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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u> |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |

|                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                                | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                              |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>ALSIDE RETIREMENT PLAN</u>                                                                                                                                                                                                                                                                                                                                       | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>016</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>03/01/1984</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>016</u>                                                       | <b>1c</b> Effective date of plan<br><u>03/01/1984</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                                      | <u>016</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>03/01/1984</u>                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>ASSOCIATED MATERIALS, LLC</u><br><br><u>SHANNON COLE</u><br><br><u>3773 STATE ROAD</u><br><u>CUYAHOGA FALLS, OH 44223</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>75-1872487</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>330-929-1811</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>326100</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>75-1872487</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>330-929-1811</u> | <b>2d</b> Business code (see instructions)<br><u>326100</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>75-1872487</u>                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>330-929-1811</u>                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>326100</u>                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/14/2021 | BILL HORVATH                                                 |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2020)  
v. 200204

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                              |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                               |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1247 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                                |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 112  |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 106  |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 430  |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                                    |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 595  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                           |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1131 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                            |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 96   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                               |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1227 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                       |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                            |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0    |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                   |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A 1I 3H                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                         |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                     |      |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |      |

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                                                    |                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020                                         |                                                                                                                                                  |
| ▶ Round off amounts to nearest dollar.                                                                                             |                                                                                                                                                  |
| ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.            |                                                                                                                                                  |
| A Name of plan<br>ALSIDE RETIREMENT PLAN                                                                                           | B Three-digit plan number (PN) ▶ 016                                                                                                             |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>ASSOCIATED MATERIALS, LLC                                     | D Employer Identification Number (EIN)<br>75-1872487                                                                                             |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|        |                                                                                                                                                                                                         |                            |                           |                          |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I | Basic Information                                                                                                                                                                                       |                            |                           |                          |
| 1      | Enter the valuation date: Month 01 Day 01 Year 2020                                                                                                                                                     |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                                 |                            |                           |                          |
|        | a Market value .....                                                                                                                                                                                    | 2a                         | 50869135                  |                          |
|        | b Actuarial value .....                                                                                                                                                                                 | 2b                         | 47953242                  |                          |
| 3      | Funding target/participant count breakdown                                                                                                                                                              | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
|        | a For retired participants and beneficiaries receiving payment.....                                                                                                                                     | 474                        | 26741079                  | 26741079                 |
|        | b For terminated vested participants.....                                                                                                                                                               | 661                        | 17770934                  | 17770934                 |
|        | c For active participants .....                                                                                                                                                                         | 112                        | 3241225                   | 3618818                  |
|        | d Total.....                                                                                                                                                                                            | 1247                       | 47753238                  | 48130831                 |
| 4      | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                            |                            |                           |                          |
|        | a Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | 4a                         |                           |                          |
|        | b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | 4b                         |                           |                          |
| 5      | Effective interest rate .....                                                                                                                                                                           | 5                          | 5.30 %                    |                          |
| 6      | Target normal cost.....                                                                                                                                                                                 | 6                          | 665198                    |                          |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| Statement by Enrolled Actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        |
| To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. |                                        |
| SIGN HERE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                        |
| Signature of actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 09/30/2021                             |
| DAVID A. HENDERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date                                   |
| Type or print name of actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 20-06905                               |
| AON CONSULTING, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Most recent enrollment number          |
| Firm name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 216-430-4741                           |
| 950 MAIN AVENUE<br>SUITE 1600<br>CLEVELAND, OH 44113                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Telephone number (including area code) |
| Address of the firm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>23.90</u> % .....                                                                                | 0                     | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 173                    |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.46</u> % ..... |                       | 9                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 182                    |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 0                      |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 99.63 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 99.63 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 95.58 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %       |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 09/11/2020               | 348000                            | 0                               | 04/23/2021               | 14883                             | 0                               |
| 10/15/2020               | 172000                            | 0                               | 07/08/2021               | 191000                            | 0                               |
| 10/21/2020               | 14882                             | 0                               | 07/26/2021               | 14883                             | 0                               |
| 01/07/2021               | 172000                            | 0                               |                          |                                   |                                 |
| 01/21/2021               | 14883                             | 0                               |                          |                                   |                                 |
| 04/13/2021               | 191000                            | 0                               |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 1133531                           | <b>18(c)</b> 0                  |

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

|                                                                                                                         |            |         |
|-------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                    | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 1075527 |

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost****21** Discount rate:**a** Segment rates:1st segment:  
3.64 %2nd segment:  
5.21 %3rd segment:  
5.94 %☐ N/A, full yield curve used**b** Applicable month (enter code) .....**21b**

4

**22** Weighted average retirement age .....**22**

63

**23** Mortality table(s) (see instructions) .....☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. ....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years ..... **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) ..... **31a** 665198**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment ..... Outstanding Balance 177589 Installment 96306**b** Waiver amortization installment ..... 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount ..... **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..... **34** 761504**35** Balances elected for use to offset funding requirement ..... Carryover balance Prefunding balance Total balance 0**36** Additional cash requirement (line 34 minus line 35) ..... **36** 761504**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) ..... **37** 1075527**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 314023**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) ..... **39** 0**40** Unpaid minimum required contributions for all years ..... **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ..... ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ..... ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>2020</b>                                    |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020 |                                                             |     |
| <b>A</b> Name of plan<br>ALSIDE RETIREMENT PLAN                                            | <b>B</b> Three-digit plan number (PN) ▶                     | 016 |
|                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>ASSOCIATED MATERIALS, LLC | <b>D</b> Employer Identification Number (EIN)<br>75-1872487 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| TRANSAMERICA RETIREMENT SOLUTIONS                                                                                 |
| 13-3689044                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

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

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

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

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

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

| (b)<br>Service Code(s)                 | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|----------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 12 15 28<br>38 50 59 61<br>62 63 64 | RECORD KEEPER                                                                                     | 104571                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

NATIONAL FINANCIAL SERVICES

04-3523567

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 33 71                  | SECURITIES BROKER                                                                                 | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

AON CONSULTING, INC.

22-2232264

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 50                  | ACTUARY                                                                                           | 26690                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

GRANT THORNTON, LLP

36-6055558

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | AUDITOR                                                                                           | 12247                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CAPFINANCIAL PARTNERS LLC

26-0058143

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 50                  | INVESTMENT ADVISOR                                                                                | 82561                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                     | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| NATIONAL FINANCIAL SERVICES                                                 | 33 71                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AMERICAN BEACON<br>4151 AMON CARTER BLVD<br>MD 2450<br>FORT WORTH, TX 76155 | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2                     | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| NATIONAL FINANCIAL SERVICES                                                 | 33 71                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AMERICAN FUNDS<br>5300 ROBIN HOOD ROAD<br>NORFOLK, VA 23513                 | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2                     | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| NATIONAL FINANCIAL SERVICES                                                 | 33 71                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BLACKROCK<br>40 EAST 52ND ST<br>NEW YORK, NY 10022                          | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| NATIONAL FINANCIAL SERVICES                                         | 33 71                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BLACKSTONE<br>345 PARK AVENUE<br>NEW YORK, NY 10154                 | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| NATIONAL FINANCIAL SERVICES                                         | 33 71                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PRINCIPAL<br>711 HIGH STREET<br>DES MOINES, IA 50309                | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| NATIONAL FINANCIAL SERVICES                                         | 33 71                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MAINSTAY<br>PO BOX 8401<br>BOSTON, MA 02266                         | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| NATIONAL FINANCIAL SERVICES                                         | 33 71                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| CARILLON<br>880 CARILLON PARKWAY<br>ST. PETERSBURG, FL 33716        | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| NATIONAL FINANCIAL SERVICES                                         | 33 71                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| T ROWE PRICE<br>100 EAST PRATT STREET<br>BALTIMORE, MD 21202        | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| NATIONAL FINANCIAL SERVICES                                         | 33 71                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| STONE RIDGE<br>510 MADISON AVE.<br>21ST FLOOR<br>NEW YORK, NY 10022 | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| NATIONAL FINANCIAL SERVICES                                         | 33 71                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| DELAWARE<br>2005 MARKET STREET<br>PHILADELPHIA, PA 19103            | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| NATIONAL FINANCIAL SERVICES                                         | 33 71                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| VIRTUS<br>101 MUNSON STREET<br>GREENFIELD, MA 01301                 | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2020</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><br><u>ALSIDE RETIREMENT PLAN</u>                                                                                                                                                                                                               | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>016</u>                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><br><u>ASSOCIATED MATERIALS, LLC</u>                                                                                                                                                                    | <b>D</b> Employer Identification Number (EIN)<br><br><u>75-1872487</u>                                                                                                                                                                                                       |                                                                                                          |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                               |                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                 | <b>(a)</b> Beginning of Year <b>(b)</b> End of Year |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1a</b>                     |                                                     |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                     |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  | 0                                                   |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  | 598649                                              |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  |                                                     |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                                                     |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  |                                                     |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                                                     |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                     |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                                                     |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               |                                                     |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                                                     |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                                                     |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |                                                     |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                                                     |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                                                     |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                                                     |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  |                                                     |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  |                                                     |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                                                     |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                                                     |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                                                     |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | 50382361                                            |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(14)</b>                 | 55362848                                            |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>                 |                                                     |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities.....                                         | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....                                      | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 50382361              | 55961497        |

**Liabilities**

|                                                                           |           |  |  |
|---------------------------------------------------------------------------|-----------|--|--|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |  |  |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |  |  |
| <b>i</b> Acquisition indebtedness.....                                    | <b>1i</b> |  |  |
| <b>j</b> Other liabilities.....                                           | <b>1j</b> |  |  |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> |  |  |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 50382361 | 55961497 |
|-----------------------------------------------------------|-----------|----------|----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 1633180    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers).....                                                               | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 1633180   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....                                                                          | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            |           |
| (2) Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 1783532    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 1783532   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....                                               | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                               | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | 5578722   |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....                | 2d     |            | 8995434   |

**Expenses**

|                                                                                     |       |         |         |
|-------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                 |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 2923288 |         |
| (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) |         | 2923288 |
| 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) | 38937   |         |
| (2) Contract administrator fees .....                                               | 2i(2) |         |         |
| (3) Investment advisory and management fees .....                                   | 2i(3) | 82561   |         |
| (4) Other.....                                                                      | 2i(4) | 371512  |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                | 2i(5) |         | 493010  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |         | 3416298 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 5579136 |
| l Transfers of assets:                                   |       |  |         |
| (1) To this plan.....                                    | 2l(1) |  |         |
| (2) From this plan .....                                 | 2l(2) |  |         |

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unmodified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: GRANT THORNTON, LLP

(2) EIN: 36-6055558

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |

|                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes                 | No                 | Amount  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------|
| <b>b</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.) .....                                                                                                     |                     |                    |         |
| <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |         |
| <b>c</b> 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.) .....                                                                                                                                                                                                                                 |                     |                    |         |
| <b>4c</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |         |
| <b>d</b> 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.) .....                                                                                                                                                                                                                      |                     |                    |         |
| <b>4d</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                                                                                                                             | X                   |                    | 2000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                                                                                                                              |                     | X                  |         |
| <b>4f</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |         |
| <b>g</b> 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? .....                                                                                                                                                                                                                                           |                     |                    |         |
| <b>4g</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |         |
| <b>h</b> 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? .....                                                                                                                                                                                                                                 |                     |                    |         |
| <b>4h</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                                                                                                                       | X                   |                    |         |
| <b>4i</b>                                                                                                                                                                                                                                                                                                                                                                                                            | X                   |                    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                                                                                                                         | X                   |                    |         |
| <b>4j</b>                                                                                                                                                                                                                                                                                                                                                                                                            | X                   |                    |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                                                                                                                                  |                     | X                  |         |
| <b>4k</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                                                                                                                                   |                     | X                  |         |
| <b>4l</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                                                                                                                         |                     |                    |         |
| <b>4m</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     |                    |         |
| <b>n</b> 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. ....                                                                                                                                                                                                                             |                     |                    |         |
| <b>4n</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     |                    |         |
| <b>5a</b> Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.                                                                                                                                  |                     |                    |         |
| <b>5b</b> 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.)                                                                                                                                                                                                         |                     |                    |         |
| <b>5b(1)</b> Name of plan(s)                                                                                                                                                                                                                                                                                                                                                                                         | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                    |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                    |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                    |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                    |         |
| <b>5c</b> Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined<br>If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year <u>4323197</u> . |                     |                    |         |

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

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

|                                                                                            |                                                             |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>ALSIDE RETIREMENT PLAN                                            | <b>B</b> Three-digit plan number (PN) ▶<br>016              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>ASSOCIATED MATERIALS, LLC | <b>D</b> Employer Identification Number (EIN)<br>75-1872487 |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                             |          |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                       | <b>1</b> | 0 |
| <b>2</b> 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):<br><br>EIN(s): 13-3689044 |          |   |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                            |          |   |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                            | <b>3</b> | 3 |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                    |                              |                             |                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                               |                              |                             |                                         |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                     | <b>6a</b>                    |                             |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                         | <b>6b</b>                    |                             |                                         |
| <b>c</b> 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).....                                                                                                                                                                                                                    | <b>6c</b>                    |                             |                                         |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                      |                              |                             |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

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

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

Schedule R (Form 5500) 2020  
v. 200204

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

**a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

|            |  |
|------------|--|
| <b>14a</b> |  |
| <b>14b</b> |  |
| <b>14c</b> |  |

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

**a** The corresponding number for the plan year immediately preceding the current plan year.....

**b** The corresponding number for the second preceding plan year.....

|            |  |
|------------|--|
| <b>15a</b> |  |
| <b>15b</b> |  |

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

**a** Enter the number of employers who withdrew during the preceding plan year.....

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

|            |  |
|------------|--|
| <b>16a</b> |  |
| <b>16b</b> |  |

- 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: 44.3 % Investment-Grade Debt: 46.5 % High-Yield Debt: 2.1 % Real Estate: 1.7 % Other: 5.4 %

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

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

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
☐ Yes.  
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
☐ No. Other. Provide explanation \_\_\_\_\_

Financial Statements and Report of  
Independent Certified Public  
Accountants

**Alside Retirement Plan**

December 31, 2020 and 2019

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### Financial Statements

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### Supplementary Information

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Schedule H, line 4j - schedule of reportable transactions (modified cash basis) 16

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**REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS**

To the Trustees of the  
Alside Retirement Plan

**Report on the financial statements**

We were engaged to audit the accompanying financial statements of Alside Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits – modified cash basis as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits – modified cash basis for the years ended December 31, 2020 and 2019, and the related notes to the financial statements.

**Management's responsibility for the financial statements**

Management is responsible for the preparation and fair presentation of 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 audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

**Basis for disclaimer of opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified information described in Note 4, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the certifying entity meets the requirements of 29 CFR 2520.103-8. The Plan administrator obtained a certification from this entity as of December 31, 2020 and 2019, and for the years then ended, stating that the certified information provided to the Plan administrator is complete and accurate.

**Disclaimer of opinion**

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

**Basis of accounting**

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. 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. Our opinion is not modified with respect to this matter.

**Supplementary information**

The supplemental schedules of assets (held at end of year) (modified cash basis) as of December 31, 2020 and reportable transactions (modified cash basis) for the year ended December 31, 2020 are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

**Report on form and content in compliance with DOL rules and regulations**

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the certified information described in Note 4, 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.



Cleveland, Ohio  
October 13, 2021

**Alside Retirement Plan**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)**

**December 31, 2020 and 2019**

|                                          | <b>2020</b>                 | <b>2019</b>                 |
|------------------------------------------|-----------------------------|-----------------------------|
| Investments, at fair value               | <u>\$ 55,362,848</u>        | <u>\$ 50,382,361</u>        |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <u><b>\$ 55,362,848</b></u> | <u><b>\$ 50,382,361</b></u> |

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

# **Alside Retirement Plan**

## **STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)**

**For the years ended December 31, 2020 and 2019**

|                                                      | <u>2020</u>                 | <u>2019</u>                 |
|------------------------------------------------------|-----------------------------|-----------------------------|
| <b>Additions to net assets attributed to:</b>        |                             |                             |
| Interest and dividend income                         | \$ 1,783,532                | \$ 1,709,961                |
| Net appreciation in fair value of investments        | 5,578,722                   | 8,338,670                   |
| Company contributions                                | <u>1,034,531</u>            | <u>625,394</u>              |
| Net additions                                        | 8,396,785                   | 10,674,025                  |
| <b>Deductions from net assets attributed to:</b>     |                             |                             |
| Benefits paid to participants                        | 2,923,288                   | 2,858,914                   |
| Administrative expenses                              | <u>493,010</u>              | <u>685,069</u>              |
| Total deductions                                     | <u>3,416,298</u>            | <u>3,543,983</u>            |
| <b>NET INCREASE</b>                                  | 4,980,487                   | 7,130,042                   |
| Net assets available for benefits, beginning of year | <u>50,382,361</u>           | <u>43,252,319</u>           |
| Net assets available for benefits, end of year       | <u><u>\$ 55,362,848</u></u> | <u><u>\$ 50,382,361</u></u> |

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

**Alside Retirement Plan**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2020 and 2019**

**NOTE 1 - DESCRIPTION OF THE PLAN**

The following description of the Alside Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

***General and Participation***

The Plan is a defined benefit plan that covers substantially all salaried employees and certain other groups of employees of Alside Division of Associated Materials LLC (the "Company" or "Plan Sponsor"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

On November 30, 1998, the Plan was amended to state that benefit accruals were frozen and participation was frozen and no employees shall be eligible to enter the Plan after December 31, 1998. Accordingly, all participants became 100% vested. The Plan will continue to provide benefits which have already accrued. On March 5, 2010, the Plan was amended to state that special payment accruals for which a participant was or would have been entitled to were frozen effective April 1, 2010.

***Participant's Accounts***

Under the Plan provisions, amounts are credited by the Company to the participant's hypothetical accounts. The accounts are allocated compensation credits based on years of service and a percentage of average monthly earnings, both of which are subject to numerous adjustments as defined by the Plan.

***Contributions and Funding***

Annually, an independent actuary is utilized to determine the Plan's funding requirements. The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. For the years ended December 31, 2020 and 2019, the minimum funding requirements were \$761,504 and \$858,122, respectively. In relation to the 2020 funding requirement, the Company funded a total of \$1,133,531, of which \$372,027 represented an excess contribution. For the 2019 funding requirement, the Company funded a total of \$907,532, of which \$49,410 represented an excess contribution.

***Pension Benefits***

Participants are entitled to a normal retirement benefit on attaining the age of 65. The normal monthly retirement benefits are calculated based on a formula of years of service and a percentage of average monthly earnings, both of which are subject to numerous adjustments as defined by the Plan. The normal form of benefit is a life annuity or joint and survivor for married participants. The Plan also provides for early retirement, disability retirement and pre-retirement spouse benefits for any participant who meets certain requirements.

## **Alside Retirement Plan**

### **NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2020 and 2019**

#### ***Termination Provisions***

The Company anticipates that the Plan will continue without interruption, but reserves the right to terminate the Plan or to discontinue contributions to the Plan. In the event the Plan is terminated, the Plan provides for the allocation of net assets up to the present value of accumulated plan benefits among the participants and pensioners. To the extent unfunded vested benefits exist, such benefits would be payable by the Pension Benefit Guaranty Corporation ("PBGC"), up to specified limitations, as described in ERISA, specifically in the order of 1) Benefits attributable to employee contributions - 2) Annuity benefits that former employees or beneficiaries have been receiving for at least three years - 3) Other vested benefits insured by PBGC - 4) All other vested benefits - 5) All non-vested benefits. To the extent that Plan net assets exceed benefits due participants and pensioners, and the Plan has met all legal requirements, remaining assets, net of applicable taxes, will revert back to the Company.

Benefits under the Plan are insured by the PBGC. Generally, the PBGC guarantees most vested normal retirement benefits, early retirement benefits and certain disability and survivor benefits. However, the PBGC does not guarantee all types of benefits under covered plans, and the amount of benefit protection is subject to certain limitations. The PBGC guarantees vested benefits at the level in effect on the date of plan termination. However, if benefits have been increased within the five years before plan termination, the benefit increase may not be guaranteed. In addition, there is a ceiling on the amount of monthly benefit that PBGC guarantees which is adjusted periodically.

#### ***Administrative Expenses***

Trustee and investment fees are paid by the Plan. All other direct and indirect administrative expenses of the Plan are paid by the Company.

#### ***Death and Disability Benefits***

A participant that has been married for at least one year, dies while actively employed or dies while inactive with a vested benefit prior to commencement of benefits is entitled for a death benefit to be paid to the spouse. The amount of the payment to be made is based on the participant's age at death, years of vesting service and beneficiaries' age in accordance with the Plan document. Non married participants are not entitled to death benefits unless it is a return of employee contributions to the Plan. A participant who has attained at least ten years of service and who has become permanently incapacitated, while accruing service shall be eligible to retire on a permanent incapacity retirement. Participants that meet the eligibility requirements of a permanent incapacity pension will receive a regular pension benefit as defined by the Plan.

### **NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES**

#### ***Basis of Accounting***

The financial statements of the Plan are prepared on a modified cash basis of accounting as interest and dividend income, employer contributions, if any, and administrative expenses are recorded when received or paid versus when the revenue or expense has been incurred. The modified cash basis of accounting, which is permitted under the Department of Labor's Rules and Regulations for Reporting and Disclosure, is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America ("US GAAP").

## **Alside Retirement Plan**

### **NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2020 and 2019**

#### ***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. See Note 5 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income and dividends are recorded when received. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

#### ***Actuarial Present Value of Accumulated Plan Benefits***

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by employees to December 31, 1998, the date that benefit accruals were frozen. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on employees' compensation during their last five years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years preceding December 31, 1998. Benefits payable under all circumstances, including retirement, death, disability, and termination of employment, are included, to the extent they are deemed attributable to employee service rendered to December 31, 1998.

#### ***Payment of Benefits***

Benefit payments to participants are recorded upon distribution.

#### ***Administrative Expenses***

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

#### ***Use of Estimates***

The preparation of financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

#### ***Reclassifications***

Certain prior period amounts were reclassified to conform to the current year's presentation.

## Alside Retirement Plan

### NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2020 and 2019

#### NOTE 3 - ACCUMULATED PLAN BENEFITS

Consulting actuaries from Hewitt Associates LLC (operating as Aon Hewitt) estimate the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The accumulated plan benefit information as of December 31, 2019 is as follows:

Actuarial present value of accumulated plan benefits:

Vested benefits:

|                                           |               |
|-------------------------------------------|---------------|
| Participants currently receiving payments | \$ 24,831,906 |
| Other participants                        | 19,761,521    |
|                                           | <hr/>         |
|                                           | 44,593,427    |

|                     |         |
|---------------------|---------|
| Non-vested benefits | <hr/>   |
|                     | 360,117 |

|                                                            |               |
|------------------------------------------------------------|---------------|
| Total actuarial present value of accumulated plan benefits | <hr/>         |
|                                                            | \$ 44,953,544 |

Changes in accumulated plan benefits for the year ended December 31, 2019 are as follows:

|                                                                           |               |
|---------------------------------------------------------------------------|---------------|
| Actuarial present value of accumulated plan benefits at December 31, 2018 | \$ 45,891,247 |
| Increase (decrease) during the year attributed to:                        |               |
| Benefit payments                                                          | (2,858,914)   |
| Interest accumulation                                                     | 2,664,506     |
| Actuarial assumption changes                                              | (336,951)     |
| Actuarial gains                                                           | (406,344)     |
|                                                                           | <hr/>         |
| Net decrease                                                              | (937,703)     |
|                                                                           | <hr/>         |
| Actuarial present value of accumulated plan benefits at December 31, 2019 | <hr/>         |
|                                                                           | \$ 44,953,544 |

Significant assumptions underlying the actuarial computations are:

|                                 |                                                                                                                                            |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Discount rate                   | 5.99% per annum for 2020 and 2019                                                                                                          |
| Life expectancy                 | RP - 2014 Mortality table, with MP-2018 projection scale for 2019 and the Pri-2012 Mortality Table with MP-2019 projection scale for 2020. |
| Weighted average retirement age | 65 years of age, based on probability of retirement table                                                                                  |

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2020. Had the valuation been performed as of December 31, 2019 there would be no material difference. The change in mortality projection scale resulted in a decrease in accumulated plan benefits during the year ended December 31, 2019 of \$336,951.

## **Alside Retirement Plan**

### **NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2020 and 2019**

#### **NOTE 4 - SUMMARY OF FINANCIAL INFORMATION CERTIFIED BY THE TRUSTEE**

State Street Bank and Trust Company ("Trustee") was the trustee of the Plan and held the Plan's investment assets and executed investment transactions as of and for the years ended December 31, 2020 and 2019.

The Plan Sponsor has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate:

- Investments, at fair value as shown in the statements of net assets available for benefits as of December 31, 2020 and 2019.
- Interest and dividend income and net appreciation in fair value of investments on the statements of changes in net assets available for benefits for the years ended December 31, 2020 and 2019
- Schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2020.
- Schedule H, line 4j - schedule of reportable transactions for the year ended December 31, 2020.

The Plan's independent accountants did not perform any auditing procedures with respect to the certified information, except for comparing such information to the related information in the financial statements and supplemental schedules.

#### **NOTE 5 - FAIR VALUE MEASUREMENTS**

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

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

Level 2 - Inputs to the valuation methodology include:

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

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

Level 3 - Inputs to the valuation methodology are unobservable and are supported by little or no market activity and that are significant to the fair value measurement.

## Alside Retirement Plan

### NOTES TO FINANCIAL STATEMENTS - CONTINUED

**December 31, 2020 and 2019**

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2020 and 2019.

*Mutual funds:* Valued at the daily closing prices as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019:

| Type of Asset              | Assets at Fair Value at December 31, 2020 |         |         |              |
|----------------------------|-------------------------------------------|---------|---------|--------------|
|                            | Level 1                                   | Level 2 | Level 3 | Total        |
| Mutual funds               | \$55,362,848                              | \$ -    | \$ -    | \$55,362,848 |
| Investments, at fair value | \$55,362,848                              | \$ -    | \$ -    | \$55,362,848 |

  

| Type of Asset              | Assets at Fair Value at December 31, 2019 |         |         |              |
|----------------------------|-------------------------------------------|---------|---------|--------------|
|                            | Level 1                                   | Level 2 | Level 3 | Total        |
| Mutual funds               | \$50,382,361                              | \$ -    | \$ -    | \$50,382,361 |
| Investments, at fair value | \$50,382,361                              | \$ -    | \$ -    | \$50,382,361 |

#### NOTE 6 - TAX STATUS OF THE PLAN

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated March 20, 2014, stating that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("Code"). The Plan has been amended since receiving the determination letter. The Plan Sponsor believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code.

US GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by the IRS; however, there are currently no audits for any tax periods in progress.

#### NOTE 7 - RISKS AND UNCERTAINTIES

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

## Alside Retirement Plan

### NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2020 and 2019

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

The novel coronavirus ("COVID-19") outbreak continues as of the date of this report. There are many uncertainties related to the COVID-19 global pandemic that could negatively affect the Plan's statements of net assets available for benefits and statements of changes in net assets available for benefits. The Plan's individual investments fluctuate in response to changing market conditions, therefore the effect of the COVID-19 pandemic on its investment values in subsequent periods, if any, cannot be determined.

#### NOTE 8 - RECONCILIATION TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

|                                                                | December 31,         |                      |
|----------------------------------------------------------------|----------------------|----------------------|
|                                                                | 2020                 | 2019                 |
| Net assets available for benefits per the financial statements | \$ 55,362,848        | \$ 50,382,361        |
| Add: Employer contributions received after year-end            | 598,649              | -                    |
| Net assets available for benefits per the Form 5500            | <u>\$ 55,961,497</u> | <u>\$ 50,382,361</u> |

The following is a reconciliation of the change in net assets per the financial statements to the Form 5500 for the years ended December 31, 2020 and 2019:

|                                                     | 2020                | 2019                 |
|-----------------------------------------------------|---------------------|----------------------|
| Net additions per the financial statements          | \$ 8,396,785        | \$ 10,674,024        |
| Add: Employer contributions received after year-end | 598,649             | -                    |
| Total income per the Form 5500                      | <u>\$ 8,995,434</u> | <u>\$ 10,674,024</u> |

#### NOTE 9 - SUBSEQUENT EVENTS

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through October 13, 2021, the date the financial statements were available to be issued. The Plan is not aware of any subsequent events which would require recognition or disclosure in the financial statements.

## **SUPPLEMENTAL INFORMATION**

**Alside Retirement Plan**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (MODIFIED CASH BASIS)**

**December 31, 2020**

**EMPLOYER ID NO: 75-1872487, PLAN #: 016**

| <b>(a)</b> | <b>(b) Identity of Issuer, Borrower, Lessor or Similar</b> | <b>(c) Description of Investment, including Maturity Date,<br/>Rate of Interest, Collateral, and Par or Maturity Value</b> | <b>(d) Cost</b>      | <b>(e) Current Value</b> |
|------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------|
|            | Mutual funds                                               |                                                                                                                            |                      |                          |
|            | AMERICAN FUNDS EUROPACIFIC GR R5                           | Mutual Fund                                                                                                                | \$ 3,727,753         | \$ 4,645,130             |
|            | MAINSTAY MACKAY HIGH YIELD CORP BOND I                     | Mutual Fund                                                                                                                | 1,099,845            | 1,091,739                |
|            | AMERICAN BEACON SMALL CP VAL INST                          | Mutual Fund                                                                                                                | 626,105              | 645,543                  |
|            | VIRTUS CEREDEX MID CAP VALUE EQUITY I                      | Mutual Fund                                                                                                                | 1,854,697            | 1,790,332                |
|            | EAGLE SMALL CAP GROWTH I                                   | Mutual Fund                                                                                                                | 757,400              | 866,893                  |
|            | BLACKROCK MID CAP GROWTH EQUITY                            | Mutual Fund                                                                                                                | 1,665,610            | 2,430,044                |
|            | BLACKROCK S&P 500 INDEX INST                               | Mutual Fund                                                                                                                | 9,479,095            | 11,014,197               |
|            | BLACKSTONE ALTERNATIVE MULTI-STRATEGY I                    | Mutual Fund                                                                                                                | 1,359,610            | 1,305,624                |
|            | GABELLI US TREASURY MMKT AAA                               | Mutual Fund                                                                                                                | 49,207               | 49,079                   |
|            | T. ROWE PRICE OVERSEAS STOCK                               | Mutual Fund                                                                                                                | 3,687,174            | 3,967,292                |
|            | STONE RIDGE REINSURANCE RISK INTERVAL FUND                 | Mutual Fund                                                                                                                | 67,143               | 307,939                  |
|            | PIMCO LONG-TERM CREDIT BOND INSTL                          | Mutual Fund                                                                                                                | 12,740,374           | 13,320,082               |
|            | DELAWARE EXTENDED DURATION BOND INST                       | Mutual Fund                                                                                                                | 12,667,316           | 13,123,034               |
|            | PRINCIPAL REAL ESTATE SECURITIES INST                      | Mutual Fund                                                                                                                | 853,726              | 805,920                  |
|            | Total mutual funds                                         |                                                                                                                            | <u>\$ 50,635,055</u> | <u>\$ 55,362,848</u>     |

Alside Retirement Plan

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS (MODIFIED CASH BASIS)

For the year ended December 31, 2020

EMPLOYER ID NO: 75-1872487, PLAN #: 016

| Identity of Party                                                              | Description of Asset | Purchase Price | Selling Price | Cost of Asset | Current Value of Asset on Transaction Date | Net Gain or (Loss) |
|--------------------------------------------------------------------------------|----------------------|----------------|---------------|---------------|--------------------------------------------|--------------------|
| <b>Category (iii) - Series of transactions in excess of 5% of plan assets:</b> |                      |                |               |               |                                            |                    |
| GABELLI US TREASURY MMKT AAA                                                   | Mutual Fund          | 2,200,663      | -             | -             | 2,200,663                                  | -                  |
| GABELLI US TREASURY MMKT AAA                                                   | Mutual Fund          | -              | 3,130,162     | 3,130,162     | 3,130,162                                  | -                  |
| STONE RIDGE REINSURANCE RISK INTERVAL FUND                                     | Mutual Fund          | 10,572         | -             | -             | 10,572                                     | -                  |
| STONE RIDGE REINSURANCE RISK INTERVAL FUND                                     | Mutual Fund          | -              | 2,830,579     | 1,192,160     | 2,830,579                                  | 1,638,419          |

There was no category (i), (ii) or (iv) reportable transactions for the year ended December 31, 2020.

Schedule SB Attachment (Form 5500)—2020 Plan Year  
 Alside Retirement Plan  
 EIN: 75-1872487 PN: 016

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2020

| Attained Age | Number of Participants    |     |     |       |       |       |       |       |       |     |
|--------------|---------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----|
|              | Years of Credited Service |     |     |       |       |       |       |       |       |     |
|              | <1                        | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ |
| <25          |                           |     |     |       |       |       |       |       |       |     |
| 25-29        |                           |     |     |       |       |       |       |       |       |     |
| 30-34        |                           |     |     |       |       |       |       |       |       |     |
| 35-39        |                           |     |     |       |       |       |       |       |       |     |
| 40-44        |                           |     |     | 3     | 2     |       |       |       |       |     |
| 45-49        |                           |     |     | 6     | 5     |       |       |       |       |     |
| 50-54        |                           |     |     | 15    | 14    | 7     |       |       |       |     |
| 55-59        |                           |     |     | 6     | 11    | 6     | 1     |       |       |     |
| 60-64        |                           |     |     | 3     | 9     | 7     | 5     | 4     |       |     |
| 65-69        |                           |     |     | 3     |       | 1     | 1     | 1     |       |     |
| 70+          |                           |     |     |       |       | 1     | 1     |       |       |     |

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Schedule SB Attachment (Form 5500)—2020 Plan Year  
Alside Retirement Plan  
EIN: 75-1872487 PN: 016

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

**For ERISA Requirements**

|                                             |                                                                                                                                                                                                    |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest Rates for Minimum Funding Purposes | Based on segment rates with a four-month look-back (as of September 2019), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor without regard to ARPA. |
| 1st Segment Rate                            | 3.64%.                                                                                                                                                                                             |
| 2nd Segment Rate                            | 5.21%.                                                                                                                                                                                             |
| 3rd Segment Rate                            | 5.94%.                                                                                                                                                                                             |
| Interest Rates for Maximum Tax Purposes     | Based on segment rates with a four-month look-back (as of September 2019), without regard to interest rate stabilization.                                                                          |
| 1st Segment Rate                            | 2.79%.                                                                                                                                                                                             |
| 2nd Segment Rate                            | 3.92%.                                                                                                                                                                                             |
| 3rd Segment Rate                            | 4.38%.                                                                                                                                                                                             |
| Salary Increases                            | N/A.                                                                                                                                                                                               |
| Retirement Age                              |                                                                                                                                                                                                    |
| Active Participants                         | See Table 1.                                                                                                                                                                                       |
| Terminated Vested Participants              | Age 65.                                                                                                                                                                                            |
| Mortality Rates                             |                                                                                                                                                                                                    |
| Healthy and Disabled                        | 2020 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e).                                                                                                               |
| Withdrawal Rates                            | See Table 2.                                                                                                                                                                                       |
| Disability Rates                            | See Table 3.                                                                                                                                                                                       |
| Decrement Timing                            | Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).                                            |
| Surviving Spouse Benefit                    | It is assumed that 95% of males and 95% of females have an eligible spouse, and that males are one year older than their spouses.                                                                  |
| Benefit Limits                              | Projected benefits are limited by the current IRC section 415 maximum benefit of \$230,000.                                                                                                        |

Schedule SB Attachment (Form 5500)—2020 Plan Year  
Alside Retirement Plan  
EIN: 75-1872487 PN: 016

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2018 Plan Year

5.99%.

2019 Plan Year

5.99%.

2020 Plan Year

5.99%, limited to 5.94%.

Trust Expenses Included in Target Normal Cost

Prior year administrative expenses rounded to the nearest \$1,000 (\$662,000 for 2020).

Actuarial Method

Standard unit credit cost method.

Valuation Date

January 1, 2020.

Schedule SB Attachment (Form 5500)—2020 Plan Year  
Alside Retirement Plan  
EIN: 75-1872487 PN: 016

Table 1

**Retirement Rates**

| <b><u>Age</u></b> | <b><u>Rate</u></b> |
|-------------------|--------------------|
| 60                | 5.00%              |
| 61                | 5.00%              |
| 62                | 50.00%             |
| 63                | 25.00%             |
| 64                | 25.00%             |
| 65+               | 100.00%            |

Schedule SB Attachment (Form 5500)—2020 Plan Year  
 Alside Retirement Plan  
 EIN: 75-1872487 PN: 016

Table 2—Page 1 of 2

**Withdrawal Rates**

| Age | Years of Service |        |        |        |        |        |
|-----|------------------|--------|--------|--------|--------|--------|
|     | 0                | 1      | 2      | 3      | 4      | 5+     |
| 15  | 17.50%           | 17.50% | 17.50% | 17.50% | 17.50% | 17.50% |
| 16  | 17.50%           | 17.50% | 17.50% | 17.50% | 17.50% | 17.50% |
| 17  | 17.50%           | 17.50% | 17.50% | 17.50% | 17.50% | 17.50% |
| 18  | 17.50%           | 17.50% | 17.50% | 17.50% | 17.50% | 17.50% |
| 19  | 17.50%           | 17.50% | 17.50% | 17.50% | 17.50% | 17.50% |
| 20  | 17.50%           | 17.50% | 17.50% | 17.50% | 17.50% | 17.50% |
| 21  | 17.50%           | 17.50% | 17.50% | 17.50% | 17.50% | 17.50% |
| 22  | 16.70%           | 16.70% | 16.70% | 16.70% | 16.70% | 16.70% |
| 23  | 15.80%           | 15.80% | 15.80% | 15.80% | 15.80% | 15.80% |
| 24  | 15.10%           | 15.10% | 15.10% | 15.10% | 15.10% | 15.10% |
| 25  | 14.30%           | 14.30% | 14.30% | 14.30% | 14.30% | 14.30% |
| 26  | 13.60%           | 13.60% | 13.60% | 13.60% | 13.60% | 13.60% |
| 27  | 12.80%           | 12.80% | 12.80% | 12.80% | 12.80% | 12.80% |
| 28  | 12.70%           | 12.10% | 12.10% | 12.10% | 12.10% | 12.10% |
| 29  | 12.70%           | 11.90% | 11.50% | 11.50% | 11.50% | 11.50% |
| 30  | 12.70%           | 11.90% | 11.00% | 10.80% | 10.80% | 10.80% |
| 31  | 12.70%           | 11.90% | 11.00% | 10.20% | 10.20% | 10.20% |
| 32  | 12.70%           | 11.90% | 11.00% | 10.20% | 9.60%  | 9.60%  |
| 33  | 12.70%           | 11.90% | 11.00% | 10.20% | 9.50%  | 9.00%  |
| 34  | 12.70%           | 11.90% | 11.00% | 10.20% | 9.50%  | 8.50%  |
| 35  | 12.70%           | 11.90% | 11.00% | 10.20% | 9.50%  | 7.90%  |
| 36  | 12.70%           | 11.90% | 11.00% | 10.20% | 9.50%  | 7.40%  |
| 37  | 12.70%           | 11.90% | 11.00% | 10.20% | 9.50%  | 6.90%  |
| 38  | 12.70%           | 11.90% | 11.00% | 10.20% | 9.50%  | 6.50%  |
| 39  | 12.70%           | 11.90% | 11.00% | 10.20% | 9.50%  | 6.00%  |
| 40  | 12.70%           | 11.90% | 11.00% | 10.20% | 9.50%  | 5.60%  |
| 41  | 12.70%           | 11.90% | 11.00% | 10.20% | 9.50%  | 5.20%  |
| 42  | 12.70%           | 11.90% | 11.00% | 10.20% | 9.50%  | 4.90%  |
| 43  | 12.70%           | 11.90% | 11.00% | 10.20% | 9.50%  | 4.50%  |
| 44  | 12.70%           | 11.90% | 11.00% | 10.20% | 9.50%  | 4.20%  |

Schedule SB Attachment (Form 5500)—2020 Plan Year  
 Alside Retirement Plan  
 EIN: 75-1872487 PN: 016

Table 2—Page 2 of 2

**Withdrawal Rates**

| <b>Age</b> | <b>Years of Service</b> |          |          |          |          |           |
|------------|-------------------------|----------|----------|----------|----------|-----------|
|            | <b>0</b>                | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5+</b> |
| 45         | 12.70%                  | 11.90%   | 11.00%   | 10.20%   | 9.50%    | 3.90%     |
| 46         | 12.70%                  | 11.90%   | 11.00%   | 10.20%   | 9.50%    | 3.60%     |
| 47         | 12.70%                  | 11.90%   | 11.00%   | 10.20%   | 9.50%    | 3.40%     |
| 48         | 12.70%                  | 11.90%   | 11.00%   | 10.20%   | 9.50%    | 3.10%     |
| 49         | 12.70%                  | 11.90%   | 11.00%   | 10.20%   | 9.50%    | 2.90%     |
| 50         | 12.70%                  | 11.90%   | 11.00%   | 10.20%   | 9.50%    | 2.70%     |
| 51         | 12.70%                  | 11.90%   | 11.00%   | 10.20%   | 9.50%    | 2.60%     |
| 52         | 12.70%                  | 11.90%   | 11.00%   | 10.20%   | 9.50%    | 2.40%     |
| 53         | 12.70%                  | 11.90%   | 11.00%   | 10.20%   | 9.50%    | 2.30%     |
| 54         | 12.70%                  | 11.90%   | 11.00%   | 10.20%   | 9.50%    | 2.20%     |
| 55+        | 12.70%                  | 11.90%   | 11.00%   | 10.20%   | 9.50%    | 2.20%     |

Schedule SB Attachment (Form 5500)—2020 Plan Year  
 Alside Retirement Plan  
 EIN: 75-1872487 PN: 016

Table 3

**Disability Rates**

| <b>Age</b> | <b>Male</b> | <b>Female</b> | <b>Age</b> | <b>Male</b> | <b>Female</b> |
|------------|-------------|---------------|------------|-------------|---------------|
| 15         | 0.027%      | 0.027%        | 45         | 0.144%      | 0.216%        |
| 16         | 0.027%      | 0.027%        | 46         | 0.162%      | 0.243%        |
| 17         | 0.027%      | 0.027%        | 47         | 0.189%      | 0.270%        |
| 18         | 0.027%      | 0.027%        | 48         | 0.225%      | 0.297%        |
| 19         | 0.027%      | 0.027%        | 49         | 0.252%      | 0.324%        |
| 20         | 0.027%      | 0.027%        | 50         | 0.297%      | 0.360%        |
| 21         | 0.027%      | 0.027%        | 51         | 0.351%      | 0.396%        |
| 22         | 0.027%      | 0.027%        | 52         | 0.414%      | 0.441%        |
| 23         | 0.027%      | 0.027%        | 53         | 0.477%      | 0.486%        |
| 24         | 0.027%      | 0.027%        | 54         | 0.549%      | 0.531%        |
| 25         | 0.027%      | 0.027%        | 55         | 0.621%      | 0.576%        |
| 26         | 0.027%      | 0.027%        | 56         | 0.693%      | 0.621%        |
| 27         | 0.027%      | 0.027%        | 57         | 0.774%      | 0.666%        |
| 28         | 0.027%      | 0.036%        | 58         | 0.855%      | 0.720%        |
| 29         | 0.027%      | 0.036%        | 59         | 0.945%      | 0.765%        |
| 30         | 0.027%      | 0.036%        | 60         | 1.035%      | 0.810%        |
| 31         | 0.027%      | 0.045%        | 61         | 1.134%      | 0.864%        |
| 32         | 0.027%      | 0.045%        | 62         | 1.242%      | 0.909%        |
| 33         | 0.027%      | 0.054%        | 63         | 1.359%      | 0.945%        |
| 34         | 0.027%      | 0.054%        | 64         | 1.476%      | 0.981%        |
| 35         | 0.036%      | 0.063%        | 65+        | 0.000%      | 0.000%        |
| 36         | 0.036%      | 0.072%        |            |             |               |
| 37         | 0.045%      | 0.081%        |            |             |               |
| 38         | 0.054%      | 0.090%        |            |             |               |
| 39         | 0.063%      | 0.108%        |            |             |               |
| 40         | 0.072%      | 0.117%        |            |             |               |
| 41         | 0.081%      | 0.135%        |            |             |               |
| 42         | 0.090%      | 0.153%        |            |             |               |
| 43         | 0.108%      | 0.171%        |            |             |               |
| 44         | 0.126%      | 0.198%        |            |             |               |

**ATTACHMENT TO THE 2020 SCHEDULE H OF FORM 5500**  
**LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS**

Plan Sponsor: Associated Materials, LLC

Plan Name: Alside Retirement Plan

Plan Year: January 1, 2020 to December 31, 2020

EIN: 75-1872487

Plan No.: 016

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**Item 4i- Schedule of Assets Held at End of Year**

Page 15 of the attached auditor's report of the Plan for the plan year ending December 31, 2020 provides the schedule of assets information.

**Item 4j- Schedule of Reportable Transactions**

Page 16 of the attached auditor's report of the Plan for the plan year ending December 31, 2020 provides the schedule of reportable transactions

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2020</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

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

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

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

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br>ALSIDE RETIREMENT PLAN                                                                                           | <b>B</b> Three-digit plan number (PN) ▶ 016                                                                                                             |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>ASSOCIATED MATERIALS, LLC                                     | <b>D</b> Employer Identification Number (EIN)<br>75-1872487                                                                                             |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                   | <b>Basic Information</b>                                                                                |
| <b>1</b> Enter the valuation date: Month 01 Day 01 Year 2020                                                                                                                                                    |                                                                                                         |
| <b>2</b> Assets:                                                                                                                                                                                                |                                                                                                         |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b> 50,869,135                                                                                    |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b> 47,953,242                                                                                    |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             |                                                                                                         |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | (1) Number of participants 474 (2) Vested Funding Target 26,741,079 (3) Total Funding Target 26,741,079 |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | 661 17,770,934 17,770,934                                                                               |
| <b>c</b> For active participants .....                                                                                                                                                                          | 112 3,241,225 3,618,818                                                                                 |
| <b>d</b> Total .....                                                                                                                                                                                            | 1,247 47,753,238 48,130,831                                                                             |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....                                                                                                                   | <input type="checkbox"/>                                                                                |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                                                                                               |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                                                                                               |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b> 5.30%                                                                                          |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b> 665,198                                                                                        |

**Statement by Enrolled Actuary**

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

|                      |                               |                                        |
|----------------------|-------------------------------|----------------------------------------|
| <b>SIGN HERE</b>     | David A. Henderson <i>DAH</i> | 09/30/2021                             |
|                      | Signature of actuary          | Date                                   |
| David A. Henderson   | Type or print name of actuary | 2006905                                |
| Aon Consulting, Inc. | Firm name                     | Most recent enrollment number          |
|                      |                               | 216-430-4741                           |
|                      |                               | Telephone number (including area code) |
| 950 Main Avenue      |                               |                                        |
| Suite 1600           |                               |                                        |
| Cleveland OH 44113   | Address of the firm           |                                        |

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2020**  
**v. 200204**

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                     | (a) Carryover balance | (b) Prefunding balance |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                            | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                         | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                               | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>23.90%</u> .....                                                                                | 0                     | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                      |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                     |                       | 173                    |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.46%</u> ..... |                       | 9                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                       |                       | 182                    |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                     |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                   | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                        | 0                     | 0                      |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 99.63% |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 99.63% |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 95.58% |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %      |

**Part IV Contributions and Liquidity Shortfalls**

| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 09/11/2020                                                                               | 348,000                           | 0                               |                          |                                   |                                 |
| 10/15/2020                                                                               | 172,000                           | 0                               |                          |                                   |                                 |
| 10/21/2020                                                                               | 14,882                            | 0                               |                          |                                   |                                 |
| 01/07/2021                                                                               | 172,000                           | 0                               |                          |                                   |                                 |
| 01/21/2021                                                                               | 14,883                            | 0                               |                          |                                   |                                 |
| 04/13/2021                                                                               | 191,000                           | 0                               |                          |                                   |                                 |
| 04/23/2021                                                                               | 14,883                            | 0                               |                          |                                   |                                 |
| 07/08/2021                                                                               | 191,000                           | 0                               |                          |                                   |                                 |
| 07/26/2021                                                                               | 14,883                            | 0                               |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>                                                                          |                                   |                                 | <b>18(b)</b>             | 1,133,531                         | <b>18(c)</b>                    |
|                                                                                          |                                   |                                 |                          |                                   | 0                               |

  

|                                                                                                                                      |                      |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                      |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                                 | <b>19a</b> 0         |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                   | <b>19b</b> 0         |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....              | <b>19c</b> 1,075,527 |

  

|                                                                                                                         |                                                                     |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                             |                                                                     |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....                                              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:                         |                                                                     |
| Liquidity shortfall as of end of quarter of this plan year                                                              |                                                                     |
| (1) 1st                                                                                                                 | (2) 2nd                                                             |
| 0                                                                                                                       | 0                                                                   |
| (3) 3rd                                                                                                                 | (4) 4th                                                             |
| 0                                                                                                                       | 0                                                                   |

|                                                                                                                                                                                                                                            |                                                                                                                         |                        |                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------|
| <b>Part V</b>                                                                                                                                                                                                                              | <b>Assumptions Used to Determine Funding Target and Target Normal Cost</b>                                              |                        |                                                                            |
| <b>21</b> Discount rate:                                                                                                                                                                                                                   |                                                                                                                         |                        |                                                                            |
| <b>a</b> Segment rates:                                                                                                                                                                                                                    | 1st segment:<br>3.64 %                                                                                                  | 2nd segment:<br>5.21 % | 3rd segment:<br>5.94 % <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                                                                |                                                                                                                         |                        | <b>21b</b> 4                                                               |
| <b>22</b> Weighted average retirement age .....                                                                                                                                                                                            |                                                                                                                         |                        | <b>22</b> 63                                                               |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute                                               |                                                                                                                         |                        |                                                                            |
| <b>Part VI</b>                                                                                                                                                                                                                             | <b>Miscellaneous Items</b>                                                                                              |                        |                                                                            |
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                                                                         |                        |                                                                            |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                      |                                                                                                                         |                        |                                                                            |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                            |                                                                                                                         |                        |                                                                            |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....                                                                                                       |                                                                                                                         |                        | <b>27</b>                                                                  |
| <b>Part VII</b>                                                                                                                                                                                                                            | <b>Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>                                          |                        |                                                                            |
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                                                                                                                                  |                                                                                                                         |                        | <b>28</b> 0                                                                |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....                                                                                                        |                                                                                                                         |                        | <b>29</b> 0                                                                |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                                                                                                                          |                                                                                                                         |                        | <b>30</b> 0                                                                |
| <b>Part VIII</b>                                                                                                                                                                                                                           | <b>Minimum Required Contribution For Current Year</b>                                                                   |                        |                                                                            |
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                                                                         |                                                                                                                         |                        |                                                                            |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                                                                                 |                                                                                                                         |                        | <b>31a</b> 665,198                                                         |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                                                                                 |                                                                                                                         |                        | <b>31b</b> 0                                                               |
| <b>32</b> Amortization installments:                                                                                                                                                                                                       | Outstanding Balance                                                                                                     |                        | Installment                                                                |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                                                                      | 177,589                                                                                                                 |                        | 96,306                                                                     |
| <b>b</b> Waiver amortization installment .....                                                                                                                                                                                             | 0                                                                                                                       |                        | 0                                                                          |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....                                                       |                                                                                                                         |                        | <b>33</b>                                                                  |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....                                                                                                                |                                                                                                                         |                        | <b>34</b> 761,504                                                          |
|                                                                                                                                                                                                                                            | Carryover balance                                                                                                       | Prefunding balance     | Total balance                                                              |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                                                                                     |                                                                                                                         |                        | 0                                                                          |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                                                                         |                                                                                                                         |                        | <b>36</b> 761,504                                                          |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                                                                         |                                                                                                                         |                        | <b>37</b> 1,075,527                                                        |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                                                                        |                                                                                                                         |                        |                                                                            |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                                                                             |                                                                                                                         |                        | <b>38a</b> 314,023                                                         |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                                                                      |                                                                                                                         |                        | <b>38b</b> 0                                                               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....                                                                                                                             |                                                                                                                         |                        | <b>39</b> 0                                                                |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                                                                        |                                                                                                                         |                        | <b>40</b> 0                                                                |
| <b>Part IX</b>                                                                                                                                                                                                                             | <b>Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)</b>                                       |                        |                                                                            |
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                                                                                                                                                            |                                                                                                                         |                        |                                                                            |
| <b>a</b> Schedule elected .....                                                                                                                                                                                                            | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |                        |                                                                            |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....                                                                                                                                                           | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |                        |                                                                            |

Schedule SB Attachment (Form 5500)—2020 Plan Year  
Alside Retirement Plan  
EIN: 75-1872487 PN: 016

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2020

| <b>Date</b>        | <b>Amount</b> | <b>Days to<br/>Discount to<br/>1/1/2020 at<br/>5.30%</b> | <b>Interest<br/>Adjusted<br/>Contribution</b> |
|--------------------|---------------|----------------------------------------------------------|-----------------------------------------------|
| September 11, 2020 | \$ 348,000    | 254                                                      | \$ 335,749                                    |
| October 15, 2020   | 172,000       | 288                                                      | 165,150                                       |
| October 21, 2020   | 14,882        | 294                                                      | 14,277                                        |
| January 7, 2021    | 172,000       | 372                                                      | 163,204                                       |
| January 21, 2021   | 14,883        | 386                                                      | 14,094                                        |
| April 13, 2021     | 191,000       | 468                                                      | 178,788                                       |
| April 23, 2021     | 14,883        | 478                                                      | 13,912                                        |
| July 8, 2021       | 191,000       | 554                                                      | 176,625                                       |
| July 26, 2021      | 14,883        | 572                                                      | 13,728                                        |
| Total Contribution | \$ 1,133,531  |                                                          | \$ 1,075,527                                  |

Schedule SB Attachment (Form 5500)—2020 Plan Year  
Alside Retirement Plan  
EIN: 75-1872487 PN: 016

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

| (a)              | (b)     | (c)    | (d)                        |
|------------------|---------|--------|----------------------------|
| Age              | Rate    | Weight | Product<br>(a) × (b) × (c) |
| 60.5             | 5.00%   | 1.0000 | 3.03                       |
| 61.5             | 5.00%   | 0.9500 | 2.92                       |
| 62.5             | 50.00%  | 0.9025 | 28.20                      |
| 63.5             | 25.00%  | 0.4513 | 7.16                       |
| 64.5             | 25.00%  | 0.3384 | 5.46                       |
| 65               | 100.00% | 0.2538 | 16.50                      |
| Weighted Average |         |        | 63.27                      |

## Schedule C, Line 2(h) Formula Descriptions

**Alside Retirement Plan**  
**EIN No.: 75-1872487, Plan No. 016**  
**Plan Year Ending: 12/31/2020**

**Indirect Compensation in the form of revenue sharing was paid to the following Service Providers:**

NATIONAL FINANCIAL SERVICES

04-3523567

Revenue amounts are shown in annualized basis points of plan assets invested in applicable fund

| Fund Family     | Fund Name                                   | Start Date | End Date   | Revenue to National<br>Financial Services |
|-----------------|---------------------------------------------|------------|------------|-------------------------------------------|
| AMERICAN BEACON | AMERICAN BEACON SMALL CAP VALUE R5          | 1/1/2020   | 12/31/2020 | 0.112                                     |
| AMERICAN FUNDS  | AMER FDS EUROPAC                            | 1/1/2020   | 12/31/2020 | 0.140                                     |
| BLACKROCK       | ISHARES S&P 500 INDEX INSTL                 | 1/1/2020   | 12/31/2020 | 0.140                                     |
| BLACKSTONE      | BLACKSTONE ALTERNATIVE MULTI-STRATEGY I     | 1/1/2020   | 12/31/2020 | 0.280                                     |
| PRINCIPAL       | PRINCIPAL REAL ESTATE SEC INST              | 1/1/2020   | 12/31/2020 | 0.280                                     |
| MAINSTAY        | MAINSTAY MACKAY HIGH YIELD CORPORATE BOND I | 1/1/2020   | 12/31/2020 | 0.420                                     |
| CARILLON        | CARILLON EAGLE SMALL CAP GROWTH I           | 1/1/2020   | 12/31/2020 | 0.420                                     |
| T ROWE PRICE    | T. ROWE PRICE OVERSEAS STOCK                | 1/1/2020   | 12/31/2020 | 0.420                                     |
| STONE RIDGE     | STONE RIDGE REINSURANCE RISK INTERVAL FUND  | 1/1/2020   | 12/31/2020 | 0.420                                     |
| STONE RIDGE     | STONE RIDGE ALL ASSET VRP FUND              | 1/1/2020   | 11/11/2020 | 0.420                                     |
| DELAWARE        | DELAWARE EXT DURATION BD INST               | 1/1/2020   | 12/31/2020 | 0.420                                     |
| VIRTUS          | VIRTUS CEREDX MID CAP VALUE EQUITY I        | 1/1/2020   | 12/31/2020 | 1.400                                     |

Schedule SB Attachment (Form 5500)—2020 Plan Year  
Alside Retirement Plan  
EIN: 75-1872487 PN: 016

Schedule SB, Part V—Summary of Plan Provisions

Effective Date March 1, 1984.

Freeze Date December 31, 1998.

Participants Any employee who has at least one year of continuous service as of December 31, 1998, regardless of age, and who is in a group of employees designated for coverage.

Normal Retirement

Eligibility Age 65 and five years of participation service.

Benefit Special payment plus regular pension.

Early Retirement

Eligibility Either (1) or (2) below:

(1) Age 60 and 15 years of continuous service.

(2) 30 years of continuous service.

Benefit Special payment plus regular pension benefit reduced for early commencement.

The regular pension benefit calculated for continuous service after January 1, 1988 shall be reduced as follows:

| Age | Percentage | Age | Percentage |
|-----|------------|-----|------------|
| 64  | 92.3%      | 59  | 65.4%      |
| 63  | 84.6%      | 58  | 61.5%      |
| 62  | 76.9%      | 57  | 57.7%      |
| 61  | 73.1%      | 56  | 52.9%      |
| 60  | 69.2%      | 55  | 48.6%      |

The regular pension benefit for continuous service prior to January 1, 1988 is unreduced if commencement is deferred to age 62, or if the participant has 30 or more years of continuous service at retirement; otherwise the regular pension benefit shall be actuarially reduced from age 62 to age 60.

Disabled Retirement

Eligibility Permanently disabled prior to age 65 and 15 years of continuous service.

Schedule SB Attachment (Form 5500)—2020 Plan Year  
Alside Retirement Plan  
EIN: 75-1872487 PN: 016

Benefit

Regular pension benefits plus special payment plus an additional monthly supplemental benefit of \$400.00 payable during the period while the participant is not eligible for Social Security benefits.

For periods of service after January 1, 1988, the 1.90% accrual factor for the regular pension benefit shall be modified based on age at commencement as follows:

| Age | Percentage | Age | Percentage |
|-----|------------|-----|------------|
| 64  | 1.850%     | 59  | 1.675%     |
| 63  | 1.800%     | 58  | 1.650%     |
| 62  | 1.750%     | 57  | 1.625%     |
| 61  | 1.725%     | 56  | 1.594%     |
| 60  | 1.700%     | 55  | 1.556%     |

And the 0.65% accrual factor as follows:

| Age | Percentage | Age | Percentage |
|-----|------------|-----|------------|
| 64  | 0.600%     | 59  | 0.425%     |
| 63  | 0.550%     | 58  | 0.400%     |
| 62  | 0.500%     | 57  | 0.375%     |
| 61  | 0.475%     | 56  | 0.344%     |
| 60  | 0.450%     | 55  | 0.316%     |

The regular pension benefit for continuous service prior to January 1, 1988 is unreduced.

Additional Retirement Benefit  
Eligibility

Participants retiring prior to January 1, 1990 under any type of retirement eligibility other than a deferred vested retirement.

Benefit

Annual benefit amounts ranging from \$1,000 to \$3,000 and varying by age and marital status.

Deferred Vested Retirement  
Eligibility

Participant as of December 31, 1998.

Benefit

Regular pension benefit payable at age 65, or actuarially reduced benefit payable as early as age 60.

Additional reductions apply to benefit for participants who incur a break in service during the 1988 calendar year and have less than 10 years of continuous service.

Schedule SB Attachment (Form 5500)—2020 Plan Year  
Alside Retirement Plan  
EIN: 75-1872487 PN: 016

Qualified Preretirement Survivor Annuity  
Eligibility

Participants as of December 31, 1998 who have been married for at least one year.

Benefit

50% of the regular pension benefit payable at participants' age 60, (or age at death if later) reduced for the cost of survivor annuity protection. Early retirement reductions apply only to deferred vested participants. This amount is then reduced by any predecessor plan pre-pension spouse coverage or surviving spouse benefit payable.

Surviving Spouse's Benefit  
Eligibility

Fifteen years of continuous service.

Benefit

The greater of (1) and (2) below:

- (1) \$140.00 per month payable until the surviving spouse is eligible for widow's benefits provided under Social Security, and \$90.00 per month thereafter.
- (2) 50% of the regular pension benefit payable had the participant retired on the earlier of the date of his death or the last day of his continuous service. The benefit is not reduced for the cost of survivor annuity protection. This amount is offset by 50% of the widow's benefit provided under Social Security.

Definitions  
Continuous Service

Service beginning with the employee's last reemployment date and ending with the severance from service date (adjusted as required for breaks in service).

Special Payment

A lump sum payment equal to 13 weeks of base pay. This amount is reduced by the number of weeks of vacation pay entitled to in the year of retirement. The vacation schedule is as follows:

| Years of Service | Weeks of Vacation |
|------------------|-------------------|
| 1–6              | 2                 |
| 7–19             | 3                 |
| 20+              | 4                 |

The resulting lump sum amount replaces the first three months of regular pension benefit payments.

Schedule SB Attachment (Form 5500)—2020 Plan Year  
Alside Retirement Plan  
EIN: 75-1872487 PN: 016

Furthermore, if the participant is a former participant under the USX plan, the payment is recalculated using 1984 base pay. This amount, which is payable by USX, is then subtracted from the payment amount based on current base pay. The end result is the amount payable by Alside.

The amount of the special payment was frozen April 1, 2010.

Regular Pension

Sum of (1) and (2) subject to (3) below:

- (1) The accrued benefit earned as of December 31, 1987.
- (2) 1.90% of average monthly earnings times years of continuous service from January 1, 1988 to December 31, 1998, less 0.65% of average monthly earnings not exceeding monthly covered compensation times years of continuous service from January 1, 1988 to December 31, 1998.
- (3) In no event, however, shall the 1988 annual accrual calculated under (2) above be less than 2% of average monthly earnings as of December 31, 1988 times continuous service from January 1, 1988 through December 31, 1988, offset by  $1\frac{2}{3}\%$  of Social Security benefit times continuous service from January 1, 1988 through December 31, 1988.

Covered Compensation

The average of the maximum taxable wage bases for the 35 calendar years ending with the year in which individual attains Social Security retirement age. In determining an individual's covered compensation in any given year, the current year's wage base is assumed to remain constant in future years. Notwithstanding the above, covered compensation is determined as of December 31, 1998.

Average Monthly Earnings

The monthly average of the 60 highest consecutive calendar month periods of total earnings in the last 120 months prior to the earlier of January 1, 1999 and the participant's termination.

Employee Contributions

For plan years prior to January 1, 1999, each participant was required to contribute 1.5% of earnings per year. For plan year's starting January 1, 1999 and later, no contributions are required.

Schedule SB Attachment (Form 5500)—2020 Plan Year  
Alside Retirement Plan  
EIN: 75-1872487 PN: 016

Normal Form of Benefits

For unmarried participants: Six-year certain and life annuity.

For married participants: The actuarial equivalent qualified joint and survivor annuity.

Optional Forms of Benefits

50%, 75% or 100% continuation of benefits to a co pensioner. Actuarial equivalence for this purpose is based on a 6.00% interest rate and the RP-2000 Combined Healthy Mortality Table, blended 50% male and 50% female and projected to 2008 at scale AA, with no age setbacks

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Under the American Rescue Plan Act of 2021 (ARPA), the stabilized interest rates for certain purposes will be adjusted once the ARPA stabilization is applied. By default, this stabilization would have applied starting with the 2020 plan year.

On September 7, 2021, Associated Materials, LLC made an explicit election not to apply the ARPA interest rate stabilization (for any purposes) to the Alside Retirement Plan for the 2020 plan year. Therefore, this Schedule SB reflects stabilized 2020 minimum funding interest rates without regard to ARPA.

**ATTACHMENT TO THE 2020 SCHEDULE H OF FORM 5500**  
**LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS**

Plan Sponsor: Associated Materials, LLC

Plan Name: Alside Retirement Plan

Plan Year: January 1, 2020 to December 31, 2020

EIN: 75-1872487

Plan No.: 016

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**Item 4i- Schedule of Assets Held at End of Year**

Page 15 of the attached auditor's report of the Plan for the plan year ending December 31, 2020 provides the schedule of assets information.

**Item 4j- Schedule of Reportable Transactions**

Page 16 of the attached auditor's report of the Plan for the plan year ending December 31, 2020 provides the schedule of reportable transactions

Schedule SB Attachment (Form 5500)—2020 Plan Year  
Alside Retirement Plan  
EIN: 75-1872487 PN: 016

Schedule SB, line 32—Schedule of Amortization Bases

| Type of Base | Present Value of Installment | Date Established | Years Remaining | Amortization Installment |
|--------------|------------------------------|------------------|-----------------|--------------------------|
| Shortfall    | \$ 464,724                   | January 1, 2017  | 4               | \$ 122,484               |
| Shortfall    | \$ (330,677)                 | January 1, 2018  | 5               | \$ (70,947)              |
| Shortfall    | \$ 1,717,006                 | January 1, 2019  | 6               | \$ 315,821               |
| Shortfall    | \$ (1,673,464)               | January 1, 2020  | 7               | \$ (271,052)             |

Under the American Rescue Plan Act of 2021 (ARPA), the shortfall relief wipes out existing shortfall amortization bases and changes the amortization period. By default, this relief applies starting with the 2022 plan year. This Schedule SB reflects the shortfall amortization bases without regard to the ARPA shortfall relief for the 2019 and 2020 plan years.