Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ADVANTAGE INDUSTRIAL SYSTEMS, LLC 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 03/01/2007

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)
ADVANTAGE INDUSTRIAL SYSTEMS, LLC

9320 CORSAIR ROAD
FRANKFORT, IL 60423

2b Employer Identification Number (EIN)
42-1642091

2c Plan Sponsor's telephone number
815-469-6565

2d Business code (see instructions)
238900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2021	CASSIE CASTILLO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	190
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	170
a(2) Total number of active participants at the end of the plan year	**6a(2)**	141
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	25
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	166
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	166
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	73
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2A 2E 2F 2G 2J 2K 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [ ] **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 H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
ADVANTAGE INDUSTRIAL SYSTEMS, LLC 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
ADVANTAGE INDUSTRIAL SYSTEMS, LLC

D Employer Identification Number (EIN)
42-1642091

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)	219305	231352
(2) Participant contributions	1b(2)	27782	112637
(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)	10697	34238
(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)	3887427	4927001
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(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**	4145211	5305228
	Liabilities			
g	Benefit claims payable	**1g**		
h	Operating payables	**1h**		
i	Acquisition indebtedness	**1i**		
j	Other liabilities	**1j**		
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	4145211	5305228

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)**	237006	
	(B) Participants	**2a(1)(B)**	522106	
	(C) Others (including rollovers)	**2a(1)(C)**	172578	
	(2) Noncash contributions	**2a(2)**		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		931690
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)**	345	
	(F) Other	**2b(1)(F)**	-581	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		-236
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**		
	(B) Common stock	**2b(2)(B)**		
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		
	(3) Rents	**2b(3)**		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**		
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**		
	(B) Other	**2b(5)(B)**		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		378573
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1310027
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	132578	
(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)		132578
f Corrective distributions (see instructions)	2f		
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)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	17432	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		17432
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		150010
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1160017
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)** [X] 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) [X] 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: SUMMIT CPA GROUP **(2)** EIN: 01-1373017

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		264490

			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?	**4e**	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

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
ADVANTAGE INDUSTRIAL SYSTEMS, LLC 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
ADVANTAGE INDUSTRIAL SYSTEMS, LLC

D Employer Identification Number (EIN)
42-1642091

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): 45-0505698

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ 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_____

Definiti, LLC

November 13, 2020

Mr. Michael Ahern
Advantage Industrial Systems, LLC
9320 Corsair Road
Frankfort, IL 60423

RE: Advantage Industrial Systems, LLC 401(k) Profit Sharing Plan
PYE: December 31, 2019

Dear Mr. Ahern:

We have completed the 12/31/2019 valuation for the above captioned Plan. This report reflects the following contribution, which should be consistent with information reported on your business tax returns.

Employer Discretionary	$ 0.00
401(k)	517,930.90
Roth 401(k)	7,082.43
Safe Harbor Match	220,331.31
Employer Match	0.00
TOTAL	$745,344.64

What follows is a detailed list of action items you must complete on deadline, the Annual Valuation Report and Compliance Testing results, along with plan activities that should be completed for the next Plan Year.

There is a lot of important information included in this report. I encourage you to review all of the email content before taking any further action.

Thank you for your trust and continued business. I appreciate the opportunity to assist you, and your company, with qualified retirement plan needs.

ACTION ITEMS
The following action items require your immediate attention:

- **Download the 8955-SSA Filing.** This document is a separate attachment.
    - Our office electronically filed Form 8955-SSA with the Internal Revenue Service on your behalf. Please note this form is used to report information regarding separated participants with deferred vested benefits under this Plan.
- **Distribute Summary Annual Report (SAR) to all Participants by December 15, 2020.** This document is a separate attachment.

- **Prepare a Board of Directors Resolution for the Employer Contribution.**
  A sample resolution has been attached behind the coverletter. You should have a signed copy of the declared employer contribution.

ANNUAL VALUATION REPORT & COMPLIANCE TESTING RESULTS

A complete copy of the Annual Valuation Report and the Compliance Testing delivered to you via our Secure Portal.

A list of the annual compliance tests that were performed and the results of each test follows.

- 416 Top Heavy Test – A Plan is considered Top Heavy if 60% or more of the Plan's assets belong to Key Employees.
  - For 2019, the Plan was not Top Heavy.
  - For 2020, the Plan **will not** be Top Heavy because 17.16% of the Plan's assets were held by Key Employees as of the last day of the Plan Year.
- 410(b) Coverage Test – PASSED
- ADP/ACP Test –
  - The Plan was deemed to pass ADP/ACP testing because nonelective contributions and/or matching contributions satisfy the ADP Safe Harbor for the Plan Year. If the Plan had not been Safe Harbor, the tests may have failed and corrective actions may have been required.

ACTION ITEMS FOR THE NEXT PLAN YEAR

Now is the time to take care for the upcoming Year.

- Distribute Safe Harbor Notice by December 1, 2020
  Employee Notices for Safe Harbor Match or Safe Harbor 3% Plans are required to be given at least 30 days before the Plan Year begins. A 2021 Safe Harbor Notice will be provided for you to distribute by the due date.

- Audit Size
  The number of Participants at the beginning of the Plan Year determines when a Plan must be audited. As of December 31, 2019, there were 150 Participants in your Plan. **This count includes participants that have terminated employment but have not been paid their vested interest.** As soon as the number of participants at the beginning of the Plan Year exceeds 120, your Plan will be required to obtain an independent audit for the plan year before the Form 5500 can be filed. Audits are expensive and time consuming. This is something that will need to be addressed earlier in 2021 – we received the data in September, 2020 for the 2019 Plan year. If that happens in 2021 for the 2020 Plan year the auditors would not have nearly enough time to finish the audit.

- Terminated Participants
  Please make sure that terminated participants are given instructions on how to request a distribution of their account balance from the Plan as soon as they terminate. Participant requests for a distribution from the Plan should be submitted as soon as administratively possible. Terminated participants with an account balance greater than $5,000 cannot be forced out of the Plan. However, involuntary distributions and rollovers may be processed for Participants with balances of $5,000 or less. If you have any questions regarding terminated participants with balances, please let us know.

- Plan Loans in Default
  Any time a Participant with an outstanding loan balance terminates employment and does not request to be paid, there will probably be a loan in default. Please make sure that we are notified of these situations so that proper action can be taken.

- Timing of Deposits
  The Department of Labor has issued final regulations to protect Employee Contributions and loan repayments. The DOL has provided a Safe Harbor period of 7 business days following the withholding by Employers to deposit the monies withheld into retirement plan. **If you fail to meet this deposit deadline, it is required that the failure be reported to the DOL on the annual Form 5500-SF. A calculation and deposit of "Lost Earnings" to affected Participants should be made on behalf of the participants affected and a Form 5330 filing along with payment of excise tax should be filed with the IRS by the Plan Sponsor.** Please contact us immediately if you have untimely deposits or missed contributions so that we can advise on the proper correction.

Thank you again for your trust and continued business.

Sincerely,

Definiti, LLC

Jason Van Winkle

Jason Van Winkle
Pension Administrator
jvw

Enclosures

cc: Stephanie Nanney (via group email)

Advantage Industrial Systems, LLC
401(k) Profit Sharing Plan

For The Plan Year 01/01/2019 Through 12/31/2019

UNANIMOUS WRITTEN CONSENT
OF THE

Choose one:

( ) BOARD OF DIRECTORS
( ) SOLE DIRECTOR
( ) MANAGERS
( ) MEMBERS
( ) PARTNERS
( ) PROPRIETORS OF

_____

Plan Sponsor's Name (i.e. Employer)

The undersigned, being the duly authorized representatives of _____(the "Employer"), hereby consent to and adopt the following resolutions:

RESOLVED, that the undersigned is hereby authorized and directed to pay over to the trust created by the _____ (Plan Name), adopted by the Employer on _____, the amount(s) shown below for the Employer taxable year ending _____ as allocated per the Annual Valuation Report.

Employer Discretionary	$ 0.00
Safe Harbor Match	220,331.31
Employer Match	0.00
TOTAL	$220,331.31

_____ _____

Dated Signature

November 12, 2019

Mr. Michael Ahern
Advantage Industrial Systems, LLC
9320 Corsair Road
Frankfort, IL 60423

Re: Advantage Industrial Systems, LLC 401(k) Profit Sharing Plan
PYE: December 31, 2019

Dear Mr. Ahern:

As **MERIT BENEFITS GROUP, Inc.** is responsible for the preparation of the 5500 filing for your Plan, we are required to provide you with the enclosed Summary Annual Report. A copy of this report must be distributed to each participant within nine (9) months after the close of the plan year. (If Form 5500 has been properly extended, the report must be distributed within two (2) months after the close of the granted extension period.) You may wish to copy this report onto your Company letterhead.

Also, we would like to remind you that you must keep a signed copy of the 5500 Forms that were or will be electronically filed on this Plan with your records. Please see that the enclosed Form 5558 is kept with your signed copy.

If you have any questions, please do not hesitate to contact our office.

Cordially,

MERIT BENEFITS GROUP, Inc.

Jason Van Winkle
Senior Plan Consultant

JVW/cl
Enclosures

cc: Stephanie Nanney (via group email)

June 4, 2015

Mr. Michael Ahern
Advantage Industrial Systems, LLC
9320 Corsair Road
Frankfort, IL 60423

RE: Advantage Industrial Systems, LLC 401(k) Profit Sharing Plan
PYE: December 31, 2014

Dear Mr. Ahern:

Enclosed please find the required Form 8955-SSA. Our office has completed this form to report information about separated participants with deferred vested benefits under this Plan. An additional copy is also enclosed for your records.

Please see that this form is carefully reviewed. If it meets with your approval, please see that it is signed and dated where indicated. The signed form should then be mailed to the following address:

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0024

In addition to the United States mail, you can use a private delivery service designated by the IRS to meet the "timely mailing as timely filing/paying" rule. Please contact our office for information should you wish to use one of these services.

IMPORTANT: THIS FORM MUST BE POSTMARKED BY JULY 31, 2015.

If you have any questions, please do not hesitate to contact our office.

Cordially,

MERIT BENEFITS GROUP, Inc.

Jason Van Winkle
Plan Consultant

JVW/cl
Enclosures

November 12, 2019

Mr. Michael Ahern
Advantage Industrial Systems, LLC
9320 Corsair Road
Frankfort, IL 60423

RE: Advantage Industrial Systems, LLC 401(k) Profit Sharing Plan
PYE: December 31, 2019

Dear Mr. Ahern:

On September 5, 2019, our office electronically filed Form 8955-SSA with the Internal Revenue Service on your behalf. Please note this form is used to report information regarding separated participants with deferred vested benefits under this Plan.

Enclosed please find a copy of this form for your files. If you notice a discrepancy, please notify our office and we will file an amended return.

If you have any questions, please do not hesitate to contact our office.

Cordially,

MERIT BENEFITS GROUP, Inc.

Jason Van Winkle
Senior Plan Consultant

JVW/cl
Enclosures

June 4, 2015

Mr. Michael Ahern
Advantage Industrial Systems, LLC
9320 Corsair Road
Frankfort, IL 60423

RE: Advantage Industrial Systems, LLC 401(k) Profit Sharing Plan
70 ½ Required Minimum Distribution (RMD)

Dear Mr. Ahern:

The Internal Revenue Service (IRS) requires that individuals who are 70 ½ years old begin drawing money out of their retirement plan. The only exception to this rule applies to non-owners/shareholders who have not retired by the end of the current year.

According to our records, the following participant has reached age 70 1/2:

Name:	Richard Simcock
Date of Birth:	06/11/44

If this participant retires this year, please contact our office, as a minimum distribution may be required by April 1, 2016.

If you have any questions regarding this matter, please do not hesitate to contact us.

Cordially,

MERIT BENEFITS GROUP, Inc.

Jason Van Winkle
Plan Consultant

JVW/cl

Advantage Industrial Systems, LLC
401(k) Profit Sharing Plan

Backup In Storage

For the Plan Year 2015

August 1, 2019

Ms. Cassie Castillo
Advantage Industrial Systems, LLC
9320 Corsair Road
Frankfort, IL 60423

Re: Advantage Industrial Systems, LLC 401(k) Profit Sharing Plan

Dear Ms. Castillo:

As of the date of this letter we have not received the data necessary to complete your Plan's valuation for the 2017 Plan Year. The Plan's annual governmental reporting, Form 5500, cannot be prepared without information from this valuation.

The due date of Form 5500 was July 31, 2019. As required data is missing, we were unable to prepare the filing by this due date and therefore we have filed an extension on your behalf to extend the due date to October 15, 2019.

In order for our office to be able to prepare your plan's 5500 filing by the October 15, 2019 due date, you must provide the requested data to us, in good order, before August 31, 2019.

PLEASE NOTE that if you need a contribution calculated for the 2017 Plan Year in time for a September 15, 2019 tax filing deadline the data must be provided ***as soon as possible***. Even if the data is provided by August 31st it may not be possible to complete the calculations and testing by September 15th.

Please be aware that additional fees may apply for rushed calculations and filings.

We encourage you to contact our office at your earliest convenience to make arrangements for completing the required work.

Sincerely,

MERIT BENEFITS GROUP, Inc.

July 17, 2019

Ms. Cassie Castillo
Advantage Industrial Systems, LLC
9320 Corsair Road
Frankfort, IL 60423

Re: Advantage Industrial Systems, LLC 401(k) Profit Sharing Plan

Dear Ms. Castillo:

As of the date of this letter we have not received the data necessary to complete your Plan's valuation for the 2019 Plan Year. The Plan's annual governmental reporting, Form 5500, cannot be prepared without information from this valuation.

The due date of Form 5500 was July 31, 2019. As required data is missing, we were unable to prepare the filing by this due date and therefore we have filed an extension on your behalf to extend the due date to October 15, 2019.

In order for our office to be able to prepare your plan's 5500 filing by the October 15, 2019 due date, you must provide the requested data to us, in good order, before August 30, 2019.

PLEASE NOTE that if you need a contribution calculated for the 2019 Plan Year in time for a September 16, 2019 tax filing deadline the data must be provided ***as soon as possible***. Even if the data is provided by August 30th**,** it may not be possible to complete the calculations and testing by September 13th.

Please be aware that additional fees may apply for rushed calculations and filings.

We encourage you to contact our office at your earliest convenience to make arrangements for completing the required work.

Sincerely,

MERIT BENEFITS GROUP, Inc.

Jason Van Winkle
Senior Plan Consultant **MEMO:**

October 15, 2021

Public Disclosure Room, Room N-1515
Employee Benefits Security Administration
US Department of Labor
200 Constitution Avenue, NW
Washington DC 20210

Re: Advantage Industrial Systems, LLC 401(k) Profit Sharing Plan

Dear EBSA:

Due to the COVID-19 pandemic the audit report is not yet available to be attached to this Federal Form 5500. As soon as it is ready an amended 5500 will be filed with the proper audit report attached.

Schedule H, line 4i
Schedule of Assets (Held at End of Year)

For the plan year beginning 01/01/2020 and ending 12/31/2020
Name of plan
Advantage Industrial Systems, LLC 401(k) Profit Sharing Plan
Employer Identification Number
42-1642091
Three-digit plan number
001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Vanguard	Target Retirement Date 2055 Fd		46,729
	Vanguard	Target Retirement Date 2050 Fd		36,576
	Vanguard	Target Retirement Date 2045 Fd		14,057
	Vanguard	Target Retirement Date 2040 Fd		147,962
	Vanguard	Target Retirement Date 2035 Fd		220,815
*	Vanguard	Target Retirement Date 2030 Fd		216,284
	Vanguard	Target Retirement Date 2025 Fd		192,479
	Vanguard	Target Retirement Date 2020 Fd		45,793
	Vanguard	Target Retirement Date 2015 Fd		22,969
	Calvert	Short Duration Income Fund		86,627
	PIMCO	Total Return Fund		143,079
	Virtus Seix	Floating Rate High Income Fund		45,965
	Performance Trust	Strategic Bond Fund		176,159
	Brandywine	Global Alternative Credit IS		103,011
	Dodge & Cox	Stock Fund		301,766
	Schwab	S&P 500 Index Fund		265,010
	American Funds	EuroPacific Growth Fund R6		243,502
	Hartford Schroders	International MultiCap Value		196,113
	Vanguard	Small-Cap Index Admiral		307,555
	Nuveen	Equity Long/Short Fund		107,077
	DWS RREEF	Real Estate Securities		82,973
	Cohen & Steers	Global Infrastructure		64,838
	Vanguard	Federal Money Market Inv		1,067,237
	Victory Munder	Mid-Cap Core Growth Fund		19,750
	ALPS/Core	Cmdty Mgmt Comp Cmdts Str		8,148
	Black Rock	Inflation Protected Bond Fund		23,065
	Vanguard	Selected Value Investment		53,919
	Goldman Sachs	Emergin Markets Eq Insights		189,202
	PGIM	High Yield R6		157,470
	Harbor	Capital Appreciation Ret		340,871
*	Participant Loans	Int Rates 4.25% - 6.50%		34,082