

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), 6057(b), 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: 1.2em; font-weight: bold;">2013</div> <div style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</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 POLY-BOND, INC. RETIREMENT PLAN	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; include room or suite number (employer, if for a single-employer plan) CHICOPEE, INC. 9335 HARRIS CORNERS PARKWAY CHARLOTTE, NC 28269	2b Employer Identification Number (EIN) <u>57-1013629</u> 2c Sponsor's telephone number <u>704-697-5214</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.	10/07/2014	MARTHA LANDRUM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2014	MARTHA LANDRUM
	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
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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
5 Total number of participants at the beginning of the plan year	5 479
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 75
b Retired or separated participants receiving benefits	6b 201
c Other retired or separated participants entitled to future benefits.....	6c 153
d Subtotal. Add lines 6a , 6b , and 6c	6d 429
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 30
f Total. Add lines 6d and 6e	6f 459
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
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 1I 3H	

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) ☐ 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 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

▶ **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>2013</u>
2	Assets:
a	Market value 2a <u>12321950</u>
b	Actuarial value 2b <u>12321950</u>
3	Funding target/participant count breakdown:
a	For retired participants and beneficiaries receiving payment..... 3a <u>238</u> <u>7351699</u>
b	For terminated vested participants..... 3b <u>160</u> <u>3074951</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>141697</u>
(2)	Vested benefits 3c(2) <u>1401616</u>
(3)	Total active..... 3c(3) <u>81</u> <u>1543313</u>
d	Total..... 3d <u>479</u> <u>11969963</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>6.33</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>10/08/2014</u>
	Signature of actuary	Date
<u>BRIAN A. HARTMAN</u>		<u>14-07613</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) 2013
v. 130118

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	912047
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)		912047
10 Interest on line 9 using prior year's actual return of <u>11.05</u> %		100781
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		317126
b Interest on (a) using prior year's effective interest rate of <u>7.03</u> % except as otherwise provided (see instructions)		22294
c Total available at beginning of current plan year to add to prefunding balance		339420
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1012828

Part III Funding Percentages		
14 Funding target attainment percentage	14	94.47 %
15 Adjusted funding target attainment percentage	15	102.94 %
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	92.20 %
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
01/11/2013	60115		07/12/2013	60115	
02/15/2013	60115		08/09/2013	60115	
03/08/2013	60115		09/13/2013	60115	
04/12/2013	60115		10/11/2013	60115	
05/10/2013	60115		11/08/2013	60115	
06/14/2013	60115		12/06/2013	60115	
			Totals ►	18(b) 721380	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 contributions 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	700422
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:		

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

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

21 Discount rate:			
a Segment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment: 6.76 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....		31a	
b Excess assets, if applicable, but not greater than line 31a		31b	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	788163	381130	
b Waiver amortization installment			
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	381130
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35).....	36	381130	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	700422	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	319292
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	
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	

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
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

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
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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		28203	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

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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>POLY-BOND, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE 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	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO CORE BOND CIT F</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>94-3222878-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1116912</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WF GROWTH CIT F</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>46-6139057-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1144691</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WF MFS VALUE CIT F 1685</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>45-6648640-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1148133</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WF TROWE PRICE INST EQ INC MGD CIT</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>46-6586666-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1008589</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WF TROWE PRICE INST LCG MGD CIT F</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>45-6648614-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1653562</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
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	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)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	1332 262
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	244881 868108
(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)	6071887
(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)	12075737 7410838
(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	12321950	14351095

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	12321950	14351095
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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)	721380	
(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)		721380

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)	310	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		310

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	203843	
(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)		203843

(3) Rents	2b(3)		
-----------------	--------------	--	--

(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)		

(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		411887
(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)		1657930
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2995350

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	924080	
(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)		924080
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)	42125	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		42125
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		966205

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		2029145
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 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.).....

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.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning **01/01/2013** and ending **12/31/2013**

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	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 0

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

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

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

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

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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

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

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

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

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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

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

**Financial Statements
and
Independent Auditor's Report**
Years Ended December 31, 2013 and 2012

Poly-Bond, Inc. Retirement Plan

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Supplemental Schedules

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HANCOCK ASKEW & CO LLP
ACCOUNTANTS & ADVISORS

Independent Auditor's Report

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

We were engaged to audit the accompanying financial statements of Poly-Bond, Inc. Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Wells Fargo Bank, N.A., the Trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the Trustee as of December 31, 2013 and 2012, that the information provided to the Plan administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions, which are the responsibility of Plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

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

Savannah, Georgia
August 8, 2014

Poly-Bond, Inc. Retirement Plan

Statements of Net Assets Available for Benefits

<hr/>		
<i>December 31,</i>	2013	2012
<hr/>		
ASSETS		
Investments, at fair value		
Mutual funds	\$ 7,410,838	\$ 12,075,737
Common trust funds	6,071,887	-
Money market funds	868,108	244,881
<hr/>		
Total investments	14,350,833	12,320,618
Receivables		
Dividend and interest receivable	262	1,332
<hr/>		
Net assets available for benefits	\$ 14,351,095	\$ 12,321,950
<hr/>		

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>	2013	2012
Investment income		
Interest and dividends	\$ 204,153	\$ 259,557
Net appreciation in fair value of investments	2,069,817	1,018,953
Net investment income	2,273,970	1,278,510
Employer contribution	721,380	721,380
	2,995,350	1,999,890
Deductions		
Benefits paid directly to participants	924,080	980,587
Administrative fees	42,125	37,826
Total deductions	966,205	1,018,413
Net increase	2,029,145	981,477
Net assets available for benefits, beginning of year	12,321,950	11,340,473
Net assets available for benefits, end of year	\$ 14,351,095	\$ 12,321,950

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 of 1974 (ERISA).

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 were 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.

The Plan is considered a frozen plan, meaning vested participants in the Plan at the date of the freeze are still entitled to any vested benefits but no further benefits will accrue and no new participants will be added to the Plan.

Salaried employees hired after December 31, 1999, are not eligible to participate in the Plan. Salaried participants hired prior to December 31, 1999 are entitled to the vested benefits 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 for all participants 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) $\frac{1}{2}\%$ 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 $\frac{5}{12}$ 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 or her death has a vested interest in his or her 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 or her vested accrued benefit, based on the his or her credited service prior to incurring the permanent disability and the participant's final average earnings as of the date of the participant's 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

The Plan's investments 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). Money market funds are valued at the closing price reported by the fund sponsor from an actively traded market. Investments in mutual funds are valued at quoted market prices for the identical security in an active market. Investments in common collective trusts are valued based on prices quoted and published by the investment manager of the accounts which are determined based upon fair value of the underlying assets. See Note 8 for further discussion and disclosures related to fair value measurements.

2. Summary of Significant Accounting Policies (cont.)

Investment Valuation and Income Recognition (cont.)

Accounting standards establish a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value are described as follows:

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.

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 and 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 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, 2013 and 2012, 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>	2013	2012
Wells Fargo Bank, N.A.		
Mutual funds		
Loomis Sayles Strategic Income Fund	\$ 1,091,954	\$ 1,391,142
Lazard Emerging Markets Open Fund	\$ 1,089,348	\$ 1,101,881
Pimco Total Return Instl	\$ 1,035,350	\$ 1,466,236
Morgan Stanley Inst Intl Rel Est Inst	\$ 892,246	\$ **
Janus Contrarian Fund Class T	\$ 827,252	\$ **
Pimco Commodity Real Ret Strat-Instl	\$ 819,033	\$ **
Dodge & Cox Int'l Stock Fund	\$ 722,372	\$ **
Wells Fargo Advantage Growth Fund	\$ **	\$ 1,638,388
Wells Fargo Advantage Core Bond Fund	\$ **	\$ 1,281,961
T. Rowe Price Equity Income	\$ **	\$ 1,271,034
Royce Value Fund	\$ **	\$ 1,056,802
Wells Fargo Advantage Large Cap Growth Fund	\$ **	\$ 965,051
MFS Value Fund	\$ **	\$ 773,610
Common Trust Funds		
T. Rowe Price Inst LCG MGD CIT Fund	\$ 1,653,562	\$ **
Wells Fargo MFS Value CIT Fund	\$ 1,148,133	\$ **
Wells Fargo Growth CIT Fund	\$ 1,144,691	\$ **
Wells Fargo Core Bond CIT Fund	\$ 1,116,912	\$ **
T. Rowe Price Inst Eq Inc MGD CIT Fund	\$ 1,008,589	\$ **

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

Poly-Bond, Inc. Retirement Plan

Notes to Financial Statements

4. Accumulated Plan Benefits

An actuary from Bryan, Pendleton, Swats & McAllister, LLC, a Wells Fargo Company and therefore considered a related party to the Plan, 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, 2013 and 2012:

Actuarial Present Value of Accumulated Plan Benefits

<i>January 1,</i>	2013	2012
Vested benefits		
Participants currently receiving payments	\$ 6,387,500	\$ 6,463,989
Other vested benefits	3,316,341	3,403,908
Total vested benefits	9,703,841	9,867,897
Non-vested benefits	114,455	113,721
Total actuarial present value of accumulated Plan benefits	\$ 9,818,296	\$ 9,981,618

Changes in Actuarial Value of Accumulated Plan Benefits

<i>January 1,</i>	2013	2012
Actuarial present value of accumulated Plan benefits as of January 1, 2012 and 2011	\$ 9,981,618	\$ 10,194,203
Increase (decrease) during the year attributable to		
Benefits accumulated	57,204	(7,158)
Interest	760,061	776,995
Benefits paid	(980,587)	(982,422)
Actuarial present value of accumulated Plan benefits as of January 1, 2013 and 2012	\$ 9,818,296	\$ 9,981,618

Poly-Bond, Inc. Retirement Plan

Notes to Financial Statements

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- | | |
|---|--|
| 4. Accumulated Plan Benefits (cont.) | <p>The significant actuarial assumptions used in the valuations as of January 1, 2013 and 2012, 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 2013 and 2012).</p> <p>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.</p> |
| 5. Transactions with Related Parties | <p>Certain Plan investments are shares of mutual funds and common trust funds that are 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.</p> <p>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 2013 and 2012, the Employer paid substantially all of the Plan expenses.</p> |
| 6. Income Tax Status | <p>The Plan obtained its latest determination letter on October 18, 2010, in which the Internal Revenue Service states that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and therefore believes the Plan is qualified and the related trust is tax-exempt. The Plan's returns are subject to examination dating back to 2010.</p> |
| 7. Risk and Uncertainty | <p>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.</p> |

Poly-Bond, Inc. Retirement Plan

Notes to Financial Statements

- 8. Fair Value Measurements** The following tables set forth by level, within the fair value hierarchy the Plan investment assets at fair value, as of December 31, 2013 and 2012.

Investment Assets at Fair Value as of December 31, 2013

	Level 1	Level 2	Level 3	Total
Money market funds	\$ 868,108	\$ -	\$ -	\$ 868,108
Mutual funds				
Bond	2,946,337	-	-	2,946,337
Domestic equity	1,760,535	-	-	1,760,535
International equity	2,703,966	-	-	2,703,966
Total mutual funds	7,410,838	-	-	7,410,838
Common collective trusts				
Bond (a)	-	1,116,912	-	1,116,912
Equity (b)	-	4,954,975	-	4,954,975
Total common collective trusts	-	6,071,887	-	6,071,887
Total investments at fair value	\$ 8,278,946	\$ 6,071,887	\$ -	\$ 14,350,833

Investment Assets at Fair Value as of December 31, 2012

	Level 1	Level 2	Level 3	Total
Money market funds	\$ 244,881	\$ -	\$ -	\$ 244,881
Mutual funds				
Bond	4,139,339	-	-	4,139,339
Domestic equity	6,302,135	-	-	6,302,135
International equity	1,634,263	-	-	1,634,263
Total mutual funds	12,075,737	-	-	12,075,737
Total investments at fair value	\$ 12,320,618	\$ -	\$ -	\$ 12,320,618

There were no significant transfers between Level 1 and Level 2 investments for the year ended December 31, 2013.

Poly-Bond, Inc. Retirement Plan

Notes to Financial Statements

8. Fair Value Measurements (cont.)

(a) This category represents common collective trust funds that are designed to deliver safety and stability by preserving principal and accumulating earnings. These funds are primarily invested in debt securities.

(b) This category represents common collective trust funds that are designed to provide a portfolio of stocks for collective investment with market capitalizations within the range of the S&P 500 Index. Such funds are held for investment with the objective of seeking to achieve long-term return greater than the return on the S&P 500 Index while maintaining risk characteristics similar to the risk characteristics of the stocks in the S&P 500 Index.

9. Subsequent Events

Subsequent events have been evaluated through August 8, 2014, the date the financial statements were available to be issued.

Summary of Plan Provisions

This summary has been prepared for valuation purposes only. It summarizes the plan provisions necessary to perform the actuarial valuation.

Effective date

April 1, 1998. Amended and restated effective January 1, 2001. Amended and restated effective January 1, 2010.

Plan year

Calendar year.

Covered employees

Each employee is eligible to participate on his date of employment. Participation in the plan was frozen effective December 31, 2003.

Definitions

Vesting Service	A participant shall receive credit for one year of vesting service for each plan year in which he completes 1,000 hours of service.
Credited Service	A participant shall receive credit for one year of credited service for each plan year in which he completes 1,000 hours of service. Credited service accruals were frozen December 31, 2003.
Normal Retirement Date	First of month coincident with or next following the attainment of age 65 and five years of vesting service.
Normal Retirement Benefit	1% of final average compensation times years of service plus .5% of the excess, if any, of final average compensation over the greater of \$10,000 or 1/2 of Covered Compensation for a person attaining Social Security retirement age during the year of determination times years of service up to a maximum of 35 years. Benefits for salaried employees were frozen as of December 31, 1999, and benefits for hourly employees were frozen as of December 31, 2003.
Final Average Compensation	Average compensation for the five consecutive calendar years producing the highest average.
Accrued Benefit	A participant's accrued benefit is equal to the normal retirement benefit computed using the final average compensation and years of credited service as of the date of determination.

Pre-Retirement Spouse Benefit	The surviving spouse's benefit required by the Retirement Equity Act, which is the spouse's portion of the 50% Joint and Survivor Annuity that would have been payable had the participant terminated employment on his date of death, survived to his earliest possible retirement date and begun receiving benefits as a 50% Joint and Survivor Annuity. This benefit is payable at the earliest date the participant could have retired under the plan.
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Eligibility for benefits

Normal Retirement	Retirement on NRD.
Early Retirement	Retirement before NRD and on or after both attaining age 55 and completing 5 years of vesting service.
"Rule of 85" Retirement	Retirement before NRD and on or after attaining age 55, with years of vesting service plus age equal to at least 85.
Disability	Permanent and total disability and completion of 5 years of service.
Deferred Vested	Termination for reasons other than death or retirement after completing five years of vesting service.
Pre-Retirement Spouse Benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

Monthly benefits paid upon the following events

Normal Retirement	Monthly pension benefit determined as of NRD.
Early Retirement	Monthly accrued pension benefit determined as of a participant's early retirement date, reduced by 5/12% for each month by which the annuity starting date precedes his normal retirement date.
"Rule of 85" Retirement	Monthly accrued pension benefit determined as of a participant's early retirement date with no reduction.
Disability	Monthly accrued pension benefit determined as of a participant's date of disability with no reduction.
Termination with Deferred Vested Benefits	Monthly accrued pension benefit determined as of the participant's termination date and is payable at age 65.
Death with Pre-Retirement Spouse Benefit	Monthly pre-retirement spouse benefit is payable at the participant's earliest retirement date.

Forms of Payment

Unmarried participants receive a straight life annuity. Married participants receive a 50% joint and survivor annuity. Other available optional payment forms are 50%, 75% and 100% joint & survivor annuities, ten-year certain and life annuity, Social Security leveling options, and life annuity.

Changes in plan provisions since prior year

None.

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

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

December 31, 2013

(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
		Common trust funds		
*	Wells Fargo Bank, N.A.	T. Rowe Price Inst Eq Inc MGD CIT Fund	\$ 911,616	\$ 1,008,589
*	Wells Fargo Bank, N.A.	T. Rowe Price Inst LCG MGD CIT Fund	1,400,000	1,653,562
*	Wells Fargo Bank, N.A.	Wells Fargo Core Bond CIT Fund	1,120,000	1,116,912
*	Wells Fargo Bank, N.A.	Wells Fargo Growth CIT Fund	1,120,000	1,144,691
*	Wells Fargo Bank, N.A.	Wells Fargo MFS Value CIT Fund	1,120,000	1,148,133
			5,671,616	6,071,887
		Mutual funds		
*	Wells Fargo Bank, N.A.	Dodge & Cox Int'l Stock Fund	711,474	722,372
*	Wells Fargo Bank, N.A.	Janus Contrarian Fund Class I	301,131	364,613
*	Wells Fargo Bank, N.A.	Janus Contrarian Fund Class T	598,351	827,252
*	Wells Fargo Bank, N.A.	Keeley Small Cap Value Fund Class I	512,757	568,670
*	Wells Fargo Bank, N.A.	Lazard Emerging Markets Open Fund	1,138,232	1,089,348
*	Wells Fargo Bank, N.A.	Loomis Sayles Strategic Income Fund	1,034,139	1,091,954
*	Wells Fargo Bank, N.A.	Morgan Stanley Inst Intl Rel Est Inst	859,509	892,246
*	Wells Fargo Bank, N.A.	Pimco Commodity Real Ret Strat-Instl	825,000	819,033
*	Wells Fargo Bank, N.A.	Pimco Total Return Instl	1,088,186	1,035,350
			7,068,779	7,410,838
		Money market fund		
*	Wells Fargo Bank, N.A.	Wells Fargo Short-Term Investment Fund	868,108	868,108
			\$ 13,608,503	\$ 14,350,833

* 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	0	0	0	0	0	0	0	0	0	0
30-34	0	4	1	0	0	0	0	0	0	0	5
35-39	0	3	4	0	0	0	0	0	0	0	7
40-44	0	0	19	4	0	0	0	0	0	0	23
45-49	0	2	8	2	2	0	0	0	0	0	14
50-54	0	4	8	2	0	1	0	0	0	0	15
55-59	0	4	6	0	0	0	1	0	0	0	11
60-64	0	0	3	0	0	1	0	0	0	0	4
65-69	0	1	0	1	0	0	0	0	0	0	2
70+	0	0	0	0	0	0	0	0	0	0	0
Total	0	18	49	9	2	2	1	0	0	0	81

Summary of Actuarial Assumptions

Interest Rates

Funding	The stabilized segment rates for September 2012: 4.94% for the first 5 years; 6.15% for the next 15 years; and 6.76% thereafter
Maximum Tax Deductible Contribution	The segment rates for September 2012: 1.75% for the first 5 years; 4.62% for the next 15 years; and 5.72% thereafter
PBGC (Standard Method)	The segment rates for January 2013: 1.00% for the first 5 years; 3.57% for the next 15 years; and 4.77% thereafter
ASC 960	8.00% per year

Salary Increases

Not Applicable.

Mortality Rates

Funding and PBGC	Healthy: IRS 2013 Static Mortality Table. Disabled: Disability mortality tables stated in Rev. Rul. 96-7.
ASC 960	1994 Group Annuity Mortality Static Table. Disabled: Disability mortality tables stated in Rev. Rul. 96-7.

Withdrawal Rates

Sample rates are as follows:

Age	Males	Females
20	8.702%	10.248%
30	5.223%	8.702%
40	3.741%	4.151%
50	1.215%	3.062%
60	12.000%	12.000%
65	0.000%	0.000%

Rates of Retirement

Eligible participants are assumed to retire based on the following:

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 age.

Disability Rates

Sample rates are as follows:

Age	Males	Females
20	0.085%	0.103%
30	0.085%	0.103%
40	0.176%	0.297%
50	0.639%	0.590%
60	1.552%	1.018%
65	1.552%	1.018%

Commencement Dates and Forms 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.

Percentage Married

85% of males and 65% of females are assumed to be married, with husbands assumed to be 3 years older than wives.

Mortality Improvement

The mortality table for Funding purposes includes mortality improvement projected after year 2000 under Projection Scale AA to 15 years beyond the valuation date for non-annuitants and to 7 years beyond the valuation date for annuitants.

Maximum Limitations

The maximum annual benefit limitation and the annual compensation limit are assumed to remain at their current levels.

Expenses

None assumed.

Summary of Actuarial Methods

Actuarial Cost Method

All liabilities and normal costs shown in this report are calculated based on the Traditional Unit Credit method as described in IRC Section 430 and relevant proposed regulations. This method is prescribed for funding, PBGC, and ASC 960 calculations.

Under the Traditional Unit Credit method, the liability is the present value of all benefits that have been accrued or earned under the plan as of the first day of the plan year. The normal cost is the present value of all benefits that are expected to accrue or be earned during the plan year, including any expected increase in compensation during the year.

Asset Valuation Method

The actuarial value of assets is equal to the market value of assets with discounted receivable contributions.

Miscellaneous

The limitations under IRC Sections 401(a)(17) and 415(b) have been taken into account in our calculations.

Any actual or potential limitations under IRC Section 436 have not been taken into account for any purpose.

To the best of our knowledge, all benefits payable from the plan, including retirement-type and ancillary benefits, have been incorporated into our calculations.

No liability is included for participants who terminated without vested benefits prior to the first day of the plan year.

No liability is included for any employees who are not yet participants as of the first day of the plan year.

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

Type	Present Value of Remaining Installments	Date Established	Years Remaining	Annual Installment
Shortfall	2,063,852	01/01/2009	3	721,376
Shortfall	(1,232,501)	01/01/2010	4	(330,756)
Shortfall	(43,188)	01/01/2011	5	(9,490)
Total	788,163			381,130

The Poly-Bond, Inc. Retirement Plan
EIN: 57-1013629 Plan: 002
Schedule SB, Line 19 - Discounted Employer Contributions

Date	For Plan Year	Amount of Contribution	Effective Interest Rate	Discounted Contribution
01/11/2013	2013	60,115	6.33%	60,014
02/15/2013	2013	60,115	6.33%	59,662
03/08/2013	2013	60,115	6.33%	59,452
04/12/2013	2013	60,115	6.33%	59,103
05/10/2013	2013	60,115	6.33%	58,825
06/14/2013	2013	60,115	6.33%	58,480
07/12/2013	2013	60,115	6.33%	58,205
08/09/2013	2013	60,115	6.33%	57,932
09/13/2013	2013	60,115	6.33%	57,592
10/11/2013	2013	60,115	6.33%	57,321
11/08/2013	2013	60,115	6.33%	57,052
12/06/2013	2013	60,115	6.33%	56,784
Total		721,380		700,422

The Poly-Bond, Inc. Retirement Plan
EIN: 57-1013629 Plan: 002
Schedule SB, Line 22 - Description of Weighted Average Retirement Age

<u>Age</u>	<u>Percent Retiring</u>	<u>Number Retiring</u>	<u>Number of Participants</u>	<u>Weighted Average</u>
			100.00	
55	1%	1.00	99.00	55
56	1%	0.99	98.01	55
57	1%	0.98	97.03	56
58	1%	0.97	96.06	56
59	1%	0.96	95.10	57
60	7%	6.66	88.44	399
61	7%	6.19	82.25	378
62	15%	12.34	69.91	765
63	10%	6.99	62.92	440
64	10%	6.29	56.63	403
65	100%	56.63	0.00	3,681
Sum =				6,345
Weighted Average Retirement Age =				63

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, 2013

(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.*	T. Rowe Price Inst Large Cap Growth	\$ 1,000,000	\$ -	\$ 1,000,000	\$ 1,000,000	\$ -
Wells Fargo Bank, N.A.*	T. Rowe Price Inst Large Cap Growth	\$ -	\$ 1,043,810	\$ 1,000,000	\$ 1,000,000	\$ 43,810
Wells Fargo Bank, N.A.*	MFS Value Fund	\$ -	\$ 1,483,752	\$ 1,176,182	\$ 1,176,182	\$ 307,570
Wells Fargo Bank, N.A.*	Pimco Commodity Real Ret Strat-Instl	\$ 825,000	\$ -	\$ 825,000	\$ 825,000	\$ -
Wells Fargo Bank, N.A.*	T. Rowe Price Equity Income	\$ -	\$ 1,513,787	\$ 1,240,934	\$ 1,240,934	\$ 272,853
Wells Fargo Bank, N.A.*	Royce Value Fund	\$ -	\$ 1,311,978	\$ 1,153,801	\$ 1,153,801	\$ 158,177
Wells Fargo Bank, N.A.*	Wells Fargo Advantage Core Bond Fund	\$ -	\$ 868,731	\$ 884,330	\$ 884,330	\$ (15,599)
Wells Fargo Bank, N.A.*	Wells Fargo Advantage Large Cap Growth Fund	\$ -	\$ 1,020,342	\$ 805,392	\$ 805,392	\$ 214,950
Wells Fargo Bank, N.A.*	T. Rowe Price Inst Eq Inc MGD CIT Fund	\$ 1,500,000	\$ -	\$ 1,500,000	\$ 1,500,000	\$ -
Wells Fargo Bank, N.A.*	Wells Fargo Growth CIT Fund	\$ 1,120,000	\$ -	\$ 1,120,000	\$ 1,120,000	\$ -
Wells Fargo Bank, N.A.*	Wells Fargo Core Bond CIT Fund	\$ 1,120,000	\$ -	\$ 1,120,000	\$ 1,120,000	\$ -
Wells Fargo Bank, N.A.*	Wells Fargo MFS Value CIT Fund	\$ 1,120,000	\$ -	\$ 1,120,000	\$ 1,120,000	\$ -
Wells Fargo Bank, N.A.*	T. Rowe Price Inst LCG MGD CIT Fund	\$ 1,000,000	\$ -	\$ 1,000,000	\$ 1,000,000	\$ -
Wells Fargo Bank, N.A.*	Wells Fargo Advantage Growth Fund	\$ -	\$ 1,536,497	\$ 1,206,442	\$ 1,206,442	\$ 330,055

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, 2013

(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						
Wells Fargo Bank, N.A.*	Wells Fargo Short Term Investment Fund	\$ 1,177,862	\$ -	\$ 1,177,862	\$ 1,177,862	\$ -
Wells Fargo Bank, N.A.*	Wells Fargo Advantage Money Market Fund	\$ 1,081,298	\$ -	\$ 1,081,298	\$ 1,081,298	\$ -
Wells Fargo Bank, N.A.*	Wells Fargo Advantage Money Market Fund	\$ -	\$ 1,326,180	\$ 1,326,180	\$ 1,326,180	\$ -
Wells Fargo Bank, N.A.*	T. Rowe Price Inst Large Cap Growth	\$ 1,000,000	\$ -	\$ 1,000,000	\$ 1,000,000	\$ -
Wells Fargo Bank, N.A.*	T. Rowe Price Inst Large Cap Growth	\$ -	\$ 1,043,810	\$ 1,000,000	\$ 1,000,000	\$ 43,810
Wells Fargo Bank, N.A.*	MFS Value Fund	\$ -	\$ 1,483,752	\$ 1,176,182	\$ 1,176,182	\$ 307,570
Wells Fargo Bank, N.A.*	Morgan Stanley Inst Intl Rel Est Inst	\$ 850,000	\$ -	\$ 850,000	\$ 850,000	\$ -
Wells Fargo Bank, N.A.*	Pimco Total Return Fund	\$ -	\$ 800,000	\$ 801,330	\$ 801,330	\$ (1,330)
Wells Fargo Bank, N.A.*	Pimco Commodity Real Ret Strat-Instl	\$ 825,000	\$ -	\$ 825,000	\$ 825,000	\$ -
Wells Fargo Bank, N.A.*	T. Rowe Price Equity Income	\$ -	\$ 1,913,787	\$ 1,580,765	\$ 1,580,765	\$ 333,022
Wells Fargo Bank, N.A.*	Royce Value Fund	\$ -	\$ 1,311,978	\$ 1,153,801	\$ 1,153,801	\$ 158,177
Wells Fargo Bank, N.A.*	Wells Fargo Advantage Core Bond Fund	\$ -	\$ 1,268,731	\$ 1,272,415	\$ 1,272,415	\$ (3,684)
Wells Fargo Bank, N.A.*	Wells Fargo Advantage Large Cap Growth Fund	\$ -	\$ 1,020,342	\$ 805,392	\$ 805,392	\$ 214,950
Wells Fargo Bank, N.A.*	T. Rowe Price Inst Eq Inc MGD CIT Fund	\$ 1,500,000	\$ -	\$ 1,500,000	\$ 1,500,000	\$ -
Wells Fargo Bank, N.A.*	Wells Fargo Growth CIT Fund	\$ 1,120,000	\$ -	\$ 1,120,000	\$ 1,120,000	\$ -
Wells Fargo Bank, N.A.*	Wells Fargo Core Bond CIT Fund	\$ 1,120,000	\$ -	\$ 1,120,000	\$ 1,120,000	\$ -
Wells Fargo Bank, N.A.*	Wells Fargo MFS Value CIT Fund	\$ 1,120,000	\$ -	\$ 1,120,000	\$ 1,120,000	\$ -
Wells Fargo Bank, N.A.*	T. Rowe Price Inst LCG MGD CIT Fund	\$ 1,400,000	\$ -	\$ 1,400,000	\$ 1,400,000	\$ -
Wells Fargo Bank, N.A.*	Wells Fargo Advantage Growth Fund	\$ -	\$ 2,036,497	\$ 1,661,140	\$ 1,661,140	\$ 375,357

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

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

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

OMB No. 1210-0110

2013**This Form is Open to Public
Inspection**

For calendar plan year 201 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

► 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) ►

002

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 1 Day 1 Year 2013**2** Assets:

	2a	
a Market value	12,321,950	
b Actuarial value	12,321,950	

3 Funding target/participant count breakdown:

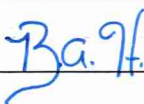
	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 238	7,351,699
b For terminated vested participants	3b 160	3,074,951
c For active participants:		
(1) Non-vested benefits	3c(1)	141,697
(2) Vested benefits	3c(2)	1,401,616
(3) Total active	3c(3) 81	1,543,313
d Total	3d 479	11,969,963

4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐

	4a	4b
a Funding target disregarding prescribed at-risk assumptions		
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** 6.33 %**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

Brian A. Hartman

Type or print name of actuary

BPS&M, LLC

Firm name

9020 Stony Point Parkway, Suite 200

Richmond

VA 23235

Address of the firm

07/11/2014

Date

14-07613

Most recent enrollment number

(804) 267-3100

Telephone number (including area code)

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) 2013
v. 130118

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	912,047
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	912,047
10 Interest on line 9 using prior year's actual return of <u>11.05</u> %		100,781
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		317,126
b Interest on (a) using prior year's effective interest rate of <u>7.03</u> % except as otherwise provided (see instructions)		22,294
c Total available at beginning of current plan year to add to prefunding balance		339,420
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1,012,828

Part III Funding Percentages

14 Funding target attainment percentage	14	94.47 %
15 Adjusted funding target attainment percentage	15	102.94 %
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	92.20 %
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
01/11/2013	60,115		07/12/2013	60,115	
02/15/2013	60,115		08/09/2013	60,115	
03/08/2013	60,115		09/13/2013	60,115	
04/12/2013	60,115		10/11/2013	60,115	
05/10/2013	60,115		11/08/2013	60,115	
06/14/2013	60,115		12/06/2013	60,115	
Totals ▶			18(b)	721,380	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
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 700,422

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:			
a Segment rates:	1st segment: 4.94 %	2nd segment: 6.15 %	3rd segment: 6.76 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....		31a	0
b Excess assets, if applicable, but not greater than line 31a		31b	
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment.....		788,163	381,130
b Waiver amortization installment			
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	381,130
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35).....		36	381,130
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	700,422
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	319,292
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			
42 Amount of acceleration adjustment		42	
43 Excess installment acceleration amount to be carried over to future plan years		43	