

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 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2009 or fiscal plan year beginning <u>02/01/2009</u> and ending <u>01/31/2010</u>			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☒		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>RETIREMENT PLAN AND TRUST FOR EMPLOYEES OF GENERAL EXTRUSIONS INC.</u>	1b Three-digit plan number (PN) ▶	<u>002</u>	
	1c Effective date of plan	<u>02/01/1976</u>	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>GENERAL EXTRUSIONS, INC.</u> <u>P.O. BOX 3460</u> <u>YOUNGSTOWN, OH 44513-3460</u>	2b Employer Identification Number (EIN) <u>34-0706173</u>	2c Sponsor's telephone number <u>330-783-0270</u>	2d Business code (see instructions) <u>332900</u>
	<u>4040 LAKE PARK ROAD</u> <u>YOUNGSTOWN, OH 44513-3460</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	<u>Filed with authorized/valid electronic signature.</u>	<u>11/11/2010</u>	<u>TERRY MALONEY</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

GENERAL EXTRUSIONS, INC.

P.O. BOX 3460
YOUNGSTOWN, OH 44513-3460**3b** Administrator's EIN

34-0706173

3c Administrator's telephone number

330-783-0270

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:**a** Sponsor's name**4b** EIN**4c** PN**5** Total number of participants at the beginning of the plan year**5**

298

6 Number of participants as of the end of the plan year (welfare plans complete only lines **6a**, **6b**, **6c**, and **6d**).**a** Active participants.....**6a**

31

b Retired or separated participants receiving benefits.....**6b**

31

c Other retired or separated participants entitled to future benefits.....**6c**

245

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

307

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

14

f Total. Add lines **6d** and **6e**.....**6f**

321

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g****h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h**

0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7****8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1B 1G

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**9a** Plan funding arrangement (check all that apply)(1) ☒

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

9b Plan benefit arrangement (check all that apply)(1) ☒

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)**a Pension Schedules**(1) ☒**R** (Retirement Plan Information)(2) ☐**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary(3) ☒**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary**b General Schedules**(1) ☒**H** (Financial Information)(2) ☐**I** (Financial Information – Small Plan)(3) ☒**A** (Insurance Information)(4) ☒**C** (Service Provider Information)(5) ☒**D** (DFE/Participating Plan Information)(6) ☐**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 02/01/2009 and ending 01/31/2010		
A Name of plan RETIREMENT PLAN AND TRUST FOR EMPLOYEES OF GENERAL EXTRUSIONS INC.	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500. GENERAL EXTRUSIONS, INC.		
D Employer Identification Number (EIN) 34-0706173		

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
THE HARFORD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0974148	88072	GA-1667	321	02/01/2009	01/31/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
6664	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
FINANCIAL TELESIS INC 4340 REDWOOD HIGHWAY SUITE A23 SAN RAFAEL, CA 94903

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6664			7

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	262093
5 Current value of plan's interest under this contract in separate accounts at year end	5	6064500

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	545150
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c Additions: (1) Contributions deposited during the year	7c(1)	219523	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	14886	
(4) Transferred from separate account	7c(4)	5341653	
(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	5576062
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d Total of balance and additions (add b and c(6)).	7d	6121212
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	321148	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)	5537971	
(4) Other (specify below)	7e(4)		

(5) Total deductions	7e(5)	5859119
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f Balance at the end of the current year (subtract e(5) from d)	7f	262093
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	
Specify nature of costs ▶		

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 02/01/2009 and ending 01/31/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>RETIREMENT PLAN AND TRUST FOR EMPLOYEES OF GENERAL EXTRUSIONS INC.</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>GENERAL EXTRUSIONS, INC.</u>	D Employer Identification Number (EIN) <u>34-0706173</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>02</u> Day <u>01</u> Year <u>2009</u>	
2 Assets:	
a Market value	2a <u>5155502</u>
b Actuarial value	2b <u>5671052</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>37</u> <u>2241911</u>
b For terminated vested participants	3b <u>193</u> <u>1790038</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>2991</u>
(2) Vested benefits	3c(2) <u>2513025</u>
(3) Total active	3c(3) <u>68</u> <u>2516016</u>
d Total	3d <u>298</u> <u>6547965</u>
4 If the plan is at-risk, check the box and complete items (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>8.13</u> %
6 Target normal cost	6 <u>67293</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>11/11/2010</u>
Signature of actuary	Date
<u>DOUGLAS A GIBBY</u>	<u>08-03371</u>
Type or print name of actuary	Most recent enrollment number
<u>THE HARTFORD</u>	<u>614-726-4414</u>
Firm name	Telephone number (including area code)
<u>40 VILLIAGE POINTE DR</u> <u>POWELL, OH 43065-7760</u>	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	476	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	476	0
10	Interest on item 9 using prior year's actual return of <u>-32.73</u> %	-156	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		39079
b	Interest on (a) using prior year's effective rate of <u>6.31</u> %		2466
c	Total available at beginning of current plan year to add to prefunding balance		41545
d	Portion of (c) to be added to prefunding balance.....		41545
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	320	41545

Part III Funding percentages			
14	Funding target attainment percentage.....	14	85.96 %
15	Adjusted funding target attainment percentage.....	15	85.96 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	86.62 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05/12/2009	23205				
09/10/2009	58707				
11/13/2009	58707				
02/12/2010	58707				
10/15/2010	19056				
			Totals ►	18(b)	218382
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 204647
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☒ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	67293
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	918778	179219
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	246512
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	320	41545
36 Additional cash requirement (item 34 minus item 35).....	36	204647
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	204647
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

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
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 02/01/2009 and ending 01/31/2010		
A Name of plan RETIREMENT PLAN AND TRUST FOR EMPLOYEES OF GENERAL EXTRUSIONS INC.		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 GENERAL EXTRUSIONS, INC.		D Employer Identification Number (EIN) 34-0706173

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

(b) Enter name and EIN or address of person who provided you disclosure 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)

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	LLOYD WANG	b EIN:	26-1589907
c Position:	ACTUARY		
d Address:	P.O. BOX 756 GLASTONBURY, CT 06033	e Telephone:	860-652-4176

Explanation: HARTFORD REASSIGNED THE ENROLLED ACTUARY WORK.

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning <u>02/01/2009</u> and ending <u>01/31/2010</u>		
A Name of plan <u>RETIREMENT PLAN AND TRUST FOR EMPLOYEES OF GENERAL EXTRUSIONS INC.</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GENERAL EXTRUSIONS, INC.</u>	D Employer Identification Number (EIN) <u>34-0706173</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	78904	76608
(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)		
(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)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	4531514	6064500
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	545150	262093
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	5155568	6403201

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	5155568	6403201
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	218382	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		218382
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	14168	
(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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		14168
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	1336592	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1336592
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1569142

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	321509	
(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)		321509
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)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		321509

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1247633
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) ☐ Unqualified (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: YRURCHYK & DAVIS CPA'S, INC.

(2) EIN: 34-1638235

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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		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	
e Was this plan covered by a fidelity bond?.....	X		2000000
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	
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	
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	
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		
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	
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	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.		X	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 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)

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

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 section 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
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 02/01/2009 and ending 01/31/2010

A Name of plan <u>RETIREMENT PLAN AND TRUST FOR EMPLOYEES OF GENERAL EXTRUSIONS INC.</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GENERAL EXTRUSIONS, INC.</u>	D Employer Identification Number (EIN) <u>34-0706173</u>

Part I	Distributions
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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	<u>0</u>
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>06-0974147</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	<u>1</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☒ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2009
v.092308.1

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 items 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 items 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 items 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 items 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 items 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 items 13e(1) and 13e(2).)

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

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

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

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

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

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

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

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

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

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

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

- 19** If the total number of participants is 1,000 or more, complete items (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 item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

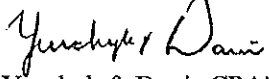
Independent Auditor's Report

Board of Trustees
Retirement Plan and Trust for Employees of General Extrusions, Inc.
Youngstown, Ohio

We were engaged to audit the accompanying statements of net assets available for plan benefits of the Retirement Plan and Trust for Employees of General Extrusions, Inc. as of January 31, 2010 and 2009, and the related statement of changes in net assets available for plan benefits for the years then ended and the supplemental schedule of assets held for investment purposes and schedule of reportable transactions. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor 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 investments which were certified by the Hartford Life Insurance Company, the trustee of the plan, except for comparing the information with related information included in the financial statements and supplemental schedule. The plan administrator has informed us that the trustee holds the plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended January 31, 2010 and 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.


Yurchyk & Davis CPA's, Inc.
November 12, 2010

Retirement Plan and Trust for Employees of General Extrusions
EIN: 34-0706173
Plan: 002

Schedule SB, Line 19 – Discounted Employer Contributions

The following employer contributions for the prior plan year were made or will be made by the dates below:

Effective Interest Rate: 8.13%

Effective Interest Rate on Late Quarterly: 13.13%

Date	Amount	Amount Discounted To 02/01/2009	Receivables Discounted to 02/01/2010
05/12/2009	\$ 23,205	\$ 22,713	\$ 0
09/10/2009	58,707	55,855	0
11/13/2009	58,707	55,231	0
02/12/2010	58,707	54,165	58,569
10/15/2010	19,056	16,683	18,039
	<u>\$ 218,382</u>	<u>\$ 204,647</u>	<u>\$ 76,608</u>

Retirement Plan and Trust for Employees of General Extrusions
EIN: 34-0706173
Plan: 002

Schedule SB, Line 22 - Weighted Average Retirement Age

The weighted average retirement age is 65.

Valuation Method and Assumptions

1. Valuation Method

Pension Protection Act of 2006 Funding Target Method.

2. Valuation of Assets

Assets are value at market value.

3. Employees Included in the Calculations

All active employees who have met the plan's eligibility requirements as of the valuation date are included in the calculations. Former employees or their survivors who are entitled to an immediate or deferred benefit under the provisions of the plan are also included.

4. Actuarial Assumptions

a. Mortality:

- | | |
|---------------------|--|
| (1) Pre-retirement | 2008 Non-annuitant mortality for males and females |
| (2) Post-retirement | 2008 Annuitant mortality for males and females |

b. Termination: Hartford Life Turnover Table 1. See withdrawal rates in table below.

c. Interest rate used for determining:

- | | |
|---------------------|-------------------------------|
| (1) Normal funding: | October 2008 full yield curve |
| (a) Segment 1 | 8.13% compounded annually |
| (b) Segment 2 | 8.13% compounded annually |
| (c) Segment 3 | 8.13% compounded annually |
| (d) Effective Rate | 8.13% compounded annually |

d. Expenses: None.

e. Retirement age: Age 65, or age on valuation date, if greater.

f. Social Security Taxable
Wage Base increases: 4.00% compounded annually, CPI at 3.5%.

Retirement Plan and Trust for Employees of General Extrusions
EIN: 34-0706173
Plan: 002

g. The following are examples of the probability that a participant will die or terminate within the year:

Age	Mortality ¹		Termination	
	Male	Female	Male	Female
25	.00030	.00015	.10000	.15000
30	.00039	.00021	.07500	.10000
35	.00069	.00036	.05000	.07500
40	.00089	.00049	.03000	.05000
45	.00110	.00076	.01500	.02500
50	.00138	.00111	.00000	.00000
55	.00191	.00208	.00000	.00000
60	.00331	.00349	.00000	.00000
65	.01071	.00957	.00000	.00000

5. Other Considerations

- a. Projected benefits are limited to the IRC Section 415(b) limit that was in effect as of the beginning of the plan year.
- b. Although we believe these to be accurate and complete, we have not audited the employee data supplied to us by the Employer.

¹ Prior to age 65, the sample rates show Non-Annuitant Mortality. Age 65 sample rate shows Annuitant Mortality.

Summary of Principal Plan Provisions

The following summary describes plan provisions assumed in calculating the cost of your pension plan:

1. General Information

- a. Original Effective Date: February 1, 1976
- b. Effective Date of Last Amendment: February 1, 2007
- c. Plan Year: February 1 to January 31
- d. Employer Fiscal Year: March 1 to February 28
- e. Employer ID Number: 34-0706173
- f. Plan Administrator's ID Number: 34-0706173
- g. Plan Number: 002
- h. Plan Administrator: General Extrusions, INC.

2. Eligibility

Union employee of General Extrusions represented by the United Steelworkers of America, AFL-CIO.

3. Year of Service

Year of Service is granted for each Employment Year during which an employee has at least 1,000 hours.

4. Normal Retirement Date

First day of the month coinciding with or next following attainment of age 65, or if later, the 5th anniversary of plan entry.

5. Normal Retirement Benefit

Effective 2/01/2007, the amount of the monthly benefit to be paid for life is \$23.25 monthly times years of service up to 45 years.

6. Accrued Benefit

Normal Retirement Benefit based on service to date.

Retirement Plan and Trust for Employees of General Extrusions
EIN: 34-0706173
Plan: 002

7. Early Retirement Benefits

Employees are eligible for early retirement upon attaining age 60 and 15 years of service. The Accrued Benefit is reduced by 7.2% for each of the first 5 years and by 3.6% for each additional year by which early retirement precedes normal retirement.

8. Disability Benefit

In the event a participant with more than 15 years of service becomes totally and permanently disabled, the participant will receive an immediate annuity equal to 100% of the accrued benefit.

9. Death Benefit

In the event of an active vested participant's death, the spouse of the deceased will receive the REA qualified pre-retirement spouse benefit.

10. Severance Benefits

Upon the termination of employment after 5 or more years of service, a participant shall have a vested interest in his Accrued Benefit which will be payable at his Normal Retirement Date. The percentage vested shall be:

Years of Service	Vested Percent
Less than 5	0%
5 or more	100%

In the event that the participant had met the service requirement for early retirement at the date of termination, he may elect to receive his vested interest as of his early retirement date. Such benefit will be reduced as described under Early Retirement Benefits.

Retirement Plan and Trust for Employees of General Extrusions
EIN: 34-0706173
Plan: 002

Schedule SB, Line 25 – Change in Funding Methods

The following change in funding method was made since the prior valuation:

- Funding target determined using the October 2008 full yield curve.

Retirement Plan and Trust for Employees of General Extrusions
EIN: 34-0706173
Plan: 002

Schedule SB, Line 26 - Schedule of Active Participant Data

Number of Participants with XX Years of Credited Service											
Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Up	Total
Under 25	-	-	-	-	-	-	-	-	-	-	-
25 – 29	-	1	2	-	-	-	-	-	-	-	3
30 – 34	-	-	-	1	-	-	-	-	-	-	1
35 – 39	-	-	-	-	2	-	-	-	-	-	2
40 – 44	-	-	-	-	-	-	-	-	-	-	-
45 – 49	-	1	-	1	1	-	7	2	-	-	12
50 – 54	-	-	-	-	-	-	10	11	-	-	21
55 – 59	-	-	-	-	-	1	-	6	15	-	22
60 – 64	-	-	-	-	-	-	-	-	3	1	4
65 – 69	-	-	-	-	2	-	-	-	-	1	3
70 +	-	-	-	-	-	-	-	-	-	-	-
All Ages	-	2	2	2	5	1	17	19	18	2	68

Retirement Plan and Trust for Employees of General Extrusions
EIN: 34-0706173
Plan: 002

Schedule SB, Line 32 - Shortfall Amortization Base

Maintenance of Shortfall Amortization Base (SAB) as of February 1, 2009

Date Established	SAB Original Amount	Original Amort. Period	Balance as of 01/01/2008	Remaining Amort. Period	Shortfall Amortization Installment
02/01/09	\$ 231,002	7	\$ 231,002	7	\$ 41,262
02/01/08	\$ 839,274	7	<u>\$ 687,776</u>	6	<u>\$ 137,957</u>
			\$ 918,778		\$ 179,219

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2009**This Form is Open to Public
Inspection**

For calendar plan year 2009 or fiscal plan year beginning 02/01/2009 and ending 01/31/2010

▶ Round off amounts to nearest dollar.

▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

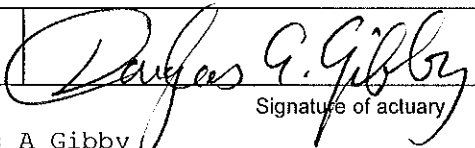
A Name of plan Retirement Plan and Trust for Employees of General Extrusions INC.	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF General Extrusions, INC.	D Employer Identification Number (EIN) 34-0706173
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>2</u> Day <u>1</u> Year <u>2009</u>		
2 Assets:		
a Market value.....	2a	5,155,502
b Actuarial value.....	2b	5,671,052
3 Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a 37	2,241,911
b For terminated vested participants.....	3b 193	1,790,038
c For active participants:		
(1) Non-vested benefits.....	3c(1)	2,991
(2) Vested benefits.....	3c(2)	2,513,025
(3) Total active.....	3c(3) 68	2,516,016
d Total.....	3d 298	6,547,965
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐		
a Funding target disregarding prescribed at-risk assumptions.....	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....	4b	
5 Effective interest rate.....	5	8.13 %
6 Target normal cost.....	6	67,293

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN
HERE**
Douglas A Gibby
Signature of actuary

Type or print name of actuary

The Hartford

40 Villiage Pointe Dr Firm name

Powell OH 43065-7760

Address of the firm

11/11/2010

Date

08-03371

Most recent enrollment number

(614) 726-4414

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	476	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	476	0
10 Interest on item 9 using prior year's actual return of <u>(32.73)%</u>	(156)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		39,079
b Interest on (a) using prior year's effective rate of <u>6.31 %</u>		2,466
c Total available at beginning of current plan year to add to prefunding balance		41,545
d Portion of (c) to be added to prefunding balance.....		41,545
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	320	41,545

Part III	Funding percentages
-----------------	----------------------------

14	Funding target attainment percentage.....	14	85.96 %
15	Adjusted funding target attainment percentage.....	15	85.96 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	86.62 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
05/12/2009	23,205						
09/10/2009	58,707						
11/13/2009	58,707						
02/12/2010	58,707						
10/15/2010	19,056						
			Totals ►	18(b)	218,382	18(c)	0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	204,647

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No

C If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost**21** Discount rate:**a** Segment rates:1st segment:
%2nd segment:
%3rd segment:
%☒ N/A, full yield curve used**b** Applicable month (enter code)**21b****22** Weighted average retirement age**22**

65

23 Mortality table(s) (see instructions)☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Part VI Miscellaneous items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of unpaid minimum required contributions for prior years****28** Unpaid minimum required contribution for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (item 28 minus item 29) **30** 0**Part VIII Minimum required contribution for current year****31** Target normal cost, adjusted, if applicable (see instructions) **31** 67,293**32** Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

918,778

179,219

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33**

0

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)**34**

246,512

Carryover balance

Prefunding balance

Total balance

35 Balances used to offset funding requirement

320

41,545

41,865

36 Additional cash requirement (item 34 minus item 35)**36**

204,647

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)**37**

204,647

38 Interest-adjusted excess contributions for current year (see instructions)**38**

0

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)**39**

0

40 Unpaid minimum required contribution for all years**40**

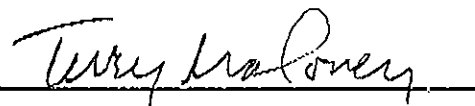
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Notice To Terminated Enrolled Actuary

I, as plan administrator, verify that the explanation that is reproduced below or attached to this notice is the explanation concerning your termination reported on the Schedule C (Form 5500) attached to the 2009 Form 5500 Annual Return/Report of Employee Benefit Plan, for the Retirement Plan and Trust for Employees of General Extrusions INC. This Form 5500 is identified in line 2b by the nine-digit EIN 34-0706173, and in line 1b by the three-digit PN 002.

You have the opportunity to comment to the Department of Labor concerning any aspect of this explanation. Comments should include the name, EIN, and PN of the plan and be submitted to: Office of Enforcement, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, DC 20210.

Signed



Dated

11-11-10

Retirement Plan and Trust for Employees of General Extrusions, Inc.

Schedule I - Schedule of Assets Held for Investment Purposes

January 31, 2010

<u>IDENTITY OF ISSUE</u>	<u>DESCRIPTION OF INVESTMENT</u>	<u>COST</u>	<u>CURRENT VALUE</u>
<u>VALUE OF INTEREST IN POOLED SEPARATE ACCOUNT</u>			
Hartford Life Insurance Company	Separate Account AO	\$ 163,772	\$ 179,203
Hartford Life Insurance Company	Separate Account AY	818,860	934,624
Hartford Life Insurance Company	Separate Account AZ	327,544	375,776
Hartford Life Insurance Company	Separate Account BH	163,772	186,736
Hartford Life Insurance Company	Separate Account CE	382,135	435,583
Hartford Life Insurance Company	Separate Account GT	512,824	668,330
Hartford Life Insurance Company	Separate Account OM	327,544	352,731
Hartford Life Insurance Company	Separate Account PY	2,674,943	2,931,517
		<u>\$ 5,371,394</u>	<u>\$ 6,064,500</u>

VALUE OF FUNDS HELD IN INSURANCE COMPANY GENERAL ACCOUNT

Hartford Life Insurance Company	Unallocated Group Annuity Contract	<u>\$ 262,093</u>	<u>\$ 262,093</u>
---------------------------------	------------------------------------	-------------------	-------------------

Retirement Plan and Trust for Employees of General Extrusions, Inc.

Schedule II-Schedule of Reportable Transactions

January 31, 2010

(a) Identity of party involved (b) Description of security	(c) Purchase Price	(d) Selling Price	(f) Exp. incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Hartford Life Insurance Company - Separate Account AL	-	1,116,085	-	1,116,085	1,116,085	-
Hartford Life Insurance Company - Separate Account 4I	-	468,921	-	468,921	468,921	-
Hartford Life Insurance Company - Separate Account 43	-	471,576	-	471,576	471,576	-
Hartford Life Insurance Company - Separate Account TX	-	424,220	-	424,220	424,220	-
Hartford Life Insurance Company - Separate Account TZ	-	938,542	-	938,542	938,542	-
Hartford Life Insurance Company - Separate Account TY	-	1,427,345	-	1,427,345	1,427,345	-
Hartford Life Insurance Company - Separate Account AY	818,860	-	-	-	-	-
Hartford Life Insurance Company - Separate Account AZ	327,544	-	-	-	-	-
Hartford Life Insurance Company - Separate Account CE	382,135	-	-	-	-	-
Hartford Life Insurance Company - Separate Account OM	327,544	-	-	-	-	-
Hartford Life Insurance Company - Separate Account PY	2,674,943	-	-	-	-	-

**Retirement Plan and Trust for Employees
of General Extrusions, Inc.**

**Financial Statements and Supplementary
Information**

Years Ended January 31, 2010 and 2009

Yurchyk and Davis
Certified Public Accountants, Inc.
3701 Boardman-Canfield Road, Suite #2
Canfield, OH 44406
Telephone: (330) 533-5000

Retirement Plan and Trust for Employees of General Extrusions, Inc.

Financial Statements and Supplementary Information

For The Years Ended January 31, 2010 and 2009

Table of Contents

	<u>Page</u>
Independent Auditor's Report.....	2
Financial Statements	
Statements of Net Assets Available for Plan Benefits.....	3
Statements of Changes in Net Assets Available for Plan Benefits.....	4
Notes to Financial Statements.....	5-9
Supplementary Information:	
Schedule I-Schedule of Assets Held for Investment Purposes.....	10
Schedule II-Schedule of Reportable Transactions.....	11

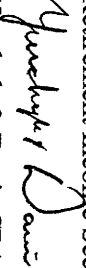
Independent Auditor's Report

Board of Trustees
Retirement Plan and Trust for Employees of General Extrusions, Inc.
Youngstown, Ohio

We were engaged to audit the accompanying statements of net assets available for plan benefits of the Retirement Plan and Trust for Employees of General Extrusions, Inc. as of January 31, 2010 and 2009, and the related statement of changes in net assets available for plan benefits for the years then ended and the supplemental schedule of assets held for investment purposes and schedule of reportable transactions. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor 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 investments which were certified by the Hartford Life Insurance Company, the trustee of the plan, except for comparing the information with related information included in the financial statements and supplemental schedule. The plan administrator has informed us that the trustee holds the plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended January 31, 2010 and 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.


Yurchyk & Davis CPA's, Inc.
November 12, 2010

Retirement Plan and Trust for Employees of General Extrusions, Inc.

Statements of Net Assets Available for Plan Benefits

January 31, 2010 and 2009

ASSETS

	<u>2010</u>	<u>2009</u>
Investments, at Fair Value :		
Investment in Hartford Life Insurance		
Company Separate Accounts	\$ 6,064,500	\$ 4,531,514
Insurance Contract General Account		
Hartford Life Insurance Company	<u>262,093</u>	<u>545,150</u>
Total Investments	<u>6,326,593</u>	<u>5,076,664</u>
Contributions Receivable	<u>76,608</u>	<u>78,904</u>
Total Assets	6,403,201	5,155,568

LIABILITIES

Accrued Expenses	<u>-</u>	<u>-</u>
Net Assets Available for Plan Benefits	<u>\$ 6,403,201</u>	<u>\$ 5,155,568</u>

The accompanying notes are an integral part of these statements.

Retirement Plan and Trust for Employees of General Extrusions, Inc.

Statements of Changes in Net Assets Available for Plan Benefits

For The Years Ended January 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Additions to Plan Assets Attributed to:		
Investment Income:		
Net Appreciation/(Depreciation) in		
Fair Value of Investments	\$ 1,336,592	\$ (2,141,606)
Interest	<u>14,168</u>	<u>24,704</u>
Total Investment (Loss)	<u>1,350,760</u>	<u>(2,116,902)</u>
Contributions	<u>218,382</u>	<u>396,156</u>
Total Additions	1,569,142	(1,720,746)
Deductions from Plan Attributed to:		
Benefits Paid Directly to Participants	321,509	259,083
Administrative Expenses	<u>-</u>	<u>-</u>
Total Deductions	<u>321,509</u>	<u>259,083</u>
Net Increase	1,247,633	(1,979,829)
Net Assets Available for Benefits:		
Beginning of Year	<u>5,155,568</u>	<u>7,135,397</u>
End of Year	<u><u>\$ 6,403,201</u></u>	<u><u>\$ 5,155,568</u></u>

The accompanying notes are an integral part of these statements.

Retirement Plan and Trust for Employees of General Extrusions, Inc.

Notes to Financial Statements

January 31, 2010 and 2009

NOTE A - DESCRIPTION OF PLAN

The following is the description of the Retirement Plan and Trust for Employees of General Extrusions, Inc. (Plan) provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

- 1.) General** - The Plan is a defined benefit pension plan covering substantially all employees of General Extrusions, Inc. who are covered by collective bargaining agreements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).
- 2.) Pension Benefits** - The Plan entitles employees with 5 or more years of service to monthly pension benefits beginning at normal retirement age (65). Effective February 1, 2005 these amounts were equal to \$21.75 per year for each year of credit service, subject to a maximum of 45 years. Effective February 1, 2006, the amount was raised to \$22.50 per year of credited service. The rate was increased to \$23.25 per year of credited service effective February 1, 2007. The Plan permits early retirement at age 60, provided the employee has completed at least 15 years of benefit service. Employees may elect to receive their pension benefits in the form of a contingent annuity that provides for a monthly benefit payable to the retired employee during his lifetime and for the continuation of such retirement benefits payments to a contingent annuitant, if living, after the retired employee's death or one of the other optional methods of payment.
- 3.) Death Benefits** - If a vested employee dies before the earliest date on which he could elect to receive retirement benefits, his spouse shall become a survivor annuitant and shall be entitled to benefits, payable for such survivor annuitant's further lifetime. Any death benefits payable to a survivor annuitant will not commence prior to the earliest date on which said employee could elect to begin receiving benefits under this Plan.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

- 1.) Basis of Accounting** - The accounting records of the Plan are maintained on the accrual basis.
- 2.) Investment Valuation** - The funds in the General Account of the Hartford Life Insurance Company are valued at book value since they are also guaranteed as to principal by the Hartford Life Insurance Company and do not participate in market appreciation or depreciation. The funds held in the Separate Account of the Hartford Life Insurance Company are valued at market value as of January 31 each year.
- 3.) Actuarial Present Value of Accumulated Plan Benefits** - Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' years of credited service. The accumulated plan benefits for active employees are based on their years of credited service ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

Retirement Plan and Trust for Employees of General Extrusions, Inc.

Notes to Financial Statements

January 31, 2010 and 2009

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

4.) Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

5.) Payment of Benefits - Benefit payments to participants are recorded upon distribution.

NOTE C – FUNDING POLICY

The Company's funding policy is to make contributions to the fund as required to maintain the Plan on a sound actuarial basis. In determining the amounts and incidence of such contributions, the employer will take into account such actuarial recommendations as may be provided by an enrolled actuary as defined by ERISA. The Company's contributions for the plan years ended January 31, 2010 and 2009 comply with the minimum funding requirements of ERISA.

NOTE D - INVESTMENTS

The Plan's investments are held by Hartford Life Insurance Company. The investments consist of a Deposit Administration Unallocated Group Annuity Contract fixed income fund and participation in Pooled Separate Accounts. Interest was credited to the Deposited Administration account at 3.00% for the years ending January 31, 2010 and 2009, respectively. The minimum credited interest rate for the fund is 3.00% for the years 2010 and 2009.

NOTE E – FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits.

	Fair Value Measurements at Reporting Date	
	Fair Value	Significant Other Observable Inputs
	(Level 2)	
January 31, 2010		
Company Separate Accounts	\$ 6,064,500	\$ 6,064,500
Insurance Contract General Account	262,093	262,093
	<u>\$ 6,326,593</u>	<u>\$ 6,326,593</u>
January 31, 2009		
Company Separate Accounts	\$ 4,531,514	\$ 4,531,514
Insurance Contract General Account	545,150	545,150
	<u>\$ 5,076,664</u>	<u>\$ 5,076,664</u>

Retirement Plan and Trust for Employees of General Extrusions, Inc.

Notes to Financial Statements

January 31, 2010 and 2009

NOTE E – FAIR VALUE MEASUREMENTS (CONTINUED)

The fair value measurements authoritative literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority.

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value.

Level 2 Fair Value Measurements - The fair value of the Plan's separate accounts is based on the quoted price of the underlying mutual funds. The contract value of the general account is evaluated and based on the general condition of the issuer of the annuity.

NOTE F - TRUSTEE CERTIFIED INFORMATION

The Hartford Life Insurance Company, trustee of the Plan, holds the Plan's investments and executes transactions therein. Financial information relating to those assets is included in the accompanying financial statements and schedule based on information provided by the trustee.

NOTE G – ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits is determined by an actuary from the Hartford Life Insurance Company and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The accumulated plan benefit information as of January 31 of each plan year was as follows:

	<u>2010</u>	<u>2009</u>
Actuarial Present Value of Accumulated Plan Benefits		
Vested Benefits		
Participants currently receiving benefits	\$ 2,951,335	\$ 2,392,826
Other Participants	<u>5,662,018</u>	<u>4,845,032</u>
Total Vested Benefits	8,613,353	7,237,858
Nonvested Benefits	<u>-</u>	<u>2,176</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 8,613,353</u>	<u>\$ 7,240,034</u>

Retirement Plan and Trust for Employees of General Extrusions, Inc.

Notes to Financial Statements

January 31, 2010 and 2009

NOTE G – ACCUMULATED PLAN BENEFITS – CONTINUED

The changes in accumulated plan benefit information for the years ended January 31 of each plan year was as follows:

	<u>2010</u>	<u>2009</u>
Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	\$ 7,240,034	\$ 8,541,807
Increase (Decrease) During the Year		
Attributable to:		
Plan Amendments	-	-
Change in Actuarial Assumptions	772,070	(1,680,000)
Increase for Interest Due to Change in the Discount Period	-	-
Interest Accumulated	495,550	520,719
Benefits Accumulated	427,208	116,591
Benefits Paid	(321,509)	(259,083)
Add. Benefits Earned, Including Experience G/L	-	-
Net Increase	<u>1,373,319</u>	<u>(1,301,773)</u>
Actuarial Present Value of Accumulated Plan Benefits at End of Year	<u>\$ 8,613,353</u>	<u>\$ 7,240,034</u>

The significant actuarial assumptions used in the valuations as of January 31, 2010 and 2009 were (a) life expectancy of participants (changed from the RP 2000 Healthy Combined table to the 2010 IRS Annuitant and Nonannuitant tables for males and females), (b) retirement age assumptions (the assumed average retirement age was normal retirement at age 65), and (c) investment return. The January 31, 2010 and 2009 valuations included assumed average rates of return of 6.70% and 7.00% per annum, respectively. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

NOTE H - ADMINISTRATIVE EXPENSES

The audit and actuarial services fees are paid directly by General Extrusions, Inc.

NOTE I - TAX STATUS

The plan obtained its latest determination letter in July 1996, in which the Internal Revenue Service stated that the plan, as then designed, 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 and the plan's tax counsel believe that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the plan's financial statements.

Retirement Plan and Trust for Employees of General Extrusions, Inc.

Notes to Financial Statements

January 31, 2010 and 2009

NOTE J - 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. Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all. Participants should refer to the Plan agreement for a more complete description of the Plan's and ERISA termination provisions.

NOTE K - PLAN AMENDMENTS

The plan was amended to increase the benefit multiplier under the Normal Retirement benefit formula. The multiplier is increase as follows: effective February 1, 2004, \$21.00 monthly times years of service; effective February 1, 2005, \$21.75 monthly times years of service; effective February 1, 2006, \$22.50 monthly times years of service; effective February 1, 2007; \$23.25 monthly times years of service.

NOTE L - SUBSEQUENT EVENTS

In preparing these financial statements, the plan has evaluated events and transactions for potential recognition or disclosure through November 12, 2010 the date the financial statements were available for use.

Retirement Plan and Trust for Employees of General Extrusions, Inc.

Schedule I - Schedule of Assets Held for Investment Purposes

January 31, 2010

<u>IDENTITY OF ISSUE</u>	<u>DESCRIPTION OF INVESTMENT</u>	<u>COST</u>	<u>CURRENT VALUE</u>
<u>VALUE OF INTEREST IN POOLED SEPARATE ACCOUNT</u>			
Hartford Life Insurance Company	Separate Account AO	\$ 163,772	\$ 179,203
Hartford Life Insurance Company	Separate Account AY	818,860	934,624
Hartford Life Insurance Company	Separate Account AZ	327,544	375,776
Hartford Life Insurance Company	Separate Account BH	163,772	186,736
Hartford Life Insurance Company	Separate Account CE	382,135	435,583
Hartford Life Insurance Company	Separate Account GT	512,824	668,330
Hartford Life Insurance Company	Separate Account OM	327,544	352,731
Hartford Life Insurance Company	Separate Account PY	2,674,943	2,931,517
		<u>\$ 5,371,394</u>	<u>\$ 6,064,500</u>

<u>VALUE OF FUNDS HELD IN INSURANCE COMPANY GENERAL ACCOUNT</u>			
Hartford Life Insurance Company	Unallocated Group Annuity Contract	\$ 262,093	\$ 262,093

Retirement Plan and Trust for Employees of General Extrusions, Inc.

Schedule II-Schedule of Reportable Transactions

January 31, 2010

(a) Identity of party involved (b) Description of security	(c) Purchase Price	(d) Selling Price	(f) Exp. incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Hartford Life Insurance Company - Separate Account AL	-	1,116,085	-	1,116,085	1,116,085	-
Hartford Life Insurance Company - Separate Account 4I	-	468,921	-	468,921	468,921	-
Hartford Life Insurance Company - Separate Account 43	-	471,576	-	471,576	471,576	-
Hartford Life Insurance Company - Separate Account TX	-	424,220	-	424,220	424,220	-
Hartford Life Insurance Company - Separate Account TZ	-	938,542	-	938,542	938,542	-
Hartford Life Insurance Company - Separate Account TY	-	1,427,345	-	1,427,345	1,427,345	-
Hartford Life Insurance Company - Separate Account AY	818,860	-	-	-	-	-
Hartford Life Insurance Company - Separate Account AZ	327,544	-	-	-	-	-
Hartford Life Insurance Company - Separate Account CE	382,135	-	-	-	-	-
Hartford Life Insurance Company - Separate Account OM	327,544	-	-	-	-	-
Hartford Life Insurance Company - Separate Account PY	2,674,943	-	-	-	-	-