

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2010</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>POLY-BOND, INC. RETIREMENT 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>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>04/01/1998</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>04/01/1998</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>04/01/1998</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>CHICOPEE, INC.</u> <u>9335 HARRIS CORNERS PARKWAY</u> <u>CHARLOTTE, NC 28269</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>57-1013629</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>704-697-5175</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>339900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>57-1013629</u>	2c Sponsor's telephone number <u>704-697-5175</u>	2d Business code (see instructions) <u>339900</u>	
2b Employer Identification Number (EIN) <u>57-1013629</u>					
2c Sponsor's telephone number <u>704-697-5175</u>					
2d Business code (see instructions) <u>339900</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.	10/14/2011	ADAM CRADDOCK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2011	ADAM CRADDOCK
	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 and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") CHICOPEE, INC. 9335 HARRIS CORNERS PARKWAY CHARLOTTE, NC 28269	3b Administrator's EIN 57-1013629 3c Administrator's telephone number 704-697-5175
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	526
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	86
b Retired or separated participants receiving benefits.....	6b	219
c Other retired or separated participants entitled to future benefits.....	6c	177
d Subtotal. Add lines 6a , 6b , and 6c	6d	482
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	26
f Total. Add lines 6d and 6e	6f	508
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1B 1G 1I 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic 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
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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) ☐ **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **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>POLY-BOND, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CHICOPEE, INC.</u>	D Employer Identification Number (EIN) <u>57-1013629</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>2010</u>
2	Assets:
a	Market value 2a <u>10769083</u>
b	Actuarial value 2b <u>10769083</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>255</u> <u>7487288</u>
b	For terminated vested participants 3b <u>183</u> <u>3090717</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>116385</u>
(2)	Vested benefits 3c(2) <u>1576523</u>
(3)	Total active 3c(3) <u>88</u> <u>1692908</u>
d	Total 3d <u>526</u> <u>12270913</u>
4	If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>6.66</u> %
6	Target normal cost 6 <u>0</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>06/13/2011</u>
Signature of actuary	Date
<u>KATHLEEN M. POTTER</u>	<u>11-04226</u>
Type or print name of actuary	Most recent enrollment number
<u>BPS&M, LLC</u>	<u>804-267-3100</u>
Firm name	Telephone number (including area code)
<u>9020 STONY POINT PARKWAY, SUITE 200</u> <u>RICHMOND, VA 23235</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 and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2010
v.092308.1

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 (Item 13 from prior year)		601533
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)		
9	Amount remaining (Item 7 minus item 8).....		601533
10	Interest on item 9 using prior year's actual return of <u>36.66</u> %		220522
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.49</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		
12	Reduction in balances due to elections or deemed elections.....		
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	822055

Part III	Funding percentages		
14	Funding target attainment percentage.....	14	81.51 %
15	Adjusted funding target attainment percentage.....	15	81.51 %
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	60.00 %
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
02/22/2010	19209		08/27/2010	60115	
03/05/2010	60911		09/03/2010	60115	
04/09/2010	60115		10/06/2010	60115	
05/07/2010	60115		11/08/2010	60115	
06/04/2010	60115		12/03/2010	60115	
07/08/2010	60115				
			Totals ▶	18(b)	621155
				18(c)	

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 contribution from prior years.....	19a
b	Contributions made to avoid restrictions adjusted to valuation date	19b
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 599794
20	Quarterly contributions and liquidity shortfalls:	
a	Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b	If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c	If 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 5.03 %	2nd segment: 6.73 %	3rd segment: 6.82 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) 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 contribution for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1833057	390620
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 (item 31 + item 32a + item 32b – item 33).....	34	390620
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		0
36 Additional cash requirement (item 34 minus item 35).....	36	390620
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	599794
38 Interest-adjusted excess contributions for current year (see instructions).....	38	209174
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	
40 Unpaid minimum required contribution for all years	40	

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
			2010
			This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning **01/01/2010** and ending **12/31/2010**

A Name of plan POLY-BOND, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 CHICOPEE, INC.	D Employer Identification Number (EIN) 57-1013629	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

WELLS FARGO BANK, NA

9020 STONY POINT PARKWAY
RICHMOND, GA 23235

22-1142033

(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?
21		25216	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 ☐

(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)
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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2010 This Form is Open to Public Inspection
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan POLY-BOND, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 CHICOPEE, INC.	D Employer Identification Number (EIN) 57-1013629	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	158748	0
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	89230	195851
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	10521992	11769141
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	10769970	11964992

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		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	10769970	11964992
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	621155	
(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)		621155

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	9446	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		9446

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	166855	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		166855

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

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(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)		1387590
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2185046

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	964808	
(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)		964808
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	25216	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		25216
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		990024

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1195022
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: HANCOCK ASKEW & CO. LLP

(2) EIN: 58-0662558

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
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.).....		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.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>POLY-BOND, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CHICOPEE, INC.</u>	D Employer Identification Number (EIN) <u>57-1013629</u>

Part I	Distributions
---------------	----------------------

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	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 providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
-----------------	-------------------

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

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

Schedule R (Form 5500) 2010
v.092308.1

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 items 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 items 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 items 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 items 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 items 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 items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

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

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

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

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

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

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 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 items (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 item 19(b)?

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

**POLY-BOND, INC.
RETIREMENT PLAN**

**Financial Statements
and
Independent Auditors' Report**
Years Ended December 31, 2010 and 2009

Poly-Bond, Inc. Retirement Plan

Contents

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HANCOCK ASKEW & CO LLP
ACCOUNTANTS & ADVISORS

Independent Auditors' Report

Plan Committee
Poly-Bond, Inc. Retirement Plan
Charlotte, North Carolina

We were engaged to audit the accompanying financial statements of the Poly-Bond, Inc. Retirement Plan (the Plan) as of December 31, 2010 and 2009 and for the years then ended, and the supplemental schedules as of December 31, 2010, as listed in the table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act (ERISA) of 1974, the Plan Committee instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 3, which was certified by Wells Fargo Bank, N.A., the Trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Committee that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Committee has obtained a certification from the Trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the Plan Committee by the Trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the investment information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Respectfully submitted,

Hancock Askew & Co. L.L.P.

Savannah, Georgia
October 3, 2011

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Poly-Bond, Inc. Retirement Plan

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2010	2009
ASSETS		
Investments, at fair value		
Mutual funds	\$ 11,769,141	\$ 10,521,992
Money market funds	195,851	89,230
Total investments	11,964,992	10,611,222
Receivables		
Employer's contribution	-	158,748
Net assets available for benefits	\$ 11,964,992	\$ 10,769,970

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

Poly-Bond, Inc. Retirement Plan

Statements of Changes in Net Assets Available for Benefits

<i>Years ended December 31,</i>	2010	2009
Investment income		
Interest and dividends	\$ 176,301	\$ 302,355
Net appreciation in fair value of mutual funds	1,387,590	2,616,466
Net investment income	1,563,891	2,918,821
Employer contribution	621,155	751,938
Total additions	2,185,046	3,670,759
Deductions		
Benefits paid directly to participants	964,808	1,042,451
Administrative fees	25,216	19,899
Total deductions	990,024	1,062,350
Net increase	1,195,022	2,608,409
Net assets available for benefits, beginning of year	10,769,970	8,161,561
Net assets available for benefits, end of year	\$ 11,964,992	\$ 10,769,970

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

Poly-Bond, Inc. Retirement Plan

Notes to Financial Statements

1. Description of the Plan

The following description of the Plan provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act (ERISA) of 1974.

General

The Poly-Bond, Inc. Retirement Plan (the Plan) is a non-contributory defined benefit plan that covers substantially all employees who were participants in the Dominion Textile (USA) Inc. Retirement Plan and employed by Poly-Bond, Inc. (the Employer) or who are specifically allocated to the Plan (certain employees of Wayn-Tex, DHJ, and Mirafi). Chicopee, Inc. is the Plan Sponsor as a result of a merger with Poly-Bond, Inc.

Salaried employees hired after December 31, 1999, are not eligible to participate in the Plan. However, salaried participants are entitled to the benefits, which were accrued as of December 31, 1999, as reflected in the actuarial valuation.

Hourly employees hired or rehired after December 31, 2003, were not allowed to enter or re-enter the Plan and benefit accruals were frozen on that date.

Pension Benefits

Eligible employees are entitled to annual pension benefits beginning at the latter of the participant's normal retirement age (65) or the fifth anniversary of participation in the Plan if the participant was hired after the age of 60. The normal retirement benefit will be a monthly retirement benefit equal to one-twelfth multiplied by the sum of (a) and (b): (a) 1% of the participant's final average earnings multiplied by the participant's years of credited service, plus (b) 1/2% of the participant's final average earnings in excess of covered compensation multiplied by the participant's years of credited service, not to exceed 35 years.

The Plan permits early retirement at ages 55-64 on the first day of any month on or after the participant's 55th birthday. If benefits are received before the normal retirement date, the benefit will be reduced by 5/12 of 1% for each month by which the retirement benefit is paid before the normal retirement date.

Upon qualification for pension payments, the standard form of payment for a single participant is a life annuity. For a participant who is married at the time of retirement, the standard form of payment is a qualified 50% joint and survivor annuity. Other optional forms of payment include 100% joint and survivor annuity, 10 and 20 year certain and life annuity, or a level income option.

Poly-Bond, Inc. Retirement Plan

Notes to Financial Statements

1. Description of the Plan (cont.)

Death and Disability Benefits

If a participant who is married at the time of his death has a vested interest in his accrued benefit and dies before the annuity starting date, the participant's surviving spouse will receive a qualified pre-retirement survivor annuity payable over the lifetime of the participant's surviving spouse, the value of which is equal to 50% of the participant's vested accrued benefit.

A participant who becomes disabled will receive a monthly retirement benefit commencing on the first day of the month coinciding with or following the participant's disability retirement date. The amount of the participant's disability pension is equal to his vested accrued benefit, based on his credited service prior to incurring the permanent disability and his final average earnings as of the date of his permanent disability.

Vesting

Participants were 100% vested after five years of service.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

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. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are stated at fair value. Investments in mutual funds are valued at quoted market prices on the last business day of the Plan year. Interest and dividend income is recorded on the accrual basis.

Poly-Bond, Inc. Retirement Plan

Notes to Financial Statements

2. Summary of Significant Accounting Policies (cont.)

Investment Valuation and Income Recognition (cont.)

A fair value hierarchy is used that prioritizes the inputs to valuation techniques used to measure fair value. The three levels of the fair value hierarchy are described below:

Basis of Fair Value Measurement:

- | | |
|---------|--|
| Level 1 | Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities; |
| Level 2 | Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly; |
| Level 3 | Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable. |

A financial instrument's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement.

Actuarial Present Value of Accumulated Plan Benefits

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

Poly-Bond, Inc. Retirement Plan

Notes to Financial Statements

2. Summary of Significant Accounting Policies (cont.)

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Funding Policy

Under the provisions of the Plan, the Employer shall make contributions to this Plan in such amounts and at such times as it determines upon the advice of the actuary for the Plan. The Employer's present intention is to make annual contributions in amounts sufficient to fund the Plan's current year's service cost and the past service cost plus interest over projected service. The Plan has met the ERISA minimum funding requirements.

Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

In the event the Plan terminates, the net assets of the Plan will generally not be available on a pro rata basis to provide participants' benefits. Expenses relating to Plan termination may be paid from the trust fund before any payments are made to participants or their beneficiaries. Benefit payments from the Plan will be made in the order required by ERISA.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect at the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

Poly-Bond, Inc. Retirement Plan

Notes to Financial Statements

3. Information Prepared and Certified by the Trustee

The Plan's assets are maintained in a trust established under the Plan. All investments are non-participant directed. All investment information disclosed in the accompanying financial statements and schedules, including investments held at December 31, 2010 and 2009, and the net appreciation or depreciation in fair value of investments, interest and dividends for the years then ended, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by Wells Fargo Bank, N.A. (the Trustee).

The fair value of individual investments that represent 5% or more of the Plan's net assets are as follows:

<i>December 31,</i>	2010	2009
Mutual funds		
Pimco Total Return Fund	\$ 1,528,127	\$ **
Janus Contrarian Fund Class T	\$ 1,164,027	\$ **
Wells Fargo Advantage Large Cap Growth Fund	\$ 1,239,496	\$ **
Wells Fargo Advantage International Equity Fund	\$ 1,953,473	\$ **
Royce Value Fund	\$ 1,393,578	\$ 1,064,935
Loomis Sayles Strategic Income Fund	\$ 1,725,030	\$ 3,042,482
Davis New York Venture Fund	\$ 1,194,714	\$ 1,938,391
Lazard Emerging Markets Open Fund	\$ 1,570,696	\$ **
Lazard Emerging Markets Portfolio Retail	\$ **	\$ 1,099,403
Evergreen Strategic Growth Fund	\$ **	\$ 1,811,987
Evergreen International Equity Fund	\$ **	\$ 1,564,793

**** Does not represent 5% or more of the Plan's net assets.**

4. Accumulated Plan Benefits

An actuary from Bryan, Pendleton, Swats & McAllister, LLC, a Wells Fargo Company, estimates the actuarial present value of accumulated Plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The accumulated Plan benefit information is as follows at January 1, 2010 and 2009:

Poly-Bond, Inc. Retirement Plan

Notes to Financial Statements

4. Accumulated Plan Benefits (cont.)

Actuarial Present Value of Accumulated Plan Benefits

<i>January 1,</i>	2010	2009
Vested benefits		
Participants currently receiving payments	\$ 6,728,256	\$ 6,809,841
Other vested benefits	3,536,808	3,540,282
Total vested benefits	10,265,064	10,350,123
Non-vested benefits	95,336	141,453
Total actuarial present value of accumulated Plan benefits	\$ 10,360,400	\$ 10,491,576

Changes in Actuarial Value of Accumulated Plan Benefits

	2010	2009
Actuarial present value of accumulated Plan benefits as of January 1, 2009 and 2008	\$ 10,491,576	\$ 10,501,406
Increase (decrease) during the year attributable to		
Benefits accumulated	112,845	283,456
Interest	798,430	797,327
Benefits paid	(1,042,451)	(1,090,613)
Actuarial present value of accumulated Plan benefits as of January 1, 2010 and 2009	\$ 10,360,400	\$ 10,491,576

Poly-Bond, Inc. Retirement Plan

Notes to Financial Statements

-
4. **Accumulated Plan Benefits (cont.)** The significant actuarial assumptions used in the valuations as of January 1, 2010 and 2009, were life expectancy of participants (the 1994 Group Annuity Mortality Static Tables, male and female, were used), retirement age assumptions (the assumed retirement age was 65 or immediately, if older), actuarial cost method (projected unit credit method) and assumed rate of return (8% in 2010 and 2009).
- The foregoing 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.
5. **Transactions with Related Parties** Certain Plan investments are shares of mutual funds managed by Wells Fargo Bank, N.A. Wells Fargo is the Trustee as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions.
- Pursuant to provisions of the Plan, expenses incurred in the administration or operation of the Plan may be paid by the Employer, at the Employer's election. During 2010 and 2009, the Employer paid substantially all of the Plan expenses.
6. **Income Tax Status** The Internal Revenue Service has determined and informed the Employer by a letter dated January 24, 2003, that the Plan and related Trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.
7. **Risk and Uncertainty** Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investments, it is reasonably possible that the changes in the values of investments will occur in the near term and that such changes could be material in relation to these financial statements.

Poly-Bond, Inc. Retirement Plan

Notes to Financial Statements

8. Fair Value Measurements

The following table sets forth by level within the fair value hierarchy the Plan investment assets at fair value as of December 31, 2010 and 2009.

Investment Assets at Fair Value as of December 31, 2010

	Level 1	Level 2	Level 3	Total
Money market funds	\$ 195,851	\$ -	\$ -	\$ 195,851
Mutual funds				
Bond	3,253,157	-	-	3,243,157
Domestic equity	4,991,815	-	-	4,991,815
International equity	3,524,169	-	-	3,524,169
Total mutual funds	11,769,141			11,769,141
Total investments at fair value	\$ 11,964,992	\$ -	\$ -	\$ 11,964,992

Investment Assets at Fair Value as of December 31, 2009

	Level 1	Level 2	Level 3	Total
Money market funds	\$ 89,230	\$ -	\$ -	\$ 89,230
Mutual funds	10,521,992	-	-	10,521,992
Total investments at fair value	\$ 10,611,222	\$ -	\$ -	\$ 10,611,222

9. Subsequent Events

Subsequent events have been evaluated through October 3, 2011, the date the financial statements were available to be issued.

Poly-Bond, Inc. Retirement Plan
EIN: 13-3571783 Plan Number: 002

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

December 31, 2010

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Mutual Funds				
*	Wells Fargo Bank, N.A.	Davis New York Venture Fund	\$ 1,042,767	\$ 1,194,714
*	Wells Fargo Bank, N.A.	Janus Contrarian Fund Class-T	1,036,937	1,164,027
*	Wells Fargo Bank, N.A.	Lazard Emerging Markets Open Fund	1,255,281	1,570,696
*	Wells Fargo Bank, N.A.	Loomis Sayles Strategic Income Fund	1,628,049	1,725,030
*	Wells Fargo Bank, N.A.	Pimco Total Return Fund	1,562,151	1,528,127
*	Wells Fargo Bank, N.A.	Royce Value Fund	1,134,705	1,393,578
*	Wells Fargo Bank, N.A.	Wells Fargo Advantage International Equity Fund	1,601,228	1,953,473
*	Wells Fargo Bank, N.A.	Wells Fargo Advantage Large Cap Growth Fund	995,129	1,239,496
			10,256,247	11,769,141
Money Market Fund				
*	Wells Fargo Bank, N.A.	Wells Fargo Advantage Money Market Fund	195,851	195,851
			\$ 10,452,098	\$ 11,964,992

* Indicates party-in-interest to the Plan.

Poly-Bond, Inc. Retirement Plan
EIN: 13-3571783 Plan Number: 002

Schedule H, Line 4j
Schedule of Reportable Transactions

For the year ended December 31, 2010

(a) Identity of Party Involved	(b) Description of Asset, Including Interest Rate and Maturity in Case of a Loan	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) – single transactions in excess of 5% of Plan assets						
Wells Fargo Bank, N.A.*	Davis New York Venture Fund	\$ -	\$ 773,626	\$ 862,629	\$ 773,626	\$ (89,003)
Wells Fargo Bank, N.A.*	Evergreen Strategic Growth Fund	\$ -	\$ 662,061	\$ 757,766	\$ 662,061	\$ (95,705)
Wells Fargo Bank, N.A.*	Janus Contrarian Fund Class-T	\$ 1,006,763	\$ -	\$ 1,006,763	\$ 1,006,763	\$ -
Wells Fargo Bank, N.A.*	Loomis Sayles Strategic Income Fund	\$ -	\$ 1,556,420	\$ 1,565,670	\$ 1,556,420	\$ (9,250)
Wells Fargo Bank, N.A.*	Pimco Total Return Fund	\$ 1,409,468	\$ -	\$ 1,409,468	\$ 1,409,468	\$ -
Category (iii) – series of transactions by issue in excess of 5% of Plan assets						
Wells Fargo Bank, N.A.*	Evergreen Money Market Fund	\$ 996,126	\$ -	\$ 996,126	\$ 996,126	\$ -
Wells Fargo Bank, N.A.*	Evergreen Money Market Fund	\$ -	\$ 802,838	\$ 802,838	\$ 802,838	\$ -
Wells Fargo Bank, N.A.*	Wells Fargo Advantage Money Market Fund	\$ 365,359	\$ -	\$ 365,359	\$ 365,359	\$ -
Wells Fargo Bank, N.A.*	Wells Fargo Advantage Money Market Fund	\$ -	\$ 427,977	\$ 427,977	\$ 427,977	\$ -
Wells Fargo Bank, N.A.*	Davis New York Venture Fund	\$ -	\$ 837,235	\$ 929,808	\$ 837,235	\$ (92,573)
Wells Fargo Bank, N.A.*	Evergreen Strategic Growth Fund	\$ -	\$ 735,196	\$ 837,379	\$ 735,196	\$ (102,183)
Wells Fargo Bank, N.A.*	Janus Contrarian Fund Class-T	\$ 1,012,360	\$ -	\$ 1,012,360	\$ 1,012,360	\$ -
Wells Fargo Bank, N.A.*	Loomis Sayles Strategic Income Fund	\$ 73,584	\$ -	\$ 73,584	\$ 73,584	\$ -

Poly-Bond, Inc. Retirement Plan
EIN: 13-3571783 Plan Number: 002

Schedule H, Line 4j
Schedule of Reportable Transactions (cont.)

For the year ended December 31, 2010

(a) Identity of Party Involved	(b) Description of Asset, Including Interest Rate and Maturity in Case of a Loan	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) – series of transactions by issue in excess of 5% of Plan assets (cont.)						
Wells Fargo Bank, N.A.*	Loomis Sayles Strategic Income Fund	\$ -	\$ 1,560,420	\$ 1,569,652	\$ 1,560,420	\$ (9,232)
Wells Fargo Bank, N.A.*	Pinco Total Return Fund	\$ 1,446,100	\$ -	\$ 1,446,100	\$ 1,446,100	\$ -

Columns (e) and (f) have not been presented as this information is not applicable.

* Indicates party-in-interest to the Plan.

Poly-Bond, Inc. Retirement Plan
EIN: 13-3571783 Plan Number: 002

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

December 31, 2010

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Mutual Funds				
*	Wells Fargo Bank, N.A.	Davis New York Venture Fund	\$ 1,042,767	\$ 1,194,714
*	Wells Fargo Bank, N.A.	Janus Contrarian Fund Class-T	1,036,937	1,164,027
*	Wells Fargo Bank, N.A.	Lazard Emerging Markets Open Fund	1,255,281	1,570,696
*	Wells Fargo Bank, N.A.	Loomis Sayles Strategic Income Fund	1,628,049	1,725,030
*	Wells Fargo Bank, N.A.	Pimco Total Return Fund	1,562,151	1,528,127
*	Wells Fargo Bank, N.A.	Royce Value Fund	1,134,705	1,393,578
*	Wells Fargo Bank, N.A.	Wells Fargo Advantage International Equity Fund	1,601,228	1,953,473
*	Wells Fargo Bank, N.A.	Wells Fargo Advantage Large Cap Growth Fund	995,129	1,239,496
			10,256,247	11,769,141
Money Market Fund				
*	Wells Fargo Bank, N.A.	Wells Fargo Advantage Money Market Fund	195,851	195,851
			\$ 10,452,098	\$ 11,964,992

* Indicates party-in-interest to the Plan.

The Poly-Bond, Inc. Retirement Plan
EIN: 57-1013629 Plan: 002
Schedule SB, Line 26 - Schedule of Active Participant Data

Age	Years of Credited Service										Total
	0-1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
< 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	3	0	0	0	0	0	0	0	0	3
30-34	0	2	2	0	0	0	0	0	0	0	4
35-39	0	2	17	2	0	0	0	0	0	0	21
40-44	0	2	9	3	1	0	0	0	0	0	15
45-49	0	2	7	2	1	1	0	0	0	0	13
50-54	0	6	11	1	0	0	2	0	0	0	20
55-59	0	2	4	0	0	1	0	2	0	0	9
60-64	0	1	0	0	0	0	0	0	0	0	1
65-69	0	0	0	1	0	0	0	0	1	0	2
70+	0	0	0	0	0	0	0	0	0	0	0
Total	0	20	50	9	2	2	2	2	1	0	88

The Poly-Bond, Inc. Retirement Plan
EIN: 57-1013629 Plan: 002
Schedule SB, Line 32 - Schedule of Amortization Bases

<u>Type</u>	<u>Present Value of Remaining Installments</u>	<u>Date Established</u>	<u>Years Remaining</u>	<u>Annual Installment</u>
Shortfall	3,798,428	01/01/2009	6	721,376
Shortfall	(1,965,371)	01/01/2010	7	(330,756)
Total	1,833,057			390,620

The Poly-Bond, Inc. Retirement Plan

EIN: 57-1013629 Plan: 002

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

Actuarial Assumptions and Methods

Section 4.1

A. Actuarial Assumptions

1. Economic assumptions

a. Interest rates

i. Accounting (12/31/2009 disclosure and 2010 expense) 5.86%

ii. FAS35 8.00%

iii. Funding The spot segment rates as of September 1, 2009, as described in Internal Revenue Notice 2009-2, were used. The rates are as follows:

First Segment:	5.03%
Second Segment:	6.73%
Third Segment:	6.82%

b. Return on assets for FAS 87 8.00%

2. Demographic and other assumptions

a. Mortality

Healthy lives:

Funding: The 2010 Static Mortality Table, as described in regulation 1.430(h)(3)-1.

Accounting: 1994 Group Annuity Mortality Static Table.

Disabled lives:

Disability mortality tables stated in Rev. Rul. 96-7.

b. Termination

Sample rates are as follows:

Age	Males	Females
20	0.08702	0.10248
30	0.05223	0.08702
40	0.03741	0.04151
50	0.01215	0.03062
60	0.12000	0.12000
65	0.00000	0.00000

c. Retirement

Sample rates are as follows:

Age	Annual Rates*
55-59	1%
60-61	7%
62	15%
63-64	10%
65	100%

*At first "Rule of 85" eligibility, retirement rate is assumed to be 25%, regardless of a

d. Disability

Sample rates of disability are as follows:

Age	Males	Females
20	0.00085	0.00103
30	0.00085	0.00103
40	0.00176	0.00297
50	0.00639	0.00590
60	0.01552	0.01018
65	0.01552	0.01018

The Poly-Bond, Inc. Retirement Plan

EIN: 57-1013629 Plan: 002

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

Actuarial Assumptions and Methods

Section 4.1

- e. Form of payment All single participants are assumed to elect a single life annuity upon retirement. All married participants are assumed to elect a joint & 50% survivor option upon retirement.
- f. Percent Married 85% of males and 65% of females are assumed to be married.
- g. Spouse Age Females assumed to be three years younger than males.
- h. New entrants None assumed.
- 3. Changes in assumptions since the prior valuation
 - a. Due to PPA, both the interest rate and mortality had to be changed for funding purposes
 - b. Interest rate – funding: Last year, the spot segment rates as of January 1, 2009 were used. This year, the spot segment rates as of September 1, 2009 were used.

B. Actuarial Methods

- 1. Actuarial cost method
 - a. Funding – Unit credit as described in IRS Revenue Procedure 2000-40
 - b. Accounting – Projected unit credit as described under FASB No. 87
- 2. Asset valuation method
 - a. Funding – Market value of assets
 - b. Accounting – Market value of assets
- 3. Benefits not valued
 - All benefits described were valued.
- 4. Changes in methods since the prior valuation
 - a. Funding – There were no changes in methods since the prior valuation.
 - b. Accounting – There were no changes in methods since the prior valuation.
- 5. Valuation procedures

The limitations of Internal Revenue Code Section 415(b) and 401(a) (17) have been incorporated into our calculations. No actuarial liability is included for non-vested participants who terminated employment prior to the valuation date. The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the Plan's eligibility requirements on the valuation date are included in the valuation of liabilities.
- 6. Data sources

Asset data was supplied by Wachovia Bank. Polymer Group, Inc. furnished participant data as of January 1, 2010. Data was reviewed for reasonableness and consistency, but no audit was performed. Assumptions or estimates were made when data was not available. We are not aware of any errors or omissions in the data that would have a significant effect on the valuation results.

Poly-Bond, Inc. Retirement Plan
EIN: 13-3571783 Plan Number: 002

Schedule H, Line 4j
Schedule of Reportable Transactions

For the year ended December 31, 2010

(a) Identity of Party Involved	(b) Description of Asset, Including Interest Rate and Maturity in Case of a Loan	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
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Wells Fargo Bank, N.A.*	Janus Contrarian Fund Class-T	\$ 1,006,763	\$ -	\$ 1,006,763	\$ 1,006,763	\$ -
Wells Fargo Bank, N.A.*	Loomis Sayles Strategic Income Fund	\$ -	\$ 1,556,420	\$ 1,565,670	\$ 1,556,420	\$ (9,250)
Wells Fargo Bank, N.A.*	Pimco Total Return Fund	\$ 1,409,468	\$ -	\$ 1,409,468	\$ 1,409,468	\$ -
Category (iii) – series of transactions by issue in excess of 5% of Plan assets						
Wells Fargo Bank, N.A.*	Evergreen Money Market Fund	\$ 996,126	\$ -	\$ 996,126	\$ 996,126	\$ -
Wells Fargo Bank, N.A.*	Evergreen Money Market Fund	\$ -	\$ 802,838	\$ 802,838	\$ 802,838	\$ -
Wells Fargo Bank, N.A.*	Wells Fargo Advantage Money Market Fund	\$ 365,359	\$ -	\$ 365,359	\$ 365,359	\$ -
Wells Fargo Bank, N.A.*	Wells Fargo Advantage Money Market Fund	\$ -	\$ 427,977	\$ 427,977	\$ 427,977	\$ -
Wells Fargo Bank, N.A.*	Davis New York Venture Fund	\$ -	\$ 837,235	\$ 929,808	\$ 837,235	\$ (92,573)
Wells Fargo Bank, N.A.*	Evergreen Strategic Growth Fund	\$ -	\$ 735,196	\$ 837,379	\$ 735,196	\$ (102,183)
Wells Fargo Bank, N.A.*	Janus Contrarian Fund Class-T	\$ 1,012,360	\$ -	\$ 1,012,360	\$ 1,012,360	\$ -
Wells Fargo Bank, N.A.*	Loomis Sayles Strategic Income Fund	\$ 73,584	\$ -	\$ 73,584	\$ 73,584	\$ -

Poly-Bond, Inc. Retirement Plan
EIN: 13-3571783 Plan Number: 002

Schedule H, Line 4j
Schedule of Reportable Transactions (cont.)

For the year ended December 31, 2010

(a) Identity of Party Involved	(b) Description of Asset, Including Interest Rate and Maturity in Case of a Loan	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) – series of transactions by issue in excess of 5% of Plan assets (cont.)						
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Wells Fargo Bank, N.A.*	Pimco Total Return Fund	\$ 1,446,100	\$ -	\$ 1,446,100	\$ 1,446,100	\$ -

Columns (e) and (f) have not been presented as this information is not applicable.

** Indicates party-in-interest to the Plan.*

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	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 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ 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 Poly-Bond, Inc. Retirement Plan	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Chicopee, Inc.	D Employer Identification Number (EIN) 57-1013629
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>1</u> Day <u>1</u> Year <u>2010</u>		
2	Assets:		
a	Market value.....	2a	10,769,083
b	Actuarial value.....	2b	10,769,083
3	Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment.....	3a	255
b	For terminated vested participants.....	3b	183
c	For active participants:		
(1)	Non-vested benefits.....	3c(1)	116,385
(2)	Vested benefits.....	3c(2)	1,576,523
(3)	Total active.....	3c(3)	88
d	Total.....	3d	526
4	If the plan is at-risk, check the box and complete items (a) and (b)..... ☒		
a	Funding target disregarding prescribed at-risk assumptions.....	4a	12,203,513
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....	4b	12,540,514
5	Effective interest rate.....	5	6.66 %
6	Target normal cost.....	6	0

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

SIGN HERE	 Signature of actuary Kathleen M. Potter Type or print name of actuary	<u>6/13/2011</u> Date <u>11-04226</u> Most recent enrollment number <u>(804) 267-3100</u> Telephone number (including area code)
BPS&M, LLC 9020 Stony Point Parkway, Suite 200 Richmond, VA 23235 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 (Item 13 from prior year)	0	601,533
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	0	601,533
10	Interest on item 9 using prior year's actual return of <u>36.66</u> %		220,531
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.49</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	822,064

Part III Funding percentages			
14	Funding target attainment percentage	14	81.51 %
15	Adjusted funding target attainment percentage	15	81.51 %
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	60.00 %
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
02/22/2010	19,209		08/27/2010	60,115	
03/05/2010	60,911		09/03/2010	60,115	
04/09/2010	60,115		10/06/2010	60,115	
05/07/2010	60,115		11/08/2010	60,115	
06/04/2010	60,115		12/03/2010	60,115	
07/08/2010	60,115				
Totals ▶			18(b)	621,155	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 contribution 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	599,794

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

c If 20a is "Yes," see instructions and complete the following table as applicable:

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

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 5.03 %	2nd segment: 6.73 %	3rd segment: 6.82 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is eligible for (and is using) 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 contribution for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1,833,057	390,620
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 (item 31 + item 32a + item 32b - item 33)	34	390,620
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	390,620
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	599,794
38 Interest-adjusted excess contributions for current year (see instructions)	38	209,174
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0