

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>RIVER CITY ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1998</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1998</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1998</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>RIVER CITY ENVIRONMENTAL, INC.</u> <u>PO BOX 30087</u> <u>PORTLAND, OR 97294-3087</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>93-1175217</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>503-252-6144</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541990</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>93-1175217</u>	2c Plan Sponsor's telephone number <u>503-252-6144</u>	2d Business code (see instructions) <u>541990</u>	
2b Employer Identification Number (EIN) <u>93-1175217</u>					
2c Plan Sponsor's telephone number <u>503-252-6144</u>					
2d Business code (see instructions) <u>541990</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2021	ROBIN GALAS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 158
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 111 6a(2) 102 6b 0 6c 55 6d 157 6e 0 6f 157 6g 132 6h 19
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 2G 2J 2T 3D 2F 2K 2S b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan RIVER CITY ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 RIVER CITY ENVIRONMENTAL, INC.	D Employer Identification Number (EIN) 93-1175217	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PENSION PLAN SPECIALISTS, PC
26-1570786

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

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

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

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

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

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

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

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

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

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

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

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

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

CAPITAL RESEARCH & MANAGEMENT

95-6817943

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 58 60 62 63	RECORDKEEPER	875	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>RIVER CITY ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RIVER CITY ENVIRONMENTAL, INC.</u>	D Employer Identification Number (EIN) <u>93-1175217</u>	

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	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	5787
(2) Participant contributions.....	1b(2)	0
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	3800
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2234164
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	2960300

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2243751	2983687

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1099	17513
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1099	17513

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2242652	2966174
---	-----------	---------	---------

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)	50180	
(B) Participants	2a(1)(B)	390018	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		440198
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	245	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		245
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	85719	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		85719
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		317555
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		843717

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	118710	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		118710
f Corrective distributions (see instructions)	2f		610
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	875	
(3) Investment advisory and management fees	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		875
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		120195

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		723522
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: TALBOT, KORVOLA & WARICK, LLP

(2) EIN: 93-0954337

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		42273

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		224266
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan RIVER CITY ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 RIVER CITY ENVIRONMENTAL, INC.		D Employer Identification Number (EIN) 93-1175217
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 95-6817943		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2020 v. 200204		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

RIVER CITY ENVIRONMENTAL, INC. 401(k) PROFIT SHARING PLAN

EIN #93-1175217
PLAN #001

Financial Statements
and Supplemental Schedules

Year Ended December 31, 2020

RIVER CITY ENVIRONMENTAL, INC. 401(k) PROFIT SHARING PLAN
EIN #93-1175217
PLAN #001

TABLE OF CONTENTS

	<u>Page</u>
INDEPENDENT AUDITOR'S REPORT	1
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5
SUPPLEMENTAL SCHEDULES:	
Schedule H, Part IV, Line 4a – Schedule of Delinquent Participant Contributions	12
Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year	13
SUPPLEMENTAL SCHEDULES NOT REQUIRED	14



Talbot, Korvola & Warwick, LLP 14945 SW Sequoia Parkway, Suite 150, Portland, OR 97224
P 503.274.2849 F 503.274.2853 www.tkw.com

INDEPENDENT AUDITOR'S REPORT

Plan Administrator
River City Environmental, Inc. 401(k) Profit Sharing Plan
Portland, Oregon

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of River City Environmental, Inc. 401(k) Profit Sharing Plan (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2020, the related statement of changes in net assets available for benefits for the year then ended, 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 the Information Certified and Provided by Trustee Note, which was certified or provided by Capital Bank and Trust Company, the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2020 and 2019, and for the year ended December 31, 2020, that the information provided to the Plan Administrator by the trustee is complete and accurate.

INDEPENDENT AUDITOR'S REPORT (Continued)

Plan Administrator
River City Environmental, Inc. 401(k) Profit Sharing Plan

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 Matters

The supplemental schedules, Schedule H, Part IV, Line 4a – Schedule of Delinquent Participant Contributions and Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year, as of December 31, 2020, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. These supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

The statement of net assets available for benefits as of December 31, 2019 was compiled by us. We did not audit or review that statement and accordingly, express no opinion or other form of assurance on it.

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

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

Talbot, Kowale & Warwick, LLP

Portland, Oregon
October 4, 2021

RIVER CITY ENVIRONMENTAL, INC. 401(k) PROFIT SHARING PLAN

EIN #93-1175217

PLAN #001

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2020	2019 (unaudited)
ASSETS:		
Investments recorded at fair value:		
Registered investment companies funds	\$ 2,960,300	\$ 2,234,164
Total investments	2,960,300	2,234,164
Receivables:		
Notes receivable from participants	2,941	3,800
Employer contribution receivable	5,787	5,787
Participant contribution receivable	14,659	-
Total receivables	23,387	9,587
TOTAL ASSETS	2,983,687	2,243,751
LIABILITIES:		
Excess employee contributions payable	1,669	1,099
Accrued expenses	15,844	-
Total liabilities	17,513	1,099
NET ASSETS AVAILABLE FOR BENEFITS	\$ 2,966,174	\$ 2,242,652

See accompanying notes to financial statements.

RIVER CITY ENVIRONMENTAL, INC. 401(k) PROFIT SHARING PLAN

EIN #93-1175217

PLAN #001

**STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS**

YEAR ENDED DECEMBER 31, 2020

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment income:

Net appreciation in fair value of investments	\$	317,555
Dividends and interest		<u>85,719</u>

Total investment income		<u>403,274</u>
-------------------------	--	----------------

Interest on notes receivable from participants		<u>245</u>
--	--	------------

Contributions:

Employer		50,180
Participants		<u>390,018</u>

Total contributions		<u>440,198</u>
---------------------	--	----------------

TOTAL ADDITIONS		<u>843,717</u>
------------------------	--	-----------------------

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants		119,320
Administrative expenses		<u>875</u>

TOTAL DEDUCTIONS		<u>120,195</u>
-------------------------	--	-----------------------

NET ADDITIONS		<u>723,522</u>
----------------------	--	-----------------------

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year		<u>2,242,652</u>
End of year	\$	<u><u>2,966,174</u></u>

See accompanying notes to financial statements.

RIVER CITY ENVIRONMENTAL, INC. 401(k) PROFIT SHARING PLAN

EIN #93-1175217

PLAN #001

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2020

DESCRIPTION OF THE PLAN

The following description of the River City Environmental, Inc. 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan.

General

The Plan is a defined contribution plan that was established January 1, 1998. The Plan was restated effective January 1, 2016 and most recently amended effective December 31, 2018. The purpose of the Plan is to provide retirement benefits to the employees of River City Environmental, Inc. (the Employer).

Eligibility and Vesting

Employees become eligible to participate in the Plan on the first day of the quarter after turning the age of 18 and completing three months of service. Participants are immediately vested in their salary deferral contributions and earnings thereon. Vesting of the portion of the account attributable to the employer's matching contribution begins with one year of service at 20%. Thereafter, employees' vest at 20% per year until five years of service at which time an employee is 100% vested. Also, upon termination of employment due to death or disability or attainment of normal retirement age, an employee becomes 100% vested as defined by the Plan.

Participant Accounts

Participants' contributions are credited to their individual accounts. Earnings and losses from the participants' directed investments are allocated to the individual accounts. Deducted from each participant's account are any distributions made to the participant and an allocation of administrative fees. The benefit to which a participant is entitled is the balance of the participant's vested account. The participant directs the investment of all contributions and earnings thereon. All participant account balances are held by the custodian. The balance in the forfeitures account available to be used to reduce employer contributions for the year ended December 31, 2020 was \$17,128.

Contributions

Each year, employees may contribute up to 100% of pretax annual compensation, as defined in the Plan, as long as they do not exceed the maximum statutory limit. Upon enrollment, the Plan includes an automatic salary deferral feature equal to 6% of a participant's compensation, with an annual escalation of 1% until a participant's deferral percentage reaches 10%. Employees may elect to change the deferral percentage at any point. Eligible participants may elect to make pre-tax or Roth contributions. Participants may also make rollover contributions to the Plan from another qualified plan. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants direct the investment of their contributions into various investment options offered by the Plan. Employee contributions are 100% vested upon deposit. The Employer may make a matching contribution of a discretionary percentage of a participant's compensation for each payroll period. The matching contribution was suspended after the April 10, 2020 payroll date.

RIVER CITY ENVIRONMENTAL, INC. 401(k) PROFIT SHARING PLAN

EIN #93-1175217

PLAN #001

NOTES TO FINANCIAL STATEMENTS (Continued)

YEAR ENDED DECEMBER 31, 2020

DESCRIPTION OF THE PLAN (Continued)

Notes Receivable from Participants

Participants may borrow against their vested account balance. The minimum loan is \$1,000 and the maximum is the lesser of \$50,000 or 50% of the vested interest in their benefits. The loan receivable is treated as a segregated portion of the participant's account balance and interest earned on the note is allocated to the participant. Loan terms generally range from one to five years or up to 30 years for the purchase of a primary residence. Loans are secured by the participant's vested account balances and other assets of the participant, if necessary. The loans bear interest at the prevailing interest rate for similar loans. Interest rate on the outstanding loan is 7.25%. Principal and interest payments are made through payroll deductions.

Payment of Benefits

Benefits are payable upon retirement, termination, disability, or death. Partial or full withdrawals of the participant's account balance are also available upon certain circumstances as described in the Plan agreement.

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See the Fair Value Measurement Note for discussion of fair value measurements.

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

RIVER CITY ENVIRONMENTAL, INC. 401(k) PROFIT SHARING PLAN

EIN #93-1175217

PLAN #001

NOTES TO FINANCIAL STATEMENTS (Continued)

YEAR ENDED DECEMBER 31, 2020

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2020.

Excess Employee Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the cumulative 2021 excess contributions to the applicable participants in June and July 2021.

Payment of Benefits

Benefits are recorded when paid.

Payment of Expenses

The Employer pays substantially all administrative expenses of the Plan except for fees related to notes receivable from participants, in-service withdrawals, and termination distributions.

RIVER CITY ENVIRONMENTAL, INC. 401(k) PROFIT SHARING PLAN

EIN #93-1175217

PLAN #001

NOTES TO FINANCIAL STATEMENTS (Continued)

YEAR ENDED DECEMBER 31, 2020

INFORMATION CERTIFIED AND PROVIDED BY TRUSTEE

The following is a summary of the Plan's asset information as of December 31, 2020 and 2019, and for the year ended December 31, 2020, included throughout the Plan's financial statements and other information that was prepared by or derived from information provided by Capital Bank and Trust Company, the trustee of the Plan, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that information provided to the Plan Administrator by the trustee related to the following investments is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information in the Fair Value Measurement Note and other information which appears throughout the financial statements and supplemental schedule related to the following information:

	December 31,	
	2020	2019
Investments at fair value	\$ 2,960,300	\$ 2,234,164
Notes receivable from participants	2,941	3,800
	<u>\$ 2,963,241</u>	<u>\$ 2,237,964</u>

	Year Ended December 31, 2020
Income on certified assets:	
Net appreciation in fair value of investments	\$ 317,555
Dividends and interest	85,719
Interest on notes receivable from participants	245
	<u>\$ 403,519</u>

RIVER CITY ENVIRONMENTAL, INC. 401(k) PROFIT SHARING PLAN

EIN #93-1175217

PLAN #001

NOTES TO FINANCIAL STATEMENTS (Continued)

YEAR ENDED DECEMBER 31, 2020

FAIR VALUE MEASUREMENT

The Plan follows Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic *Fair Value Measurement*. This Topic establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy under this Topic are described below:

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

Level 2: Inputs to the valuation methodology other than quoted prices included within Level 1 that are unobservable for the asset or liability, either directly or indirectly, such as:

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

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

Level 3: Inputs to the valuation methodology are unobservable for the asset or liability.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

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

Shares of registered investment companies funds are valued at quoted market prices.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.

RIVER CITY ENVIRONMENTAL, INC. 401(k) PROFIT SHARING PLAN

EIN #93-1175217

PLAN #001

NOTES TO FINANCIAL STATEMENTS (Continued)

YEAR ENDED DECEMBER 31, 2020

FAIR VALUE MEASUREMENT (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value or estimated fair value. There are no level 2 or 3 investments.

	<u>Assets at Fair Value at December 30,</u>	
	<u>2020</u>	<u>2019</u>
	<u>Level 1</u>	
Registered investment companies funds	<u>\$ 2,960,300</u>	<u>\$ 2,234,164</u>

RISKS AND UNCERTAINTIES

The Plan provides for investment options in various investment securities, which 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 statements of net assets available for benefits.

PLAN TERMINATION

Although it has not expressed any intent to do so, the Employer has the right under the Plan to suspend contributions, discontinue contributions or terminate the Plan at any time. In the event of Plan termination, assets are to be used first to satisfy all Plan liabilities. The remaining assets are to be allocated proportionately to participants based upon each individual's account balance.

INCOME TAX STATUS

The Plan adopted a volume submitter profit sharing plan sponsored by Pension Plan Specialists PC. The volume submitter plan provider has received an opinion letter dated July 7, 2014 from the Internal Revenue Service as to the plan's qualified status. The plan opinion letter has been relied upon by this Plan. The Plan has been amended since receiving the opinion letter. However, the Plan Administrator believes the Plan is designed and is currently being operated in compliance with the applicable provisions of the Internal Revenue Code.

Plan management has considered the FASB ASC Topic *Income Taxes* and believes the Plan has maintained its tax-exempt status and has taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. The tax years that remain open for examination by the appropriate taxing authorities for the Plan as of December 31, 2020 are 2017, 2018 and 2019, generally three years from the date the return was filed.

RIVER CITY ENVIRONMENTAL, INC. 401(k) PROFIT SHARING PLAN

EIN #93-1175217

PLAN #001

NOTES TO FINANCIAL STATEMENTS (Continued)

YEAR ENDED DECEMBER 31, 2020

PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under DOL Regulations as any fiduciary of the Plan, any party rendering service to the Plan, the Employer and certain others. Notes receivable from participants also qualify as party-in-interest transactions.

No professional fees for the administration of the Plan were paid by the Employer on behalf of the Plan for the year ended December 31, 2020.

SUBSEQUENT EVENTS

FASB ASC Topic *Subsequent Events* requires disclosure of the date through which subsequent events have been evaluated, as well as whether that date is the date the financial statements were issued or the date the financial statements were available to be issued. Subsequent events have been evaluated by the Plan Administrator through October 4, 2021, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

RIVER CITY ENVIRONMENTAL, INC. 401(k) PROFIT SHARING PLAN

EIN # 93-1175217

PLAN # 001

SCHEDULE H, PART IV, LINE 4a -
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

YEAR ENDED DECEMBER 31, 2020

Participant Contributions Transferred Late to the Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are included: ☒	\$ 42,273	\$ -	\$ -	\$ -

RIVER CITY ENVIRONMENTAL, INC. 401(k) PROFIT SHARING PLAN

EIN # 93-1175217

PLAN # 001

SCHEDULE H, PART IV, LINE 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2020

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost**	(e) Current Value
	Registered investment companies funds:			
*	American Mutual Fund	68 shares	N/A	2,993
*	Investment Company of America	111 shares	N/A	4,899
*	Growth Fund of America	36 shares	N/A	2,380
*	Income Fund of America	79 shares	N/A	1,853
*	New Perspective Fund	178 shares	N/A	10,478
*	American Balanced Fund	61 shares	N/A	1,836
*	Capital Income Builder	81 shares	N/A	5,129
*	New Economy Fund	717 shares	N/A	41,439
*	EuroPacific Growth Fund	47 shares	N/A	3,161
*	US Government Securities Fund	129 shares	N/A	1,860
*	Capital World Bond Fund	84 shares	N/A	1,801
*	Capital World Growth and Income	101 shares	N/A	5,927
*	SmallCap World Fund	33 shares	N/A	2,511
*	New World Fund	75 shares	N/A	6,475
*	Short-Term Bond Fund of America	234 shares	N/A	2,362
*	Money Market Fund	19,212 shares	N/A	19,212
*	Global Balanced Fund	47 shares	N/A	1,772
*	American Funds 2010 Target Date	1,271 shares	N/A	14,840
*	American Funds 2015 Target Date	3,019 shares	N/A	37,432
*	American Funds 2020 Target Date	2,679 shares	N/A	36,536
*	American Funds 2025 Target Date	29,201 shares	N/A	445,025
*	American Funds 2030 Target Date	27,855 shares	N/A	462,952
*	American Funds 2035 Target Date	23,637 shares	N/A	417,198
*	American Funds 2040 Target Date	21,298 shares	N/A	391,453
*	American Funds 2045 Target Date	14,563 shares	N/A	273,202
*	American Funds 2050 Target Date	14,978 shares	N/A	276,938
*	American Funds 2055 Target Date	12,371 shares	N/A	286,875
*	American Funds 2060 Target Date	12,113 shares	N/A	189,327
*	American Funds 2065 Target Date	853 shares	N/A	12,434
				<u>2,960,300</u>
* Notes receivable from participants				
		Interest at 7.25%, maturing 2023.	-0-	<u>2,941</u>
				<u>\$ 2,963,241</u>

The above information has been certified by Capital Bank and Trust Company, the custodian, as complete and accurate.

* Column (a): Party-in-interest.

** Column (d): Cost information may be omitted when reporting participant directed investments.

RIVER CITY ENVIRONMENTAL, INC. 401(k) PROFIT SHARING PLAN

EIN #93-1175217

PLAN #001

SUPPLEMENTAL SCHEDULES NOT REQUIRED

Below is a summary of Department of Labor supplemental schedules that were not applicable as of or for the year ended December 31, 2020:

- Schedule G, Part I - Schedule of loans or fixed income obligations in default or classified as uncollectible
- Schedule G, Part II - Schedule of leases in default or classified as uncollectible
- Schedule G, Part III - Schedule of non-exempt (prohibited) transactions
- Schedule H, Part IV, Line 4i - Schedule of assets (acquired and disposed of within the plan year)
- Schedule H, Part IV, Line 4j - Schedule of reportable transactions

Name of Plan: **RIVER CITY ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN**

Plan year (beginning/ending):▶ **01/01/2020 - 12/31/2020** Plan number:▶ **001**

[illegible]



Talbot, Korvola & Warwick, LLP 14945 SW Sequoia Parkway, Suite 150, Portland, OR 97224
P 503.274.2849 F 503.274.2853 www.tkw.com

Plan Administrator and Management
River City Environmental, Inc. 401(k) Profit Sharing Plan
Portland, Oregon

In planning and performing our audit of the financial statements of River City Environmental, Inc. 401(k) Profit Sharing Plan (the Plan) as of December 31, 2020 and for the year then ended, we considered the Plan's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we do not express an opinion on the effectiveness of the Plan's internal control.

Our consideration of internal control was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Therefore, material weaknesses or significant deficiencies may exist that are not identified. However, as discussed below, we identified certain deficiencies in internal control that we consider to be material weaknesses and significant deficiencies.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A deficiency in design exists when (a) a control necessary to meet the control objective is missing, or (b) an existing control is not properly designed so that, even if the control operates as designed, the control objective would not be met. A deficiency in operation exists when a properly designed control does not operate as designed or when the person performing the control does not possess the necessary authority or competence to perform the control effectively.

A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. We consider the following deficiencies in the Plan's internal control to be material weaknesses:

Material Weakness #1 (Lack of Documentation)

The Plan Sponsor does not consistently maintain documentation in personnel files over participant enrollment forms, deferral elections, deferral changes, distribution request forms, pay rate support, termination notifications, and employee opt out forms. Forms should be dated and signed by employees. Accurate recordkeeping documentation should be retained in the participant's personnel file.

Material Weakness #2 (No Evidence of Payroll Controls)

While gaining and documenting an understanding of controls of the payroll process, it was noted that there was no evidence of a review of payroll reconciliations and commission workbooks. This lack of documentation creates an opportunity for errors or misstatements to go undetected.

A *significant deficiency* is a deficiency, or combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance. We consider the following deficiencies in the Plan's internal control to be significant deficiencies:

Significant Deficiency #1 (Lack of Timely Remittance)

The Plan Sponsor remitted employee contributions later than the allowable time period. The general rule for deposits of employee contributions to a 401(k) plan requires that the Plan Sponsor remit the employee withholdings by the earliest date on which contributions can be reasonably segregated from its general assets, generally three or four business days. During our audit, we noted that the remittance of employee contributions for three pay periods in the aggregate amount of \$42,273 exceeded 4 business days. The late deposits ranged from 8 to 68 days late. This constitutes a non-exempt prohibited transaction, is disclosed in a supplemental schedule of the financial statements and on Form 5500, and requires the Plan Sponsor to deposit lost earnings to participants. The Plan Sponsor is working with the third-party administrator to correct this noncompliance.

Significant Deficiency #2 (Late Plan Sponsor Receivable)

The Plan Sponsor did not remit a Plan receivable as of December 31, 2019 in the amount of \$5,787 of employer contributions until January 2021. The Plan Sponsor should remit contributions timely.

Significant Deficiency #3 (Improper Use of Eligible Compensation)

In accordance with the Plan document, the definition of compensation includes all amounts of wages, tips and other compensation as reported on the Form W-2. During our audit over contributions to the Plan, it was noted that the Plan Sponsor did not include bonus compensation in the calculation of employee deferrals and Plan Sponsor discretionary match contribution. The Plan Sponsor should calculate both employee and employer contributions based on all eligible compensation.

Significant Deficiency #4 (No Review of SOC Reports)

The Plan Administrator does not review the Service Organization Control Reports (also known as the SOC 1 Reports) of the Plan's recordkeeping third party administrator (TPA) or the Plan's payroll service provider. These reports include a listing and description of controls that are in place at the service provider, results of testing of these controls, as well as a description of client control considerations. Without reviewing these reports on a regular basis, the risk exists for potential weaknesses in the control environment of the Plan as a result of not implementing controls as identified in the Independent Service Auditor's Report.

This communication is intended solely for the information and use of the Plan Administrator, management, and others within the Plan, and is not intended to be, and should not be, used by anyone other than these specified parties.

Talbot, Kowol & Warwick, LLP

Portland, Oregon
October 4, 2021



Talbot, Korvola & Warwick, LLP 14945 SW Sequoia Parkway, Suite 150, Portland, OR 97224
P 503.274.2849 F 503.274.2853 www.tkw.com

Plan Administrator
River City Environmental, Inc. 401(k) Profit Sharing Plan
Portland, Oregon

Attention: Steve McInnis, Plan Administrator

This letter is to inform the Plan Administrator of River City Environmental, Inc. 401(k) Profit Sharing Plan (the Plan) about significant matters related to the conduct of our audit as of and for the year ended December 31, 2020, so that it can appropriately discharge its oversight responsibility and we can comply with our professional responsibilities.

Generally accepted auditing standards (AU-C 260, *The Auditor's Communication With Those Charged With Governance*) require the auditor to promote effective two-way communication between the auditor and those charged with governance. Consistent with this requirement, the following summarizes our responsibilities regarding the financial statement audit as well as observations arising from our audit that are significant and relevant to your responsibility to oversee the financial reporting process.

Our Responsibilities With Regard to the Financial Statement Audit

Our responsibility under auditing standards generally accepted in the United States of America has been described to you in our arrangement letter dated May 13, 2021. The audit of the financial statements does not relieve management or those charged with governance of their responsibilities, which are also described in that letter.

Overview of the Planned Scope and Timing of the Financial Statement Audit

We have issued a separate communication dated May 13, 2021 regarding the planned scope and timing of our audit and identified significant risks.

Significant Accounting Practices, Including Policies, Estimates and Disclosures

Management has the ultimate responsibility for the appropriateness of the accounting policies used by the Plan. The Plan did not adopt any significant new accounting policies nor have there been any changes in existing significant accounting policies during the current period.

We did not identify any significant or unusual transactions or significant accounting policies in controversial or emerging areas for which there is a lack of authoritative guidance or consensus.

Accounting estimates are an integral part of the preparation of financial statements and are based upon management's current judgment. The process used by management encompasses their knowledge and experience about past and current events and certain assumptions about future events. You may wish to monitor throughout the year the process used to determine and record these accounting estimates. The following describes the significant accounting estimates reflected in the Plan's December 31, 2020, financial statements:

Shares of registered investment companies are valued at quoted market prices.

Significant Accounting Practices, Including Policies, Estimates and Disclosures (Continued)

You may wish to monitor the following matter regarding your oversight responsibilities of the financial reporting process:

During our audit, we noted that employee contributions were being remitted to the Plan each pay period. The general rule for deposits of employee contributions to a 401(k) plan requires that the employer remit the withholdings by the earliest date on which contributions can be reasonably segregated from its general assets. Where an employer can segregate employment taxes within three of four days of when an employee is paid, it is presumed that they can segregate and deposit 401(k) deferrals within that same time frame or very shortly thereafter. Therefore, the Department of Labor has issued a regulation that illustrates 401(k) deferrals should be contributed to the trust within three business days of the payroll date. Further, the employer may be required to pay excise tax and interest on the funds deposited in late remittances. During our audit, we noted that management has regularly demonstrated an ability to segregate and deposit deferrals into the Plan within 4 business days. Therefore, management has reported contributions made more than 4 business days after the payroll date as late remittances on the Form 5500 and also in the audited financial statements. The employer will remit any required interest on the late deposits and pay any applicable excise taxes.

Audit Adjustments and Uncorrected Misstatements

There were no audit adjustments made to the original trial balance presented to us to begin our audit.

We are not aware of any uncorrected misstatements other than misstatements that are clearly trivial.

Other Information in Documents Containing Audited Financial Statements

Our responsibility for other information in documents containing the Plan's audited financial statements is to read the information and consider whether its content or manner of its presentation is materially inconsistent with the financial information covered by our auditor's report or whether it contains a material misstatement of fact. We read the Plan's Form 5500 filing for consistency with information in the financial statements. We have provided our comments to management. We are not aware of other documents that contain the audited financial statements. We did not identify material inconsistencies with the audited financial statements.

Supplemental Schedules

With respect to the supplemental schedules accompanying the financial statements, we made certain inquiries of management and evaluated the form, content and methods of preparing the information to determine that the information complies with the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the method of preparing it had not changed from the prior period, and the information is appropriate and complete. We compared and reconciled the supplementary information to the underlying accounting records used to prepare the financial statements, or to the financial statements themselves.

Internal Control Matters

We have issued a separate communication dated October 4, 2021 regarding certain deficiencies in internal control that we identified during the planning or performance of our audit of the financial statements, which is included in Attachment A.

Consultation with Other Accountants

We are not aware of any consultations management had with other accountants about accounting or auditing matters.

Management Representations

A copy of the management representation letter is included in Attachment A.

Closing

We will be pleased to respond to any questions you have about the foregoing. We appreciate the opportunity to continue to be of service to the Plan.

This report is intended solely for the information and use of the Plan Administrator and management and is not intended to be, and should not be, used by anyone other than these specified parties.

Talbot, Kowoloff Warwick, LLP

Portland, Oregon
October 4, 2021

ATTACHMENT A

**WRITTEN COMMUNICATIONS
BETWEEN MANAGEMENT AND OUR FIRM**

- Letter Communicating Material Weaknesses and Significant Deficiencies
- Management Representation Letter



Talbot, Korvola & Warwick, LLP 14945 SW Sequoia Parkway, Suite 150, Portland, OR 97224
P 503.274.2849 F 503.274.2853 www.tkw.com

Plan Administrator and Management
River City Environmental, Inc. 401(k) Profit Sharing Plan
Portland, Oregon

In planning and performing our audit of the financial statements of River City Environmental, Inc. 401(k) Profit Sharing Plan (the Plan) as of December 31, 2020 and for the year then ended, we considered the Plan's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we do not express an opinion on the effectiveness of the Plan's internal control.

Our consideration of internal control was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Therefore, material weaknesses or significant deficiencies may exist that are not identified. However, as discussed below, we identified certain deficiencies in internal control that we consider to be material weaknesses and significant deficiencies.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A deficiency in design exists when (a) a control necessary to meet the control objective is missing, or (b) an existing control is not properly designed so that, even if the control operates as designed, the control objective would not be met. A deficiency in operation exists when a properly designed control does not operate as designed or when the person performing the control does not possess the necessary authority or competence to perform the control effectively.

A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. We consider the following deficiencies in the Plan's internal control to be material weaknesses:

Material Weakness #1 (Lack of Documentation)

The Plan Sponsor does not consistently maintain documentation in personnel files over participant enrollment forms, deferral elections, deferral changes, distribution request forms, pay rate support, termination notifications, and employee opt out forms. Forms should be dated and signed by employees. Accurate recordkeeping documentation should be retained in the participant's personnel file.

Material Weakness #2 (No Evidence of Payroll Controls)

While gaining and documenting an understanding of controls of the payroll process, it was noted that there was no evidence of a review of payroll reconciliations and commission workbooks. This lack of documentation creates an opportunity for errors or misstatements to go undetected.

A *significant deficiency* is a deficiency, or combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance. We consider the following deficiencies in the Plan's internal control to be significant deficiencies:

Significant Deficiency #1 (Lack of Timely Remittance)

The Plan Sponsor remitted employee contributions later than the allowable time period. The general rule for deposits of employee contributions to a 401(k) plan requires that the Plan Sponsor remit the employee withholdings by the earliest date on which contributions can be reasonably segregated from its general assets, generally three or four business days. During our audit, we noted that the remittance of employee contributions for three pay periods in the aggregate amount of \$42,273 exceeded 4 business days. The late deposits ranged from 8 to 68 days late. This constitutes a non-exempt prohibited transaction, is disclosed in a supplemental schedule of the financial statements and on Form 5500, and requires the Plan Sponsor to deposit lost earnings to participants. The Plan Sponsor is working with the third-party administrator to correct this noncompliance.

Significant Deficiency #2 (Late Plan Sponsor Receivable)

The Plan Sponsor did not remit a Plan receivable as of December 31, 2019 in the amount of \$5,787 of employer contributions until January 2021. The Plan Sponsor should remit contributions timely.

Significant Deficiency #3 (Improper Use of Eligible Compensation)

In accordance with the Plan document, the definition of compensation includes all amounts of wages, tips and other compensation as reported on the Form W-2. During our audit over contributions to the Plan, it was noted that the Plan Sponsor did not include bonus compensation in the calculation of employee deferrals and Plan Sponsor discretionary match contribution. The Plan Sponsor should calculate both employee and employer contributions based on all eligible compensation.

Significant Deficiency #4 (No Review of SOC Reports)

The Plan Administrator does not review the Service Organization Control Reports (also known as the SOC 1 Reports) of the Plan's recordkeeping third party administrator (TPA) or the Plan's payroll service provider. These reports include a listing and description of controls that are in place at the service provider, results of testing of these controls, as well as a description of client control considerations. Without reviewing these reports on a regular basis, the risk exists for potential weaknesses in the control environment of the Plan as a result of not implementing controls as identified in the Independent Service Auditor's Report.

This communication is intended solely for the information and use of the Plan Administrator, management, and others within the Plan, and is not intended to be, and should not be, used by anyone other than these specified parties.

Talbot, Kowol & Warwick, LLP

Portland, Oregon
October 4, 2021



October 4, 2021

Talbot, Korvola & Warwick, LLP
14945 SW Sequoia Parkway, Ste 150
Portland, Oregon 97224

This representation letter is provided in connection with your audit of the financial statements of the River City Environmental, Inc. 401(k) Profit Sharing Plan (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2020, the related statement of changes in net assets available for benefits for the year ended, and the related notes to the financial statements.

We have determined that the Plan trustee, Capital Bank and Trust Company, qualifies to issue a certification of the Plan's asset activity under Section 2520.103-5 of the Department of Labor's (DOL) Rules and Regulations. Therefore, as permitted by Regulation 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), we have instructed you not to perform any auditing procedures with respect to asset information certified or provided by the trustee, other than comparing that information with the related information included in the financial statements and supplemental schedules. Because of the significance of the information that you did not audit, we understand that you will not express an opinion on the financial statements and supplemental schedules as a whole.

We confirm, to the best of our knowledge and belief, that as of October 4, 2021:

Financial Statements

1. We have fulfilled our responsibilities, as set out in the terms of the audit arrangement letter dated May 13, 2021, for the preparation and fair presentation of the financial statements referred to above in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).
2. We acknowledge our responsibility for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.
3. We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.
4. We are responsible for making the accounting estimates included in the financial statements. Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable and reflect our judgment based on our knowledge and experience about past and current events, and our assumptions about conditions we expect to exist and courses of action we expect to take.
5. In that regard, we are responsible for the estimation methods and assumptions used in measuring assets and liabilities reported or disclosed at fair value, including information obtained from brokers, pricing services or other third parties. The methods and significant assumptions used to determine fair values of the financial instruments are as follows:

Shares of registered investment companies funds are valued at quoted market prices.

Our valuation methodologies have been consistently applied from period to period. The methods and assumptions used result in a measure of fair value appropriate for financial statement measurement and disclosure purposes.

Financial Statements (Continued)

6. All significant estimates and material concentrations known to management that are required to be disclosed in accordance with the *Risks and Uncertainties* Topic of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) have been properly recorded and/or disclosed in the financial statements. Significant estimates are estimates at the statement of net assets available for benefits date that could change materially within the next year. Concentrations refer to nature and type of investments held by the Plan, or markets in which events could occur that would significantly disrupt normal finances within the next year.
7. Related-party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of U.S. GAAP.
8. Transactions with parties-in-interest, as defined in ERISA Section 3(14) and regulations thereunder, including sales, purchases, loans, transfers, leasing arrangements and guarantees, and amounts receivable from or payable to related parties have been appropriately accounted for and disclosed.
9. All events subsequent to the date of the financial statements, and for which U.S. GAAP requires adjustment or disclosure, have been adjusted or disclosed.
10. The effects of all known actual or possible litigation and claims have been accounted for and disclosed in accordance with U.S. GAAP.
11. We have no intention to terminate the Plan.
12. We have properly reported and disclosed amendments to the Plan instrument, if any.
13. With respect to the financial statement drafting services for the Plan and the tax services for the Plan Sponsor performed in the course of the audit:
 - a. We have made all management decisions and performed all management functions;
 - b. We assigned an appropriate individual to oversee the services;
 - c. We evaluated the adequacy and results of the services performed, and made an informed judgment on the results of the services performed;
 - d. We have accepted responsibility for the results of the services; and
 - e. We have accepted responsibility for all significant judgments and decisions that were made.
14. We have determined that the Plan is not subject to a partial plan termination for the 2020 year.
15. We have no knowledge of any uncorrected misstatements in the financial statements.

Supplementary Information

16. With respect to the supplemental schedules:
 - a. We acknowledge our responsibility for the presentation of such information.
 - b. We believe such information, including its form and content, is fairly presented in accordance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
 - c. The methods of measurement or presentation have not changed from those used in the prior period.
 - d. There are no underlying significant assumptions or interpretations regarding the measurement or presentation of such information.
 - e. We will only present the supplemental schedules together with the audited financial statements and auditor's report thereon and will not separate the supplementary information from the audited financial statements and auditor's report thereon in any document that contains such information.

Information Provided

17. We have provided you with:

- a. Access to all information of which we are aware that is relevant to the preparation and fair presentation of the financial statements such as records, documentation and other matters;
- b. Additional information that you have requested from us for the purpose of the audit;
- c. Unrestricted access to persons within the Plan from whom you determined it necessary to obtain audit evidence;
- d. The currently effective version of the Plan document, including the prototype plan document and the adoption agreement, the trust agreement, and all related amendments. The Plan was most recently restated effective January 1, 1998 and most recently amended December 31, 2018.
- e. All correspondence, filings, reports and determinations with the Internal Revenue Service (IRS) and the DOL relating to the Plan's compliance with ERISA and the maintenance of its tax-exempt status;
- f. All Plan financial records and related data. In that regard, the payroll information we provided you covered all employees that were eligible to participate in the Plan; and
- g. All minutes of the meetings of the Plan Trustees, or summaries of actions of recent meetings for which minutes have not yet been prepared.

18. All transactions have been recorded in the accounting records and are reflected in the financial statements.

19. The Plan Sponsor's management designated an individual with sufficient skills, knowledge, and experience to oversee the financial statement preparation process and to take responsibility for the results of the financial statement preparation services. This individual performed a detailed review of the financial statements consisting of the following procedures:

- a. Reconciliation of the general ledger accounts, trust activity, and participant statements to the financial statements.
- b. Review and approval of all journal entries proposed by you, including the review of supporting documentation and explanations.
- c. Review of the adequacy of financial statement disclosures.
- d. Review and approval of schedules and calculations supporting the amounts included in the notes to the financial statements.
- e. Applying analytical procedures to the financial statements.

20. We have disclosed to you the results of our assessment of risk that the financial statements may be materially misstated as a result of fraud.

21. We have no knowledge of any allegations of fraud or suspected fraud affecting the Plan involving:

- a. Management.
- b. Employees who have significant roles in internal control.
- c. Others where the fraud could have a material effect on the financial statements.

22. We have no knowledge of any allegations of fraud or suspected fraud affecting the Plan received in communications from employees, former employees, participants, regulators, beneficiaries, service providers, third-party administrators or others.

Information Provided (Continued)

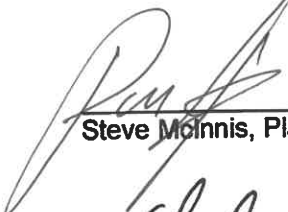
23. We are not aware of any pending or threatened litigation and claims whose effects should be considered when preparing the financial statements, and neither we nor the Plan Sponsor, or others acting on behalf of the Plan, have consulted a lawyer concerning litigation and claims or other matters affecting the Plan.
24. There are no matters that our lawyer has advised us should be considered when preparing the financial statements.
25. We have disclosed to you the identity of the Plan's related parties and parties in interest and all the related-party and party-in-interest relationships and transactions of which we are aware.
26. We have informed you of all significant deficiencies, including material weaknesses, in the design or operation of internal controls that could adversely affect the Plan's ability to record, process, summarize and report financial data.
27. We have no plans or intentions that may materially affect the carrying value or classification of assets or liabilities.
28. The Plan has satisfactory title to all owned assets that are recorded at fair value, and all liens, encumbrances or security interests have been properly disclosed.
29. We have answered your questions about the Plan's tax compliance to the best of our knowledge and belief.
30. There have been no communications, whether written or oral, from regulatory agencies concerning noncompliance with, or deficiencies in the operation of the Plan.
31. We have complied with (a) all aspects of contractual agreements, including provisions of the Plan, that would have a material effect on the financial statements in the event of noncompliance, (b) the fidelity bonding requirements of ERISA, (c) all participant eligibility and coverage requirements of the Plan, ERISA and the Internal Revenue Code (IRC), and (d) the filing requirements of appropriate agencies.
32. We have complied with the DOL's regulations concerning the timely remittance of participant's contributions to trusts containing assets for the Plan, except as follows:

We have disclosed non-exempt (prohibited) party-in-interest transactions related to late deposits of employee deferrals. Lost earnings on the deposits will be calculated and deposited to the trust by the Plan Sponsor in 2021. Form 5330 will also be filed to remit the applicable excise tax to the IRS. The correction and any excise taxes, if applicable, were paid out of the Plan Sponsor's, and not the Plan's assets. The late deposit amount totaled approximately \$42,273.
33. We have disclosed to you all known instances of noncompliance or suspected noncompliance with laws and regulations.
34. The Plan has adopted a volume submitter profit sharing form of a plan sponsored by Pension Plan Specialists PC. The volume submitter plan provider has received an advisory letter from the IRS as to the volume submitter plan's qualified status. The volume submitter plan advisory letter has been relied upon by the Plan. The Plan has been amended since the volume submitter plan received the advisory letter. The Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the IRC.

Information Provided (Continued)

35. Effective January 1, 2018, the Plan was amended to include affiliated employers. For fiscal year 2020, the only employees participating in the Plan were employees of River City Environmental, Inc.
36. We have reviewed the complementary user entity control considerations of the Service Organization Controls (SOC 1 Type 2) Report for Capital Group Retirement Plan Services dated August 19, 2020 for the period of July 1, 2019 to June 30, 2020, and the gap letter dated February 9, 2021 for the period from July 1, 2020 to December 31, 2020; the Service Organization Controls (SOC 1 Type 2) Report for GNSA dated November 16, 2020 for the period October 1, 2019 to September 30, 2020, and the gap letter September 9, 2021 for the period from October 1, 2020 to September 9, 2021; and we believe all applicable controls are properly designed and implemented and operating effectively.
37. There are no:
- a. Non-exempt (prohibited) party-in-interest transactions that were not disclosed in the financial statements or supplemental schedules.
 - b. Notes receivable from participants or other receivables or investments in default or considered to be uncollectible that were not disclosed in the financial statements or supplemental schedules.
 - c. Reportable transactions that were not disclosed in the supplemental schedules.
 - d. Financial instruments with off-balance-sheet risk.
 - e. Concentrations of credit risk.
38. During the course of your audit, you may have accumulated records containing data that should be reflected in our books and records. All such data have been so reflected. Accordingly, copies of such records in your possession are no longer needed by us.

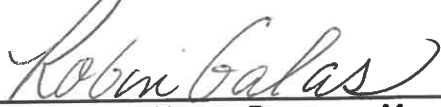
River City Environmental, Inc. 401(k) Profit Sharing Plan



Steve McInnis, Plan Trustee



Charlie Goldsmith, CFO and Plan Administrator



Robin Galas, Human Resources Manager and Plan Administrator

RIVER CITY ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN
93-1175217 PLAN 001
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES END OF YEAR
DECEMBER 31, 2020
ATTACHMENT TO SCHEDULE H, PART IV, LINE 4i

(a)	(b) Identity of Issue	(c) Description of Investment	(d) ** Cost	(e) Current Value
*	American Funds	American Mutual Fund-R3	\$ 0	\$ 2,993
*	American Funds	The Invesmtent Company of America-R3	0	4,899
*	American Funds	The Groth Fund of America-R3	0	2,380
*	American Funds	The Income Fund of America - R3	0	1,853
*	American Funds	New Perspective Fund-R3	0	10,478
*	American Funds	American Balanced Fund-R3	0	1,836
*	American Funds	Capital Income Builder-R3	0	5,129
*	American Funds	The New Economy Fund-R3	0	41,439
*	American Funds	EuroPacific Growth Fund-R3	0	3,161
*	American Funds	US Government Securities Fund-R3	0	1,860
*	American Funds	Capital World Bond Fund-R3	0	1,801
*	American Funds	Capital World Growth and Incom-R3	0	5,927
*	American Funds	SmallCap World Fund-R3	0	2,511
*	American Funds	New World Fund-R3	0	6,475
*	American Funds	Short-Term Bond Fund of America-R3	0	2,362
*	American Funds	American Funds 2010 Target Date-R3	0	14,840
*	American Funds	American Funds 2015 Target Date-R3	0	37,432
*	American Funds	American Funds 2020 Target Date-R3	0	36,536
*	American Funds	American Funds 2025 Target Date-R3	0	445,025
*	American Funds	American Funds 2030 Target Date-R3	0	462,952
*	American Funds	American Funds 2035 Target Date-R3	0	417,198
*	American Funds	American Funds 2040 Target Date-R3	0	391,453
*	American Funds	American Funds 2045 Target Date-R3	0	273,202
*	American Funds	American Funds 2050 Target Date-R3	0	276,938
*	American Funds	Money Market Fund-R3	0	19,212
*	American Funds	American Funds 2055 Target Date-R3	0	286,875
*	American Funds	Global Balanced Fund-R3	0	1,772
*	American Funds	American Funds 2060 Target Date-R3	0	189,327
*	American Funds	American Funds 2065 Target Date-R3	0	12,434
			<u>\$</u>	<u>\$</u>
			0	2,960,300
*	American Funds	Participant Loans (Interest rates at 7.25%, matures 2023)	0	2,941
		Total Investments	<u>\$</u>	<u>\$</u>
			0	2,963,241

*Party-in-interest

**Historical cost omitted under ERISA regulations as these investments are participant-directed.