

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	▶ ☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	▶ ☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>NIAGARA PLASTICS COMPANY EMPLOYEES PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1972</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>20-3117446</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>814-868-3671</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>326100</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1972</u>		2b Employer Identification Number (EIN) <u>20-3117446</u>		2c Plan Sponsor's telephone number <u>814-868-3671</u>		2d Business code (see instructions) <u>326100</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>01/01/1972</u>											
2b Employer Identification Number (EIN) <u>20-3117446</u>											
2c Plan Sponsor's telephone number <u>814-868-3671</u>											
2d Business code (see instructions) <u>326100</u>											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>NIAGARA PLASTICS COMPANY</u> <u>7090 EDINBORO ROAD</u> <u>ERIE, PA 16509</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2022	AMY BUERK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	120
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	76
a(2) Total number of active participants at the end of the plan year		6a(2)	85
b Retired or separated participants receiving benefits.....		6b	3
c Other retired or separated participants entitled to future benefits		6c	38
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	126
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	1
f Total. Add lines 6d and 6e		6f	127
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	2
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **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 <u>NIAGARA PLASTICS COMPANY EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>NIAGARA PLASTICS COMPANY</u>	D Employer Identification Number (EIN) <u>20-3117446</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>	
2 Assets:	
a Market value	2a <u>1766016</u>
b Actuarial value	2b <u>1689065</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>5</u> (2) Vested Funding Target <u>190720</u> (3) Total Funding Target <u>190720</u>
b For terminated vested participants.....	<u>39</u> <u>399590</u> <u>399590</u>
c For active participants	<u>76</u> <u>843201</u> <u>871810</u>
d Total.....	<u>120</u> <u>1433511</u> <u>1462120</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>5.78</u> %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a <u>50109</u>
b Expected plan-related expenses	6b <u>0</u>
c Total (line 6a + line 6b)	6c <u>50109</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>09/07/2022</u> Date
Signature of actuary		
<u>SHERI X.DECRISTOFARO</u> Type or print name of actuary		<u>20-06629</u> Most recent enrollment number
<u>WILLIS TOWERS WATSON US LLC</u> Firm name		<u>215-246-6297</u> Telephone number (including area code)
<u>1735 MARKET STREET FLOOR 4 PHILADELPHIA, PA 19103-7501</u> Address of the firm		

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

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

Schedule SB (Form 5500) 2021
v. 201209

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>10.40</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		150880
b(1) 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>5.62</u> %		8480
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		159360
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	115.52 %
15 Adjusted funding target attainment percentage	15	115.52 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	105.06 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/25/2022	190000	0			
Totals ▶			18(b)	190000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	173176

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:
4.75 %2nd segment:
5.36 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

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 6c)..... **31a** 50109**b** Excess assets, if applicable, but not greater than line 31a **31b** 50109**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** 173176**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 173176**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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan NIAGARA PLASTICS COMPANY EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NIAGARA PLASTICS COMPANY	D Employer Identification Number (EIN) 20-3117446	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
MERRILL LYNCH
13-5674085

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

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

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

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

MERRILL LYNCH

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 52 60 62 71	BROKER	16218	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan NIAGARA PLASTICS COMPANY EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 NIAGARA PLASTICS COMPANY	D Employer Identification Number (EIN) 20-3117446	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	1493	771
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	165000	190000
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	1436	2165
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	21386	28844
(2) U.S. Government securities	1c(2)	0	126772
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	0	211004
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1213257	819957
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	369084	595024

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1771656	1974537

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1771656	1974537
---	-----------	---------	---------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	190000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		190000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	7	
(B) U.S. Government securities	2b(1)(B)	801	
(C) Corporate debt instruments	2b(1)(C)	603	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1411
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	25579	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		25579
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	654991	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	640532	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		14459
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	69759	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		69759

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		15942
c Other income.....	2c		6466
d Total income. Add all income amounts in column (b) and enter total.....	2d		323616
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	104517	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		104517
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	16218	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		16218
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		120735
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		202881
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: ERNST & YOUNG US LLP

(2) EIN: 34-6565596

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year <u>438651</u> .			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan NIAGARA PLASTICS COMPANY EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NIAGARA PLASTICS COMPANY	D Employer Identification Number (EIN) 20-3117446

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-3404784		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	2

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES

Niagara Plastics Company Employees Pension Plan
Years Ended December 31, 2021 and 2020
With Report of Independent Auditors

Ernst & Young LLP



Niagara Plastics Company Employees Pension Plan

Financial Statements and Supplemental Schedules

Years Ended December 31, 2021 and 2020

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Report of Independent Auditors

The Participants and Plan Administrator
Niagara Plastics Company Employees Pension Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of Niagara Plastics Company Employees Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes (collectively referred to as the “financial statements”).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of December 31, 2021, and for the year then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor’s Responsibilities for the Audit of the 2021 Financial Statements section

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Other Matters

Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2021, and reportable transactions for the year then ended (referred to as the “supplemental schedules”), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the financial statements of the Plan as of and for the year ended December 31, 2020. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the investment information certified by a qualified institution. In our report dated August 31, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on those financial statements, and (b) the form and content of the information included in those financial statements other than that derived from the certified investment information, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Ernst & Young LLP

September 16, 2022

Niagara Plastics Company Employees Pension Plan

Statements of Net Assets Available for Benefits

	December 31	
	2021	2020
Assets		
Investments:		
Short-term investment	\$ 28,844	\$ 21,386
Government and agency securities	126,772	—
Asset-backed securities	109,260	—
Foreign bonds	23,675	—
Corporate bonds	78,069	—
Mutual funds	819,957	1,213,257
Exchange-traded funds	595,024	369,084
Total investments	1,781,601	1,603,727
Cash	771	1,493
Employer contributions receivable	190,000	165,000
Accrued income	2,165	1,436
Total assets	1,974,537	1,771,656
Net assets available for benefits	\$ 1,974,537	\$ 1,771,656

See accompanying notes.

Niagara Plastics Company Employees Pension Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2021	2020
Additions		
Interest and dividend income	\$ 45,757	\$ 43,979
Employer contributions	190,000	165,000
Total additions	235,757	208,979
Deductions		
Benefits paid directly to participants	104,517	56,749
Administrative expenses	16,217	16,607
Total deductions	120,734	73,356
Net appreciation in fair value of investments	87,858	119,587
Net increase	202,881	255,210
Net assets available for benefits:		
Beginning of year	1,771,656	1,516,446
End of year	<u>\$ 1,974,537</u>	<u>\$ 1,771,656</u>

See accompanying notes.

Niagara Plastics Company Employees Pension Plan

Notes to Financial Statements

December 31, 2021 and 2020

1. Description of Plan

The following description of the Niagara Plastics Company Employees Pension Plan (the Plan) provides only general information. Information about the plan agreement, the vesting and benefit provisions, and the Pension Benefit Guaranty Corporation's (PBGC) benefit guarantee is contained in the Plan document. Participants should refer to the Plan document for a more complete description of the Plan's provisions, copies of which may be obtained from Niagara Plastics Company (the Company).

The Plan is a non-contributory defined benefit plan covering all regular, full-time employees who are members of the United Steel Workers of America, Local Union 3199-16. Employees are eligible to participate in the Plan upon employment. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Company contributes such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to participants and satisfy the ERISA minimum funding requirements. The Plan has met the ERISA minimum funding requirements for 2021 and 2020.

The Plan provides for normal monthly retirement benefits for eligible employees beginning at the normal retirement age of 65, which are based on the negotiated benefit multiplier in the schedule below in effect as of a participant's date of transfer, termination, death, disability or retirement date multiplied by years of credited service.

Date of Termination	Benefit Multiplier
08/16/93 through 08/15/94	\$ 10.75
08/16/94 through 08/15/95	11.50
08/16/95 through 08/15/96	11.75
08/16/96 through 08/15/97	12.00
08/16/97 through 08/15/98	12.25
08/16/98 through 08/15/99	12.50
08/16/99 through 08/15/00	12.75
08/16/00 through 08/15/01	13.00
08/16/01 through 08/02/08	13.25
08/03/08 and after	13.50

Niagara Plastics Company Employees Pension Plan

Notes to Financial Statements (continued)

1. Description of Plan (continued)

A participant is fully vested in his or her accrued benefit upon reaching the normal retirement date. Upon the termination of employment and before a retirement date or death, a participant shall have a vested interest in his/her accrued benefit which will be payable at the normal retirement date based on the below vesting schedule:

Year of Service	Vested Percentage of Accrued Benefit
Less than 3 years	0%
3 years but less than 4 years	20
4 years but less than 5 years	40
5 years but less than 6 years	60
6 years but less than 7 years	80
7 years or more	100

Although it has not expressed an intention to do so, the Company reserves the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Upon termination, the net assets of the Plan will be allocated for payment to the participants in an order of priority as prescribed by ERISA and its related regulations and the plan document.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated plan benefits and may also depend on the financial condition of the Company and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC), as well as the priority of those benefits. Some benefits may be fully or partially provided for by the then-existing net assets of the Plan and the PBGC guarantee, while other benefits may not be provided for at all.

Niagara Plastics Company Employees Pension Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedules. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments held by the Plan are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). See Note 5 for further discussion and disclosures related to fair value measurements.

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

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 3) represent the actuarial present value of estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits are based on the cash balance accounts or the transition benefits for certain employees. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee services rendered to the valuation date.

Niagara Plastics Company Employees Pension Plan

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits

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

The actuarial present value of accumulated plan benefits at December 31, 2020 is as follows:

Vested benefits:	
Participants currently receiving payments	\$ 171,315
Active participants	827,742
Other participants	389,762
	<u>1,388,819</u>
Non-vested benefits	29,055
Total actuarial present value of accumulated plan benefits	<u><u>\$ 1,417,874</u></u>

The changes in the amount of the actuarial present value of accumulated plan benefits for the year ended December 31, 2020 are as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 1,331,026
Increase (decrease) during the year attributed to:	
Benefits accumulated	48,170
Actuarial losses	12,415
Benefits paid directly to participants	(56,749)
Decrease in the discount period	81,049
Change in actuarial assumptions	1,963
Net increase	<u>86,848</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 1,417,874</u></u>

The change in the improvement scale from MP-2020 to MP-2021 had the effect of increasing the actuarial present value of accumulated plan benefits at December 31, 2020 by \$1,963.

Niagara Plastics Company Employees Pension Plan

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

Significant assumptions underlying the actuarial computations are as follows:

Expected long-term rate of return	6.00%
Retirement age	Normal retirement age 65 or attained age on the valuation date if later
Mortality basis	Pri-2012 gender specific employee and non-disabled annuitant mortality tables with blue collar adjustment, and projected generationally with Scale MP-2021 from 2012 for 2020 (Pri-2012 gender specific employee and non-disabled annuitant mortality tables with blue collar adjustment, and projected generationally with Scale MP-2020 from 2012 for 2019)

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

4. Investments

All investment information for the Plan disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2021 and 2020, and net appreciation in fair value of investments and interest and dividend income for the years then ended, was obtained or derived from information provided to the plan administrator and certified as complete and accurate by Bank of America, N.A., trustee of the Plan.

Niagara Plastics Company Employees Pension Plan

Notes to Financial Statements (continued)

5. Fair Value Measurements

To measure fair value, a hierarchy has been established that requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs. As such, the hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy in ASC 820, *Fair Value Measurement*, are described below:

- Level 1 – Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.
- Level 2 – Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability. Level 2 inputs include the following:
 - Quoted prices for similar assets and liabilities in active markets
 - Quoted prices for identical or similar assets or liabilities in markets that are not active
 - Observable inputs other than quoted prices that are used in the valuation of the assets or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals)
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means
- Level 3 – Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level of input that is significant to the fair value measurement in its entirety.

Following is a description of the valuation techniques and inputs used for each general type of assets measured at fair value. There have been no changes in the valuation techniques and inputs used at December 31, 2021 and 2020.

Niagara Plastics Company Employees Pension Plan

Notes to Financial Statements (continued)

5. Fair Value Measurements (continued)

Short-term investment is valued at amortized cost which approximates fair value and is categorized as Level 2 of the fair value hierarchy.

Investments in mutual funds, including exchange-traded funds, that are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end are categorized as Level 1 of the fair value hierarchy.

Securities, such as government and agency, asset backed, corporate bonds and foreign bonds that are valued based on prices received from pricing vendors using observable inputs from similar assets, are categorized as Level 2 of the fair value hierarchy.

The following tables set forth, by fair value hierarchy level, the Plan's assets carried at fair value:

	Level 1	Level 2	Level 3	Total
December 31, 2021				
Short-term investment	\$ —	\$ 28,844	\$ —	\$ 28,844
Government and agency securities	—	126,772	—	126,772
Asset-backed securities	—	109,260	—	109,260
Foreign bonds	—	23,675	—	23,675
Corporate bonds	—	78,069	—	78,069
Mutual funds	819,957	—	—	819,957
Exchange-traded funds	595,024	—	—	595,024
	<u>\$ 1,414,981</u>	<u>\$ 366,620</u>	<u>\$ —</u>	<u>\$ 1,781,601</u>
December 31, 2020				
Short-term investment	\$ —	\$ 21,386	\$ —	\$ 21,386
Mutual funds	1,213,257	—	—	1,213,257
Exchange-traded funds	369,084	—	—	369,084
	<u>\$ 1,582,341</u>	<u>\$ 21,386</u>	<u>\$ —</u>	<u>\$ 1,603,727</u>

Niagara Plastics Company Employees Pension Plan

Notes to Financial Statements (continued)

6. Risks and Uncertainties

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

Plan contributions are determined and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

7. Administrative Expenses

The Plan incurs administrative expenses directly related to the Plan, which consist primarily of trustee, actuarial and investment advisory fees. These expenses are reported on the statements of changes in net assets available for benefits as administrative expenses. Expenses relating to purchases, sales or transfers of the Plan's investments, are charged to the particular investment to which the expenses relate. All other administrative expenses are paid by the Company on behalf of the Plan and are excluded from the accompanying financial statements.

8. Party-In-Interest Transactions

The Company provides to the Plan certain accounting and administrative service for which no fees are charged.

9. Tax Status

The Plan received a determination letter from the Internal Revenue Service (IRS), dated May 13, 2013, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator has indicated that it will take the necessary steps, if any, to bring the Plan's operations into compliance with the Code.

Niagara Plastics Company Employees Pension Plan

Notes to Financial Statements (continued)

9. Tax Status (continued)

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan, and has concluded that there are no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

10. Subsequent Events

Management evaluated subsequent events for the Plan through September 16, 2022, the date the financial statements were available to be issued.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2021

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	3	0	0	0	0	0	0	0	0	3
25-29	0	5	7	0	0	0	0	0	0	0	12
30-34	0	2	4	1	0	0	0	0	0	0	7
35-39	0	0	1	1	1	0	0	0	0	0	3
40-44	1	2	4	1	2	4	0	0	0	0	14
45-49	0	2	1	1	4	2	1	0	0	0	11
50-54	0	2	1	1	2	3	3	0	0	0	12
55-59	0	1	1	0	3	0	1	2	0	0	8
60-64	0	1	0	0	0	0	4	0	0	1	6
65-69	0	0	0	0	0	0	0	0	0	0	0
70 & over	0	0	0	0	0	0	0	0	0	0	0
Total	1	18	19	5	12	9	9	2	0	1	76

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Niagara Plastics Company Employees Pension Plan

EIN / PN: 20-3117446/001

Plan Sponsor: Niagara Plastics Company

Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Plan Sponsor

Niagara Plastics Company

EIN/PN

20-3117446/001

Interest rate basis:

- Applicable month September
- Yield curve basis 3-Segment Rates

Interest rates:

	2021 Plan Year		2020 Plan Year
	Reflecting Corridor	Pre-MAP	HATFA
■ First segment rate	4.75%	2.22%	3.64%
■ Second segment rate	5.36%	3.38%	5.21%
■ Third segment rate	6.11%	3.92%	5.94%
■ Effective interest rate	5.78%	3.72%	5.62%

Compensation Increases

Not applicable.

Future Increases in Social Security

Not applicable.

Future Increases in Maximum Benefits and Plan Compensation Limitations

Accrued Pension Benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Plan Name: Niagara Plastics Company Employees Pension Plan
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Plan Sponsor: Niagara Plastics Company
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Inclusion Date

The valuation date coincident with or next following the date on which the employee becomes a participant.

Plan-related Expenses

\$0; the plan sponsor pays administrative expenses directly

Healthy Mortality

The prescribed mortality assumption under IRC §430(h)(3)(A) using combined static tables based on RP-2014 blue collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2019.

Disabled Mortality

Alternative disabled life mortality tables as defined under Revenue Ruling 96-7.

Retirement

All participants are assumed to retire on their Normal Retirement Date (age 65), or their attained age on the valuation date if later.

Disability

Disability	
Age	Rates
35	0.05%
40	0.07%
45	0.10%
50	0.18%
55	0.36%
60	0.90%
64	2.22%
65+	0.00%

Plan Name: Niagara Plastics Company Employees Pension Plan
EIN / PN: 20-3117446/001
Plan Sponsor: Niagara Plastics Company
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Representative Termination Rates not Due to Disability, Retirement or Mortality

Termination	
Age	Rates
25	4.8948%
30	3.7020%
40	1.1283%
45	0.2653%
50+	0.0000%

Form of Payment

75% of participants are assumed to elect a lump sum form of payment and 25% of participants are assumed to elect a 5 Year Certain & Continuous Annuity.

Lump Sum Conversion

For purposed of converting annuities to a single sum, the 24 month average segment rates as of September 2020 (subject to the interest rate corridor under HATFA for the purposes of determining minimum required contribution and AFTAP) and matching table specified under IRS §471(e) was used.

Marriage

For the purpose of valuing death benefits, 90% of the employees are assumed to be married. Wives are assumed to be 3 years younger than their husbands.

Employees

It was assumed there will be no new or rehired employees.

Plan Compensation

Plan compensation is equal to the annual rate of pay as of the valuation date.

Cost Method

The actuarial present value of accumulated plan benefits is a measure of plan benefits that have been earned to date. This is not only a valuation of retirement benefits, but also of deferred vested, death, and disability benefits. Earnings and service for benefit purposes expected to be earned after the valuation date are excluded from this value.

Plan Name: Niagara Plastics Company Employees Pension Plan
EIN / PN: 20-3117446/001
Plan Sponsor: Niagara Plastics Company
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Asset Method

Actuarial Valuation of Assets is determined by using a 24-month averaging method outlined in IRC §430(g)(3)(B) as amended by the Worker, Retiree and Employer Recovery Act of 2008. Under this method, the Actuarial Value of Assets is determined as the average of the Fair Market Value of Assets as of January 1, 2021 and the Adjusted Fair Market Value of Assets at January 1, 2020 and January 1, 2019. The Adjusted Fair Market Values are determined by rolling forward the Fair Market Value of Assets on those determination dates with actual contributions, benefit payments and expense payments, and the expected earnings to the valuation date. The final Actuarial Value of Assets is limited to a corridor no less than 90% of the Market Value of Assets and no greater than 110% of the Market Value of Assets.

Employees Included in the Calculations

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

Participant Data

The valuation results are based upon participant census and financial data provided by the plan sponsor. The data was tested for reasonableness and consistency with the prior valuation.

Census Date

The census date is January 1, 2021.

Tax Policy

The actuarial valuation performed for the plan year ending December 31, 2021 is used to determine the maximum deductible contribution for the tax year ending December 31, 2021.

Benefits not Included in Valuation

We believe all significant Plan provisions are reflected in this valuation.

Severance awards for participants not otherwise entitled to a benefit under the plan have not been valued.

Plan Name:	Niagara Plastics Company Employees Pension Plan
EIN / PN:	20-3117446/001
Plan Sponsor:	Niagara Plastics Company
Valuation Date	January 1, 2021

SCHEDULE SB ATTACHMENTS

Changes in Assumptions and Methods Since Last Actuarial Valuation

With respect to PPA results, other than prescribed changes in mortality table and interest rate, there were no other changes since the prior valuation.

There were no other Assumption or method changes since the prior valuation.

Plan Name:	Niagara Plastics Company Employees Pension Plan
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Plan Sponsor:	Niagara Plastics Company
Valuation Date	January 1, 2021

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law. All of which are based on observed market data over certain periods of time.
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Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h)
Termination	Termination rates are based a published table for pension participants believed to have similar characteristics to the plan population.
Disability	Disability rates were based on a published table for pension participants believed to have reasonably similar characteristics to the plan population
Retirement	Retirement rates are based on Niagara's experience and future expectation
Form of Payment	Assumptions are reflecting future expectation, and are simplified since all forms are actuarially equivalent

Plan Name:	Niagara Plastics Company Employees Pension Plan
EIN / PN:	20-3117446/001
Plan Sponsor:	Niagara Plastics Company
Valuation Date	January 1, 2021

Plan Name	Niagara Plastics Company Employees Pension Plan
Plan Sponsor EIN	20-3117446
ERISA Plan #	001
Plan Year Ending	12/31/2021

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Niagara Plastics Company Employees Pension Plan

EIN 20-3117446; Plan #001

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2021

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Category 1 – Single transactions in excess of 5% of Plan Assets						
Blackrock Liquidity Fund	Short-term investment	\$ 165,000	\$ –	\$ 165,000	\$ 165,000	\$ –
Blackrock Liquidity Fund	Short-term investment	354,100	–	354,100	354,100	–
Blackrock Liquidity Fund	Short-term investment	–	163,710	163,710	163,710	–
Blackrock Liquidity Fund	Short-term investment	–	126,700	126,700	126,700	–
Blackrock Liquidity Fund	Short-term investment	–	110,489	110,489	110,489	–
AB Global Bond Fund ADV CL	Mutual fund	–	166,081	165,406	166,081	675
I Shares Core S&P 500 ETF	Exchange-traded fund	–	84,508	45,384	84,508	39,124
Loomis Sayles Invt Grade Bond Fund CL Y	Mutual fund	–	196,442	197,614	196,442	(1,172)
MFS Total Return Bond Fund CL I	Mutual fund	–	102,344	100,198	102,344	2,146
Category 3 – Series of transactions in excess of 5% of Plan Assets						
Blackrock Liquidity Fund	Short-term investment	904,400	–	904,400	904,400	–
		–	896,942	896,942	896,942	–
AB Global Bond Fund ADV CL	Mutual fund	14,943	–	14,943	14,943	–
		–	166,207	165,534	166,207	673

Niagara Plastics Company Employees Pension Plan

EIN 20-3117446; Plan #001

Schedule H, Line 4j – Schedule of Reportable Transactions (continued)

Year Ended December 31, 2021

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Category 3 – Series of transactions in excess of 5% of Plan Assets (continued)						
I Shares Core S&P 500 ETF	Exchange-traded fund	\$ 90,051	\$ –	\$ 90,051	\$ 90,051	\$ –
		–	135,128	77,157	135,128	57,971
Loomis Sayles Invt Grade Bond Fund CL Y	Mutual fund	41,230	–	41,230	41,230	–
		–	196,442	197,614	196,442	(1,172)
MFS Total Return Bond Fund CL I	Mutual fund	65,020	–	65,020	65,020	–
		–	144,344	141,207	144,344	3,137
Blackrock Strategic Income Opportunities Portfolio	Mutual fund	44,517	–	44,517	44,517	–
		–	42,426	41,633	42,426	793

There were no Category 2 or 4 transactions during 2021.

Columns (e) for “Lease rental” and (f) for “Expenses incurred with transactions” are not applicable.

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SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

► **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 Niagara Plastics Company Employees 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 Niagara Plastics Company	D Employer Identification Number (EIN) 20-3117446	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>	
2	Assets:	
	a Market value	1,766,016
	b Actuarial value	1,689,065
3	Funding target/participant count breakdown	
	a For retired participants and beneficiaries receiving payment.....	190,720
	b For terminated vested participants.....	399,590
	c For active participants	871,810
	d Total.....	1,462,120
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
	a Funding target disregarding prescribed at-risk assumptions	5.78%
	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.....	
5	Effective interest rate	5.78%
6	Target normal cost.....	
	a Present value of current plan year accruals.....	50,109
	b Expected plan-related expenses	0
	c Total (line 6a + line 6b)	50,109

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	Sheri X.DeCristofaro Signature of actuary	September 7, 2022 Date 2006629 Most recent enrollment number 215-246-6297 Telephone number (including area code)
	Sheri X.DeCristofaro Type or print name of actuary	
	Willis Towers Watson US LLC Firm name	
	1735 Market Street Floor 4 Philadelphia PA 19103-7501 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 ☐

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

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>10.40</u> %.....	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		150,880
b(1)	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>5.62</u> %		8,480
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		159,360
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III	Funding Percentages
-----------------	----------------------------

14	Funding target attainment percentage.....	14	115.52%
15	Adjusted funding target attainment percentage	15	115.52%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	105.06%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV	Contributions and Liquidity Shortfalls
----------------	---

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/25/2022	190,000	0			

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	173, 176

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

Equity Orientation 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: 4.75 % 2nd segment: 5.36 % 3rd segment: 6.11 %	☐ N/A, full yield curve used
b	Applicable month (enter code)	21b	4
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 6c)	31a	50,109
b	Excess assets, if applicable, but not greater than line 31a	31b	50,109
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	0	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
	Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement	0	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	173,176
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	173,176
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 ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Niagara Plastics Company
EIN/PN	20-3117446/001
Plan Name	Niagara Plastics Company Employees Pension Plan
Valuation Date	January 1, 2021
Enrolled Actuary	Sheri X. DeCristofaro
Enrollment Number	20-06629

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2021

Retirement Age	Rate of Retirement
55	0
56	0
57	0
58	0
59	0
60	0
61	0
62	0
63	0
64	0
65	100%
Totals:	100%

The Weighted Average Retirement Age is 65

Plan Name: Niagara Plastics Company Employees Pension Plan
EIN / PN: 20-3117446/001
Plan Sponsor: Niagara Plastics Company
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Plan Sponsor

Niagara Plastics Company

EIN/PN

20-3117446/001

Interest rate basis:

- Applicable month September
- Yield curve basis 3-Segment Rates

Interest rates:	2021 Plan Year		2020 Plan Year
	Reflecting Corridor	Pre-MAP	HATFA
■ First segment rate	4.75%	2.22%	3.64%
■ Second segment rate	5.36%	3.38%	5.21%
■ Third segment rate	6.11%	3.92%	5.94%
■ Effective interest rate	5.78%	3.72%	5.62%

Compensation Increases

Not applicable.

Future Increases in Social Security

Not applicable.

Future Increases in Maximum Benefits and Plan Compensation Limitations

Accrued Pension Benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Plan Name:	Niagara Plastics Company Employees Pension Plan
EIN / PN:	20-3117446/001
Plan Sponsor:	Niagara Plastics Company
Valuation Date	January 1, 2021

SCHEDULE SB ATTACHMENTS

Inclusion Date

The valuation date coincident with or next following the date on which the employee becomes a participant.

Plan-related Expenses

\$0; the plan sponsor pays administrative expenses directly

Healthy Mortality

The prescribed mortality assumption under IRC §430(h)(3)(A) using combined static tables based on RP-2014 blue collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2019.

Disabled Mortality

Alternative disabled life mortality tables as defined under Revenue Ruling 96-7.

Retirement

All participants are assumed to retire on their Normal Retirement Date (age 65), or their attained age on the valuation date if later.

Disability

Disability	
Age	Rates
35	0.05%
40	0.07%
45	0.10%
50	0.18%
55	0.36%
60	0.90%
64	2.22%
65+	0.00%

Plan Name: Niagara Plastics Company Employees Pension Plan
EIN / PN: 20-3117446/001
Plan Sponsor: Niagara Plastics Company
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Representative Termination Rates not Due to Disability, Retirement or Mortality

Termination	
Age	Rates
25	4.8948%
30	3.7020%
40	1.1283%
45	0.2653%
50+	0.0000%

Form of Payment

75% of participants are assumed to elect a lump sum form of payment and 25% of participants are assumed to elect a 5 Year Certain & Continuous Annuity.

Lump Sum Conversion

For purposed of converting annuities to a single sum, the 24 month average segment rates as of September 2020 (subject to the interest rate corridor under HATFA for the purposes of determining minimum required contribution and AFTAP) and matching table specified under IRS §471(e) was used.

Marriage

For the purpose of valuing death benefits, 90% of the employees are assumed to be married. Wives are assumed to be 3 years younger than their husbands.

Employees

It was assumed there will be no new or rehired employees.

Plan Compensation

Plan compensation is equal to the annual rate of pay as of the valuation date.

Cost Method

The actuarial present value of accumulated plan benefits is a measure of plan benefits that have been earned to date. This is not only a valuation of retirement benefits, but also of deferred vested, death, and disability benefits. Earnings and service for benefit purposes expected to be earned after the valuation date are excluded from this value.

Plan Name: Niagara Plastics Company Employees Pension Plan
EIN / PN: 20-3117446/001
Plan Sponsor: Niagara Plastics Company
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Asset Method

Actuarial Valuation of Assets is determined by using a 24-month averaging method outlined in IRC §430(g)(3)(B) as amended by the Worker, Retiree and Employer Recovery Act of 2008. Under this method, the Actuarial Value of Assets is determined as the average of the Fair Market Value of Assets as of January 1, 2021 and the Adjusted Fair Market Value of Assets at January 1, 2020 and January 1, 2019. The Adjusted Fair Market Values are determined by rolling forward the Fair Market Value of Assets on those determination dates with actual contributions, benefit payments and expense payments, and the expected earnings to the valuation date. The final Actuarial Value of Assets is limited to a corridor no less than 90% of the Market Value of Assets and no greater than 110% of the Market Value of Assets.

Employees Included in the Calculations

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

Participant Data

The valuation results are based upon participant census and financial data provided by the plan sponsor. The data was tested for reasonableness and consistency with the prior valuation.

Census Date

The census date is January 1, 2021.

Tax Policy

The actuarial valuation performed for the plan year ending December 31, 2021 is used to determine the maximum deductible contribution for the tax year ending December 31, 2021.

Benefits not Included in Valuation

We believe all significant Plan provisions are reflected in this valuation.

Severance awards for participants not otherwise entitled to a benefit under the plan have not been valued.

Plan Name:	Niagara Plastics Company Employees Pension Plan
EIN / PN:	20-3117446/001
Plan Sponsor:	Niagara Plastics Company
Valuation Date	January 1, 2021

SCHEDULE SB ATTACHMENTS

Changes in Assumptions and Methods Since Last Actuarial Valuation

With respect to PPA results, other than prescribed changes in mortality table and interest rate, there were no other changes since the prior valuation.

There were no other Assumption or method changes since the prior valuation.

Plan Name:	Niagara Plastics Company Employees Pension Plan
EIN / PN:	20-3117446/001
Plan Sponsor:	Niagara Plastics Company
Valuation Date	January 1, 2021

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law. All of which are based on observed market data over certain periods of time.
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Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h)
Termination	Termination rates are based a published table for pension participants believed to have similar characteristics to the plan population.
Disability	Disability rates were based on a published table for pension participants believed to have reasonably similar characteristics to the plan population
Retirement	Retirement rates are based on Niagara's experience and future expectation
Form of Payment	Assumptions are reflecting future expectation, and are simplified since all forms are actuarially equivalent

Plan Name:	Niagara Plastics Company Employees Pension Plan
EIN / PN:	20-3117446/001
Plan Sponsor:	Niagara Plastics Company
Valuation Date	January 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

Plan Sponsor	Niagara Plastics Company
Plan	Niagara Plastics Company Employees' Pension Plan
Effective Date and Most Recent Amendment	The Plan was restated effective January 1, 1972. The Plan was most recently amended January 1, 2011.
Plan Year	The twelve-month period ending December 31.

Coverage and Participation

All regular, full-time employees who are members of the bargaining unit are eligible upon employment.

Credited Service

Elapsed time from date of participation.

Retirement and Termination Benefits

Accrued Benefit – A monthly benefit equal to the negotiated benefit multiplier by years of Credited Service.

Period	Benefit Multiplier
August 16, 1993 through August 15, 1994	\$10.75
August 16, 1994 through August 15, 1995	11.50
August 16, 1995 through August 15, 1996	11.75
August 16, 1996 through August 15, 1997	12.00
August 16, 1997 through August 15, 1998	12.25
August 16, 1998 through August 15, 1999	12.50
August 16, 1999 through August 15, 2000	12.75
August 16, 2000 through August 15, 2001	13.00
August 16, 2001 through August 2, 2008	13.25
August 3, 2008 and after	13.50

Plan Name:	Niagara Plastics Company Employees Pension Plan
EIN / PN:	20-3117446/001
Plan Sponsor:	Niagara Plastics Company
Valuation Date	January 1, 2021

SCHEDULE SB ATTACHMENTS

Normal Retirement Date

Normal Retirement Date is the first day of the month coincident with or immediately following the date the participant reaches age 65.

Normal Retirement Benefit

Accrued benefit

Early Retirement Date

Early Retirement Date is the first day of any month coincident with or following the day on which a participant who has reached at least age 55 and has been credited with 10 or more years of credited service.

Early Retirement Benefit

Benefit equal to the Accrued Pension Benefit at Early Retirement Date and reduced if payments begin prior to Normal Retirement Date by $\frac{4}{10}$ th of 1% for each month benefit commencement date precedes Normal Retirement Date.

Late Retirement Date

Any time after Normal Retirement Date.

Late Retirement Benefit

Accrued benefit determined as of actual retirement date.

Disability Retirement Date

10 years of credited service and is totally and permanently disabled.

Disability Benefit

Accrued benefit as of the Disability Retirement Date, payable for life. Pre-Retirement Death Benefit

Plan Name:	Niagara Plastics Company Employees Pension Plan
EIN / PN:	20-3117446/001
Plan Sponsor:	Niagara Plastics Company
Valuation Date	January 1, 2021

SCHEDULE SB ATTACHMENTS

Pre-retirement Death Benefit

Upon the death of a married Member who qualifies for early retirement, the Member's spouse shall receive a monthly benefit for life based on the benefit payable under a Joint and 50% Survivor Annuity which the Member's spouse would receive assuming the Member retired on the day before his death.

The spouse of any married vested participant who was not eligible for early retirement is also eligible for a benefit if the participant should die prior to his normal retirement date. The monthly pension payable at the participant's earliest retirement date will be an amount equal to a benefit had he survived to his earliest retirement age, selected a 50% Qualified Joint and Survivor Annuity, and died on the day after the day of attaining earliest retirement age.

Death Benefit after Retirement

None, except as provided under an optional form of pension elected at retirement.

Employee Contributions

None required.

Vested Benefits upon Termination of Service

Upon the termination of employment after 3 or more Years of Service a participant shall have a vested interest in his Accrued Pension Benefit which will be payable at Normal Retirement Date. The percentage vested shall be:

Years of Service	Vested Percent
Fewer than 3	0%
3 but less than 4	20%
4 but less than 5	40%
5 but less than 6	60%
6 but less than 7	80%
7 or more	100%

A participant is fully vested in his Accrued Benefit upon reaching his Normal Retirement Date

Vested benefits payable prior to the Normal Retirement Date, but no earlier than the Early Retirement Date are reduced by 4/10th of 1% for each month benefit commencement date precedes Normal Retirement Date.

Plan Name: Niagara Plastics Company Employees Pension Plan
EIN / PN: 20-3117446/001
Plan Sponsor: Niagara Plastics Company
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Normal Form of Payment

For unmarried participants, the Normal Form of Payment is an annuity paid in monthly instalments for the life of the participant with 60 payments guaranteed. For married participants, the Normal Form of payment is 50% Joint and Survivor Annuity with the spouse as beneficiary.

Optional Forms of Retirement Income in Lieu of Normal Form

All Optional Methods of Settlement are actuarially equivalent to the Normal Form of Payment. The options are:

- (1) 50%, 75% or 100% Contingent Annuitant Annuity.
- (2) 5 or 10 Year Certain and Life Annuity

Changes in Plan Provisions since Last Actuarial Valuation

There have been no changes in Plan provisions since the prior valuation.

Plan Name:	Niagara Plastics Company Employees Pension Plan
EIN / PN:	20-3117446/001
Plan Sponsor:	Niagara Plastics Company
Valuation Date	January 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2021

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	3	0	0	0	0	0	0	0	0	3
25-29	0	5	7	0	0	0	0	0	0	0	12
30-34	0	2	4	1	0	0	0	0	0	0	7
35-39	0	0	1	1	1	0	0	0	0	0	3
40-44	1	2	4	1	2	4	0	0	0	0	14
45-49	0	2	1	1	4	2	1	0	0	0	11
50-54	0	2	1	1	2	3	3	0	0	0	12
55-59	0	1	1	0	3	0	1	2	0	0	8
60-64	0	1	0	0	0	0	4	0	0	1	6
65-69	0	0	0	0	0	0	0	0	0	0	0
70 & over	0	0	0	0	0	0	0	0	0	0	0
Total	1	18	19	5	12	9	9	2	0	1	76

¹ Age and service for purposes of determining category are based on exact (not rounded) values.
Plan Name: Niagara Plastics Company Employees Pension Plan
EIN / PN: 20-3117446/001
Plan Sponsor: Niagara Plastics Company
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Niagara Plastics Company
EIN/PN	20-3117446/001
Plan Name	Niagara Plastics Company Employees Pension Plan
Valuation Date	January 1, 2021
Enrolled Actuary	Sheri X. DeCristofaro
Enrollment Number	20-06629

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2021

Retirement Age	Rate of Retirement
55	0
56	0
57	0
58	0
59	0
60	0
61	0
62	0
63	0
64	0
65	100%
Totals:	100%

The Weighted Average Retirement Age is 65

Plan Name: Niagara Plastics Company Employees Pension Plan
EIN / PN: 20-3117446/001
Plan Sponsor: Niagara Plastics Company
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

Plan Sponsor	Niagara Plastics Company
Plan	Niagara Plastics Company Employees' Pension Plan
Effective Date and Most Recent Amendment	The Plan was restated effective January 1, 1972. The Plan was most recently amended January 1, 2011.
Plan Year	The twelve-month period ending December 31.

Coverage and Participation

All regular, full-time employees who are members of the bargaining unit are eligible upon employment.

Credited Service

Elapsed time from date of participation.

Retirement and Termination Benefits

Accrued Benefit – A monthly benefit equal to the negotiated benefit multiplier by years of Credited Service.

Period	Benefit Multiplier
August 16, 1993 through August 15, 1994	\$10.75
August 16, 1994 through August 15, 1995	11.50
August 16, 1995 through August 15, 1996	11.75
August 16, 1996 through August 15, 1997	12.00
August 16, 1997 through August 15, 1998	12.25
August 16, 1998 through August 15, 1999	12.50
August 16, 1999 through August 15, 2000	12.75
August 16, 2000 through August 15, 2001	13.00
August 16, 2001 through August 2, 2008	13.25
August 3, 2008 and after	13.50

Plan Name:	Niagara Plastics Company Employees Pension Plan
EIN / PN:	20-3117446/001
Plan Sponsor:	Niagara Plastics Company
Valuation Date	January 1, 2021

SCHEDULE SB ATTACHMENTS

Normal Retirement Date

Normal Retirement Date is the first day of the month coincident with or immediately following the date the participant reaches age 65.

Normal Retirement Benefit

Accrued benefit

Early Retirement Date

Early Retirement Date is the first day of any month coincident with or following the day on which a participant who has reached at least age 55 and has been credited with 10 or more years of credited service.

Early Retirement Benefit

Benefit equal to the Accrued Pension Benefit at Early Retirement Date and reduced if payments begin prior to Normal Retirement Date by $4/10^{\text{th}}$ of 1% for each month benefit commencement date precedes Normal Retirement Date.

Late Retirement Date

Any time after Normal Retirement Date.

Late Retirement Benefit

Accrued benefit determined as of actual retirement date.

Disability Retirement Date

10 years of credited service and is totally and permanently disabled.

Disability Benefit

Accrued benefit as of the Disability Retirement Date, payable for life. Pre-Retirement Death Benefit

Plan Name:	Niagara Plastics Company Employees Pension Plan
EIN / PN:	20-3117446/001
Plan Sponsor:	Niagara Plastics Company
Valuation Date	January 1, 2021

SCHEDULE SB ATTACHMENTS

Pre-retirement Death Benefit

Upon the death of a married Member who qualifies for early retirement, the Member's spouse shall receive a monthly benefit for life based on the benefit payable under a Joint and 50% Survivor Annuity which the Member's spouse would receive assuming the Member retired on the day before his death.

The spouse of any married vested participant who was not eligible for early retirement is also eligible for a benefit if the participant should die prior to his normal retirement date. The monthly pension payable at the participant's earliest retirement date will be an amount equal to a benefit had he survived to his earliest retirement age, selected a 50% Qualified Joint and Survivor Annuity, and died on the day after the day of attaining earliest retirement age.

Death Benefit after Retirement

None, except as provided under an optional form of pension elected at retirement.

Employee Contributions

None required.

Vested Benefits upon Termination of Service

Upon the termination of employment after 3 or more Years of Service a participant shall have a vested interest in his Accrued Pension Benefit which will be payable at Normal Retirement Date. The percentage vested shall be:

Years of Service	Vested Percent
Fewer than 3	0%
3 but less than 4	20%
4 but less than 5	40%
5 but less than 6	60%
6 but less than 7	80%
7 or more	100%

A participant is fully vested in his Accrued Benefit upon reaching his Normal Retirement Date

Vested benefits payable prior to the Normal Retirement Date, but no earlier than the Early Retirement Date are reduced by 4/10th of 1% for each month benefit commencement date precedes Normal Retirement Date.

Plan Name: Niagara Plastics Company Employees Pension Plan
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Plan Sponsor: Niagara Plastics Company
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Normal Form of Payment

For unmarried participants, the Normal Form of Payment is an annuity paid in monthly instalments for the life of the participant with 60 payments guaranteed. For married participants, the Normal Form of payment is 50% Joint and Survivor Annuity with the spouse as beneficiary.

Optional Forms of Retirement Income in Lieu of Normal Form

All Optional Methods of Settlement are actuarially equivalent to the Normal Form of Payment. The options are:

- (1) 50%, 75% or 100% Contingent Annuitant Annuity.
- (2) 5 or 10 Year Certain and Life Annuity

Changes in Plan Provisions since Last Actuarial Valuation

There have been no changes in Plan provisions since the prior valuation.

Plan Name:	Niagara Plastics Company Employees Pension Plan
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Plan Sponsor:	Niagara Plastics Company
Valuation Date	January 1, 2021

Plan Name	Niagara Plastics Company Employees Pension Plan
Plan Sponsor EIN	20-3117446
ERISA Plan #	001
Plan Year Ending	12/31/2021

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Niagara Plastics Company Employees Pension Plan

EIN 20-3117446; Plan #001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2021

Identity of Issue	Description	Book Value	Current Value
Short-term investment			
Blackrock Liquidity Fund	Short-term investment	\$ 28,844	\$ 28,844
Total short-term investment		28,844	28,844
Government and agency securities			
11,000,000 U.S. TREASURY NOTE 0.125% JAN 31, 2023	Government and agency security	10,990	10,962
14,000,000 U.S. TREASURY NOTE 0.125% FEB 15, 2024	Government and agency security	13,876	13,819
7,000,000 U. S. TREASURY NOTE 1.625% MAY 15, 2031	Government and agency security	7,012	7,096
11,000,000 U.S. TREASURY NOTE 0.750% AUG 31, 2026	Government and agency security	10,793	10,760
17,000,000 U.S. TREASURY NOTE 2.250% NOV 15, 2025	Government and agency security	17,861	17,714
17,000,000 U.S. TREASURY NOTE 1.375% OCT 15, 2022	Government and agency security	17,216	17,137
7,000,000 U.S. TREASURY NOTE 1.875% JUL 31, 2026	Government and agency security	7,245	7,203
25,000,000 U.S. TREASURY NOTE .5000% MAR 31, 2025	Government and agency security	24,729	24,593
16,000,000 U.S. TREASURY NOTE 2.875% AUG 15, 2028	Government and agency security	17,507	17,488
Total government and agency securities		127,229	126,772
Asset-backed securities			
9,867.050 FHLMC SD 8179	Asset backed security	10,350	10,259
9,053.980 FHLMC SB 8021	Asset backed security	10,128	9,476
838.85 FNMA PFM7877	Asset backed security	894	891
12129.21 FNMA PFM8138	Asset backed security	13,067	12,816
835.15 FNMA PFM8406	Asset backed security	876	873
13,069.640 FNMA PMA4384	Asset backed security	13,676	13,587
16,889.170 FNMA PMA4465	Asset backed security	16,852	16,861
43,551.010 FNMA PMA4466	Asset backed security	44,681	44,497
Total asset backed securities		110,524	109,260
Corporate bonds			

Niagara Plastics Company Employees Pension Plan

EIN 20-3117446; Plan #001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

December 31, 2021

Identity of Issue	Description	Book Value	Current Value
AT&T INC 01 .650% FEB 01	Corporate bond	\$ 3,913	\$ 3,919
ABBVI E INC 03.200% MAY 14	Corporate bond	7,483	7,424
ANHEUSER-BUSCH INBEV 03.500% JUN 01	Corporate bond	3,272	3,291
ANTHEM INC 02.550% MAR 15	Corporate bond	3,056	3,066
BOEING CO 02. 950% FEB 01	Corporate bond	3,030	3,059
CAPITAL ONE FINANCIAL CO 03. 300% OCT	Corporate bond	4,261	4,211
ENERGY TRANSFER OPERATING 03.750% MAY 15	Corporate bond	7,444	7,425
GENERAL MOTORS CO 05.000% OCT	Corporate bond	6,903	6,885
JPMORGAN CHASE & CO VAR% JUL 23	Corporate bond	7,375	7,296
MORGAN STANLEY 04.000% JUL	Corporate bond	6,569	6,505
TRUIST FINANCIAL CORP 01.200% AUG 05	Corporate bond	11,025	10,915
VERIZON COMMUNICATIONS 02.550% MAR 21	Corporate bond	4,018	4,040
WELLS FARGO & COMPANY 04.300% JUL	Corporate bond	10,087	10,033
Total corporate bonds		<u>78,436</u>	<u>78,069</u>
Foreign bonds			
BANK OF MONTREAL 02.500% JUN	Foreign bond	10,427	10,314
BANK OF NOVA SCOTIA 01.350% JUN	Foreign bond	5,951	5,932
SHI RE ACQ I NV IRELAND DA 03.200% SEP	Foreign bond	7,484	7,429
Total foreign bonds		<u>23,862</u>	<u>23,675</u>

Niagara Plastics Company Employees Pension Plan

EIN 20-3117446; Plan #001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

December 31, 2021

Identity of Issue	Description	Book Value	Current Value
Exchange-traded funds			
INVESCO S&P 500 Equal Weight ETF	Exchange-traded fund	\$ 8,887	\$ 18,009
I SHARES CORE S&P 500 ETF	Exchange-traded fund	179,067	299,575
I SHARES CORE S&P MID-CAP ETF	Exchange-traded fund	36,736	54,023
I SHARES CORE S&P SMALL CAP ETF	Exchange-traded fund	34,615	51,533
I SHARES BROAD USD INVST	Exchange-traded fund	48,576	48,270
I SHARES US TREASURY BOND	Exchange-traded fund	20,317	20,490
I SHARES USD HIGH YIELD C	Exchange-traded fund	8,816	8,773
SPDR BLOOMBERG 1-3 MTH T BILL ETF	Exchange-traded fund	24,690	24,686
VANGUARD TOTAL INTERNATL BOND ETF	Exchange-traded fund	21,212	20,576
VANGUARD MORTGAGE-BACKED SEC ETF	Exchange-traded fund	49,402	49,089
Total exchange-traded funds		432,318	595,024
Mutual funds			
Blackrock Strategic Income Opportunities	Mutual fund	218,188	218,180
MFS Total Return Bond Fund CL I	Mutual fund	217,011	218,274
Principal Diversified Real Asset Fund CL I	Mutual fund	48,857	52,961
Principal Global Diversified Inc. Fund CL I	Mutual fund	52,781	53,434
AB Sustainable US Thematic Portfolio CL ADV	Mutual fund	63,653	102,823
First Eagle Global Fund CL I	Mutual fund	45,775	52,967
MSF Internal Divers Fund CL I	Mutual fund	55,367	70,586
American Small Cap World Fund CL F2	Mutual fund	41,478	50,732
Total mutual funds		743,110	819,957
Total investments		\$ 1,544,323	\$ 1,781,601