

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: 1.5em; font-weight: bold;">2019</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
B This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>WESTON SOLUTIONS, INC. RETIREMENT SAVINGS AND EMPLOYEE STOCK OWNERSHIP 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>004</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>04/01/1984</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>004</u>	1c Effective date of plan <u>04/01/1984</u>	
1b Three-digit plan number (PN) ▶	<u>004</u>				
1c Effective date of plan <u>04/01/1984</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>WESTON SOLUTIONS, INC.</u> <u>P.O. BOX 2653</u> <u>1400 WESTON WAY</u> <u>WEST CHESTER, PA 19380</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>23-1501990</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>610-701-3694</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541330</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>23-1501990</u>	2c Plan Sponsor's telephone number <u>610-701-3694</u>	2d Business code (see instructions) <u>541330</u>	
2b Employer Identification Number (EIN) <u>23-1501990</u>					
2c Plan Sponsor's telephone number <u>610-701-3694</u>					
2d Business code (see instructions) <u>541330</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.	10/15/2020	DENNIS LUCHEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2020	DENNIS LUCHEY
	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 (2019)
v. 190130

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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 4110
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) 1043 6a(2) 1092 6b 114 6c 2994 6d 4200 6e 27 6f 4227 6g 4184 6h 71
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2H 2J 2K 2S 2T 3F 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) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor

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

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)** ☐ **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 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) 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
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan WESTON SOLUTIONS, INC. RETIREMENT SAVINGS AND EMPLOYEE STOCK OWNERSHIP PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 WESTON SOLUTIONS, INC.	D Employer Identification Number (EIN) 23-1501990	

Part I	Service Provider Information (see instructions)
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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 THE VANGUARD GROUP, INC. 23-1945930

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

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

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

THE VANGUARD GROUP, INC.

23-1945930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 25 37 51 52	NONE	15077	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
THE VANGUARD GROUP, INC.	99	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ROYCE & ASSOCIATES 13-6981562	10 BPS	
(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:

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

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

A Name of plan
WESTON SOLUTIONS, INC. RETIREMENT SAVINGS AND EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit
plan number (PN) ▶ 004

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
WESTON SOLUTIONS, INC.

D	Employer Identification Number (EIN) 23-1501990
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VFTC RETIREMENT SAVINGS TRUST**

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 45-5436422-022	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18843981
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) <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.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>		
A Name of plan <u>WESTON SOLUTIONS, INC. RETIREMENT SAVINGS AND EMPLOYEE STOCK OWNERSHIP PLAN</u>		B Three-digit plan number (PN) ► <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WESTON SOLUTIONS, INC.</u>		D Employer Identification Number (EIN) <u>23-1501990</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	2670683	2057537
	(2) Participant contributions	1b(2)		
	(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)	1844335	2600806
	(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)	2106484	2085094
	(9) Value of interest in common/collective trusts	1c(9)	17899220	18843981
	(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)	261600341	328341290
	(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) 67397112	89736241
(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 353518175	443664949
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k 0	0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l 353518175	443664949

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A) 4071537	
	(B) Participants	2a(1)(B) 8017899	
	(C) Others (including rollovers)	2a(1)(C) 4885955	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	16975391
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) 109322	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	109322
(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) 14111162	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	14111162
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A) 12910743	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B) 8969789	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	3940954
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B) 21133239	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	21133239

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		881816
(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)		51081647
c Other income	2c		431113
d Total income. Add all income amounts in column (b) and enter total	2d		108664644

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	18505443	
(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)		18505443
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)	12427	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		12427
j Total expenses. Add all expense amounts in column (b) and enter total	2j		18517870

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		90146774
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 Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: PRICEWATERHOUSECOOPERS

(2) EIN: 13-4008324

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:

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.)

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.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		5000000
4e	X		5000000
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?		X	
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?		X	
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan <u>WESTON SOLUTIONS, INC. RETIREMENT SAVINGS AND EMPLOYEE STOCK OWNERSHIP PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WESTON SOLUTIONS, INC.</u>	D Employer Identification Number (EIN) <u>23-1501990</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	
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): <u>23-2186884</u>		
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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
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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	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Schedule R (Form 5500) 2019
v. 190130

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current year.....

b The plan year immediately preceding the current plan year.....

c The second preceding plan year

14a**14b****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.....

b The corresponding number for the second preceding plan year

15a**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

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.....

16a**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 _____



Report of Independent Auditors

To the Administrator of
Weston Solutions, Inc. Retirement Savings and Employee Stock Ownership Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Weston Solutions, Inc. Retirement Savings and Employee Stock Ownership Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of the 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.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Vanguard Fiduciary Trust Company and GreatBanc Trust Company, the trustees of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator



that the trustees hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the trustees as of December 31, 2019 and 2018 and for the year ended December 31, 2019, that the information provided to the plan administrator by the trustees is complete and accurate.

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 the financial statements.

Other Matter

The supplemental schedule of Form 5500 Schedule H, Line 4(i): Schedule of Assets (Held at End of Year) as of December 31, 2019 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustees, 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.

PricewaterhouseCoopers LLP

Philadelphia, Pennsylvania
October 14, 2020

**Weston Solutions, Inc.
Retirement Savings and
Employee Stock
Ownership Plan**

Financial Statements

December 31, 2019 and 2018

Supplemental Schedule

December 31, 2019

Weston Solutions, Inc. Retirement Savings and Employee Stock Ownership Plan Index

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Form 5500 Schedule H, Line 4(i): Schedule of Assets (Held at End of Year) December 31, 2019.....	15

* Other supplemental schedules required by Section 2520.103-10 of the Department of Labor Rules and Regulations for Reporting and Disclosures under ERISA have been omitted because they are not applicable.



Report of Independent Auditors

To the Administrator of
Weston Solutions, Inc. Retirement Savings and Employee Stock Ownership Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Weston Solutions, Inc. Retirement Savings and Employee Stock Ownership Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of the 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.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Vanguard Fiduciary Trust Company and GreatBanc Trust Company, the trustees of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator



that the trustees hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the trustees as of December 31, 2019 and 2018 and for the year ended December 31, 2019, that the information provided to the plan administrator by the trustees is complete and accurate.

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 the financial statements.

Other Matter

The supplemental schedule of Form 5500 Schedule H, Line 4(i): Schedule of Assets (Held at End of Year) as of December 31, 2019 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustees, 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.

PricewaterhouseCoopers LLP

Philadelphia, Pennsylvania
October 14, 2020

**Weston Solutions, Inc. Retirement Savings and
Employee Stock Ownership Plan
Statements of Net Assets Available for Benefits
December 31, 2019 and 2018**

	2019	2018
Assets		
Investments, at fair value		
Participant directed	\$ 349,472,028	\$ 281,498,020
Nonparticipant directed	<u>89,736,241</u>	<u>67,397,112</u>
Total investments at fair value	<u>439,208,269</u>	<u>348,895,132</u>
Receivables		
Employer's contribution	2,057,537	2,670,683
Notes receivable from participants	<u>2,085,094</u>	<u>2,106,484</u>
Total receivables	<u>4,142,631</u>	<u>4,777,167</u>
Net assets available for benefits	<u>\$ 443,350,900</u>	<u>\$ 353,672,299</u>

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

**Weston Solutions, Inc. Retirement Savings and
Employee Stock Ownership Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2019**

	Participant Directed	Nonparticipant Directed Weston Solutions, Inc. Common Stock	Total
Additions			
Additions to net assets attributed to:			
Investment income			
Net appreciation in fair value of investments	\$ 51,081,647	\$ 25,074,199	\$ 76,155,846
Interest	413,637	-	413,637
Dividends	14,111,162	-	14,111,162
Total investment income	<u>65,606,446</u>	<u>25,074,199</u>	<u>90,680,645</u>
Interest income from participant notes receivable	109,322	-	109,322
Contributions			
Participants	8,017,899	-	8,017,899
Employer's - Weston Solutions, Inc.	-	-	-
Common stock, net	-	4,071,537	4,071,537
Rollovers	4,885,955	-	4,885,955
Total contributions	<u>12,903,854</u>	<u>4,071,537</u>	<u>16,975,391</u>
Other	431,113	-	431,113
Liquidations and diversifications	7,419,753	(7,419,753)	-
Total additions	<u>86,470,488</u>	<u>21,725,983</u>	<u>108,196,471</u>
Deductions			
Benefits paid to participants	18,505,443	-	18,505,443
Administrative expenses	12,427	-	12,427
Total deductions	<u>18,517,870</u>	<u>-</u>	<u>18,517,870</u>
Net increase	67,952,618	21,725,983	89,678,601
Net assets available for benefits			
Beginning of year	<u>283,604,504</u>	<u>70,067,795</u>	<u>353,672,299</u>
End of year	<u>\$ 351,557,122</u>	<u>\$ 91,793,778</u>	<u>\$ 443,350,900</u>

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

Weston Solutions, Inc. Retirement Savings and Employee Stock Ownership Plan

Notes to Financial Statements

December 31, 2019 and 2018

1. Description of the Plan

The following description of the Weston Solutions, Inc. Retirement Savings and Employee Stock Ownership Plan (the “Plan”) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan that includes a qualified cash or deferred arrangement under Section 401(k) of the Internal Revenue Code (“IRC”). The Plan covers eligible employees of Weston Solutions, Inc. (the “Company”). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Eligibility

Prior to July 1, 2012 employees, other than temporary employees, were eligible for participation as of the calendar quarter following the employee’s date of hire. Temporary employees were eligible to participate as of the calendar quarter following completion of one year of service in which the employee was credited with 1,000 hours of service. As of July 1, 2012, all employees other than temporary employees are eligible to participate immediately. Temporary employees are eligible to participate as of the first pay date following completion of one year of service in which the employee is credited with 1,000 hours of service.

Contributions

Nonhighly compensated participants can contribute up to 100% of their eligible compensation to the Plan. Subject to Plan discrimination testing requirements, highly compensated participants may contribute up to 20% of their eligible compensation to the Plan. However, under the Internal Revenue Code’s (“IRC”) limitations, the maximum contribution for any participant for 2019 is \$19,000. If the participant reaches age 50 on or before December 31, the maximum contribution for 2019 is \$25,000. Employee contributions can be made on a pre-tax basis for federal income tax purposes or on a “Roth” after-tax basis. Participants direct the investments of their contributions into various investment options offered by the Plan, which includes a self-directed brokerage option. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3 percent of eligible compensation and their contributions invested in a designated balanced fund until changed by the participant.

For Plan years 2001 through 2006, the Plan provided for the Company to contribute a total of 4,500,000 shares of Weston Solutions, Inc. Common Stock (“Company stock”) to the Plan as follows: 525,000 shares for the 2001 Plan year; 900,000 shares for each of the Plan years 2002-2005; and 375,000 shares for Plan year 2006. The Plan was amended and restated effective January 1, 2006 to (i) provide for an additional discretionary employer contribution for the 2006 Plan year and a discretionary contribution for each Plan year thereafter, with such contribution to be made in cash or in Company stock; (ii) provide for allocation of the annual contribution in accordance with the Plan design in effect before June 1, 2001; and (iii) treat the required and discretionary contributions for the 2006 Plan year as a unified annual contribution for that year.

Weston Solutions, Inc. Retirement Savings and Employee Stock Ownership Plan

Notes to Financial Statements

December 31, 2019 and 2018

Company contributions are made in shares of Weston Solutions, Inc. Common Stock ("Company stock") and upon contribution, the shares of Company stock are held in trust by GreatBanc Trust Company and allocated to Plan participant accounts annually. GreatBanc Trust Company is the Plan's Trustee with respect to Company stock and, as such, holds legal title to the shares contributed to the Plan.

In 2019, the Company's annual discretionary contribution was determined by the following target allocation formula for all eligible participants:

- 2% of the participant's eligible compensation, plus 2% of the participant's eligible compensation over the Social Security Taxable Wage Base ("SSTWB"), plus
- An additional 2% of the participant's eligible compensation plus an additional 2% of the participant's eligible compensation over the SSTWB for each participant who, on December 31st of the Plan year, is at least age 55 with a minimum of 10 years of service, plus
- 50% of the participant's first 6% of elective contributions to the Plan, subject to a maximum of 3% on 6% elective contributions.

Under IRC limitations, a participant's eligible compensation is capped at \$280,000 in 2019.

Total participant and employer contributions to the Plan are subject to overall limits as defined in the IRC. Participant elective contributions are funded with each bi-weekly Company payroll. While not required by the Plan, the Company currently contributes 40,000 shares of its annual discretionary contribution on a quarterly basis. The contribution for each quarter reflects a portion of the amount of the discretionary contribution that the Company expects (but is not required) to make for the entire year with a final adjusting contribution after the close of the Plan year to reach the desired amount of the discretionary contribution. The allocation of the annual discretionary contribution to eligible participants' accounts was made in March of the subsequent Plan year for 2019.

Allocation of the 2019 annual contribution to participants' accounts totals 344,722 shares valued at \$4,895,052. This allocation is comprised of the Company's discretionary contribution of 304,897 shares, valued at \$4,329,537 (which includes appreciation of \$258,000), and 39,825 forfeited shares, valued at \$565,515.

Forfeitures

To the extent available, the cash portion of forfeited nonvested accounts is used to pay the current plan year expenses and/or payment of the Company's discretionary contributions. Total cash forfeitures were \$0 at December 31, 2019 and 2018.

Forfeitures of Company stock are allocated on an annual basis to participant accounts as part of the Company's discretionary contribution. In 2019, 39,825 shares of Company stock were forfeited from the nonvested accounts of former participants and were fully allocated to eligible participant accounts.

Weston Solutions, Inc. Retirement Savings and Employee Stock Ownership Plan

Notes to Financial Statements

December 31, 2019 and 2018

Participant Accounts

Each participant's account is credited with the participant's elective and rollover contributions and an allocation of the Company's discretionary contributions plus forfeitures and realized and unrealized investment earnings, and charged with withdrawals and distributions and realized and unrealized investment losses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants may self-direct the investment of their Plan accounts, except for shares of Company stock allocated to their Plan accounts, within a group of investment funds and/or a brokerage option which consists of common stock and exchange traded funds.

Vesting

Participants are immediately vested in their elective contributions plus actual earnings thereon. Vesting in the Company's discretionary contribution of cash or Company stock is based on years of service as calculated under the Plan's provisions. Vesting starts at 25% after two years of service and increases by an additional 25% per year, with 100% vesting after five years of service.

Notes Receivable From Participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of the value of the participants' vested interest in their accounts. However, participants may not borrow from their Company stock account. Loan terms range from one to five years. The loans are secured by the balance in the participant's account and bear interest at a rate as determined by the Plan's Joint Administrative Committee (the "Committee"). The interest rates on outstanding loans range from 4.25% to 6.50%. Principal and interest are paid ratably through payroll deductions. Participants are responsible for loan origination fees (Note 8). No allowance for credit losses has been recorded as of December 31, 2019 or 2018.

Payment of Benefits

On termination of service, a participant may elect to receive an amount equal to the value of the participant's noncompany stock vested interest in his or her account, in a lump sum payment or periodic payments. Participants have the option to defer payment of retirement benefits until reaching age 70-1/2. Terminated participants age 65 or older, terminated disabled participants, and beneficiaries of deceased participants may elect to liquidate Company stock whereby the Company repurchases the Company stock allocated to their account at the quarterly valuation for the calendar quarter in which the election is submitted. After liquidation, participants may elect to either receive a distribution of the cash proceeds from the Company stock or reinvest the proceeds in participant directed accounts. Liquidations for the year ended December 31, 2019 were \$1,419,754. Participants should refer to the Summary Plan Description for a complete description of this process.

A participant may also elect to receive in-service distributions under the Plan upon attainment of age 59-1/2. Further, participants who incur a financial hardship as described in the Plan may withdraw their elective contributions to the extent necessary to eliminate the hardship. In addition, participants who meet participation and vesting requirements set forth in the Plan may elect to withdraw amounts in his or her matching account derived from Company contributions that were made with respect to their pay dates prior to June 9, 2001. Participants may also withdraw any funds that were rolled over into their account.

Weston Solutions, Inc. Retirement Savings and Employee Stock Ownership Plan

Notes to Financial Statements

December 31, 2019 and 2018

Diversification

Subject to Board approval, the Plan allows eligible participants to request diversification of their holdings by divesting their interest in Company stock. Participants who attained the age of 55 as of the previous Plan year end and are 100% vested are eligible to request diversification of 20% of their Company stock investment. Participants may request diversification of an additional 20% of their Company stock investment each year up to the age of 59 at which time, participants can request diversification of 100% of their Company stock investment. The Board determines each year whether a diversification election will be available for that year. If an election is available, each participant who is eligible to make a diversification election shall be notified by the Company and given an opportunity to make the election. Diversifications can be approved for any calendar quarter. During 2019, the Board approved diversifications of \$5,999,999. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

2. Summary of Significant Accounting Policies

Basis of Presentation

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

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles (GAAP) 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. The Plan's Joint Administrative Committee determines the Plan's valuation policies utilizing information provided by investment advisors, trustees and an independent valuation firm. See Note 4 for discussion of fair value measurements.

The common/collective trust (CCT) fund is valued at fair value at NAV practical expedient. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the common collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner. There are no unfunded commitments with respect to these investments, however, they may be subject to redemption restrictions, at the trustee's discretion, to the extent that it is determined such actions would disrupt management of the fund.

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/ (depreciation) includes the Plan's gains or losses on investments bought and sold, as well as held during the year.

Weston Solutions, Inc. Retirement Savings and Employee Stock Ownership Plan

Notes to Financial Statements

December 31, 2019 and 2018

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Payment of Benefits

Benefits are recorded when paid.

New Accounting Standard

In August 2018, the FASB issued ASU 2018-13, "Changes to the Disclosure Requirements for Fair Value Measurements", which adds, modifies and removes several disclosure requirements related to fair value measurements. The amendments in this update are effective for all entities for fiscal years, and interim periods within those fiscal years, beginning after December 15, 2019 and early adoption is permitted. Management is currently evaluating the effect of the adoption of this ASU and expect that it will not have a material impact on the Plan's financial statements.

3. Information Certified by Trustees

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the ERISA. All of the Plan's assets as of December 31, 2019 and 2018, other than shares of Company stock, were held by Vanguard Fiduciary Trust Company. All of the Company stock held by the Plan was held by GreatBanc Trust Company. Accordingly, investment amounts, including notes receivable from participants, on the Statements of Net Assets Available for Benefits as of December 31, 2019 and 2018, investment income (including net appreciation in fair value of investments, interest, dividends, other, and interest income from participant notes receivable) on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2019, and information included in the accompanying supplemental schedule have been compiled from statements certified as complete and accurate by Vanguard Fiduciary Trust Company (the Trustee certifying all investments other than Weston Solutions, Inc. Common Stock) and GreatBanc Trust Company (the Trustee certifying nonparticipant directed investments in Weston Solutions, Inc. Common Stock) in accordance with DOL Regulations Section 29 CFR 2520.103-8.

	2019	2018
Investments, at fair value	\$ 439,208,269	\$ 348,895,132
Notes receivable from participants	2,085,094	2,106,484
Net appreciation in fair value of participant directed investments	51,081,647	
Net appreciation in fair value of nonparticipant directed investments	25,074,199	
Interest	413,637	
Dividends	14,111,162	
Other	411,828	
Interest income from participant notes receivable	109,322	

Weston Solutions, Inc. Retirement Savings and Employee Stock Ownership Plan

Notes to Financial Statements

December 31, 2019 and 2018

4. Fair Value Measurements

The Financial Accounting Standards Board ("FASB") Accounting Standards Codification (ASC, 820, *Fair Value Measurement and Disclosures*) establishes a framework for measuring fair value and expands disclosures about fair value measurements in financial statements. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 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.

Level 2 Inputs to the valuation methodology include:

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

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2019 and 2018.

Registered Investment Companies (Mutual Funds)

Valued at the net asset value ("NAV") of shares held by the Plan.

Self-Directed Brokerage Option: Common Stock / Exchange Traded Funds

Valued using the closing price from the appropriate stock exchange.

Weston Solutions, Inc. Common Stock

Valued at fair value on a quarterly basis, as determined by an independent valuation firm selected by GreatBanc Trust Company, the Trustee. This appraisal was based upon a combination of the market and income valuation techniques consistent with prior years. The valuation firm took into account the economic outlook, earning capacity, fair value of Company assets and liabilities and market comparable. A discount for marketability was also considered.

**Weston Solutions, Inc. Retirement Savings and
Employee Stock Ownership Plan**
Notes to Financial Statements
December 31, 2019 and 2018

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. There have been no transfers between levels and no changes in the methodologies from 2018 to 2019.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2019:

Investments at Fair Value as of December 31, 2019				
	Level 1	Level 2	Level 3	Total
Registered investment companies (mutual funds)	\$ 328,341,290	\$ -	\$ -	\$ 328,341,290
Self directed brokerage option	2,600,806	-	-	2,600,806
Weston Solutions, Inc. common stock	-	-	89,736,241	89,736,241
	<u>\$ 330,942,096</u>	<u>\$ -</u>	<u>\$ 89,736,241</u>	<u>420,678,337</u>
Common/collective trust ^(a)				18,529,932
Total investments at fair value				<u>\$ 439,208,269</u>

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

Investments at Fair Value as of December 31, 2018				
	Level 1	Level 2	Level 3	Total
Registered investment companies (mutual funds)	\$ 261,600,341	\$ -	\$ -	\$ 261,600,341
Self directed brokerage option	1,844,335	-	-	1,844,335
Weston Solutions Holdings, Inc. common stock	-	-	67,397,112	67,397,112
	<u>\$ 263,444,676</u>	<u>\$ -</u>	<u>\$ 67,397,112</u>	<u>330,841,788</u>
Common/collective trust ^(a)				18,053,344
Total investments at fair value				<u>\$ 348,895,132</u>

(a) In accordance with ASU 2015-07 certain investments reported at fair value using the net asset value practical expedient have been excluded from the fair value hierarchy. The fair value amounts presented in this table are intended to act as a reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefit. See Note 2 for further information. The Plan reports the common collective trust investments using the net asset value per share, as a practical expedient, as determined by investment managers.

Weston Solutions, Inc. Retirement Savings and Employee Stock Ownership Plan

Notes to Financial Statements

December 31, 2019 and 2018

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 investments for the year ended December 31, 2019:

	Weston Solutions, Inc. Common Stock
Balance at beginning of year	\$ 67,397,112
Unrealized gains relating to investments still held at reporting date	25,074,199
Fair value of shares contributed to trustee	4,684,683
Liquidations and diversifications	<u>(7,419,753)</u>
Balance at end of year	\$ 89,736,241

5. Related Party Transactions

Certain Plan investments are shares of registered investment companies and a common/collective trust managed by Vanguard Fiduciary Trust Company. Vanguard Fiduciary Trust Company is the record keeper and Trustee of the Plan's investments (with the exception of the Weston Solutions, Inc. Common Stock) and, as such, is a party-in-interest of the Plan. The Plan paid approximately \$12,427 in fees in 2019 to Vanguard Fiduciary Trust Company for trustee services.

GreatBanc Trust Company is the Trustee of the Weston Solutions, Inc. Common Stock and is a party-in-interest of the Plan. The Company makes contributions in the form of common stock to the Trustee and is also a party-in-interest of the Plan. During 2019, the Company made contributions to the Trustee of 418,037 shares valued at \$4,684,683. The contribution includes 2019 quarterly contributions totaling 160,000 shares valued at \$2,014,000 and the 2018 final contributions totaling 258,037 shares valued at \$2,670,683 (Note 1, Contributions).

The Plan is interpreted and administered by the Joint Administrative Committee of the Weston Solutions, Inc. Employee Benefit Plans comprised entirely of the Company's management.

6. Plan Termination

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

7. Tax Status

The Plan obtained its latest determination letter on December 13, 2017, in which the Internal Revenue Service stated that the form of the Plan was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC, and therefore believes the Plan is qualified and the related trusts are tax-exempt.

Weston Solutions, Inc. Retirement Savings and Employee Stock Ownership Plan

Notes to Financial Statements

December 31, 2019 and 2018

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions by the Plan, and has concluded that as of December 31, 2019 and 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax period. The Plan administrator believes it is not subject to income tax examinations for years prior to 2016.

8. Plan Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying Statement of Changes in Net Assets Available for Benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) of fair value of investments presented in the accompanying Statement of Changes in Net Assets Available for Benefits.

Currently, the Plan pays for administrative expenses to the extent of available cash forfeitures. The Company pays administrative expenses in excess of cash forfeitures except for participant loan and redemption fees that are paid by the participants. Administrative expenses of the Plan totaled \$219,901 for the year ended December 31, 2019, of which \$204,824 was paid by the Company, and \$2,650 was paid by Plan participants (Note 1).

9. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of Net Assets Available for Benefits per the financial statements at December 31, 2019 and 2018 to the Form 5500:

	2019	2018
Net assets available for benefits per the financial statements	\$ 443,350,900	\$ 353,672,299
Fair value adjustment	314,049	(154,124)
Net assets available for benefits per the Form 5500	<u>\$ 443,664,949</u>	<u>\$ 353,518,175</u>

The following is a reconciliation of the net increase in Net Assets Available for Benefits per the financial statements for the year ended December 31, 2019 to the Form 5500:

Net increase in net assets available for benefits per the financial statements	\$ 89,678,601
2019 fair value adjustment	314,049
2018 fair value adjustment	154,124
Net increase per the Form 5500	<u>\$ 90,146,774</u>

10. Risks and Uncertainties

The Plan provides for various investment options which include assorted registered investment companies (mutual funds), a common/collective trust, a brokerage option (which includes

Weston Solutions, Inc. Retirement Savings and Employee Stock Ownership Plan

Notes to Financial Statements

December 31, 2019 and 2018

exchange-traded funds and common stock), and Company stock. Accordingly, Plan participants' accounts that hold shares of the Plan sponsor's Company stock are exposed to market risk in the event of a significant decline in the value of such stock. Investment securities are exposed to various risks, such as interest rate, market and credit risk. Market values of investments may decline for a number of reasons, including changes in prevailing market and interest rates, increases of defaults and credit rating downgrades. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

11. Concentration of Risk

Discretionary contributions made by the Plan sponsor are made in the form of Company stock. The Company stock comprised approximately 20%, or \$89,736,241, and approximately 19%, or \$67,397,112, of total investments held at December 31, 2019 and 2018, respectively. Due to this concentration of risk, certain events could have a material impact on participants' account balances.

12. Subsequent Events

Effective January 1, 2020, the Company match will increase from 3% to 6%. The tiered based Company contribution as described in Note 1 will be eliminated starting with the plan year beginning January 1, 2020.

The Plan has implemented the required minimum distribution requirement established under the Setting Every Community Up for Retirement Enhancement Act of 2019 (the SECURE Act), which law changes the Plan to allow participants the option to defer payments of retirement benefits from age 70-1/2 to age 72 which is effective beginning January 1, 2020. Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with applicable law and IRS guidance.

Certain impacts to public health conditions particular to the coronavirus (COVID-19) outbreak that occurred subsequent to year end may have a significant negative impact on the operations and profitability of the Plan's investments and contributions. The extent of the impact to the financial performance of the Plan will depend on future developments, including (i) the duration and spread of the outbreak, (ii) the restrictions and advisories, (iii) the effects on the financial markets, and (iv) the effects on the economy overall, all of which are highly uncertain and cannot be predicted.

The Plan's management has evaluated all activity of the Plan through October 14, 2020, the date the financial statements were available for issuance, and concluded that there are no other subsequent events that are required to be reflected in the Plan's financial statements and disclosures.

Supplemental Schedule

Weston Solutions, Inc. Retirement Savings and Employee Stock Ownership Plan

Form 5500 Schedule H, Line 4(i): Schedule of Assets (Held at End of Year)

December 31, 2019

Identity of Issue	Description of Investments	Cost	Current Value
* Vanguard Windsor Fund	Registered Investment Company	**	\$ 48,152,806
* Vanguard 500 Index Fund Investor Shares	Registered Investment Company	**	50,612,682
* Vanguard STAR Fund	Registered Investment Company	**	25,469,758
* Vanguard Prime Money Market Fund	Registered Investment Company	**	7,843,308
* Vanguard Explorer Fund	Registered Investment Company	**	30,328,289
* Vanguard Total Bond Market Index Fund	Registered Investment Company	**	18,910,871
* Vanguard International Value Fund	Registered Investment Company	**	7,699,895
* Vanguard Windsor II Fund	Registered Investment Company	**	9,773,871
* Vanguard Inflation-Protected Securities Fund	Registered Investment Company	**	4,020,415
* Vanguard Total Stock Market Index Fund	Registered Investment Company	**	15,435,586
* Vanguard U.S. Growth Fund	Registered Investment Company	**	14,350,796
* Vanguard Extended Market Index Fund Investor Shs	Registered Investment Company	**	6,356,082
* Vanguard Total International Stock Index Fund	Registered Investment Company	**	5,156,684
* Vanguard Short-term Federal Fund	Registered Investment Company	**	3,042,662
* Vanguard REIT Index Fund	Registered Investment Company	**	4,294,244
* Vanguard Small-Cap Value Index Fund	Registered Investment Company	**	3,218,676
* Vanguard Selected Value Fund	Registered Investment Company	**	2,494,338
* Vanguard Mid-Cap Growth Fund	Registered Investment Company	**	3,226,102
* Vanguard Target Retirement Income	Registered Investment Company	**	2,796,025
* Vanguard Target Retirement 2015 Fund	Registered Investment Company	**	4,972,009
* Vanguard Target Retirement 2020 Fund	Registered Investment Company	**	11,669,256
* Vanguard Target Retirement 2025 Fund	Registered Investment Company	**	16,764,360
* Vanguard Target Retirement 2030 Fund	Registered Investment Company	**	7,289,647
* Vanguard Target Retirement 2035 Fund	Registered Investment Company	**	7,566,062
* Vanguard Target Retirement 2040 Fund	Registered Investment Company	**	4,111,425
* Vanguard Target Retirement 2045 Fund	Registered Investment Company	**	5,259,762
* Vanguard Target Retirement 2050 Fund	Registered Investment Company	**	2,953,307
* Vanguard Target Retirement 2055 Fund	Registered Investment Company	**	2,214,725
* Vanguard Target Retirement 2060 Fund	Registered Investment Company	**	276,850
* Vanguard Target Retirement 2065 Fund	Registered Investment Company	**	62,760
* Royce fund:Royce Premier fund:Investment Class Shs	Registered Investment Company	**	2,018,037
* VGI Brokerage Option	Vanguard Brokerage Option	**	2,600,806
*/*** Vanguard Retirement Savings Trust	Common/Collective Trust	**	18,843,981
* Participant Loans	Participant loans, various maturity dates ranging from 12/19 to 12/24, and interest rates of 4.25% and 6.50%	**	2,085,094
*/****Weston Solutions, Inc. Common Stock	Company Stock	67,064,051	89,736,241
Total investments held by the Plan		<u>\$ 67,064,051</u>	<u>\$ 441,607,412</u>

* A party-in-interest as defined by ERISA.

** Cost is not required for participant directed investments.

*** The value listed above reflects the current value of the Vanguard Retirement Savings Trust at December 31, 2019. Vanguard Fiduciary Trust Company, the Trustee, has certified the value of the Vanguard Retirement Savings Trust as \$18,529,932 at December 31, 2019.

**** Weston Solutions, Inc. Common Stock has been certified by GreatBanc Trust Company, the Trustee of the Plan.

Except as noted above, the remaining information has been certified as complete and accurate by Vanguard Fiduciary Trust Company, and GreatBanc Trust Company, the Trustees of the Plan.

**Weston Solutions, Inc. Retirement Savings and
Employee Stock Ownership Plan
Form 5500 Schedule H, Line 4(i): Schedule of Assets (Held at End of Year)
December 31, 2019**

Identity of Issue	Description of Investments	Cost	Current Value
* Vanguard Windsor Fund	Registered Investment Company	**	\$ 48,152,806
* Vanguard 500 Index Fund Investor Shares	Registered Investment Company	**	50,612,682
* Vanguard STAR Fund	Registered Investment Company	**	25,469,758
* Vanguard Prime Money Market Fund	Registered Investment Company	**	7,843,308
* Vanguard Explorer Fund	Registered Investment Company	**	30,328,289
* Vanguard Total Bond Market Index Fund	Registered Investment Company	**	18,910,871
* Vanguard International Value Fund	Registered Investment Company	**	7,699,895
* Vanguard Windsor II Fund	Registered Investment Company	**	9,773,871
* Vanguard Inflation-Protected Securities Fund	Registered Investment Company	**	4,020,415
* Vanguard Total Stock Market Index Fund	Registered Investment Company	**	15,435,586
* Vanguard U.S. Growth Fund	Registered Investment Company	**	14,350,796
* Vanguard Extended Market Index Fund Investor Shs	Registered Investment Company	**	6,356,082
* Vanguard Total International Stock Index Fund	Registered Investment Company	**	5,156,684
* Vanguard Short-term Federal Fund	Registered Investment Company	**	3,042,662
* Vanguard REIT Index Fund	Registered Investment Company	**	4,294,244
* Vanguard Small-Cap Value Index Fund	Registered Investment Company	**	3,218,676
* Vanguard Selected Value Fund	Registered Investment Company	**	2,494,338
* Vanguard Mid-Cap Growth Fund	Registered Investment Company	**	3,226,102
* Vanguard Target Retirement Income	Registered Investment Company	**	2,796,025
* Vanguard Target Retirement 2015 Fund	Registered Investment Company	**	4,972,009
* Vanguard Target Retirement 2020 Fund	Registered Investment Company	**	11,669,256
* Vanguard Target Retirement 2025 Fund	Registered Investment Company	**	16,764,360
* Vanguard Target Retirement 2030 Fund	Registered Investment Company	**	7,289,647
* Vanguard Target Retirement 2035 Fund	Registered Investment Company	**	7,566,062
* Vanguard Target Retirement 2040 Fund	Registered Investment Company	**	4,111,425
* Vanguard Target Retirement 2045 Fund	Registered Investment Company	**	5,259,762
* Vanguard Target Retirement 2050 Fund	Registered Investment Company	**	2,953,307
* Vanguard Target Retirement 2055 Fund	Registered Investment Company	**	2,214,725
* Vanguard Target Retirement 2060 Fund	Registered Investment Company	**	276,850
* Vanguard Target Retirement 2065 Fund	Registered Investment Company	**	62,760
* Royce fund:Royce Premier fund:Investment Class Shs	Registered Investment Company	**	2,018,037
* VGI Brokerage Option	Vanguard Brokerage Option	**	2,600,806
*/*** Vanguard Retirement Savings Trust	Common/Collective Trust	**	18,843,981
* Participant Loans	Participant loans, various maturity dates ranging from 12/19 to 12/24, and interest rates of 4.25% and 6.50%	**	2,085,094
*/****Weston Solutions, Inc. Common Stock	Company Stock	67,064,051	89,736,241
Total investments held by the Plan		<u>\$ 67,064,051</u>	<u>\$ 441,607,412</u>

* A party-in-interest as defined by ERISA.

** Cost is not required for participant directed investments.

*** The value listed above reflects the current value of the Vanguard Retirement Savings Trust at December 31, 2019. Vanguard Fiduciary Trust Company, the Trustee, has certified the value of the Vanguard Retirement Savings Trust as \$18,529,932 at December 31, 2019.

**** Weston Solutions, Inc. Common Stock has been certified by GreatBanc Trust Company, the Trustee of the Plan.

Except as noted above, the remaining information has been certified as complete and accurate by Vanguard Fiduciary Trust Company, and GreatBanc Trust Company, the Trustees of the Plan.