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| <b>Form 5500-SF</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>Short Form Annual Return/Report of Small Employee Benefit Plan</b><br><br>This form is required to be filed 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><b>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2020</b><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>02/28/2020</u> and ending <u>02/27/2021</u>                                                                                                                                                                                           |                                                 |
| <b>A</b> This return/report is for: <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) |                                                 |
| <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> Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> 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>GENERAL EXTRUSIONS, INC. DEFINED BENEFIT PENSION PLAN                                                                                                                                                                                                                                                                                              |                                                                | <b>1b</b> Three-digit plan number (PN) ▶                                        | 001                                                          |
| <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>GENERAL EXTRUSIONS, INC.<br><br>P.O. BOX 3488<br>YOUNGSTOWN, OH 44513-3488                                  |                                                                | <b>1c</b> Effective date of plan<br>02/28/1963                                  |                                                              |
|                                                                                                                                                                                                                                                                                                                                                                              |                                                                | <b>2b</b> Employer Identification Number (EIN) <u>34-0706173</u>                |                                                              |
|                                                                                                                                                                                                                                                                                                                                                                              |                                                                | <b>2c</b> Sponsor's telephone number<br>330-783-0270                            |                                                              |
|                                                                                                                                                                                                                                                                                                                                                                              |                                                                | <b>2d</b> Business code (see instructions)<br>332900                            |                                                              |
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.                                                                                                                                                                                                                                                                    |                                                                | <b>3b</b> Administrator's EIN<br><br><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>5a</b> Total number of participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                               |                                                                | <b>5a</b>                                                                       | 80                                                           |
| <b>b</b> Total number of participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                      |                                                                | <b>5b</b>                                                                       | 76                                                           |
| <b>c</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                               |                                                                | <b>5c</b>                                                                       |                                                              |
| <b>d(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                      |                                                                | <b>5d(1)</b>                                                                    | 10                                                           |
| <b>d(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                            |                                                                | <b>5d(2)</b>                                                                    | 10                                                           |
| <b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                   |                                                                | <b>5e</b>                                                                       | 0                                                            |
| <b>Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.</b>                                                                                                                                                                                                                                   |                                                                |                                                                                 |                                                              |
| Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. |                                                                |                                                                                 |                                                              |
| SIGN HERE                                                                                                                                                                                                                                                                                                                                                                    | Filed with authorized/valid electronic signature.              | 12/01/2021                                                                      | ROSEMARY ATHEY                                               |
| SIGN HERE                                                                                                                                                                                                                                                                                                                                                                    | Signature of plan administrator                                | Date                                                                            | Enter name of individual signing as plan administrator       |
| SIGN HERE                                                                                                                                                                                                                                                                                                                                                                    | Signature of employer/plan sponsor                             | Date                                                                            | Enter name of individual signing as employer or plan sponsor |

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

Form 5500-SF (2020)  
v.200204

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ..... ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ..... ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☒ Yes ☐ No ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4298712. (See instructions.)

**Part III Financial Information**

| <b>7</b> Plan Assets and Liabilities                                                                 |              | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b> |
|------------------------------------------------------------------------------------------------------|--------------|------------------------------|------------------------|
| <b>a</b> Total plan assets .....                                                                     | <b>7a</b>    | 3331448                      | 3396853                |
| <b>b</b> Total plan liabilities .....                                                                | <b>7b</b>    | 0                            | 0                      |
| <b>c</b> Net plan assets (subtract line 7b from line 7a) .....                                       | <b>7c</b>    | 3331448                      | 3396853                |
| <b>8</b> Income, Expenses, and Transfers for this Plan Year                                          |              | <b>(a) Amount</b>            | <b>(b) Total</b>       |
| <b>a</b> Contributions received or receivable from:                                                  |              |                              |                        |
| <b>(1)</b> Employers .....                                                                           | <b>8a(1)</b> | 0                            |                        |
| <b>(2)</b> Participants .....                                                                        | <b>8a(2)</b> | 0                            |                        |
| <b>(3)</b> Others (including rollovers) .....                                                        | <b>8a(3)</b> | 0                            |                        |
| <b>b</b> Other income (loss) .....                                                                   | <b>8b</b>    | 330991                       |                        |
| <b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....                                  | <b>8c</b>    |                              | 330991                 |
| <b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) ..... | <b>8d</b>    | 229166                       |                        |
| <b>e</b> Certain deemed and/or corrective distributions (see instructions) .                         | <b>8e</b>    | 0                            |                        |
| <b>f</b> Administrative service providers (salaries, fees, commissions) .....                        | <b>8f</b>    | 36420                        |                        |
| <b>g</b> Other expenses .....                                                                        | <b>8g</b>    | 0                            |                        |
| <b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....                                         | <b>8h</b>    |                              | 265586                 |
| <b>i</b> Net income (loss) (subtract line 8h from line 8c) .....                                     | <b>8i</b>    |                              | 65405                  |
| <b>j</b> Transfers to (from) the plan (see instructions) .....                                       | <b>8j</b>    |                              |                        |

**Part IV Plan Characteristics**

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
1A 1I
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

**Part V Compliance Questions**

| <b>10</b> During the plan year:                                                                                                                                                                                                           |            | <b>Yes</b>                          | <b>No</b>                           | <b>Amount</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------|-------------------------------------|---------------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) .....                       | <b>10a</b> |                                     | <input checked="" type="checkbox"/> |               |
| <b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....                                                                                                      | <b>10b</b> |                                     | <input checked="" type="checkbox"/> |               |
| <b>c</b> Was the plan covered by a fidelity bond? .....                                                                                                                                                                                   | <b>10c</b> | <input checked="" type="checkbox"/> |                                     | 2000000       |
| <b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                   | <b>10d</b> |                                     | <input checked="" type="checkbox"/> |               |
| <b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) ..... | <b>10e</b> |                                     | <input checked="" type="checkbox"/> |               |
| <b>f</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                        | <b>10f</b> |                                     | <input checked="" type="checkbox"/> |               |
| <b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....                                                                                                                                          | <b>10g</b> |                                     | <input checked="" type="checkbox"/> |               |
| <b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                              | <b>10h</b> |                                     |                                     |               |
| <b>i</b> If 10h was answered "Yes," check the 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>10i</b> |                                     |                                     |               |

**Part VI Pension Funding Compliance**

|                                                                                                                                                                                                                                                               |                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>11</b> Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 12 below.....       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>a</b> Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40.....                                                                                                                                              | <b>11a</b> 0                                                        |
| <b>b PBGC missed contribution reporting requirements.</b> If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: |                                                                     |
| <input type="checkbox"/> Yes.                                                                                                                                                                                                                                 |                                                                     |
| <input type="checkbox"/> 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.                                               |                                                                     |
| <input type="checkbox"/> 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.        |                                                                     |
| <input type="checkbox"/> No. Other. Provide explanation _____                                                                                                                                                                                                 |                                                                     |

|                                                                                                                                                                                                                                                                                                                                    |                                                                                       |
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| <b>12</b> Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ..... (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                   |
| <b>a</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 letter ruling granting the waiver. .... Month _____ Day _____ Year _____                                                                                                   |                                                                                       |
| <b>If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.</b>                                                                                                                                                                                                                     |                                                                                       |
| <b>b</b> Enter the minimum required contribution for this plan year .....                                                                                                                                                                                                                                                          | <b>12b</b>                                                                            |
| <b>c</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                         | <b>12c</b>                                                                            |
| <b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) .....                                                                                                                                                                                 | <b>12d</b>                                                                            |
| <b>e</b> Will the minimum funding amount reported on line 12d be met by the funding deadline?.....                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

**Part VII Plan Terminations and Transfers of Assets**

|                                                                                                                                                                                                             |                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>13a</b> Has a resolution to terminate the plan been adopted in any plan year? .....                                                                                                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| If "Yes," enter the amount of any plan assets that reverted to the employer this year.....                                                                                                                  | <b>13a</b>                                                          |
| <b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>c</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>13c(1)</b> Name of plan(s):                                                                                                                                                                              | <b>13c(2)</b> EIN(s)                                                |
|                                                                                                                                                                                                             |                                                                     |
| <b>13c(3)</b> PN(s)                                                                                                                                                                                         |                                                                     |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                  |                                                                                                |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></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> |                          |
| For calendar plan year 2020 or fiscal plan year beginning 02/28/2020 and ending 02/27/2021                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                  |                                                                                                |                          |
| ▶ 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>GENERAL EXTRUSIONS, INC. DEFINED BENEFIT PENSION PLAN                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                   | B Three-digit plan number (PN) ▶                                                                                                                 |                                                                                                | 001                      |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>GENERAL EXTRUSIONS, INC.                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                   | D Employer Identification Number (EIN)<br>34-0706173                                                                                             |                                                                                                |                          |
| 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 checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |                                                                                                |                          |
| Part I Basic Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                  |                                                                                                |                          |
| 1 Enter the valuation date: Month 02 Day 28 Year 2020                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                  |                                                                                                |                          |
| 2 Assets:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                  |                                                                                                |                          |
| a Market value .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                   | 2a                                                                                                                                               | 3329924                                                                                        |                          |
| b Actuarial value .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                   | 2b                                                                                                                                               | 3329924                                                                                        |                          |
| 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.....                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                   | 58                                                                                                                                               | 2470868                                                                                        | 2470868                  |
| b For terminated vested participants.....                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                   | 12                                                                                                                                               | 331737                                                                                         | 331737                   |
| c For active participants .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                   | 10                                                                                                                                               | 357243                                                                                         | 357243                   |
| d Total .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                   | 80                                                                                                                                               | 3159848                                                                                        | 3159848                  |
| 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                                                                                                                                                | 5.23 %                                                                                         |                          |
| 6 Target normal cost.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                   | 6                                                                                                                                                | 46525                                                                                          |                          |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                   | 11/20/2021                                                                                                                                       |                                                                                                |                          |
| DEBBIE P. SICHKO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                   | Date                                                                                                                                             |                                                                                                |                          |
| Type or print name of actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                   | 20-07411                                                                                                                                         |                                                                                                |                          |
| FINDLEY, A DIVISION OF USI                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                   | Most recent enrollment number                                                                                                                    |                                                                                                |                          |
| Firm name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                   | 216-875-1900                                                                                                                                     |                                                                                                |                          |
| 1660 WEST SECOND STREET, SUITE 900<br>CLEVELAND, OH 44113-1461                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                   | Telephone number (including area code)                                                                                                           |                                                                                                |                          |
| 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 <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                  |                                                                                                |                          |
| 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>13.80</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) .....                                                                                      |                       | 679                    |
| <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>5.38</u> % ..... |                       | 37                     |
| <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 .....                                                                        |                       | 716                    |
| <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> | 105.38 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 105.38 % |
| <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> | 100.02 % |
| <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 |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
|                          |                                   |                                 |                          |                                   |                                 |
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|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 0                                 | <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> | 0 |

**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 |
|                                                            |         |         |         |

**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**

0

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

65

**23** Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. ....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years ..... **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) ..... **31a** 46525**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 46525**32** Amortization installments:**a** Net shortfall amortization installment ..... Outstanding Balance 0 Installment 0**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** 0**35** Balances elected for use to offset funding requirement ..... Carryover balance 0 Prefunding balance 0 Total balance 0**36** Additional cash requirement (line 34 minus line 35) ..... **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) ..... **37** 0**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 0**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) ..... **39** 0**40** Unpaid minimum required contributions for all years ..... **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ..... ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ..... ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Schedule SB, Line 26 - Schedule of Active Participant Data

February 28, 2020 Valuation  
General Extrusions, Inc. Defined Benefit Pension Plan  
(EIN: 34-0706173; PN: 001)

| Attained<br>Age | Years of Vesting Service |        |        |          |          |          |          |          |          |          |
|-----------------|--------------------------|--------|--------|----------|----------|----------|----------|----------|----------|----------|
|                 | Under 1                  | 1 to 4 | 5 to 9 | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 to 39 | 40 & up  |
| Under 25        | -                        | -      | -      | -        | -        | -        | -        | -        | -        | -        |
| 25 to 29        | -                        | -      | -      | -        | -        | -        | -        | -        | -        | -        |
| 30 to 34        | -                        | -      | -      | -        | -        | -        | -        | -        | -        | -        |
| 35 to 39        | -                        | -      | -      | -        | -        | -        | -        | -        | -        | -        |
| 40 to 44        | -                        | -      | -      | -        | -        | 1<br>(*) | -        | -        | -        | -        |
| 45 to 49        | -                        | -      | -      | -        | -        | 1<br>(*) | 1<br>(*) | -        | -        | -        |
| 50 to 54        | -                        | -      | -      | -        | -        | -        | 1<br>(*) | -        | -        | -        |
| 55 to 59        | -                        | -      | -      | -        | -        | -        | 1<br>(*) | 2<br>(*) | -        | -        |
| 60 to 64        | -                        | -      | -      | -        | 1<br>(*) | -        | -        | -        | -        | 2<br>(*) |
| 65 to 69        | -                        | -      | -      | -        | -        | -        | -        | -        | -        | -        |
| 70 & up         | -                        | -      | -      | -        | -        | -        | -        | -        | -        | -        |

\* Average compensation is not shown since there are fewer than 1,000 active participants in this plan

## Appendix B

### Statement of Actuarial Assumptions and Methods

|                                                 |                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Minimum Funding Annual Interest Rates</b>    | <p>24-month segment rates averaged through the end of January 2020 and published in February 2020 (as prescribed by IRC 430) and adjusted to reflect BBA:</p> <ul style="list-style-type: none"> <li>Segment 1 (0 – 5 years) 3.64%</li> <li>Segment 2 (5 to 20 years) 5.21%</li> <li>Segment 3 (more than 20 years) 5.94%</li> <li>Effective Interest Rate 5.23%</li> </ul>             |
| <b>Maximum Deductible Annual Interest Rates</b> | <p>24-month segment rates averaged through the end of January 2020 and published in February 2020 (as prescribed by IRC 430) as follows:</p> <ul style="list-style-type: none"> <li>Segment 1 (0 – 5 years) 2.75%</li> <li>Segment 2 (5 to 20 years) 3.80%</li> <li>Segment 3 (more than 20 years) 4.26%</li> <li>Effective Interest Rate 3.84%</li> </ul>                              |
| <b>Annual Expected Return on Assets</b>         | <p>Interest Rate for developing Actuarial Value of Assets; limited to third segment rate 7.50%</p> <p>Rationale: as selected by the Plan Sponsor</p>                                                                                                                                                                                                                                    |
| <b>PBGC Annual Interest Rates</b>               | <p>24-month segment rates averaged through the end of January 2020 and published in February 2020 using the Alternative Method (as prescribed by IRC 430) as follows:</p> <ul style="list-style-type: none"> <li>Segment 1 (0 – 5 years) 2.75%</li> <li>Segment 2 (5 to 20 years) 3.80%</li> <li>Segment 3 (more than 20 years) 4.26%</li> <li>Effective Interest Rate 3.84%</li> </ul> |
| <b>Salary Scale</b>                             | Not applicable                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Mortality</b>                                | <p>Funding: Mortality as provided in Notice 2019-26, male and female, with different rate for annuitants and nonannuitants (as prescribed by IRC 430).</p> <p>Rationale: as selected by Plan Sponsor to reflect the most recent mortality assumption published.</p>                                                                                                                     |
| <b>Rates of Retirement</b>                      | <p>All participants are assumed to retire at age 65.</p> <p>Rationale: as selected by Plan Sponsor to meet historical experience.</p> <p>Weighted Average Retirement Age is 65. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.</p>                                                           |

## Appendix B (Continued)

|                                                                       |                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Rates of Turnover                                                     | None.<br><br>Rationale: as selected by Plan Sponsor to meet historical experience.                                                                                                                                                                                |
| Rates of Disability                                                   | None.<br><br>Rationale: as selected by Plan Sponsor to meet historical experience.                                                                                                                                                                                |
| Assumptions Made In Valuing Spouse's Benefit                          | Eighty percent of the employees included in the valuation are assumed to be married. This percentage is used as the probability that survivor benefits will be payable due to preretirement deaths. The wife is assumed to be two years younger than the husband. |
| Optional Form Selection                                               | All employees are assumed to elect the normal form of benefit.                                                                                                                                                                                                    |
| Provision for Expenses                                                | The expected non-investment related expenses expected to be paid from plan assets for the upcoming year were included in the Target Normal Cost for Minimum Required Contribution purposes.                                                                       |
| Standing Elections                                                    | The client has not signed an election that provides for the automatic use of the Carryover Balance and/or Prefunding Balance if necessary to meet the minimum funding requirement.                                                                                |
| Asset Method                                                          | Market Value of Assets plus interest adjusted accrued but unpaid contributions as of the valuation date.                                                                                                                                                          |
| Funding Method                                                        | Pure Unit Credit                                                                                                                                                                                                                                                  |
| Employees Valued                                                      | Only participants as of the valuation date were valued.                                                                                                                                                                                                           |
| Changes in Assumptions and Methods since the Last Actuarial Valuation | The interest rates used for determining the funding target were 3.74%, 5.35%, 6.11%. These rates were updated to the rates required for the current plan year.<br><br>The mortality table for the funding target was changed as required under PPA '06.           |
| Justification for Changes in Actuarial Assumptions                    | The only assumption changes were to prescribed actuarial assumptions or as a result of At-Risk status. Therefore, the plan did not need IRS approval to change assumptions and there is no need to disclose any "Change in Actuarial Assumptions."                |

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

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

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

OMB No. 1210-0110

**2020**This Form is Open to Public  
Inspection

For calendar plan year 2020 or fiscal plan year beginning 02/28/2020 and ending 02/27/2021

▶ 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>GENERAL EXTRUSIONS, INC. DEFINED BENEFIT PENSION PLAN                                                            |  | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                 | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>GENERAL EXTRUSIONS, INC.                                      |  | <b>D</b> Employer Identification Number (EIN)<br>34-0706173                                                                                             |     |
| <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 checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |     |

**Part I Basic Information**

|                                                                                                                                                                                                                 |                            |                           |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month <u>02</u> Day <u>28</u> Year <u>2020</u>                                                                                                                               |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                           |                          |
| <b>a</b> Market value .....                                                                                                                                                                                     |                            | <b>2a</b>                 | 3,329,924                |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  |                            | <b>2b</b>                 | 3,329,924                |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | 58                         | 2,470,868                 | 2,470,868                |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | 12                         | 331,737                   | 331,737                  |
| <b>c</b> For active participants .....                                                                                                                                                                          | 10                         | 357,243                   | 357,243                  |
| <b>d</b> Total .....                                                                                                                                                                                            | 80                         | 3,159,848                 | 3,159,848                |
| <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>                   | 5.23%                     |                          |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b>                   | 46,525                    |                          |

**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>                   | <i>Debbie P. Sichko</i>  | <u>11/20/2021</u>                      |
| DEBBIE P. SICHKO                   |                                                                                                             | Date<br>2007411                        |
| Type or print name of actuary      |                                                                                                             | Most recent enrollment number          |
| FINDLEY, A DIVISION OF USI         |                                                                                                             | 216-875-1900                           |
| Firm name                          |                                                                                                             | Telephone number (including area code) |
| 1660 WEST SECOND STREET, SUITE 900 |                                                                                                             |                                        |
| CLEVELAND OH 44113-1461            |                                                                                                             |                                        |
| 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>13.80%</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) .....                                                                                     |                       | 679                    |
| <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>5.38%</u> ..... |                       | 37                     |
| <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 .....                                                                       |                       | 716                    |
| <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> | 105.38% |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 105.38% |
| <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> | 100.02% |
| <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 |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
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|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 0                                 | <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> | 0 |

**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 |
|                                                            |         |         |         |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

|                                                 |                                                                                                                                              |                        |                        |                                                     |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <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> 0                                        |
| <b>22</b> Weighted average retirement age ..... |                                                                                                                                              |                        |                        | <b>22</b> 65                                        |
| <b>23</b> Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                       |                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <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>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <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 |

**Part VIII Minimum Required Contribution For Current Year**

| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                                                                                                                                                                                                                                                                                                                               |                   |                    |  |                     |             |                                                       |   |   |                                                |   |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|--|---------------------|-------------|-------------------------------------------------------|---|---|------------------------------------------------|---|---|
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>                                                                                                                                                                                                                                                                                                                    | 46,525            |                    |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>                                                                                                                                                                                                                                                                                                                    | 46,525            |                    |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>32</b> Amortization installments:                                                                                                                                                 | <table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td><b>a</b> Net shortfall amortization installment .....</td> <td>0</td> <td>0</td> </tr> <tr> <td><b>b</b> Waiver amortization installment .....</td> <td>0</td> <td>0</td> </tr> </tbody> </table> |                   |                    |  | Outstanding Balance | Installment | <b>a</b> Net shortfall amortization installment ..... | 0 | 0 | <b>b</b> Waiver amortization installment ..... | 0 | 0 |
|                                                                                                                                                                                      | Outstanding Balance                                                                                                                                                                                                                                                                                                           | Installment       |                    |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                                                                                                                                                                                                                                                                                                                             | 0                 |                    |  |                     |             |                                                       |   |   |                                                |   |   |
| <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>                                                                                                                                                                                                                                                                                                                     | 0                 |                    |  |                     |             |                                                       |   |   |                                                |   |   |
|                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                               | Carryover balance | Prefunding balance |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               |                                                                                                                                                                                                                                                                                                                               | 0                 | 0                  |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>                                                                                                                                                                                                                                                                                                                     | 0                 |                    |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>                                                                                                                                                                                                                                                                                                                     | 0                 |                    |  |                     |             |                                                       |   |   |                                                |   |   |
| <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>                                                                                                                                                                                                                                                                                                                    | 0                 |                    |  |                     |             |                                                       |   |   |                                                |   |   |
| <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                 |                    |  |                     |             |                                                       |   |   |                                                |   |   |

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

|                                                                                  |                                                                                                                         |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <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, line 22 – Description of Weighted Average Retirement Age  
General Extrusions, Inc. Defined Benefit Pension Plan  
February 28, 2020 Valuation  
EIN/PN: 34-0706173 / 001

**Rates of Retirement**

All participants are assumed to retire at age 65.

Weighted Average Retirement Age is 65. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

## Appendix A

### Summary of Principal Plan Provisions

|                                      |                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Plan Sponsor                         | General Extrusions, Inc.                                                                                                                                                                                                                                                                                                                                                                                      |
| EIN/PN                               | 34-0706173/001                                                                                                                                                                                                                                                                                                                                                                                                |
| Effective Date                       | February 28, 1963. Amended and restated effective February 28, 2012.                                                                                                                                                                                                                                                                                                                                          |
| Plan Year                            | The twelve-month period ending on February 27 <sup>th</sup> of each year.                                                                                                                                                                                                                                                                                                                                     |
| Participation                        | <p>Employees of General Extrusions, Inc. will become participants in the plan on the first day of the calendar month coincident with or next following the date he attains age 21 and completes one Year of Eligibility Service.</p> <p>Effective February 28, 2003, participation in the plan was frozen. No new participants will be allowed into the plan after February 28, 2003.</p>                     |
| Vesting Service                      | One year of Vesting Service is earned for each plan year in which 1,000 hours are worked.                                                                                                                                                                                                                                                                                                                     |
| Credited Service                     | <p>One year of Credited Service is earned for completion of 1,000 hours of service in a Plan Year.</p> <p>Effective February 28, 2003, Credited Service was frozen. No participants will accrue further benefit service after February 28, 2003.</p>                                                                                                                                                          |
| Compensation                         | Total base earnings paid to Participant by an Employer, excluding bonuses, overtime pay, and any other compensation not a part of the set scale for his or her position, but earnings shall include compensable time off from service-related disability or illness, sick leave, and annual vacation pay.                                                                                                     |
| Average Annual Compensation          | <p>Earnings averaged over the five consecutive years of Credited Service which provide the greatest average. If an Employee has had less than five years of Benefit Service, Final Average Earnings shall be calculated based on the Earnings during the shorter period.</p> <p>For all participants, no compensation paid after February 28, 2003 will be used to determine Average Annual Compensation.</p> |
| Social Security Covered Compensation | Social Security Covered Compensation means the average of the Social Security Maximum Taxable Wage Bases for the 35-year period ending with the year in which Social Security Retirement Age is attained.                                                                                                                                                                                                     |

## Appendix A (Continued)

### Accrued Benefit

An eligible Participant's monthly normal retirement benefit shall be equal to  $1/12^{\text{th}}$  of the sum of the following:

- (a) The Participant's Accrued Benefit under the Plan as of February 27, 1989, determined under the terms of the Plan in effect on that date (without regard to any amendments made after that date) as if the Participant terminated employment on that date; plus
- (b) .65 percent of the Participant's Average Annual Earnings multiplied by his number of years of Credited Service completed after February 27, 1989; plus
- (c) .65 percent of the Participant's Average Annual Earnings in excess of Covered Compensation multiplied by his number of years of Credited Service completed after February 27, 1989.

No more than 35 years of Credited Service shall be taken into account for purposes of determining this benefit.

A Participant's Accrued Benefit payable at his Normal Retirement Date shall not be less than \$10 times Years of Credited Service.

Accrued benefits for all participants were frozen effective February 28, 2003.

### Normal Retirement Benefit

#### Eligibility:

Age 65.

#### Monthly Benefit:

The Accrued Benefit paid monthly in the form of a single life annuity payable during the life of the Participant with 10 years guaranteed.

### Late Retirement Benefit

#### Eligibility:

Termination after age 65.

#### Monthly Benefit:

The greater of the actuarial equivalent of the normal retirement benefit determined at the Normal Retirement Date, or the Accrued Benefit as of the Delayed Retirement Date based on service and earnings as of that date.

## Appendix A (Continued)

### Early Retirement Benefit Eligibility:

Age 60 and 20 years of Vesting Service.

#### Monthly Benefit:

The Accrued Benefit at Early Retirement reduced by 6.66% for each year that his Early Retirement Date precedes his projected Normal Retirement date.

### Termination Benefit Eligibility:

Upon termination of employment prior to retirement a participant is fully vested after completion of at least 7 years of Vesting Service based on a graded schedule beginning after 3 years.

#### Monthly Benefit:

The vested benefit commences in full at age 65, or in a reduced amount under the early retirement provisions.

### Death Benefit Eligibility:

Participant must be vested and married at the time of death.

#### Monthly Benefit:

The benefit payable to the spouse is the benefit that would have been payable to the participant had he or she retired on the date of death and elected a 50% Joint and Survivor annuity and then died.

### Optional Forms of Benefit

5 Year Certain and Continuous  
10 Year Certain and Continuous  
50% Joint and Survivor with 10 Year Certain  
66 2/3% Joint and Survivor  
75% Joint and Survivor  
100% Joint and Survivor

All optional forms of benefit are actuarially equivalent and are determined using the UP-1984 Mortality Table for males, set forward one year with 7.00% interest.

### Benefits Available as Lump Sum

The Plan pays only small benefit amounts (lump sums less than \$1,000).

Lump sums are determined using the assumptions as defined in 417(e) with December segment rates.

Schedule SB, Part V – Summary of Plan Provisions  
General Extrusions, Inc. Defined Benefit Pension Plan  
February 28, 2020 Valuation  
EIN/PN: 34-0706173 / 001

## Appendix A (Continued)

|                            |                                                                                                                           |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------|
| Maximum Benefit Limit      | The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement Age. |
| Plan Compensation Limit    | The Section 401(a)(17) Maximum Compensation that can be recognized for benefit calculation purposes.                      |
| Changes in Plan Provisions | None.                                                                                                                     |