

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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>02/28/2013</u> and ending <u>02/27/2014</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>GENERAL EXTRUSIONS, INC. DEFINED BENEFIT PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>02/28/1963</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>34-0706173</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>330-783-0270</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>332900</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>02/28/1963</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>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>02/28/1963</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>											
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>GENERAL EXTRUSIONS, INC.</u> <u>P.O. BOX 3488</u> <u>YOUNGSTOWN, OH 44513-3488</u>	<u>4040 LAKE PARK RD</u> <u>YOUNGSTOWN, OH 44507-0669</u>										

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	12/15/2014	ROSEMARY ATHEY
	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
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

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

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3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
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		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	128
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	11
b Retired or separated participants receiving benefits		6b	42
c Other retired or separated participants entitled to future benefits.....		6c	75
d Subtotal. Add lines 6a , 6b , and 6c		6d	128
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	0
f Total. Add lines 6d and 6e		6f	128
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 Characteristics Codes in the instructions: 1A 1I			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 02/28/2013 and ending 02/27/2014

▶ **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 GENERAL EXTRUSIONS, INC. DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶ 001
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 02 Day 28 Year 2013	
2 Assets:	
a Market value	2a 3026149
b Actuarial value	2b 3026149
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a 37 1698001
b For terminated vested participants.....	3b 80 1706421
c For active participants:	
(1) Non-vested benefits	3c(1) 0
(2) Vested benefits	3c(2) 251075
(3) Total active.....	3c(3) 11 251075
d Total.....	3d 128 3655497
4 If the plan is in at-risk status, check the box and complete lines (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 in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 6.68 %
6 Target normal cost	6 8621

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		12/11/2014
Signature of actuary		Date
SETH H. PITASKY, EA, MAAA, MSPA		14-07321
Type or print name of actuary		Most recent enrollment number
CBIZ		216-447-9000
Firm name		Telephone number (including area code)
6050 OAKTREE BLVD SUITE 500 CLEVELAND, OH 44131		
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) 2013
v. 130118

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 (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>6.45</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b Interest on (a) using prior year's effective interest rate of <u>7.03</u> % except as otherwise provided (see instructions)		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	82.78 %
15 Adjusted funding target attainment percentage	15	82.78 %
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	83.77 %
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
11/06/2014	73865	0			
			Totals ►	18(b)	73865
				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 contributions 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	64036
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No		
c If line 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: 5.23%	2nd segment: 6.51%	3rd segment: 7.16 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
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 subject to 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 contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	8621	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	629348	55415	
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		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	64036	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	64036	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	64036	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☒ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☒ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

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
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 02/28/2013 and ending 02/27/2014	
A Name of plan GENERAL EXTRUSIONS, INC. DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶ 001
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

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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)

ADVISEME NATIONAL ADVISORS

24400 CHAGRIN BLVD
SUITE 200
BEACHWOOD, OH 44122

34-1911721

(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?
27	NONE	43451	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning <u>02/28/2013</u> and ending <u>02/27/2014</u>		
A Name of plan <u>GENERAL EXTRUSIONS, INC. DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GENERAL EXTRUSIONS, INC.</u>	D Employer Identification Number (EIN) <u>34-0706173</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	0	0
	(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)	1299	1299
	(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)		
	(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)	2832867	3069781
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
	(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	2834166	3071080

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	2834166	3071080
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	201223	
(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)		201223

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	29	
(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)		29

(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)	32293	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		32293

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		377783
c Other income	2c		-580
d Total income. Add all income amounts in column (b) and enter total	2d		610748

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	330263	
(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)		330263
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)	43451	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	120	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		43571
j Total expenses. Add all expense amounts in column (b) and enter total	2j		373834

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		236914
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: YURCHYK & DAVIS CPA'S

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
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.)			
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.			

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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 02/28/2013 and ending 02/27/2014

A Name of plan <u>GENERAL EXTRUSIONS, INC. DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>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>84-6179736</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>0</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 (include any prior year accumulated funding deficiency not waived).....	6a		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?.....	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: 0.0% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**General Extrusions, Inc.
Defined Benefit Pension Plan**

**Report on Audit of Financial Statements
and Supplementary Information**

Years Ended February 27, 2014 and 2013

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

General Extrusions, Inc. - Defined Benefit Pension Plan

Financial Statements and Supplementary Information

For The Years Ended February 27, 2014 and 2013

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Independent Auditor's Report

Board of Trustees
General Extrusions, Inc.
Defined Benefit Pension Plan
Youngstown, Ohio

Report on Financial Statements

We were engaged to audit the accompanying financial statements of General Extrusions, Inc. Defined Benefit Pension Plan, which comprise the statements of net assets available for benefits as of February 27, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor 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 New England Life Insurance Company, the trustee of the plan, except for comparing the information with related information included in the financial statements and supplemental schedules. 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 February 27, 2014 and 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

As described in the notes to the financial statements, the Board of Directors of General Extrusions, Inc., the plan's sponsor, voted to terminate the Plan effective January 15, 2003. In accordance with accounting principles generally accepted in the United States of America, the Plan has changed its basis of accounting used to determine the amounts at which investments in insurance contracts and the accumulated benefit information are stated, from ongoing plan basis to the liquidation basis for periods after February 27, 2002

Disclaimer of Opinion

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

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held for investment purposes, which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

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

The form and content of the information included in the financial statements and supplemental schedules, 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.
Canfield, Ohio
December 15, 2014

General Extrusions, Inc. - Defined Benefit Pension Plan

Statements of Net Assets Available for Plan Benefits

February 27, 2014 and 2013

ASSETS

	<u>2014</u>	<u>2013</u>
Investments, at Fair Value :		
Investment in Trust Company of America		
Insurance Company Separate Account		
Deutsche Floating Rate Fund	\$ 308,055	\$ -
Federated Gov't Ultrashort Duration Fund SS Class	203,218	-
Franklin Small Cap Growth Fund Class A	146,698	-
Hotchkis & Wiley Mid Cap Value Fund Class A	144,898	-
Invesco Developing Markets Fund Class A	-	174,885
Invesco Diversified Dividend Fund Class A	289,671	-
Janus Short Term Bond Fund Class T	204,364	-
Jensen Quality Growth Fund Class J	289,383	-
Legg Mason Clearbridge Aggressive Growth Fund Class A	287,643	-
PIMCO Diversified Income Fund Class a	-	285,080
PIMCO Total Return Fund Class A	-	650,765
Profunds Europe 30 Inv Class	122,821	-
Profunds Large Cap Growth Inv Class	-	443,291
Profunds Large Cap Value Fund Inv Class	-	710,516
Rydex Energy Services Fund Advisor Class	-	91,874
Rydex Mid Cap 1.5X Strategy H Class	-	177,864
Rydex NASDAQ - 100 Fund Investor Class	121,293	-
Rydex Real Estate Fund Class A	-	178,152
Rydex Health Care Fund Investor Class	74,785	-
Rydex Energy Fund Investor Class	74,140	-
Rydex Basic Materials Fund Investor Class	76,312	-
TCW Dividend Focused Fund Class N	280,115	-
TCW Core Fixed Income Class N	297,005	-
Cash	<u>150,679</u>	<u>121,739</u>
Total Investments	3,071,080	2,834,166
Contributions Receivable:	<u>71,484</u>	<u>201,203</u>
Net Assets Available for Plan Benefits	<u><u>\$ 3,142,564</u></u>	<u><u>\$ 3,035,369</u></u>

The accompanying notes are an integral part of these statements.

General Extrusions, Inc. - Defined Benefit Pension Plan

Statements of Changes in Net Assets Available for Plan Benefits

For the Years Ended February 27, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Additions to Plan Assets Attributed to:		
Investment Income:		
Net Appreciation in		
Fair Value of Investments	\$ 377,223	\$ 16,092
Interest and Dividends	32,322	41,072
Total Investment Income	<u>409,545</u>	<u>57,164</u>
Contributions:		
Employer	71,484	201,203
Other	-	158,927
Total Contributions	<u>71,484</u>	<u>360,130</u>
Total Additions	481,029	417,294
Deductions from Plan Assets Attributed to:		
Benefits Paid Directly to Participants	330,263	315,461
Administrative Expenses	43,571	43,271
Total Deductions	<u>373,834</u>	<u>358,732</u>
Net Increase (Decrease)	107,195	58,562
Net Assets Available for Benefits:		
Beginning of Year	<u>3,035,369</u>	<u>2,976,807</u>
End of Year	\$ <u><u>3,142,564</u></u>	\$ <u><u>3,035,369</u></u>

The accompanying notes are an integral part of these statements.

General Extrusions, Inc. - Defined Benefit Pension Plan

Notes to Financial Statements

February 27, 2014 and 2013

NOTE A - DESCRIPTION OF PLAN

The following description of the General Extrusions, Inc. - Defined Benefit Pension Plan provides only general information. Participants should refer to the Plan document 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 not covered by collective bargaining agreements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).
- 2.) **Funding Policy** - The Company's funding policy is to make contributions to the Plan 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 contribution for the years ended February 27, 2014 and 2013 exceeded the minimum funding requirements of ERISA.
- 3.) **Pension Benefits** - The Plan entitles eligible employees to monthly pension benefits beginning at normal retirement age (65). The benefit is calculated on the greater of (a) the accrued benefit at February 27, 1989; plus 0.65% of final earnings (as defined) in excess of covered compensation (as defined) multiplied by credited service since February 28, 1989, subject to a maximum of 35 years or (b) \$120 multiplied by years of service. A participant is 100% vested after seven years. The Plan permits early retirement at age 60 provided the employee has completed 20 years of service. Employees may elect to receive their pension benefits in the form of a contingent annuity which provides for a monthly benefit payable to the retired employee during his lifetime and for the continuation of such retirement benefit payments to a contingent annuitant, if living, after the retired employee's death or under the normal form of payment of 10 years certain and life.

Effective January 15, 2003, the Plan was frozen. Consequently, monthly pension benefits earned under the Plan will not increase after that date.

- 3.) **Death Benefits** - If a vested employee dies before the earliest date on which he could elect to receive retirement benefits, his survivor shall receive the vested portion of the pension benefit accrued to date of death, payable in a lump sum at time of death.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

- 1.) **Basis of Accounting** - The accounting records of the Plan are maintained under the liquidation basis of accounting.
- 2.) **Estimates** - The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect reported amounts of assets, liabilities, and changes therein and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Accordingly, actual results may differ from those estimates.

General Extrusions, Inc. - Defined Benefit Pension Plan

Notes to Financial Statements

February 27, 2014 and 2013

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - continued

- 3.) **Investment Valuation and Income Recognition** - The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Administrator determines the Plan's valuation policies utilizing information provided by its investment advisors and custodians. See Note F for discussion of fair value measurements.

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

- 4.) **Payment of Benefits** - Benefit payments to participants are recorded upon distribution.
- 5.) **Administrative Expenses** - The Plan's expenses are paid either by the Plan or the Company, as provided in the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits.
- 6.) **Date of Management Review** - Subsequent events were evaluated through December 15, 2014, which is the date the financial statements were available to be issued.

NOTE C - 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' compensation during their highest five years of credited service and years of credited service. The accumulated plan benefits for active employees are based on their highest five years of compensation and 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.

The actuarial present value of accumulated plan benefits is determined by an actuary from the Summit Retirement Plan Services 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 significant actuarial assumptions used in the valuations as of February 27, 2013 and 2012 were (a) life expectancy of participants (the 2013 IRS Current Liability Mortality Table was used), (b) retirement age assumptions (the assumed average retirement age was normal retirement at age 65), and (c) investment return. The February 27, 2013 and 2012 valuations included assumed average rates of return of 7.50% per annum. The forgoing 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.

General Extrusions, Inc. - Defined Benefit Pension Plan

Notes to Financial Statements

February 27, 2014 and 2013

NOTE C – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS – continued

The accumulated plan benefit information as of February 27 of each plan year was as follows:

Actuarial Present Value of Accumulated Plan Benefits:

	<u>2013</u>	<u>2012</u>
Vested Benefits:		
Participants Currently Receiving Benefits	\$ 1,586,012	\$ 1,614,480
Other Participants	<u>1,759,372</u>	<u>1,671,846</u>
Total Vested Benefits	3,345,384	3,286,326
Nonvested Benefits	<u>-</u>	<u>98,502</u>

Total Actuarial Present Value of Accumulated Plan Benefits

\$ 3,345,384 \$ 3,384,828

The changes in accumulated plan benefit information for the years ended February 27 is as follows:

Actuarial Present Value of Accumulated	<u>2013</u>	<u>2012</u>
Plan Benefits at Beginning of Year	\$ 3,384,828	\$ 3,463,902
Increase (Decrease) During the Year		
Attributable to:		
Increase for Interest	242,032	247,561
Increase due to actuarial assumption	-	10,435
Decrease due to other actuarial gains and losses	33,986	(10,897)
Benefits Accumulated	-	-
Benefits Paid	<u>(315,462)</u>	<u>(326,173)</u>
Net Increase	(39,444)	(79,074)
Actuarial Present Value of Accumulated		
Plan Benefits at End of Year	\$ <u>3,345,384</u>	\$ <u>3,384,828</u>

NOTE D - PLAN TERMINATION

On April 30, 2013, the Company expressed intent to terminate the Plan. 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 further 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.

General Extrusions, Inc. - Defined Benefit Pension Plan

Notes to Financial Statements

February 27, 2014 and 2013

NOTE E - CERTIFIED FINANCIAL INFORMATION

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by The Trust Company of America for the years ended February 27, 2014 and 2013. Investments that represent 5% or more of the Plan's net assets are separately identified.

	<u>2014</u>	<u>2013</u>
Investments at Fair Value:		
Investment in Insurance Companies		
Insurance Company Separate Accounts	\$ 911,626	\$ 213,613
Deutsche Floating Rate Fund	308,055	-
Federated Gov't Ultrashort Duration Fund SS Class	203,218	-
Invesco Diversified Dividend Fund Class A	289,671	
Janus Short Term Bond Fund Class T	204,364	
Jensen Quality Growth Fund Class J	289,383	
Legg Mason Clearbridge Aggr Growth Fund	287,643	
TCW Dividend Focused Fund Class N	280,115	
TCW Core Fixed Income Class N	297,005	
Invesco Developing Markets Fund Class A		174,885
PIMCO Diversified Income Fund Class A		285,080
PIMCO Total Return Fund		650,765
Profunds Large Cap Growth Inv Class		710,516
Profunds Large Cap Value Fund Inv Class		443,291
Ryder Mid Cap 1.5X Strategy H Class		177,864
Ryder Real Estate Fund Class A		178,152
Rydex NASDAQ - 100 Fund Advisor	-	-
Total Investments	\$ <u>3,071,080</u>	\$ <u>2,834,166</u>

During the years ended February 27, 2014 and 2013, the Plan's Insurance Company Separate Accounts (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$377,223 and \$16,092, respectively.

NOTE F - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets (level 1) and the lowest priority to unobservable inputs (level 3).

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices in active markets for identical assets in active markets that the plan has the ability to access.

General Extrusions, Inc. - Defined Benefit Pension Plan

Notes to Financial Statements

February 27, 2014 and 2013

NOTE F – FAIR VALUE MEASUREMENTS - continued

Level 2 – Inputs to the valuation methodology include

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

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

The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at February 27, 2014 and 2013.

Separate accounts - Valued based on the quoted price of the underlying mutual funds.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of February 27, 2014 and 2013:

	Fair Value Measurements at Reporting Date Using:	
	Fair Value	Significant Other Observable Inputs (Level 2)
<u>February 27, 2014</u>		
Separate Account Assets	\$ 3,071,080	\$ 3,071,080
	<u>\$ 3,071,080</u>	<u>\$ 3,071,080</u>
<u>February 27, 2013</u>		
Separate Account Assets	\$ 2,834,166	\$ 2,834,166
	<u>\$ 2,834,166</u>	<u>\$ 2,834,166</u>

NOTE G – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the statement of net assets available for benefits.

General Extrusions, Inc. - Defined Benefit Pension Plan

Notes to Financial Statements

February 27, 2014 and 2013

NOTE H - TAX STATUS

The Plan obtained its latest determination letter in July 1996, in which the Internal Revenue service states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). 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 is being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan is subject to routine audits by taxing jurisdictions;; however, there are currently no audit for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

General Extrusions, Inc.
Defined Benefit Pension Plan

Supplementary Information

Schedule of Assets Held for Investment Purposes
Schedule of Reportable Transactions

February 27, 2014

General Extrusions, Inc. - Defined Benefit Pension Plan

Schedule I-Schedule of Assets Held for Investment Purposes

February 27, 2014

<u>IDENTITY OF ISSUE</u>	<u>DESCRIPTION OF INVESTMENT</u>	<u>COST</u>	<u>CURRENT VALUE</u>
Trust Company of America	Deutsche Floating Rate Fund Class S	\$ 305,943	\$ 308,055
Trust Company of America	Federated Gov't Ultrashort Duration Fund SS Class	203,402	203,218
Trust Company of America	Hotchkis & Wiley Midcap Value Fund Class A	116,185	144,898
Trust Company of America	Legg Mason Clearbridge Aggressive Growth Fund Class A	223,040	287,643
Trust Company of America	TCW Dividend Focused Fund Class N	244,423	280,115
Trust Company of America	TCW Core Fixed Income Fund Class N	292,696	297,005
Trust Company of America	Invesco Diversified Dividend Fund Class A	258,408	289,671
Trust Company of America	Franklin Small Cap Growth Fund Class A	108,756	146,698
Trust Company of America	Janus Short Term Bond Fund Class T	202,548	204,364
Trust Company of America	Jensen Quality Growth Fund Class J	258,906	289,383
Trust Company of America	Profunds Europe 30 Inv Class	119,814	122,821
Trust Company of America	Rydex NASDAQ 100 Fund Investor Class	120,411	121,293
Trust Company of America	Rydex Health Care Fund Investor Class	74,011	74,785
Trust Company of America	Rydex Energy Fund Investor Class	74,011	74,140
Trust Company of America	Rydex Basic Materials Fund Investor Class	71,458	76,312
Trust Company of America	Cash	150,679	150,679
Total Investments		<u>\$ 2,518,748</u>	<u>\$ 3,071,080</u>

General Extrusions, Inc. Defined Benefit Pension Plan

EIN 34-0706173 PN 001

Schedule of Reportable Transactions
(Schedule H, Line j)

February 27, 2014

(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)
Trust Company of America						
Janus Short Term Bond Fund Class T	183,429	-	-	183,429	183,429	-
Deutsche Floating Rate Fund	274,881	-	-	274,881	274,881	-
Profunds Small Cap Value Fund Inv Class	-	167,131	-	169,690	167,131	(2,559)
Profunds Large Cap Value Fund	-	742,631	-	674,210	742,631	68,421
Profunds Large Cap Growth Fund Inv Class	168,175	-	-	168,175	168,175	-
Rydex NASDAQ-100 Fund Advisor Class	278,328	-	-	278,328	278,328	-
PIMCO Total Return Fund Class A	-	628,692	-	652,463	628,692	(23,771)
Profunds Large Cap Growth Fund Inv Class	-	287,617	-	264,461	287,617	23,156
Profunds Large Cap Growth Fund Inv Class	172,028	-	-	172,028	172,028	-
Profunds Large Cap Growth Fund Inv Class	-	174,418	-	172,028	174,418	2,390
Profunds Large Cap Growth Fund Inv Class	-	189,833	-	174,535	189,833	15,298
Rydex Real Estate Fund Class A	168,275	-	-	168,275	168,275	-
Rydex Utilities Fund Advisor Class	-	176,176	-	168,772	176,176	7,404
American Century Emerging Markets Fund	-	159,569	-	168,275	159,569	(8,706)
Rydex Utilities Fund Advisor Class	183,429	-	-	183,429	183,429	-
Federated Gov't Ultrashort Duration Fund SS Class	-	272,400	-	285,422	272,400	(13,022)
PIMCO Diversified Income Fund Class A	-	183,660	-	181,716	183,660	1,944
Rydex NASDAQ-100 Fund Advisor Class	175,957	-	-	175,957	175,957	-
Rydex S&P 500 Fund Class H	-	180,707	-	175,957	180,707	4,750
Rydex S&P 500 Fund Class H	168,175	-	-	168,175	168,175	-
Rydex S&P 500 Fund Class H	-	212,760	-	226,254	212,760	(13,494)

General Extrusions, Inc. Defined Benefit Pension Plan

EIN 34-0706173 PN 001

Schedule of Reportable Transactions
(Schedule H, Line j)

February 27, 2014

(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)
Profunds Small Cap Value Fund Inv Class	169,708	-	-	169,708	169,708	-
Profunds Small Cap Value Fund Inv Class	169,708	-	-	169,708	169,708	-
Profunds Europe 30 Inv Class	-	260,887	-	249,706	260,887	11,181
Profunds Small Cap Value Fund Inv Class	170,140	-	-	170,140	170,140	-
Profunds Large Cap Value Fund	226,853	-	-	226,853	226,853	-
Invesco Developing Markets Fund Class A	-	175,791	-	174,535	175,791	1,256
Invesco Diversified Dividend Fund Class A	263,936	-	-	263,936	263,936	-
TCW Dividend Focused Fund Class N	263,936	-	-	263,936	263,936	-
TCW Core Fixed Income Fund Class N	275,143	-	-	275,143	275,143	-
Jensen Quality Growth Fund Class J	263,936	-	-	263,936	263,936	-
Legg Mason Clearbridge Aggressive Growth Fund	263,936	-	-	263,936	263,936	-
Rydex Mid Cap 1.5X Strategy H Class	-	188,334	-	175,720	188,334	12,614
	<u>\$ 3,839,973</u>	<u>\$ 4,000,606</u>	<u>\$ -</u>	<u>\$ 7,753,717</u>	<u>\$ 7,840,579</u>	<u>\$ 86,862</u>

SCHEDULE SB ATTACHMENT

Line 26 - Schedule of Active Participant Data

Plan Name: General Extrusions, Inc. Defined Benefit Pension Plan

EIN/PN: 34-0706173/001

Valuation Date: February 28, 2013

Compensation is show below only for cells where the counts are greater than 20.

Att. Age:	Years of Credited Service													Total
	Under	1	2	3	4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Up	
Under	-	-	-	-	-	-	-	-	-	-	-	-	-	-
25	-	-	-	-	-	-	-	-	-	-	-	-	-	-
25 to	-	-	-	-	-	-	-	-	-	-	-	-	-	-
29	-	-	-	-	-	-	-	-	-	-	-	-	-	-
30 to	-	-	-	-	-	-	1	-	-	-	-	-	-	1
34	-	-	-	-	-	-	-	-	-	-	-	-	-	-
35 to	-	-	-	-	-	-	-	-	-	-	-	-	-	-
39	-	-	-	-	-	-	-	-	-	-	-	-	-	-
40 to	-	-	-	-	-	-	-	2	-	-	-	-	-	2
44	-	-	-	-	-	-	-	-	-	-	-	-	-	-
45 to	-	-	-	-	-	-	-	1	1	-	-	-	-	2
49	-	-	-	-	-	-	-	-	-	-	-	-	-	-
50 to	-	-	-	-	-	-	-	-	-	-	-	1	-	1
54	-	-	-	-	-	-	-	-	-	-	-	-	-	-
55 to	-	-	-	-	-	-	-	1	-	-	1	1	-	3
59	-	-	-	-	-	-	-	-	-	-	-	-	-	-
60 to	-	-	-	-	-	-	-	-	1	-	-	-	1	2
64	-	-	-	-	-	-	-	-	-	-	-	-	-	-
65 to	-	-	-	-	-	-	-	-	-	-	-	-	-	-
69	-	-	-	-	-	-	-	-	-	-	-	-	-	-
70 &	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Up	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	1	4	2	-	1	2	1	11
	-	-	-	-	-	-	-	-	-	-	-	-	-	-

SCHEDULE SB ATTACHMENT SUMMARY of ASSUMPTIONS

Census Date 2/28/2013

Valuation Interest Rates IRS-Prescribed Three-Segment Rates, for the month that includes the valuation date (Feb).

	24-Month Segment Rates (unadjusted)	24-Month Segment Rates (Limited to the 25-Year Rate Corridor)
Segment I:	1.58%	5.23%
Segment II:	4.34%	6.51%
Segment III:	5.38%	7.16%

The effective rate for the 2013 Plan Year was 6.68%.

Valuation Mortality IRS Prescribed Mortality with Separate Annuitant and Non-Annuitant Rates, for Males and Females for the Current Plan Year.

Valuation Assets Assets are equal to their Fair Market Value plus receivable contributions.

Expenses Expenses of \$8,621 were assumed.

ASC 960 Assumptions The selection of ASC 960 rates is the Plan Sponsor's view of the long-term rate of return on assets based on the actual trust assets. The rate used this year was 7.50%.

Salary Scale None assumed.

Taxable Wage Base Increase Assumption None assumed.

Inflation None assumed.

Marriage 80% of Males and 80% of Females are assumed to be married. The female spouse is assumed to be 3 years younger than the male spouse.

Cost Method The Unit Credit cost method was used to determine the liabilities and normal costs.

Retirement Rates Employees were assumed to retire at age 65.

SCHEDULE SB ATTACHMENT SUMMARY of ASSUMPTIONS

Withdrawal Rates

GEI Termination Rates - Male. Below is a sample of representative rates:

Age	Males	Females
20	0.05000	0.07500
25	0.05000	0.07500
30	0.04000	0.05000
35	0.03500	0.05000
40	0.01500	0.02500
45	0.01000	0.02000
50	0.00300	0.05000
55	0.00000	0.00000
60	0.00000	0.00000

Disability Rates

None Assumed.

Pre-Retirement Mortality

IRS Prescribed Mortality with Separate Annuitant and Non-Annuitant Rates, for Males and Females for the Current Plan Year. Below is a sample of representative rates:

Age	Males	Females
65	0.0103	0.0094
70	0.0167	0.0152
75	0.0289	0.0241
80	0.0532	0.0401
85	0.0969	0.0691
90	0.1700	0.1244
95	0.2575	0.1872
100	0.3381	0.2330
105	0.3979	0.2931

Changes in non-prescribed assumptions since the last valuation

None.

Estimated Funded Status Using 2016 Assumptions

The liability projecting assumptions as of 2016 use the same assumptions, census, plan benefits and measurement date as the valuation, except for the following Segment Rates: 3.36%, 4.56%, and 5.11%.

Estimated Lump Sum Funded Status

The liability estimating Lump Sums as of the valuation date uses the same assumptions, census, plan benefits and measurement date as the valuation, except for the following Segment Rates: 1.00%, 3.73%, 4.89%.

**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

2013**This Form is Open to Public
Inspection**For calendar plan year 2013 or fiscal plan year beginning 02/28/2013 and ending 02/27/2014▶ **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 GENERAL EXTRUSIONS, INC. DEFINED BENEFIT PENSION PLAN		B Three-digit plan number (PN) ▶	001
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>02</u> Day <u>28</u> Year <u>2013</u>		
2 Assets:		
a Market value	2a	3026149
b Actuarial value	2b	3026149
3 Funding target/participant count breakdown:		
a For retired participants and beneficiaries receiving payment	3a	37
b For terminated vested participants	3b	80
c For active participants:		
(1) Non-vested benefits	3c(1)	0
(2) Vested benefits	3c(2)	251075
(3) Total active	3c(3)	11
d Total	3d	128
4 If the plan is in at-risk status, check the box and complete lines (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 in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	6.68%
6 Target normal cost	6	8621

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**

SETH H. PITASKY, EA, MAAA, MSPA

Signature of actuary

SETH H. PITASKY, EA, MAAA, MSPA

Type or print name of actuary

CBIZ

Firm name

6050 OakTree Blvd
Suite 500
Cleveland OH 44131

Address of the firm

11/16/2014

Date

1407321

Most recent enrollment number

216-447-9000

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) 2013

Part II Beginning of Year Carryover Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>6.45%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b Interest on (a) using prior year's effective interest rate of <u>7.03%</u> except as otherwise provided (see instructions)		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	82.78 %
15 Adjusted funding target attainment percentage	15	82.78 %
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	83.77 %
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
11/06/2014	73865	0			
Totals ▶			18(b)	73865	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 contributions 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	64036

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:
5.23%2nd segment:
6.51%3rd segment:
7.16%☐ N/A, full yield curve used**b** Applicable month (enter code).....**21b**

0

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 subject to 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 contributions for all prior years**28**

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....**29**

0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)**30**

0

Part VIII Minimum Required Contribution For Current Year**31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6).....**31a**

8621

b Excess assets, if applicable, but not greater than line 31a**31b**

0

32 Amortization installments:**a** Net shortfall amortization installment.....

Outstanding Balance

Installment

629348

55415

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

64036

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement.....

0

0

0

36 Additional cash requirement (line 34 minus line 35).....**36**

64036

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

64036

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b**

0

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

0

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

0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected☐ 2 plus 7 years☒ 15 years**b** Eligible plan year(s) for which the election in line 41a was made☐ 2008☒ 2009☐ 2010☐ 2011**42** Amount of acceleration adjustment**42****43** Excess installment acceleration amount to be carried over to future plan years**43**

SCHEDULE SB ATTACHMENT
Line 19 - Discounted Employer Contributions

Plan Name: General Extrusions, Inc. Defined Benefit Pension Plan

EIN/PN: 34-0706173/001

Valuation Date: February 28, 2013

Total Contributed: \$ 73,865.00

Total Discounted to Valuation Date: \$ 64,036.00

Date	Amount	Plan Year	Effective Rate of Interest	Amount Discounted	Penalty Rate of Interest	Additional Amount Discounted	Present Value on Date of Valuation
11/06/2014	73,865	2013	6.68%	7,647	11.69%	2,182	64,036

SCHEDULE SB ATTACHMENT

Line 22 - Weighted Average Retirement Age

Plan Name: General Extrusions, Inc. Defined Benefit Pension Plan

EIN/PN: 34-0706173/001

Valuation Date: February 28, 2013

Each participant is assumed to retire at his/her normal retirement age of 65.

SCHEDULE SB ATTACHMENT SUMMARY of PLAN BENEFITS

Plan Effective Date	February 28, 1963. The plan was last restated effective February 28, 2012.
Eligibility Requirements	First day of the Plan Year after attaining age 21, and following completion of 1 year of service.
Vesting	Accrued benefit is 20% vested after 3 years of service increasing 20% for each of the next 4 years.
Accrued Benefit Formula	Accrued benefits were frozen as of January 31, 2003.
Average Compensation	The highest 5 consecutive years of pensionable earnings during the last 10 years of employment. In no event shall pensionable earnings exceed the limitation specified in Section 401(a)(17) of the Internal Revenue Code.
Credited Service	One Year upon working 1,000 hours in a Plan Year. No credited service if less than 1,000 hours worked.
Vesting Service	One Year upon working 1,000 hours in a Plan Year.
Normal Retirement Age	Upon attainment of 65 and five Years of Service.
Early Retirement	<u>Eligibility:</u> Upon attainment of age 60 and completion of 20 Years of Service. <u>Benefit:</u> The accrued benefit is reduced by 1/180 for each calendar month the Annuity Starting Date precedes 65, and 1/360 for each full calendar month by which the Annuity Starting Date precedes age 60.
Disability Retirement	None assumed.
Pre-Retirement Death	<u>Eligibility:</u> Upon death after completion of vesting eligibility criteria. <u>Benefit:</u> The spouse is eligible for 50% of the benefit that would have been payable, if the Participant had live to Early Retirement Eligibility and elected a 50% Qualified Joint and Survivor Annuity. The benefit is payable upon the Participant's Early Retirement Eligibility date.

SCHEDULE SB ATTACHMENT SUMMARY of PLAN BENEFITS

Normal Form of Payment

Unless otherwise elected, the benefit payable a participant who has been married at least one year is an actuarially equivalent 50% Joint and Survivor benefit. For unmarried participants, the Normal Form is a straight-life annuity with the first 10 years guaranteed.

Optional Forms

Benefits may be elected from:

- 50%, 66 2/3%, 75% and 100% Joint and Survivor
- 5 Year Certain and Continuous
- Installment

**Changes in Plan Benefits
recognized since the last
valuation**

None.

General Extrusions, Inc. - Defined Benefit Pension Plan

Schedule I-Schedule of Assets Held for Investment Purposes

February 27, 2014

<u>IDENTITY OF ISSUE</u>	<u>DESCRIPTION OF INVESTMENT</u>	<u>COST</u>	<u>CURRENT VALUE</u>
Trust Company of America	Deutsche Floating Rate Fund Class S	\$ 305,943	\$ 308,055
Trust Company of America	Federated Gov't Ultrashort Duration Fund SS Class	203,402	203,218
Trust Company of America	Hotchkis & Wiley Midcap Value Fund Class A	116,185	144,898
Trust Company of America	Legg Mason Clearbridge Aggressive Growth Fund Class A	223,040	287,643
Trust Company of America	TCW Dividend Focused Fund Class N	244,423	280,115
Trust Company of America	TCW Core Fixed Income Fund Class N	292,696	297,005
Trust Company of America	Invesco Diversified Dividend Fund Class A	258,408	289,671
Trust Company of America	Franklin Small Cap Growth Fund Class A	108,756	146,698
Trust Company of America	Janus Short Term Bond Fund Class T	202,548	204,364
Trust Company of America	Jensen Quality Growth Fund Class J	258,906	289,383
Trust Company of America	Profunds Europe 30 Inv Class	119,814	122,821
Trust Company of America	Rydex NASDAQ 100 Fund Investor Class	120,411	121,293
Trust Company of America	Rydex Health Care Fund Investor Class	74,011	74,785
Trust Company of America	Rydex Energy Fund Investor Class	74,011	74,140
Trust Company of America	Rydex Basic Materials Fund Investor Class	71,458	76,312
Trust Company of America	Cash	150,679	150,679
Total Investments		<u>\$ 2,518,748</u>	<u>\$ 3,071,080</u>

SCHEDULE SB ATTACHMENT

Line 32 - Amortization Bases Used in the Valuation

Plan Name: General Extrusions, Inc. Defined Benefit Pension Plan

EIN/PN: 34-0706173/001

Valuation Date: February 28, 2013

<u>Original Valuation</u>	<u>Remaining Years</u>	<u>Amortization Type</u>	<u>Outstanding Balance</u>	<u>Current Year Amortization</u>
2/28/2013	7	7 year	52,149	8,777
2/28/2012	6	7 year	(177,217)	(33,713)
2/28/2011	5	7 year	222,746	49,203
2/28/2010	4	7 year	(221,858)	(59,775)
2/28/2009	11	Relief 15	753,528	90,923