBUTIONS (Note A-2): | | |
| Participants | 799,011 | |
| Employer | 420,608 | 1,219,619 |
| PARTICIPANT ROLLOVERS INTO THE PLAN (Note A-1) | | 220,390 |
| TOTAL ADDITIONS | | 2,117,827 |
| DEDUCTIONS: | | |
| Benefits paid to participants (Note A-6) | 112,425 | |
| Administrative expenses (Note A-7) | 12,976 | 125,401 |
| INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS | | 1,992,426 |
| NET ASSETS AVAILABLE FOR BENEFITS: | | |
| AT BEGINNING OF YEAR | | 2,320,749 |
| AT END OF YEAR | | $ 4,313,175 |

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See Report of Independent Certified Public Accountants and Notes to Financial Statements.

LAKESHORE RECYCLING SYSTEMS 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

Year Ended December 31, 2019

## NOTE A - DESCRIPTION OF PLAN AND ACCOUNTING POLICIES

The following description of the Lakeshore Recycling Systems 401(K) Plan (the "Plan") provides only general information. Participants should refer to the Plan documents for a more complete description of the Plan's provisions.

1. General

The Plan is a defined contribution plan with a 401(k) salary reduction covering all non-signatory employees of Lakeshore Recycling Systems, LLC (the "Plan Sponsor") and its subsidiaries who have one year and 1,000 hours of service. The Plan allows for pre-tax rollover contributions from other plans but will not accept rollovers of designated Roth contributions. The Board of Trustees oversees governance of the Plan. The Plan's Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Board of Trustees. Fidelity Management Trust Company ("FMTC") serves as the custodian of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

2. Contributions

The Plan is funded by contributions from participants to the Plan through salary reductions up to 90% of annual compensation, as defined by the Plan, subject to the maximum amount deductible under the Internal Revenue Code.

Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan Sponsor makes Safe Harbor matching contributions equal to 100% of elective deferrals up to 3% and 50% of the next 2% of deferrals. An eligible participant is a participant who has one year and 1,000 hours of service.

The Plan Sponsor may also make a discretionary matching employer contribution at the option of the Plan Sponsor's board of directors. In no event may the dollar amount of the additional matching employer contribution exceed 4% of the eligible participant's compensation for the Plan year. There were no discretionary matching employer contributions for the year ended December 31, 2019.

3. Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Plan Sponsor's matching contributions and (b) Plan earnings (losses) and (c) charged with an allocation of administrative expenses. Allocations are based on participant compensation or account balances, as defined. The benefit to which a participant is entitled is the participant's vested account balance. The participant's account is invested directly into various options as directed by the participant. There are no non-participant directed investments.

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NOTE A - DESCRIPTION OF PLAN AND ACCOUNTING POLICIES - Continued

4. Vesting

   Participants are immediately 100% vested in their contributions and the Plan Sponsor's Safe Harbor matching contributions plus actual earnings thereon. Vesting in the Plan Sponsor's additional matching contributions plus actual earnings thereon are immediately 100% vested as well.

5. Notes Receivable from Participants

   Notes receivable from participants (participant loans) are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2019 and 2018, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, 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.

   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 at the time the loan is originated. Loan terms generally cannot exceed five years, but can be extended to as many as thirty years for the purchase of a primary residence. Principal and interest are paid ratably through payroll deductions. The loans bear interest at 4.5% and are determined by the prevailing market rate at the time of the loan. The loans are secured by the balance in the participant's account.

6. Payment of Benefits

   Upon termination of service due to death, disability, or retirement, a participant may make an election to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or installment payments in monthly, quarterly, semi-annual, or annual amounts that may not extend beyond the earlier of the participant's life or the life expectancy of the participant. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Benefits are recorded when paid.

7. Administrative Costs

   The Plan Sponsor pays certain administrative expenses of the Plan.

8. Forfeitures

   Forfeitures arising from terminated employees who were not 100% vested in the Plan Sponsor's discretionary contributions are first used to pay administrative expenses and any remaining amount is used to reduce any future Plan Sponsor contributions. There were no forfeited nonvested accounts for the year ended December 31, 2019.



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NOTE A - DESCRIPTION OF PLAN AND ACCOUNTING POLICIES - Continued

9. Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

10. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

11. 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 participants' account balances and the amounts reported in the statement of net assets available for benefits.

12. Investment Valuation and Income Recognition

Investments in mutual funds are recorded at the fair value of the underlying assets. The accounts are credited with the actual earnings and realized and unrealized gains and losses on the underlying investments. The accounts are charged for withdrawals used to pay benefits. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. 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. See Note B for additional discussion of fair value measurements.

13. Additions, Deductions, and Changes in Net Assets

Income and expenses are recorded on the accrual basis. Employer and participant contributions are recorded on the accrual basis in the plan year in which the contribution applies. Unrealized appreciation and depreciation in the fair value of the investments are included in the accompanying financial statements.

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NOTE A - DESCRIPTION OF PLAN AND ACCOUNTING POLICIES - Continued

14. Subsequent Events

FASB ASC 855, *Subsequent Events*, establishes general standards of accounting for and the standard for disclosure of events that occur after the Statement of Net Assets Available for Benefits date but before financial statements are issued or are available to be issued. In particular, this standard sets forth the period after the Statement of Net Assets Available for Benefits date during which management of a reporting entity should evaluate events or transactions that may occur for potential recognition or disclosure in the financial statements. It also identifies the circumstances under which an entity should recognize events or transactions occurring after the Statement of Net Assets Available for Benefits date in its financial statements and the disclosures that an entity should make about events or transactions that occurred after the Statement of Net Assets Available for Benefits date.

Management has determined that the proper date for evaluation of subsequent events is the date the financial statements were available to be issued, which was October 7, 2020.

NOTE B - FAIR MARKET VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan 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 a different fair value measurement at the reporting date.

Fair value is defined as 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. Authoritative guidance establishes a framework for measuring fair value that includes a hierarchy used to classify the inputs used in measuring fair value based on their observability. The hierarchy prioritizes the inputs to valuation techniques used to measure fair value into three levels. The level in the fair value hierarchy within which the fair value measurement falls is determined based on the lowest level input that is significant to the fair value measurement. The levels of the fair value hierarchy are as follows:

- Level 1 - Fair value is based on unadjusted quoted prices in active markets that are accessible to the Company for identical assets or liabilities. These generally provide the most reliable evidence and are used to measure fair value whenever available. Active markets provide current pricing data on a more frequent basis. Examples include certain U.S. Treasury securities and exchange-traded equity securities.

NOTE B - FAIR MARKET VALUE MEASUREMENTS - Continued

- Level 2 - Fair value is based on quoted prices for similar assets or liabilities in active markets, inactive markets, or model-derived valuations in which all significant inputs and significant value drivers are observable in active markets. This level includes financial instruments that are valued by independent pricing services using models or other valuation methodologies. These models are primarily industry-standard models that consider various inputs which are observable or derived from observable information in the marketplace. Examples include certain public and private corporate securities, certain government and agency securities, and certain mortgage-backed securities.

- Level 3 - Fair value is based on valuations derived from techniques in which one or more significant inputs or significant value drivers are unobservable for assets or liabilities. Non-binding broker quotes on certain fixed maturity securities, which are utilized when pricing service information is not available, are reviewed for reasonableness by the Company, and are generally considered Level 3. Examples include certain public and private corporate securities, certain mortgage-backed securities and other less liquid securities (such as FHLBI stock and limited partnerships), and embedded derivatives resulting from certain products with guaranteed benefits.

In certain instances, the inputs used to measure fair value fall into different levels of the fair value hierarchy. In such cases, the level disclosed is based on the lowest level significant to the fair value measurement. The assessment of the significance of a particular input to the fair value measurement and ultimate classification of each asset and liability requires judgement.

The methods and assumptions the Company uses to estimate fair values of assets and liabilities measured on a recurring basis are summarized below.

*Mutual funds*: Valued at the net asset value of shares held by the plan at year end. Includes funds that invest in various stocks and bonds and the fair value is determined based upon these accounts.

The Plan administrator determines the fair value measurement level based on consultations with the custodian of the Plan.

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NOTE B - FAIR MARKET VALUE MEASUREMENTS - Continued

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and 2018.

| | Assets at Fair Value as of December 31, 2019 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual funds | | | | |
| Large-cap stocks | $ 947,541 | $ – | $ – | $ 947,541 |
| Mid-cap stocks | 257,380 | – | – | 257,380 |
| Small-cap stocks | 150,321 | – | – | 150,321 |
| Target retirement funds | 2,128,535 | – | – | 2,128,535 |
| Foreign stocks | 311,753 | – | – | 311,753 |
| Specialty stocks | 64,416 | – | – | 64,416 |
| Intermediate term bonds | 161,943 | – | – | 161,943 |
| Intermediate government | 54,166 | – | – | 54,166 |
| Short-term bonds | 13,725 | – | – | 13,725 |
| World bonds | 5,507 | – | – | 5,507 |
| Money market | 40,235 | – | – | 40,235 |
| Balance fund | 53,809 | – | – | 53,809 |
| High yield bonds | 13,006 | – | – | 13,006 |
| Total assets at fair value | $ 4,202,337 | $ – | $ – | $ 4,202,337 |

| | Assets at Fair Value as of December 31, 2018 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual funds | | | | |
| Large-cap stocks | $ 473,552 | $ – | $ – | $ 473,552 |
| Mid-cap stocks | 124,892 | – | – | 124,892 |
| Small-cap stocks | 88,305 | – | – | 88,305 |
| Target retirement funds | 1,130,353 | – | – | 1,130,353 |
| Foreign stocks | 184,691 | – | – | 184,691 |
| Specialty stocks | 13,668 | – | – | 13,668 |
| Intermediate term bonds | 67,142 | – | – | 67,142 |
| Intermediate government | 41,603 | – | – | 41,603 |
| Short-term bonds | 72,195 | – | – | 72,195 |
| World bonds | 3,033 | – | – | 3,033 |
| Money market | 24,446 | – | – | 24,446 |
| Balance fund | 39,155 | – | – | 39,155 |
| High yield bonds | 2,161 | – | – | 2,161 |
| Total assets at fair value | $ 2,265,196 | $ – | $ – | $ 2,265,196 |

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## NOTE C - INFORMATION CERTIFIED BY FIDELITY MANAGEMENT TRUST COMPANY (UNAUDITED)

The following is a summary of the unaudited information regarding the Plan, included in the Plan's financial statements and supplemental Schedule 1, that was prepared by or derived from information prepared by Fidelity, the contract administrator of the Plan, and furnished to the Plan Administrator. The Plan Administrator has obtained certification from Fidelity that such information is complete and accurate. This list includes all investments for the years ended December 31, 2019 and 2018.

| | 2019 | 2018 |
|---|---|---|
| Mutual funds: | | |
| Large-cap stocks: | | |
| Fidelity OTC Portfolio Fund | $ 283,614* | $118,923* |
| Fidelity Large Cap Stock Fund | 154,269 | 92,130 |
| Fidelity 500 Index Fund | 470,753* | 206,264* |
| Invesco Comstock A Fund | 38,905 | 56,235 |
| Mid-cap stocks: | | |
| Fidelity Low-Priced Stock Fund | 61,618 | 72,973 |
| Fidelity Extended Market Index Fund | 24,221 | 9,673 |
| Ceredex Mid-cap Value Equity Fund Class I | 171,541 | 42,246 |
| Small-cap stocks: | | |
| Janus Henderson Venture Fund Class T | 77,383 | 63,682 |
| DWS Global Small Cap Fund Class S | 5,560 | 4,015 |
| Fidelity Small Cap Index Fund | 55,608 | 15,229 |
| AMG Managers Skyline Special Equities Fund | 11,770 | 5,379 |
| Target retirement funds: | | |
| Fidelity Freedom 2020 Fund | 61,934 | 44,280 |
| Fidelity Freedom 2025 Fund | 214,616* | 110,468 |
| Fidelity Freedom 2030 Fund | 434,652* | 189,062* |
| Fidelity Freedom 2035 Fund | 446,920* | 274,112* |
| Fidelity Freedom 2040 Fund | 244,664* | 112,462 |
| Fidelity Freedom 2045 Fund | 269,555* | 116,860* |
| Fidelity Freedom 2050 Fund | 173,796 | 79,657 |
| Fidelity Freedom 2055 Fund | 98,460 | 50,244 |
| Fidelity Freedom 2060 Fund | 13,991 | 1,993 |
| Fidelity Freedom Income Fund | 164,265 | 148,101* |
| Franklin Income Class A Fund | 5,682 | 3,114 |
| Foreign stocks: | | |
| Driehaus Emerging Markets Growth Fund | 56,749 | 34,557 |
| Oakmark International Fund | 112,647 | 44,812 |
| Invesco Oppenheimer Intl. Growth A Fund | 16,904 | 37,372 |
| MFS International Value Fund R3 | 116,013 | 66,056 |
| Fidelity International Index Fund | 9,440 | 1,894 |

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NOTE C - INFORMATION CERTIFIED BY FIDELITY MANAGEMENT TRUST COMPANY (UNAUDITED) - Continued

| | 2019 | 2018 |
|---|---|---|
| Specialty stocks: | | |
| Cohen & Steers Realty Shares Fund | $ 19,487 | $ 65 |
| Ivy Science & Technology Y Fund | 44,929 | 13,603 |
| Intermediate-term bonds: | | |
| Metropolitan West Total Return Bond Fund | 161,943 | 67,142 |
| Intermediate Government: | | |
| Columbia Quality Income Fund Advisor Class | 54,166 | 41,603 |
| Short-term bonds: | | |
| Thompson Bond Fund | 13,725 | 72,195 |
| World bonds: | | |
| Templeton Global Bond Fund Class A | 5,507 | 3,033 |
| Money Market: | | |
| Fidelity Money Market Premium Class Fund | 40,235 | 24,446 |
| Balanced fund: | | |
| Fidelity Balanced Fund | 53,809 | 39,155 |
| High-yield bonds: | | |
| Invesco High Yield R5 Fund | 13,006 | 2,161 |
| Total investment at fair value | $4,202,337 | $2,265,196 |

Investments that represent five percent or more of the Plan's assets are separately identified (*).

Supplemental Schedule:
Schedule of assets (held at end of year) (Schedule 1)

NOTE D - RELATED PARTY TRANSACTIONS

The Plan invested in certain instruments managed by the custodian. Transactions in these investments are non-prohibited related party transactions. Commissions paid by the Plan to the custodian for investment management services amounted to $3,969 for the year ended December 31, 2019.

NOTE E - TAX STATUS

The Plan is a prototype plan. The prototype plan has received a favorable opinion letter from the Internal Revenue Service (IRS) that the prototype plan, as designed, qualified for federal income tax-exempt tax status. The Plan has not individually sought a determination letter from the IRS on its qualification status, but the Plan sponsor believes this specific plan qualifies.



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NOTE E - TAX STATUS - Continued

Accounting principles generally accepted in the United States of America require the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan is subject to income tax examination for the 2018, 2017 and 2016 tax years.

NOTE F - PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its operations at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination, participants will become 100 percent vested in their accounts.

NOTE G - TERMINATED PARTICIPANTS

The account value of individuals who left the Company prior to the years ended December 31, 2019 and 2018 and elected to withdraw from the Plan subsequent to the respective Plan year end was $146,462 and $0, respectively. Under ERISA, employees who have terminated employment with the Plan Sponsor, with balances in the Plan greater than $5,000, are allowed to maintain their investments in the Plan, but are not allowed to make additional contributions. As of December 31, 2019 and 2018, these cumulative balances were $402,294 and $134,094, respectively.

NOTE H - AMENDMENTS TO THE PLAN

The plan was amended on March 8, 2019 and June 5, 2019 and include the following provisions:

- Effective March 15, 2019 three additional related employers became sponsors of the Plan.
- Effective July 18, 2019, to recognize service with predecessor employees in determining vesting.

The Plan was amended on January 26, 2018 and May 15, 2018, and include the following provisions:

- Effective March 5, 2018 and June 30, 2018, an additional related employer became a sponsor of the Plan.

NOTE I - SUBSEQUENT EVENTS

The Plan was amended on January 1, 2020 to add one additional employer as sponsor of the Plan.



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SCHEDULE 1

LAKESHORE RECYCLING SYSTEMS 401(K)
EMPLOYER IDENTIFICATION NUMBER 90-0905125
PLAN NUMBER 001

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

Year Ended December 31, 2019

| (a) | (b) | (c) | (d) | (e) |
|---|---|---|---|---|
| Party In Interest | Identity of Issuer, Borrower or Similar Party | Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value | Cost | Current Value |
| | | Mutual Funds: | | |
| * | Fidelity Investments | Fidelity OTC Portfolio Fund | ** | $ 283,614 |
| * | Fidelity Investments | Fidelity Balanced Fund | ** | 53,809 |
| * | Fidelity Investments | Fidelity Low-Priced Stock Fund | ** | 61,618 |
| * | Fidelity Investments | Fidelity Large Cap Fund | ** | 154,269 |
| * | Fidelity Investments | Fidelity Freedom Income Fund | ** | 164,265 |
| * | Fidelity Investments | Fidelity Freedom 2020 Fund | ** | 61,934 |
| * | Fidelity Investments | Fidelity Freedom 2030 Fund | ** | 434,652 |
| * | Fidelity Investments | Fidelity Freedom 2040 Fund | ** | 244,664 |
| * | Fidelity Investments | Fidelity Freedom 2025 Fund | ** | 214,616 |
| * | Fidelity Investments | Fidelity Extended Market Index Fund | ** | 24,221 |
| * | Fidelity Investments | Fidelity International Index Fund | ** | 9,440 |
| * | Fidelity Investments | Fidelity 500 Index Fund | ** | 470,753 |
| * | Fidelity Investments | Fidelity Freedom 2045 Fund | ** | 269,555 |
| | Driehaus | Driehaus Emerging Markets Growth Fund | ** | 56,749 |
| | Oakmark | Oakmark International Fund | ** | 112,647 |
| | Cohen | Cohen & Steers Realty Shares Fund | ** | 19,487 |
| | Oppenheimer | Oppenheimer Intl. Growth A Fund | ** | 16,904 |
| | Metropolitan West | Metropolitan West Total Return Bond Fund | ** | 161,943 |
| | Invesco | Invesco High Yield R5 Fund | ** | 13,006 |
| | Ivy | Ivy Science & Technology Y Fund | ** | 44,929 |
| | AMG | AMG Managers Skyline Special Equities Fund | ** | 11,770 |
| | Invesco | Invesco Comstock A Fund | ** | 38,905 |
| | Janus | Janus Henderson Venture Fund Class T | ** | 77,383 |
| | Thompson | Thompson Bond Fund | ** | 13,725 |
| | MFS | MFS International Value Fund R3 | ** | 116,013 |
| | Franklin | Franklin Income Class A Fund | ** | 5,682 |
| | Franklin | Templeton Global Bond Fund Class A | ** | 5,507 |
| * | Fidelity Investments | Fidelity Freedom 2035 Fund | ** | 446,920 |
| * | Fidelity Investments | Fidelity Freedom 2050 Fund | ** | 173,796 |
| * | Fidelity Investments | Fidelity Freedom 2055 Fund | ** | 98,460 |
| * | Fidelity Investments | Fidelity Freedom 2060 Fund | ** | 13,991 |
| * | Fidelity Investments | Fidelity Small Cap Index Fund | ** | 55,608 |
| * | Fidelity Investments | Fidelity Money Market Premium Class Fund | ** | 40,235 |
| | Deutsche | Deutsche Global Small Cap Fund Class S | ** | 5,560 |
| | Columbia | Columbia Quality Income Fund Advisor Class | ** | 54,166 |
| | Virtus | Virtus Ceredex Mid-Cap Value Equity Fund Class I | ** | 171,541 |
| | | Total investments | | $4,202,337 |

** Cost information not required

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**LAKESHORE RECYCLING SYSTEMS 401(K) PLAN**

Report of Independent
Certified Public Accountants
and
Financial Statements
and Supplemental Schedule

December 31, 2019 and 2018
and
Year Ended December 31, 2019

draft

October 12, 2020

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Plan Administrator
LAKESHORE RECYCLING SYSTEMS 401(K) PLAN
Morton Grove, IL

**Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of the Lakeshore Recycling Systems 401(K) Plan (the "Plan"), which comprise the comparative statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

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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 auditing procedures with respect to the information summarized in Note C, which was certified by Fidelity Management Trust Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2019 and 2018, that the information provided to the plan administrator by the custodian is complete and accurate.

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS
(Continued)

***Disclaimer of Opinion***

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

***Other Matter - Supplemental Schedule***

The supplemental schedule, Schedule of Assets (Held at End of Year), is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and 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 schedule 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 schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Certified Public Accountants
October 7, 2020

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LAKESHORE RECYCLING SYSTEMS 401(K) PLAN

COMPARATIVE STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31

| | 2019 | 2018 |
|---|---|---|
| ASSETS: | | |
| Participant-directed investments - at fair value (Notes A-12 and B) | | |
| Mutual funds (Note C) | $ 4,202,337 | $ 2,265,196 |
| Notes receivable from participants (Note A-5) | 101,586 | 46,301 |
| Employer contribution receivable | 9,252 | 9,252 |
| TOTAL ASSETS | 4,313,175 | 2,320,749 |
| LIABILITIES | – | – |
| NET ASSETS AVAILABLE FOR BENEFITS - at fair value | $ 4,313,175 | $ 2,320,749 |

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See Report of Independent Certified Public Accountants and Notes to Financial Statements.

LAKESHORE RECYCLING SYSTEMS 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2019

| | | |
|---|---|---|
| ADDITIONS: | | |
| INVESTMENT INCOME: | | |
| Interest and dividends | $ 194,820 | |
| Net realized and unrealized appreciation on investments in mutual funds (Note A-12) | 478,600 | $ 673,420 |
| INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS | | 4,398 |
| CONTRIBUTIONS (Note A-2): | | |
| Participants | 799,011 | |
| Employer | 420,608 | 1,219,619 |
| PARTICIPANT ROLLOVERS INTO THE PLAN (Note A-1) | | 220,390 |
| TOTAL ADDITIONS | | 2,117,827 |
| DEDUCTIONS: | | |
| Benefits paid to participants (Note A-6) | 112,425 | |
| Administrative expenses (Note A-7) | 12,976 | 125,401 |
| INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS | | 1,992,426 |
| NET ASSETS AVAILABLE FOR BENEFITS: | | |
| AT BEGINNING OF YEAR | | 2,320,749 |
| AT END OF YEAR | | $ 4,313,175 |

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See Report of Independent Certified Public Accountants and Notes to Financial Statements.

LAKESHORE RECYCLING SYSTEMS 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

Year Ended December 31, 2019

## NOTE A - DESCRIPTION OF PLAN AND ACCOUNTING POLICIES

The following description of the Lakeshore Recycling Systems 401(K) Plan (the "Plan") provides only general information. Participants should refer to the Plan documents for a more complete description of the Plan's provisions.

1. General

The Plan is a defined contribution plan with a 401(k) salary reduction covering all non-signatory employees of Lakeshore Recycling Systems, LLC (the "Plan Sponsor") and its subsidiaries who have one year and 1,000 hours of service. The Plan allows for pre-tax rollover contributions from other plans but will not accept rollovers of designated Roth contributions. The Board of Trustees oversees governance of the Plan. The Plan's Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Board of Trustees. Fidelity Management Trust Company ("FMTC") serves as the custodian of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

2. Contributions

The Plan is funded by contributions from participants to the Plan through salary reductions up to 90% of annual compensation, as defined by the Plan, subject to the maximum amount deductible under the Internal Revenue Code.

Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan Sponsor makes Safe Harbor matching contributions equal to 100% of elective deferrals up to 3% and 50% of the next 2% of deferrals. An eligible participant is a participant who has one year and 1,000 hours of service.

The Plan Sponsor may also make a discretionary matching employer contribution at the option of the Plan Sponsor's board of directors. In no event may the dollar amount of the additional matching employer contribution exceed 4% of the eligible participant's compensation for the Plan year. There were no discretionary matching employer contributions for the year ended December 31, 2019.

3. Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Plan Sponsor's matching contributions and (b) Plan earnings (losses) and (c) charged with an allocation of administrative expenses. Allocations are based on participant compensation or account balances, as defined. The benefit to which a participant is entitled is the participant's vested account balance. The participant's account is invested directly into various options as directed by the participant. There are no non-participant directed investments.

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NOTE A - DESCRIPTION OF PLAN AND ACCOUNTING POLICIES - Continued

4. Vesting

   Participants are immediately 100% vested in their contributions and the Plan Sponsor's Safe Harbor matching contributions plus actual earnings thereon. Vesting in the Plan Sponsor's additional matching contributions plus actual earnings thereon are immediately 100% vested as well.

5. Notes Receivable from Participants

   Notes receivable from participants (participant loans) are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2019 and 2018, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, 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.

   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 at the time the loan is originated. Loan terms generally cannot exceed five years, but can be extended to as many as thirty years for the purchase of a primary residence. Principal and interest are paid ratably through payroll deductions. The loans bear interest at 4.5% and are determined by the prevailing market rate at the time of the loan. The loans are secured by the balance in the participant's account.

6. Payment of Benefits

   Upon termination of service due to death, disability, or retirement, a participant may make an election to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or installment payments in monthly, quarterly, semi-annual, or annual amounts that may not extend beyond the earlier of the participant's life or the life expectancy of the participant. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Benefits are recorded when paid.

7. Administrative Costs

   The Plan Sponsor pays certain administrative expenses of the Plan.

8. Forfeitures

   Forfeitures arising from terminated employees who were not 100% vested in the Plan Sponsor's discretionary contributions are first used to pay administrative expenses and any remaining amount is used to reduce any future Plan Sponsor contributions. There were no forfeited nonvested accounts for the year ended December 31, 2019.



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NOTE A - DESCRIPTION OF PLAN AND ACCOUNTING POLICIES - Continued

9. Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

10. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

11. 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 participants' account balances and the amounts reported in the statement of net assets available for benefits.

12. Investment Valuation and Income Recognition

Investments in mutual funds are recorded at the fair value of the underlying assets. The accounts are credited with the actual earnings and realized and unrealized gains and losses on the underlying investments. The accounts are charged for withdrawals used to pay benefits. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. 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. See Note B for additional discussion of fair value measurements.

13. Additions, Deductions, and Changes in Net Assets

Income and expenses are recorded on the accrual basis. Employer and participant contributions are recorded on the accrual basis in the plan year in which the contribution applies. Unrealized appreciation and depreciation in the fair value of the investments are included in the accompanying financial statements.

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NOTE A - DESCRIPTION OF PLAN AND ACCOUNTING POLICIES - Continued

14. Subsequent Events

FASB ASC 855, *Subsequent Events*, establishes general standards of accounting for and the standard for disclosure of events that occur after the Statement of Net Assets Available for Benefits date but before financial statements are issued or are available to be issued. In particular, this standard sets forth the period after the Statement of Net Assets Available for Benefits date during which management of a reporting entity should evaluate events or transactions that may occur for potential recognition or disclosure in the financial statements. It also identifies the circumstances under which an entity should recognize events or transactions occurring after the Statement of Net Assets Available for Benefits date in its financial statements and the disclosures that an entity should make about events or transactions that occurred after the Statement of Net Assets Available for Benefits date.

Management has determined that the proper date for evaluation of subsequent events is the date the financial statements were available to be issued, which was October 7, 2020.

NOTE B - FAIR MARKET VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan 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 a different fair value measurement at the reporting date.

Fair value is defined as 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. Authoritative guidance establishes a framework for measuring fair value that includes a hierarchy used to classify the inputs used in measuring fair value based on their observability. The hierarchy prioritizes the inputs to valuation techniques used to measure fair value into three levels. The level in the fair value hierarchy within which the fair value measurement falls is determined based on the lowest level input that is significant to the fair value measurement. The levels of the fair value hierarchy are as follows:

- Level 1 - Fair value is based on unadjusted quoted prices in active markets that are accessible to the Company for identical assets or liabilities. These generally provide the most reliable evidence and are used to measure fair value whenever available. Active markets provide current pricing data on a more frequent basis. Examples include certain U.S. Treasury securities and exchange-traded equity securities.

NOTE B - FAIR MARKET VALUE MEASUREMENTS - Continued

- Level 2 - Fair value is based on quoted prices for similar assets or liabilities in active markets, inactive markets, or model-derived valuations in which all significant inputs and significant value drivers are observable in active markets. This level includes financial instruments that are valued by independent pricing services using models or other valuation methodologies. These models are primarily industry-standard models that consider various inputs which are observable or derived from observable information in the marketplace. Examples include certain public and private corporate securities, certain government and agency securities, and certain mortgage-backed securities.

- Level 3 - Fair value is based on valuations derived from techniques in which one or more significant inputs or significant value drivers are unobservable for assets or liabilities. Non-binding broker quotes on certain fixed maturity securities, which are utilized when pricing service information is not available, are reviewed for reasonableness by the Company, and are generally considered Level 3. Examples include certain public and private corporate securities, certain mortgage-backed securities and other less liquid securities (such as FHLBI stock and limited partnerships), and embedded derivatives resulting from certain products with guaranteed benefits.

In certain instances, the inputs used to measure fair value fall into different levels of the fair value hierarchy. In such cases, the level disclosed is based on the lowest level significant to the fair value measurement. The assessment of the significance of a particular input to the fair value measurement and ultimate classification of each asset and liability requires judgement.

The methods and assumptions the Company uses to estimate fair values of assets and liabilities measured on a recurring basis are summarized below.

*Mutual funds*: Valued at the net asset value of shares held by the plan at year end. Includes funds that invest in various stocks and bonds and the fair value is determined based upon these accounts.

The Plan administrator determines the fair value measurement level based on consultations with the custodian of the Plan.

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NOTE B - FAIR MARKET VALUE MEASUREMENTS - Continued

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and 2018.

| | Assets at Fair Value as of December 31, 2019 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual funds | | | | |
| Large-cap stocks | $ 947,541 | $ – | $ – | $ 947,541 |
| Mid-cap stocks | 257,380 | – | – | 257,380 |
| Small-cap stocks | 150,321 | – | – | 150,321 |
| Target retirement funds | 2,128,535 | – | – | 2,128,535 |
| Foreign stocks | 311,753 | – | – | 311,753 |
| Specialty stocks | 64,416 | – | – | 64,416 |
| Intermediate term bonds | 161,943 | – | – | 161,943 |
| Intermediate government | 54,166 | – | – | 54,166 |
| Short-term bonds | 13,725 | – | – | 13,725 |
| World bonds | 5,507 | – | – | 5,507 |
| Money market | 40,235 | – | – | 40,235 |
| Balance fund | 53,809 | – | – | 53,809 |
| High yield bonds | 13,006 | – | – | 13,006 |
| Total assets at fair value | $ 4,202,337 | $ – | $ – | $ 4,202,337 |

| | Assets at Fair Value as of December 31, 2018 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual funds | | | | |
| Large-cap stocks | $ 473,552 | $ – | $ – | $ 473,552 |
| Mid-cap stocks | 124,892 | – | – | 124,892 |
| Small-cap stocks | 88,305 | – | – | 88,305 |
| Target retirement funds | 1,130,353 | – | – | 1,130,353 |
| Foreign stocks | 184,691 | – | – | 184,691 |
| Specialty stocks | 13,668 | – | – | 13,668 |
| Intermediate term bonds | 67,142 | – | – | 67,142 |
| Intermediate government | 41,603 | – | – | 41,603 |
| Short-term bonds | 72,195 | – | – | 72,195 |
| World bonds | 3,033 | – | – | 3,033 |
| Money market | 24,446 | – | – | 24,446 |
| Balance fund | 39,155 | – | – | 39,155 |
| High yield bonds | 2,161 | – | – | 2,161 |
| Total assets at fair value | $ 2,265,196 | $ – | $ – | $ 2,265,196 |

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## NOTE C - INFORMATION CERTIFIED BY FIDELITY MANAGEMENT TRUST COMPANY (UNAUDITED)

The following is a summary of the unaudited information regarding the Plan, included in the Plan's financial statements and supplemental Schedule 1, that was prepared by or derived from information prepared by Fidelity, the contract administrator of the Plan, and furnished to the Plan Administrator. The Plan Administrator has obtained certification from Fidelity that such information is complete and accurate. This list includes all investments for the years ended December 31, 2019 and 2018.

| | 2019 | 2018 |
|---|---|---|
| Mutual funds: | | |
| Large-cap stocks: | | |
| Fidelity OTC Portfolio Fund | $ 283,614* | $118,923* |
| Fidelity Large Cap Stock Fund | 154,269 | 92,130 |
| Fidelity 500 Index Fund | 470,753* | 206,264* |
| Invesco Comstock A Fund | 38,905 | 56,235 |
| Mid-cap stocks: | | |
| Fidelity Low-Priced Stock Fund | 61,618 | 72,973 |
| Fidelity Extended Market Index Fund | 24,221 | 9,673 |
| Ceredex Mid-cap Value Equity Fund Class I | 171,541 | 42,246 |
| Small-cap stocks: | | |
| Janus Henderson Venture Fund Class T | 77,383 | 63,682 |
| DWS Global Small Cap Fund Class S | 5,560 | 4,015 |
| Fidelity Small Cap Index Fund | 55,608 | 15,229 |
| AMG Managers Skyline Special Equities Fund | 11,770 | 5,379 |
| Target retirement funds: | | |
| Fidelity Freedom 2020 Fund | 61,934 | 44,280 |
| Fidelity Freedom 2025 Fund | 214,616* | 110,468 |
| Fidelity Freedom 2030 Fund | 434,652* | 189,062* |
| Fidelity Freedom 2035 Fund | 446,920* | 274,112* |
| Fidelity Freedom 2040 Fund | 244,664* | 112,462 |
| Fidelity Freedom 2045 Fund | 269,555* | 116,860* |
| Fidelity Freedom 2050 Fund | 173,796 | 79,657 |
| Fidelity Freedom 2055 Fund | 98,460 | 50,244 |
| Fidelity Freedom 2060 Fund | 13,991 | 1,993 |
| Fidelity Freedom Income Fund | 164,265 | 148,101* |
| Franklin Income Class A Fund | 5,682 | 3,114 |
| Foreign stocks: | | |
| Driehaus Emerging Markets Growth Fund | 56,749 | 34,557 |
| Oakmark International Fund | 112,647 | 44,812 |
| Invesco Oppenheimer Intl. Growth A Fund | 16,904 | 37,372 |
| MFS International Value Fund R3 | 116,013 | 66,056 |
| Fidelity International Index Fund | 9,440 | 1,894 |

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NOTE C - INFORMATION CERTIFIED BY FIDELITY MANAGEMENT TRUST COMPANY (UNAUDITED) - Continued

| | 2019 | 2018 |
|---|---|---|
| Specialty stocks: | | |
| Cohen & Steers Realty Shares Fund | $ 19,487 | $ 65 |
| Ivy Science & Technology Y Fund | 44,929 | 13,603 |
| Intermediate-term bonds: | | |
| Metropolitan West Total Return Bond Fund | 161,943 | 67,142 |
| Intermediate Government: | | |
| Columbia Quality Income Fund Advisor Class | 54,166 | 41,603 |
| Short-term bonds: | | |
| Thompson Bond Fund | 13,725 | 72,195 |
| World bonds: | | |
| Templeton Global Bond Fund Class A | 5,507 | 3,033 |
| Money Market: | | |
| Fidelity Money Market Premium Class Fund | 40,235 | 24,446 |
| Balanced fund: | | |
| Fidelity Balanced Fund | 53,809 | 39,155 |
| High-yield bonds: | | |
| Invesco High Yield R5 Fund | 13,006 | 2,161 |
| Total investment at fair value | $4,202,337 | $2,265,196 |

Investments that represent five percent or more of the Plan's assets are separately identified (*).

Supplemental Schedule:
Schedule of assets (held at end of year) (Schedule 1)

NOTE D - RELATED PARTY TRANSACTIONS

The Plan invested in certain instruments managed by the custodian. Transactions in these investments are non-prohibited related party transactions. Commissions paid by the Plan to the custodian for investment management services amounted to $3,969 for the year ended December 31, 2019.

NOTE E - TAX STATUS

The Plan is a prototype plan. The prototype plan has received a favorable opinion letter from the Internal Revenue Service (IRS) that the prototype plan, as designed, qualified for federal income tax-exempt tax status. The Plan has not individually sought a determination letter from the IRS on its qualification status, but the Plan sponsor believes this specific plan qualifies.



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NOTE E - TAX STATUS - Continued

Accounting principles generally accepted in the United States of America require the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan is subject to income tax examination for the 2018, 2017 and 2016 tax years.

NOTE F - PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its operations at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination, participants will become 100 percent vested in their accounts.

NOTE G - TERMINATED PARTICIPANTS

The account value of individuals who left the Company prior to the years ended December 31, 2019 and 2018 and elected to withdraw from the Plan subsequent to the respective Plan year end was $146,462 and $0, respectively. Under ERISA, employees who have terminated employment with the Plan Sponsor, with balances in the Plan greater than $5,000, are allowed to maintain their investments in the Plan, but are not allowed to make additional contributions. As of December 31, 2019 and 2018, these cumulative balances were $402,294 and $134,094, respectively.

NOTE H - AMENDMENTS TO THE PLAN

The plan was amended on March 8, 2019 and June 5, 2019 and include the following provisions:

- Effective March 15, 2019 three additional related employers became sponsors of the Plan.
- Effective July 18, 2019, to recognize service with predecessor employees in determining vesting.

The Plan was amended on January 26, 2018 and May 15, 2018, and include the following provisions:

- Effective March 5, 2018 and June 30, 2018, an additional related employer became a sponsor of the Plan.

NOTE I - SUBSEQUENT EVENTS

The Plan was amended on January 1, 2020 to add one additional employer as sponsor of the Plan.



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SCHEDULE 1

LAKESHORE RECYCLING SYSTEMS 401(K)
EMPLOYER IDENTIFICATION NUMBER 90-0905125
PLAN NUMBER 001

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

Year Ended December 31, 2019

| (a) | (b) | (c) | (d) | (e) |
|---|---|---|---|---|
| Party In Interest | Identity of Issuer, Borrower or Similar Party | Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value | Cost | Current Value |
| | | Mutual Funds: | | |
| * | Fidelity Investments | Fidelity OTC Portfolio Fund | ** | $ 283,614 |
| * | Fidelity Investments | Fidelity Balanced Fund | ** | 53,809 |
| * | Fidelity Investments | Fidelity Low-Priced Stock Fund | ** | 61,618 |
| * | Fidelity Investments | Fidelity Large Cap Fund | ** | 154,269 |
| * | Fidelity Investments | Fidelity Freedom Income Fund | ** | 164,265 |
| * | Fidelity Investments | Fidelity Freedom 2020 Fund | ** | 61,934 |
| * | Fidelity Investments | Fidelity Freedom 2030 Fund | ** | 434,652 |
| * | Fidelity Investments | Fidelity Freedom 2040 Fund | ** | 244,664 |
| * | Fidelity Investments | Fidelity Freedom 2025 Fund | ** | 214,616 |
| * | Fidelity Investments | Fidelity Extended Market Index Fund | ** | 24,221 |
| * | Fidelity Investments | Fidelity International Index Fund | ** | 9,440 |
| * | Fidelity Investments | Fidelity 500 Index Fund | ** | 470,753 |
| * | Fidelity Investments | Fidelity Freedom 2045 Fund | ** | 269,555 |
| | Driehaus | Driehaus Emerging Markets Growth Fund | ** | 56,749 |
| | Oakmark | Oakmark International Fund | ** | 112,647 |
| | Cohen | Cohen & Steers Realty Shares Fund | ** | 19,487 |
| | Oppenheimer | Oppenheimer Intl. Growth A Fund | ** | 16,904 |
| | Metropolitan West | Metropolitan West Total Return Bond Fund | ** | 161,943 |
| | Invesco | Invesco High Yield R5 Fund | ** | 13,006 |
| | Ivy | Ivy Science & Technology Y Fund | ** | 44,929 |
| | AMG | AMG Managers Skyline Special Equities Fund | ** | 11,770 |
| | Invesco | Invesco Comstock A Fund | ** | 38,905 |
| | Janus | Janus Henderson Venture Fund Class T | ** | 77,383 |
| | Thompson | Thompson Bond Fund | ** | 13,725 |
| | MFS | MFS International Value Fund R3 | ** | 116,013 |
| | Franklin | Franklin Income Class A Fund | ** | 5,682 |
| | Franklin | Templeton Global Bond Fund Class A | ** | 5,507 |
| * | Fidelity Investments | Fidelity Freedom 2035 Fund | ** | 446,920 |
| * | Fidelity Investments | Fidelity Freedom 2050 Fund | ** | 173,796 |
| * | Fidelity Investments | Fidelity Freedom 2055 Fund | ** | 98,460 |
| * | Fidelity Investments | Fidelity Freedom 2060 Fund | ** | 13,991 |
| * | Fidelity Investments | Fidelity Small Cap Index Fund | ** | 55,608 |
| * | Fidelity Investments | Fidelity Money Market Premium Class Fund | ** | 40,235 |
| | Deutsche | Deutsche Global Small Cap Fund Class S | ** | 5,560 |
| | Columbia | Columbia Quality Income Fund Advisor Class | ** | 54,166 |
| | Virtus | Virtus Ceredex Mid-Cap Value Equity Fund Class I | ** | 171,541 |
| | | Total investments | | $4,202,337 |

** Cost information not required

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