Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
TOWER EXTRUSIONS LTD. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1997

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
TOWER EXTRUSIONS, LTD.

1003 HIGHWAY 79 SOUTH
OLNEY, TX 76374

2b Employer Identification Number (EIN) 74-2254034

2c Plan Sponsor's telephone number 940-564-5681

2d Business code (see instructions) 331310

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2018	TOMMY DEE TAYLOR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	574
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	562
a(2) Total number of active participants at the end of the plan year	**6a(2)**	561
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	62
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	623
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f Total. Add lines **6d** and **6e**.	**6f**	624
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	582
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	52
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 2S 2T 3B 3D

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2017** **This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
TOWER EXTRUSIONS LTD. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TOWER EXTRUSIONS, LTD.

D Employer Identification Number (EIN)
74-2254034

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] 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

ALLIANCE BERMSTEIN

13-3191825

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

PIMCO

95-2632339

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

FIRST EAGLE

13-3392291

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

JANUS

43-1804048

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

STATE STREET MASTER FUNDS

04-3480508

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

LORD ABBETT

13-5620131

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

T. ROWE PRICE

52-2264646

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

IVY FUNDS

43-1804048

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

METLIFE

04-3240897

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

DIMENSIONAL FUND ADVISORS

22-2370029

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

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

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

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

WELLS FARGO BANK, N.A.

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 50 62 64	SERVICE PROVIDER	41971	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

WF ADVISORS, LLC

34-1542819

(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 51	SERVICE PROVIDER	10510	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name: BIRDWELL, QUINN & CO, PC.
b EIN: 75-1767359
c Position: CPA
d Address: 901 4TH STREET
PO BOX 1408
GRAHAM, TX 76450
e Telephone: 940-549-6892

Explanation: FIRM QUIT DOING 401(K) AUDITS

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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
TOWER EXTRUSIONS LTD. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TOWER EXTRUSIONS, LTD.

D Employer Identification Number (EIN)
74-2254034

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLACKROCK US AGG BD CIT TR

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-5699010-001	C	2011687

a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLACKROCK SHORT TERM INVT FUND T

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
41-6292499-001	C	179229

a Name of MTIA, CCT, PSA, or 103-12 IE: RELIANCE TRUST STABLE VALUE FUND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
46-6625485-002	C	239416

a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLACKROCK INTL EQUITY INDEX CIT

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-2265229-001	C	1020982

a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLACKROCK LARGE CAP GROWTH CIT T

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-2265232-001	C	36977

a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BKACKROCK LARGE CAP VALUE INDEX

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-2265227-001	C	210932

a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLACKROCK RUSSELL 2000 INDEX CIT

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-2265233-001	C	328559

a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLACKROCK S&P MIDCAP INDEX CIT T

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN 52-2265235-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 502293

a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLACKROCK S&P 500 INDEX CIT N

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN 94-3224211-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1308168

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
TOWER EXTRUSIONS LTD. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TOWER EXTRUSIONS, LTD.

D Employer Identification Number (EIN)
74-2254034

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	77	26638
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	298874	317342
(9) Value of interest in common/collective trusts	1c(9)	4635543	5838243
(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)	93125	134309
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	5027619	6316532
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		26032
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	26032
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	5027619	6290500

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	187684	
	(B) Participants	2a(1)(B)	711957	
	(C) Others (including rollovers)	2a(1)(C)	9486	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		909127
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1590	
	(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)	16984	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		18574
	(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)	3212	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3212
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	13967	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	13967	
	(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)		660762
(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)		9647
c Other income	2c		4445
d Total income. Add all **income** amounts in column (b) and enter total	2d		1605767
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	286160	
(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)		286160
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	56726	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		56726
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		342886
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1262881
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)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

(1) Name: S. MICHELLE RIGGINS, CPA **(2)** EIN: 26-1234352

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		189
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			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.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
TOWER EXTRUSIONS LTD. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TOWER EXTRUSIONS, LTD.

D Employer Identification Number (EIN)
74-2254034

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 41-6257133

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

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: _____% 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):

TOWER EXTRUSIONS LTD. 401(K) PLAN

FINANCIAL STATEMENTS AND INDEPENDENT AUDITOR'S REPORT

AS OF DECEMBER 31, 2017 AND 2016 AND FOR THE YEAR ENDED DECEMBER 31, 2017

S. Michelle Riggins, CPA
Certified Public Accountant

TOWER EXTRUSIONS LTD. 401(K) PLAN

FINANCIAL STATEMENTS AND INDEPENDENT AUDITOR'S REPORT

AS OF DECEMBER 31, 2017 AND 2016 AND FOR THE YEAR ENDED DECEMBER 31, 2017

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S. MICHELLE RIGGINS

CERTIFIED PUBLIC ACCOUNTANT

Employee Benefit Plan Consulting, Administration, and Auditing

INDEPENDENT AUDITOR'S REPORT

To Tower Extrusions, Ltd., the Plan Administrator of the
Tower Extrusions Ltd. 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of **Tower Extrusions Ltd. 401(k) Plan** (the Plan), which comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2017, and the related statement of changes in net assets available for benefits (modified cash basis) for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the 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 year ended December 31, 2017, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2017 financial statements. Accordingly, we do not express an opinion on the 2017 financial statements referred to in the first paragraph.

300 West Washington Avenue, P.O. Box 955, Iowa Park, Texas 76367
940-592-7028 ~ Email: mriggins@mrigginscpa.com

Emphasis of Matter

As discussed in Notes 2 and 9 to the financial statements, the financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. The statement of net assets available for benefits (modified cash basis) as of December 31, 2016, has been restated to reflect this method of accounting. Our disclaimer of opinion is not modified with respect to this matter.

Other Matter—Supplemental Schedules

The supplemental schedules (modified cash basis) of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4a—Schedule of Delinquent Participant Contributions as of and for the year ended December 31, 2017, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedules referred to above.

Other Matter—2016 Financial Statements

The financial statements of the Plan as of December 31, 2016, were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Wells Fargo Bank, N.A., the trustee of the Plan. Their report, dated October 12, 2017, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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 (modified cash basis), 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.

S. Michelle Riggins, CPA

S. MICHELLE RIGGINS, CPA

Iowa Park, Texas
October 12, 2018

TOWER EXTRUSIONS LTD. 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2017 AND 2016

	2017	2016 (As Restated)
ASSETS		
Cash, non-interest bearing	$ 26,638	$ 77
Investments at fair value	5,972,552	4,728,668
Notes receivable from participants	317,342	298,874
TOTAL ASSETS	6,316,532	5,027,619
LIABILITIES		
Due to brokers	26,032	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 6,290,500	$ 5,027,619

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

TOWER EXTRUSIONS LTD. 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)

FOR THE YEAR ENDED DECEMBER 31, 2017

ADDITIONS	
Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	**$ 670,409**
Interest	**1,590**
Dividends	**3,212**
Other income	**4,445**
Total investment income	**679,656**
Interest income on notes receivable from participants	**16,984**
Contributions:	
Employer	**187,684**
Participants	**711,957**
Rollovers	**9,486**
Total contributions	**909,127**
TOTAL ADDITIONS	**1,605,767**
DEDUCTIONS	
Deductions from net assets attributed to:	
Benefits paid to participants	**286,160**
Administrative expenses	**56,726**
TOTAL DEDUCTIONS	**342,886**
NET INCREASE	**1,262,881**
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	**5,027,619**
End of year	**$ 6,290,500**

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

TOWER EXTRUSIONS LTD. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2017 AND 2016

Note 1 - DESCRIPTION OF THE PLAN

The following description of the **Tower Extrusions Ltd. 401(k) Plan** (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan that covers all employees of Tower Extrusions, Ltd. (the Company), except part-time, temporary or seasonal employees (unless complete at least 1,000 hours of service) or reclassified employees. An eligible employee may enter the Plan for purposes of the elective deferrals and matching contributions on the first day of the month coinciding with or following attainment of age 18 and after completion of 90 days of service. An eligible employee may enter the Plan for purposes of the nonelective contributions on January 1st or July 1st coinciding with or following attainment of age 18 and after completion of one Year of Service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Administration

Wells Fargo Bank, N.A. serves as the trustee and investment manager for the Plan's funds and executes all investment actions at the discretion of the Plan's participants. Recordkeeping responsibilities are maintained by Wells Fargo Bank, N.A.

Contributions

Each year, participants may contribute pretax annual compensation (as defined by the Plan) up to the maximum permitted by the Internal Revenue Code. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Plan includes an automatic deferral feature, whereby the Company will automatically withhold 1% of the participant's compensation from each payroll. That amount will increase by 1% each Plan year until the amount withheld from the participant's paycheck reaches 10% of their compensation. The Plan also includes an automatic escalation feature, whereby the Company will automatically increase a participant's deferral percentage each January 1st until the percentage reaches 10%. These provisions will apply unless the participant elects an alternative deferral amount or elects not to defer under the Plan. Eligible employees may also make rollover contributions representing distributions from certain other eligible retirement plans.

In addition, the Company may elect to make discretionary matching contributions equal to a specified percentage based on each participant's respective contribution to the Plan. For 2017, the Company made payroll basis matching contributions equal to 40% of the participant's elective deferrals that do not exceed 4% of the participant's payroll compensation paid during the 2017 year. A participant is eligible to receive this matching contribution provided they make elective deferrals to the Plan. The matching contribution that was deposited into the Plan during the 2017 Plan year was $187,684.

An employer discretionary nonelective contribution may be contributed to the Plan. To share in the nonelective contribution (if any), the participant must be employed at year end and work at least 1,000 hours of service during the Plan year.

Contributions are subject to certain limitations. Forfeitures of participant's accounts may be used to reduce the Company's contribution or pay Plan expenses.

Note 1 - DESCRIPTION OF THE PLAN (CONT'D)

Participant Accounts

Upon enrollment in the Plan, participants direct the investment of all contributions and earnings into various investment options offered by the Plan. As applicable, each participant's account is credited with the participant's elective deferrals and rollover contributions and allocations of (a) the Company's matching contribution, (b) the Company's nonelective contribution, and (c) Plan income, as well as charged with withdrawals and an allocation of the Plan's losses and Plan expenses. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their elective deferrals and rollover contributions, plus actual earnings thereon. The Company's matching and nonelective contributions, and related earnings, are subject to the following vesting schedule: 0% at 0-1 years, 20% at 2 years, 40% at 3 years, 60% at 4 years, 80% at 5 years and 100% at 6 or more years of service. Participants become immediately and fully vested upon attainment of Normal Retirement Age while an employee, upon death while an employee, or becoming disabled while an employee.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. These transactions are treated as transfers from the investment funds to the Loan fund. The notes are secured by the balance in the participant's account and bear interest at a rate commensurate with the Wells Fargo Bank, N.A. lending rate plus 2%. Principal and interest are paid ratably through payroll deductions, and the maximum number of loans a participant may have outstanding at one time is two.

Payment of Benefits

Upon separation from service due to death, disability, retirement, or other reasons, a participant may elect to receive their vested account balance. Dependent upon their reason for separation from service, the participant may receive a lump sum, ad-hoc, or installment distribution. In-service distributions may be made from any of the participant's accounts in the Plan in which they are 100% vested and once they reach age 59 ½. Hardship distributions may be made from the participant's elective deferral accounts in the Plan while the participant is still employed based on specific Plan provisions. Certain qualified reservist distributions are allowed under the Plan based on specific Plan provisions.

Forfeited Accounts

At December 31, 2017 and 2016, forfeited non-vested accounts totaled $1,564 and $13,676 respectively. This account may be used to reduce the Company's contributions, pay Plan expenses, or reinstate previously forfeited account balances of rehired participants. During 2017, $29,357 of Company matching contributions were paid from forfeited non-vested accounts.

Note 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accounts of the Plan are maintained, and the accompanying financial statements have been prepared, on the modified cash basis of accounting. Elective deferrals and employer contributions and investment income are recognized when received, and disbursements are recognized when made. Purchases and sales of securities are recorded on a trade-date basis. Additionally, investments are reflected at fair value. Accordingly, the financial statements are not intended to present the net assets available for benefits and changes in net assets available for benefits of the Plan in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in accordance with the modified cash basis of accounting requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The plan administrator determines the Plan's valuation policies. See Note 3 for a discussion of fair value measurements. Purchases and sales are recorded on a trade-date basis. Investment income is recognized when received by the Plan. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance. Interest income is recorded when received. As of December 31, 2017 and 2016, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the plan document.

Payment of Benefits

Benefits are recorded when paid.

Expenses

All operating expenses of the Plan may be paid by either the Plan sponsor or the Plan, as provided by the plan document. Loan administration and distribution fees are paid by the applicable participant.

Note 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

Recent Accounting Pronouncement

In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2015-07, *Disclosures for Investments in Certain Entities that Calculate Net Asset Value per Share (or Its Equivalent)*, to gain consistency within the categorization of the fair value hierarchy. The update removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. It also removes the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the net asset value per share practical expedient. The amendments in ASU 2015-07 are effective for fiscal years beginning after December 15, 2016, with early application permitted. The Plan adopted ASU 2015-07 for the Plan year ended December 31, 2017 and applied it retrospectively to 2016, and the fair value measurements disclosures (Note 3) have been modified accordingly as of December 31, 2017 and 2016. The adoption of ASU 2015-07 did not have a material impact on the Plan's financial statements.

Note 3 - FAIR VALUE MEASUREMENTS

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1). Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available. There were no plan assets requiring the use of Level 2 or 3 inputs for the periods presented.

Following are descriptions of the valuation methodologies used for assets measured at fair value:

***Mutual funds*:** Valued at the net asset value (NAV) of shares held by the Plan at year end. NAV is a quoted price in an active market.

***Collective investment funds, Reliance MetLife Stable Value Fund*:** Valued at the NAV of units of the collective investment fund held by the Plan at year end, as a practical expedient of fair value. The NAV is provided by the collective investment fund's trustee, Reliance Trust Company, and is calculated daily based on the contract value of the underlying guaranteed investment contract of the Metlife Group Annuity Contract 25157. The trustee determines the unit values by dividing the value of the fund's net assets by the total number of units outstanding on the valuation date. Participant transactions (purchases and sales) may occur daily at the published NAV. Subject to certain restrictions, the trustee may postpone the date of payment of redemption proceeds up to 60 business days for the complete withdrawal of a plan's participation in the trust. There are no unfunded commitments to the fund.

Note 3 - FAIR VALUE MEASUREMENTS (CONT'D)

Collective investment funds, Wells Fargo Bank, N.A. Funds: Valued at the NAV of units of the collective investment fund held by the Plan at year end, as a practical expedient of fair value. The NAV is provided by the collective investment funds' trustee, Wells Fargo Bank, N.A., and is derived from the fair value for underlying investments. The investments in the underlying BlackRock Short-Term Investment Fund are valued at amortized cost, which approximates fair value. The fair value of the investment in the collective investment fund is provided to the Plan by the trustee daily. The trustee determines the unit values by dividing the value of each fund's net assets by the total number of participants' units outstanding on the valuation date. Participant transactions (purchases and sales) may occur daily at the published NAV. Subject to applicable legal and regulatory restrictions, the trustee may impose reasonable notice requirements at its discretion, and may suspend redemption privileges or postpone the date of payment of redemption proceeds indefinitely. There are no unfunded commitments to the funds.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and 2016:

	Assets at Fair Value as of December 31, 2017			
	Total	Level 1	Level 2	Level 3
Mutual funds	$ 134,309	$ 134,309	$ ---	$ ---
Collective investment funds measured at NAV:*				
Wells Fargo Bank, N.A.	5,598,827			
Reliance Stable Value	239,416			
Total investments at fair value	$ 5,972,552			

	Assets at Fair Value as of December 31, 2016			
	Total	Level 1	Level 2	Level 3
Mutual funds	$ 93,124	$ 93,124	$ ---	$ ---
Collective investment funds measured at NAV:*				
Wells Fargo Bank, N.A.	4,401,167			
Reliance Stable Value	234,377			
Total investments at fair value	$ 4,728,668			

* Certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

Note 4 - INFORMATION CERTIFIED BY WELLS FARGO BANK, N.A., THE TRUSTEE

The Plan management has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Wells Fargo Bank, N.A. certified to the completeness and accuracy of all investments reflected on the accompanying financial statements and supplemental schedule. As permitted under such election, the following investment information was certified by Wells Fargo Bank, N.A. and was not subjected to any auditing procedures performed by the independent public accountant:

	2017	2016
Investments at fair value	$ 5,972,552	$ 4,728,668
Notes receivable from participants	$ 317,342	$ 298,874
Cash, non-interest bearing	$ 26,638	$ 77
Due to brokers	$ 26,032	$ 0
Net appreciation in fair value of investments	$ 670,409	
Interest	$ 1,590	
Dividends	$ 3,212	
Other income	$ 4,445	
Interest income on notes receivable from participants	$ 16,984	

Note 3: All investment balances included in the note.

Supplemental schedule of assets (held at end of year) (modified cash basis): All investment balances included in the schedule.

Note 5 - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

All the Plan investments are held and managed by Wells Fargo Bank, N.A. Wells Fargo Bank, N.A. is the trustee, as defined by the Plan, the investment manager, recordkeeper, and the service provider, and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to Wells Fargo Bank, N.A. amounted to $56,726 for the year ended December 31, 2017.

The Plan holds investments in mutual funds and common collective investment funds that are managed by Wells Fargo Bank, N.A. Since Wells Fargo Bank, N.A. is the trustee of the Plan, investments involving Wells Fargo Bank, N.A. qualify as party-in-interest transactions.

Effective September 1, 2017, Wells Fargo Bank, N.A. provides certain administrative services to the Plan pursuant to a Master Services Agreement and Schedules of Services between the Company and Wells Fargo Bank, N.A. Wells Fargo Bank, N.A. receives revenue from mutual funds and collective funds providers for services Wells Fargo Bank, N.A. provides to the funds.

Note 5 - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS (CONT'D)

This revenue is used to offset certain amounts owed to Wells Fargo Bank, N.A. for its administrative services to the Plan. This revenue sharing will be paid to an un-invested reserve account after such amounts are received by Wells Fargo Bank, N.A. Wells Fargo Bank, N.A. will periodically allocate amounts held in the reserve account in such a manner that the revenue sharing received for each investment option is allocated prorata to the accounts of participants who were beneficial owners of the applicable investment option. Wells Fargo Bank, N.A. may amend or revise the terms of the revenue sharing with advance notice to the Company.

These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

Note 6 - PLAN TERMINATION

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

Note 7 - TAX STATUS

The volume submitter plan sponsor has obtained an opinion letter dated March 31, 2014, in which the Internal Revenue Service stated that the restated volume submitter plan document was in compliance with applicable requirements of the Internal Revenue Code (IRC). The plan administrator timely adopted the restated volume submitter plan. The plan administrator believes that the Plan is currently being operated in accordance with the IRC.

The modified cash basis of accounting requires the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2014.

Note 8 - 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 investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits (modified cash basis).

Note 9 - PRIOR PERIOD RESTATEMENT

The prior period statement of net assets available for benefits as of December 31, 2016, has been restated from the accrual basis of accounting to the modified cash basis of accounting.

Note 10 - SUBSEQUENT EVENTS

The Plan Administrator has evaluated subsequent events through the date the financial statements were available to be issued, and has determined that the following subsequent events required disclosure in the financial statements:

During the 2017 audit, it was discovered that certain compensation amounts (bonuses, paid time off, and other small adjustments) were inadvertently excluded from participants' eligible Plan compensation. In addition, minimal employee longevity awards were contributed to certain individual participants' accounts within the Plan without a specific Plan provision providing for them. In 2018, the Company will consult with an ERISA attorney and will take the necessary corrective actions to restore the Plan and the affected participants. The proper corrective actions and amounts are undeterminable at this time. However, any corrective amounts are not expected to be material to the financial statements.

SUPPLEMENTAL SCHEDULES

TOWER EXTRUSIONS LTD. 401(K) PLAN

EIN: 74-2254034
Plan #001

Schedule H, line 4i--Schedule of Assets (Held At End of Year) (Modified Cash Basis)
December 31, 2017

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral par, or maturity value	(d) Cost	(e) Current value
	RELIANCE TRUST METLIFE STABLE VALUE FUND	COLLECTIVE INVESTMENT FUND	**	239,416
*	WELLS FARGO BLACKROCK SHORT TERM INVESTMENT FUND TR	COLLECTIVE INVESTMENT FUND	**	179,229
*	WELLS FARGO BLACKROCK INTERNATIONAL EQUITY INDEX CIT N	COLLECTIVE INVESTMENT FUND	**	1,672
*	WELLS FARGO BLACKROCK INTERNATIONAL EQUITY INDEX CIT TR	COLLECTIVE INVESTMENT FUND	**	1,019,310
*	WELLS FARGO BLACKROCK LARGE CAP GROWTH INDEX CIT TR	COLLECTIVE INVESTMENT FUND	**	36,977
*	WELLS FARGO BLACKROCK LARGE CAP VALUE INDEX CIT TR	COLLECTIVE INVESTMENT FUND	**	210,932
*	WELLS FARGO BLACKROCK RUSSELL 2000 INDEX CIT TR	COLLECTIVE INVESTMENT FUND	**	328,559
*	WELLS FARGO BLACKROCK S&P MIDCAP INDEX CIT TR	COLLECTIVE INVESTMENT FUND	**	502,293
*	WELLS FARGO BLACKROCK S&P 500 INDEX CIT N	COLLECTIVE INVESTMENT FUND	**	128,466
*	WELLS FARGO BLACKROCK S&P 500 INDEX CIT TR	COLLECTIVE INVESTMENT FUND	**	1,179,702
*	WELLS FARGO BLACKROCK U.S. AGGREGATE BOND INDEX CIT TR	COLLECTIVE INVESTMENT FUND	**	2,011,687
	JANUS BALANCED FUND - N #1451	MUTUAL FUND	**	44,856
	AB GLOBAL REAL ESTATE INVESTMENT FUND - ADVISOR	MUTUAL FUND	**	8,428
	DFA EMERGING MARKETS PORTFOLIO FUND	MUTUAL FUND	**	161
	FIRST EAGLE GLOBAL FUND - I	MUTUAL FUND	**	23,756
	IVY INTERNATIONAL CORE EQUITY FUND - I	MUTUAL FUND	**	204
	JANUS HENDERSON TRITON FUND - N	MUTUAL FUND	**	2,206
	LORD ABBETT VALUE OPPORTUNITIES FUND - I	MUTUAL FUND	**	1,240
	STATE STREET INSTITUTIONAL PREMIER GROWTH EQUITY FUND	MUTUAL FUND	**	1,051
	T ROWE PRICE GLOBAL TECHNOLOGY FUND	MUTUAL FUND	**	1,792
	T ROWE PRICE VALUE FUND	MUTUAL FUND	**	3,986
*	WELLS FARGO SPECIAL MID CAP VALUE FUND - R6	MUTUAL FUND	**	1,651
	AB HIGH INCOME ADVISOR	MUTUAL FUND	**	20,148
	PIMCO INTERNATIONAL BOND FUND (U.S. DOLLAR-HEDGED) - I	MUTUAL FUND	**	3,570
*	WELLS FARGO CORE BOND FUND - R6	MUTUAL FUND	**	21,260
*	PARTICIPANT LOANS	INTEREST RATES 4.25% - 6.75%	**	317,342
		Total Investments	$ -	$ 6,289,894

* A party in interest, as defined by the Employee Retirement Income Security Act of 1974, as amended.
** Costs omitted for participant directed investments.

TOWER EXTRUSIONS LTD. 401(K) PLAN

EIN: 74-2254034
Plan #001

Schedule H, line 4a--Schedule of Delinquent Participant Contributions
Year Ended December 31, 2017

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$ 189	$ -	$ -	$ 189	$ -

TOWER EXTRUSIONS LTD. 401(K) PLAN

FINANCIAL STATEMENTS AND INDEPENDENT AUDITOR'S REPORT

AS OF DECEMBER 31, 2017 AND 2016 AND FOR THE YEAR ENDED DECEMBER 31, 2017

S. Michelle Riggins, CPA
Certified Public Accountant

TOWER EXTRUSIONS LTD. 401(K) PLAN

FINANCIAL STATEMENTS AND INDEPENDENT AUDITOR'S REPORT

AS OF DECEMBER 31, 2017 AND 2016 AND FOR THE YEAR ENDED DECEMBER 31, 2017

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S. MICHELLE RIGGINS

CERTIFIED PUBLIC ACCOUNTANT

Employee Benefit Plan Consulting, Administration, and Auditing

INDEPENDENT AUDITOR'S REPORT

To Tower Extrusions, Ltd., the Plan Administrator of the
Tower Extrusions Ltd. 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of **Tower Extrusions Ltd. 401(k) Plan** (the Plan), which comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2017, and the related statement of changes in net assets available for benefits (modified cash basis) for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the 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 year ended December 31, 2017, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2017 financial statements. Accordingly, we do not express an opinion on the 2017 financial statements referred to in the first paragraph.

300 West Washington Avenue, P.O. Box 955, Iowa Park, Texas 76367
940-592-7028 ~ Email: mriggins@mrigginscpa.com

Emphasis of Matter

As discussed in Notes 2 and 9 to the financial statements, the financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. The statement of net assets available for benefits (modified cash basis) as of December 31, 2016, has been restated to reflect this method of accounting. Our disclaimer of opinion is not modified with respect to this matter.

Other Matter—Supplemental Schedules

The supplemental schedules (modified cash basis) of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4a—Schedule of Delinquent Participant Contributions as of and for the year ended December 31, 2017, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedules referred to above.

Other Matter—2016 Financial Statements

The financial statements of the Plan as of December 31, 2016, were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Wells Fargo Bank, N.A., the trustee of the Plan. Their report, dated October 12, 2017, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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 (modified cash basis), 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.

S. Michelle Riggins, CPA

S. MICHELLE RIGGINS, CPA

Iowa Park, Texas
October 12, 2018

TOWER EXTRUSIONS LTD. 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2017 AND 2016

	2017	2016 (As Restated)
ASSETS		
Cash, non-interest bearing	$ 26,638	$ 77
Investments at fair value	5,972,552	4,728,668
Notes receivable from participants	317,342	298,874
TOTAL ASSETS	6,316,532	5,027,619
LIABILITIES		
Due to brokers	26,032	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 6,290,500	$ 5,027,619

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

TOWER EXTRUSIONS LTD. 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)

FOR THE YEAR ENDED DECEMBER 31, 2017

ADDITIONS	
Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	**$ 670,409**
Interest	**1,590**
Dividends	**3,212**
Other income	**4,445**
Total investment income	**679,656**
Interest income on notes receivable from participants	**16,984**
Contributions:	
Employer	**187,684**
Participants	**711,957**
Rollovers	**9,486**
Total contributions	**909,127**
TOTAL ADDITIONS	**1,605,767**
DEDUCTIONS	
Deductions from net assets attributed to:	
Benefits paid to participants	**286,160**
Administrative expenses	**56,726**
TOTAL DEDUCTIONS	**342,886**
NET INCREASE	**1,262,881**
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	**5,027,619**
End of year	**$ 6,290,500**

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

TOWER EXTRUSIONS LTD. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2017 AND 2016

Note 1 - DESCRIPTION OF THE PLAN

The following description of the **Tower Extrusions Ltd. 401(k) Plan** (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan that covers all employees of Tower Extrusions, Ltd. (the Company), except part-time, temporary or seasonal employees (unless complete at least 1,000 hours of service) or reclassified employees. An eligible employee may enter the Plan for purposes of the elective deferrals and matching contributions on the first day of the month coinciding with or following attainment of age 18 and after completion of 90 days of service. An eligible employee may enter the Plan for purposes of the nonelective contributions on January 1st or July 1st coinciding with or following attainment of age 18 and after completion of one Year of Service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Administration

Wells Fargo Bank, N.A. serves as the trustee and investment manager for the Plan's funds and executes all investment actions at the discretion of the Plan's participants. Recordkeeping responsibilities are maintained by Wells Fargo Bank, N.A.

Contributions

Each year, participants may contribute pretax annual compensation (as defined by the Plan) up to the maximum permitted by the Internal Revenue Code. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Plan includes an automatic deferral feature, whereby the Company will automatically withhold 1% of the participant's compensation from each payroll. That amount will increase by 1% each Plan year until the amount withheld from the participant's paycheck reaches 10% of their compensation. The Plan also includes an automatic escalation feature, whereby the Company will automatically increase a participant's deferral percentage each January 1st until the percentage reaches 10%. These provisions will apply unless the participant elects an alternative deferral amount or elects not to defer under the Plan. Eligible employees may also make rollover contributions representing distributions from certain other eligible retirement plans.

In addition, the Company may elect to make discretionary matching contributions equal to a specified percentage based on each participant's respective contribution to the Plan. For 2017, the Company made payroll basis matching contributions equal to 40% of the participant's elective deferrals that do not exceed 4% of the participant's payroll compensation paid during the 2017 year. A participant is eligible to receive this matching contribution provided they make elective deferrals to the Plan. The matching contribution that was deposited into the Plan during the 2017 Plan year was $187,684.

An employer discretionary nonelective contribution may be contributed to the Plan. To share in the nonelective contribution (if any), the participant must be employed at year end and work at least 1,000 hours of service during the Plan year.

Contributions are subject to certain limitations. Forfeitures of participant's accounts may be used to reduce the Company's contribution or pay Plan expenses.

Note 1 - DESCRIPTION OF THE PLAN (CONT'D)

Participant Accounts

Upon enrollment in the Plan, participants direct the investment of all contributions and earnings into various investment options offered by the Plan. As applicable, each participant's account is credited with the participant's elective deferrals and rollover contributions and allocations of (a) the Company's matching contribution, (b) the Company's nonelective contribution, and (c) Plan income, as well as charged with withdrawals and an allocation of the Plan's losses and Plan expenses. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their elective deferrals and rollover contributions, plus actual earnings thereon. The Company's matching and nonelective contributions, and related earnings, are subject to the following vesting schedule: 0% at 0-1 years, 20% at 2 years, 40% at 3 years, 60% at 4 years, 80% at 5 years and 100% at 6 or more years of service. Participants become immediately and fully vested upon attainment of Normal Retirement Age while an employee, upon death while an employee, or becoming disabled while an employee.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. These transactions are treated as transfers from the investment funds to the Loan fund. The notes are secured by the balance in the participant's account and bear interest at a rate commensurate with the Wells Fargo Bank, N.A. lending rate plus 2%. Principal and interest are paid ratably through payroll deductions, and the maximum number of loans a participant may have outstanding at one time is two.

Payment of Benefits

Upon separation from service due to death, disability, retirement, or other reasons, a participant may elect to receive their vested account balance. Dependent upon their reason for separation from service, the participant may receive a lump sum, ad-hoc, or installment distribution. In-service distributions may be made from any of the participant's accounts in the Plan in which they are 100% vested and once they reach age 59 ½. Hardship distributions may be made from the participant's elective deferral accounts in the Plan while the participant is still employed based on specific Plan provisions. Certain qualified reservist distributions are allowed under the Plan based on specific Plan provisions.

Forfeited Accounts

At December 31, 2017 and 2016, forfeited non-vested accounts totaled $1,564 and $13,676 respectively. This account may be used to reduce the Company's contributions, pay Plan expenses, or reinstate previously forfeited account balances of rehired participants. During 2017, $29,357 of Company matching contributions were paid from forfeited non-vested accounts.

Note 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accounts of the Plan are maintained, and the accompanying financial statements have been prepared, on the modified cash basis of accounting. Elective deferrals and employer contributions and investment income are recognized when received, and disbursements are recognized when made. Purchases and sales of securities are recorded on a trade-date basis. Additionally, investments are reflected at fair value. Accordingly, the financial statements are not intended to present the net assets available for benefits and changes in net assets available for benefits of the Plan in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in accordance with the modified cash basis of accounting requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The plan administrator determines the Plan's valuation policies. See Note 3 for a discussion of fair value measurements. Purchases and sales are recorded on a trade-date basis. Investment income is recognized when received by the Plan. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance. Interest income is recorded when received. As of December 31, 2017 and 2016, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the plan document.

Payment of Benefits

Benefits are recorded when paid.

Expenses

All operating expenses of the Plan may be paid by either the Plan sponsor or the Plan, as provided by the plan document. Loan administration and distribution fees are paid by the applicable participant.

Note 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

Recent Accounting Pronouncement

In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2015-07, *Disclosures for Investments in Certain Entities that Calculate Net Asset Value per Share (or Its Equivalent)*, to gain consistency within the categorization of the fair value hierarchy. The update removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. It also removes the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the net asset value per share practical expedient. The amendments in ASU 2015-07 are effective for fiscal years beginning after December 15, 2016, with early application permitted. The Plan adopted ASU 2015-07 for the Plan year ended December 31, 2017 and applied it retrospectively to 2016, and the fair value measurements disclosures (Note 3) have been modified accordingly as of December 31, 2017 and 2016. The adoption of ASU 2015-07 did not have a material impact on the Plan's financial statements.

Note 3 - FAIR VALUE MEASUREMENTS

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1). Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available. There were no plan assets requiring the use of Level 2 or 3 inputs for the periods presented.

Following are descriptions of the valuation methodologies used for assets measured at fair value:

***Mutual funds*:** Valued at the net asset value (NAV) of shares held by the Plan at year end. NAV is a quoted price in an active market.

***Collective investment funds, Reliance MetLife Stable Value Fund*:** Valued at the NAV of units of the collective investment fund held by the Plan at year end, as a practical expedient of fair value. The NAV is provided by the collective investment fund's trustee, Reliance Trust Company, and is calculated daily based on the contract value of the underlying guaranteed investment contract of the Metlife Group Annuity Contract 25157. The trustee determines the unit values by dividing the value of the fund's net assets by the total number of units outstanding on the valuation date. Participant transactions (purchases and sales) may occur daily at the published NAV. Subject to certain restrictions, the trustee may postpone the date of payment of redemption proceeds up to 60 business days for the complete withdrawal of a plan's participation in the trust. There are no unfunded commitments to the fund.

Note 3 - FAIR VALUE MEASUREMENTS (CONT'D)

Collective investment funds, Wells Fargo Bank, N.A. Funds: Valued at the NAV of units of the collective investment fund held by the Plan at year end, as a practical expedient of fair value. The NAV is provided by the collective investment funds' trustee, Wells Fargo Bank, N.A., and is derived from the fair value for underlying investments. The investments in the underlying BlackRock Short-Term Investment Fund are valued at amortized cost, which approximates fair value. The fair value of the investment in the collective investment fund is provided to the Plan by the trustee daily. The trustee determines the unit values by dividing the value of each fund's net assets by the total number of participants' units outstanding on the valuation date. Participant transactions (purchases and sales) may occur daily at the published NAV. Subject to applicable legal and regulatory restrictions, the trustee may impose reasonable notice requirements at its discretion, and may suspend redemption privileges or postpone the date of payment of redemption proceeds indefinitely. There are no unfunded commitments to the funds.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and 2016:

	Assets at Fair Value as of December 31, 2017			
	Total	Level 1	Level 2	Level 3
Mutual funds	$ 134,309	$ 134,309	$ ---	$ ---
Collective investment funds measured at NAV:*				
Wells Fargo Bank, N.A.	5,598,827			
Reliance Stable Value	239,416			
Total investments at fair value	$ 5,972,552			

	Assets at Fair Value as of December 31, 2016			
	Total	Level 1	Level 2	Level 3
Mutual funds	$ 93,124	$ 93,124	$ ---	$ ---
Collective investment funds measured at NAV:*				
Wells Fargo Bank, N.A.	4,401,167			
Reliance Stable Value	234,377			
Total investments at fair value	$ 4,728,668			

* Certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

Note 4 - INFORMATION CERTIFIED BY WELLS FARGO BANK, N.A., THE TRUSTEE

The Plan management has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Wells Fargo Bank, N.A. certified to the completeness and accuracy of all investments reflected on the accompanying financial statements and supplemental schedule. As permitted under such election, the following investment information was certified by Wells Fargo Bank, N.A. and was not subjected to any auditing procedures performed by the independent public accountant:

	2017	2016
Investments at fair value	$ 5,972,552	$ 4,728,668
Notes receivable from participants	$ 317,342	$ 298,874
Cash, non-interest bearing	$ 26,638	$ 77
Due to brokers	$ 26,032	$ 0
Net appreciation in fair value of investments	$ 670,409	
Interest	$ 1,590	
Dividends	$ 3,212	
Other income	$ 4,445	
Interest income on notes receivable from participants	$ 16,984	

Note 3: All investment balances included in the note.

Supplemental schedule of assets (held at end of year) (modified cash basis): All investment balances included in the schedule.

Note 5 - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

All the Plan investments are held and managed by Wells Fargo Bank, N.A. Wells Fargo Bank, N.A. is the trustee, as defined by the Plan, the investment manager, recordkeeper, and the service provider, and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to Wells Fargo Bank, N.A. amounted to $56,726 for the year ended December 31, 2017.

The Plan holds investments in mutual funds and common collective investment funds that are managed by Wells Fargo Bank, N.A. Since Wells Fargo Bank, N.A. is the trustee of the Plan, investments involving Wells Fargo Bank, N.A. qualify as party-in-interest transactions.

Effective September 1, 2017, Wells Fargo Bank, N.A. provides certain administrative services to the Plan pursuant to a Master Services Agreement and Schedules of Services between the Company and Wells Fargo Bank, N.A. Wells Fargo Bank, N.A. receives revenue from mutual funds and collective funds providers for services Wells Fargo Bank, N.A. provides to the funds.

Note 5 - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS (CONT'D)

This revenue is used to offset certain amounts owed to Wells Fargo Bank, N.A. for its administrative services to the Plan. This revenue sharing will be paid to an un-invested reserve account after such amounts are received by Wells Fargo Bank, N.A. Wells Fargo Bank, N.A. will periodically allocate amounts held in the reserve account in such a manner that the revenue sharing received for each investment option is allocated prorata to the accounts of participants who were beneficial owners of the applicable investment option. Wells Fargo Bank, N.A. may amend or revise the terms of the revenue sharing with advance notice to the Company.

These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

Note 6 - PLAN TERMINATION

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

Note 7 - TAX STATUS

The volume submitter plan sponsor has obtained an opinion letter dated March 31, 2014, in which the Internal Revenue Service stated that the restated volume submitter plan document was in compliance with applicable requirements of the Internal Revenue Code (IRC). The plan administrator timely adopted the restated volume submitter plan. The plan administrator believes that the Plan is currently being operated in accordance with the IRC.

The modified cash basis of accounting requires the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2014.

Note 8 - 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 investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits (modified cash basis).

Note 9 - PRIOR PERIOD RESTATEMENT

The prior period statement of net assets available for benefits as of December 31, 2016, has been restated from the accrual basis of accounting to the modified cash basis of accounting.

Note 10 - SUBSEQUENT EVENTS

The Plan Administrator has evaluated subsequent events through the date the financial statements were available to be issued, and has determined that the following subsequent events required disclosure in the financial statements:

During the 2017 audit, it was discovered that certain compensation amounts (bonuses, paid time off, and other small adjustments) were inadvertently excluded from participants' eligible Plan compensation. In addition, minimal employee longevity awards were contributed to certain individual participants' accounts within the Plan without a specific Plan provision providing for them. In 2018, the Company will consult with an ERISA attorney and will take the necessary corrective actions to restore the Plan and the affected participants. The proper corrective actions and amounts are undeterminable at this time. However, any corrective amounts are not expected to be material to the financial statements.

SUPPLEMENTAL SCHEDULES

TOWER EXTRUSIONS LTD. 401(K) PLAN

EIN: 74-2254034
Plan #001

Schedule H, line 4i--Schedule of Assets (Held At End of Year) (Modified Cash Basis)
December 31, 2017

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral par, or maturity value	(d) Cost	(e) Current value
	RELIANCE TRUST METLIFE STABLE VALUE FUND	COLLECTIVE INVESTMENT FUND	**	239,416
*	WELLS FARGO BLACKROCK SHORT TERM INVESTMENT FUND TR	COLLECTIVE INVESTMENT FUND	**	179,229
*	WELLS FARGO BLACKROCK INTERNATIONAL EQUITY INDEX CIT N	COLLECTIVE INVESTMENT FUND	**	1,672
*	WELLS FARGO BLACKROCK INTERNATIONAL EQUITY INDEX CIT TR	COLLECTIVE INVESTMENT FUND	**	1,019,310
*	WELLS FARGO BLACKROCK LARGE CAP GROWTH INDEX CIT TR	COLLECTIVE INVESTMENT FUND	**	36,977
*	WELLS FARGO BLACKROCK LARGE CAP VALUE INDEX CIT TR	COLLECTIVE INVESTMENT FUND	**	210,932
*	WELLS FARGO BLACKROCK RUSSELL 2000 INDEX CIT TR	COLLECTIVE INVESTMENT FUND	**	328,559
*	WELLS FARGO BLACKROCK S&P MIDCAP INDEX CIT TR	COLLECTIVE INVESTMENT FUND	**	502,293
*	WELLS FARGO BLACKROCK S&P 500 INDEX CIT N	COLLECTIVE INVESTMENT FUND	**	128,466
*	WELLS FARGO BLACKROCK S&P 500 INDEX CIT TR	COLLECTIVE INVESTMENT FUND	**	1,179,702
*	WELLS FARGO BLACKROCK U.S. AGGREGATE BOND INDEX CIT TR	COLLECTIVE INVESTMENT FUND	**	2,011,687
	JANUS BALANCED FUND - N #1451	MUTUAL FUND	**	44,856
	AB GLOBAL REAL ESTATE INVESTMENT FUND - ADVISOR	MUTUAL FUND	**	8,428
	DFA EMERGING MARKETS PORTFOLIO FUND	MUTUAL FUND	**	161
	FIRST EAGLE GLOBAL FUND - I	MUTUAL FUND	**	23,756
	IVY INTERNATIONAL CORE EQUITY FUND - I	MUTUAL FUND	**	204
	JANUS HENDERSON TRITON FUND - N	MUTUAL FUND	**	2,206
	LORD ABBETT VALUE OPPORTUNITIES FUND - I	MUTUAL FUND	**	1,240
	STATE STREET INSTITUTIONAL PREMIER GROWTH EQUITY FUND	MUTUAL FUND	**	1,051
	T ROWE PRICE GLOBAL TECHNOLOGY FUND	MUTUAL FUND	**	1,792
	T ROWE PRICE VALUE FUND	MUTUAL FUND	**	3,986
*	WELLS FARGO SPECIAL MID CAP VALUE FUND - R6	MUTUAL FUND	**	1,651
	AB HIGH INCOME ADVISOR	MUTUAL FUND	**	20,148
	PIMCO INTERNATIONAL BOND FUND (U.S. DOLLAR-HEDGED) - I	MUTUAL FUND	**	3,570
*	WELLS FARGO CORE BOND FUND - R6	MUTUAL FUND	**	21,260
*	PARTICIPANT LOANS	INTEREST RATES 4.25% - 6.75%	**	317,342
		Total Investments	$ -	$ 6,289,894

* A party in interest, as defined by the Employee Retirement Income Security Act of 1974, as amended.
** Costs omitted for participant directed investments.

TOWER EXTRUSIONS LTD. 401(K) PLAN

EIN: 74-2254034
Plan #001

Schedule H, line 4a--Schedule of Delinquent Participant Contributions
Year Ended December 31, 2017

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$ 189	$ -	$ -	$ 189	$ -

TOWER EXTRUSIONS LTD. 401(K) PLAN

EIN: 74-2254034
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December 31, 2017

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*	WELLS FARGO BLACKROCK INTERNATIONAL EQUITY INDEX CIT N	COLLECTIVE INVESTMENT FUND	**	1,672
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	STATE STREET INSTITUTIONAL PREMIER GROWTH EQUITY FUND	MUTUAL FUND	**	1,051
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*	WELLS FARGO CORE BOND FUND - R6	MUTUAL FUND	**	21,260
*	PARTICIPANT LOANS	INTEREST RATES 4.25% - 6.75%	**	317,342
		Total Investments	$ -	$ 6,289,894

* A party in interest, as defined by the Employee Retirement Income Security Act of 1974, as amended.
** Costs omitted for participant directed investments.

TOWER EXTRUSIONS LTD. 401(K) PLAN

EIN: 74-2254034
Plan #001

Schedule H, line 4a--Schedule of Delinquent Participant Contributions
Year Ended December 31, 2017

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$ 189	$ -	$ -	$ 189	$ -