# 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).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

**2014**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
DECORE-ATIVE SPECIALTIES, INC. 401(K) PROFIT SHARING PLAN

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 12/01/1985

**2a** Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
DECORE-ATIVE SPECIALTIES, INC.

2772 SOUTH PECK RD
MONROVIA, CA 91016

**2b** Employer Identification Number (EIN)
95-2574629

**2c** Plan Sponsor's telephone number
626-254-9191

**2d** Business code (see instructions)
321210

**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. | 10/15/2015 | WILLIAM B SHAW |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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 [X] Same as Plan Sponsor | **3b** Administrator's EIN | |
| | **3c** Administrator's telephone number | |
| **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: | **4b** EIN | |
| **a** Sponsor's name | **4c** PN | |
| **5** Total number of participants at the beginning of the plan year | **5** | 794 |
| **6** Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** Total number of active participants at the beginning of the plan year | **6a(1)** | 701 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 703 |
| **b** Retired or separated participants receiving benefits | **6b** | 1 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 101 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 805 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e**. | **6f** | 805 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 760 |
| **h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 89 |
| **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:
2E 2F 2G 2J 2K 2S 2T 3B 3D 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) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** | [X] Insurance | **(1)** | [X] Insurance |
| **(2)** | [ ] Code section 412(e)(3) insurance contracts | **(2)** | [ ] Code section 412(e)(3) insurance contracts |
| **(3)** | [X] Trust | **(3)** | [X] Trust |
| **(4)** | [ ] General assets of the sponsor | **(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)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2014**

**This Form is Open to Public Inspection**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

**A** Name of plan
DECORE-ATIVE SPECIALTIES, INC. 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
DECORE-ATIVE SPECIALTIES, INC.

**D** Employer Identification Number (EIN)
95-2574629

## Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

**(a)** Name of insurance carrier

GREAT WEST LIFE AND ANNUITY

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | **(f)** From | **(g)** To |
| 84-0467907 | 68322 | 333546-01 | 402 | 01/01/2014 | 12/31/2014 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| **(a)** Total amount of commissions paid | **(b)** Total amount of fees paid |
|---|---|
| | |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

## Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 3195472 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 0 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

| | | | |
|---|---|---|---|
| b | Premiums paid to carrier | 6b | |
| c | Premiums due but unpaid at the end of the year | 6c | |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. | 6d | |

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 3406319 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 235159 | | |
| | (2) Dividends and credits | 7c(2) | 0 | | |
| | (3) Interest credited during the year | 7c(3) | 39791 | | |
| | (4) Transferred from separate account | 7c(4) | 607668 | | |
| | (5) Other (specify below) | 7c(5) | 89190 | | |
| | ▶ LOAN PAYMENTS, FORFEITURE | | | | |
| | (6)Total additions | | | 7c(6) | 971808 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**). | | | 7d | 4378127 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 405994 | | |
| | (2) Administration charge made by carrier | 7e(2) | -7017 | | |
| | (3) Transferred to separate account | 7e(3) | 783678 | | |
| | (4) Other (specify below) | 7e(4) | | | |
| | ▶ | | | | |
| | (5) Total deductions | | | 7e(5) | 1182655 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 3195472 |

## Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

**a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
**e** ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
**i** ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
**m** ☐ Other (specify) ▶

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | 0 |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | 0 |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount | | | **10b** | |

Specify nature of costs ▶

## Part IV Provision of Information

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2014**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

**A** Name of plan
DECORE-ATIVE SPECIALTIES, INC. 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
DECORE-ATIVE SPECIALTIES, INC.

**D** Employer Identification Number (EIN)
95-2574629

## Part I Service Provider Information (see instructions)

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)

SAGEVIEW ADVISORY GROUP, LLC

1920 MAIN ST STE 800
IRVINE, CA 92614

| (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? |
|---|---|---|---|---|---|---|
| 27 | INVESTMENT ADVISOR | 63639 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

| (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? |
|---|---|---|---|---|---|---|
| 64 | RECORDKEEPER | 11962 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

CANDACE M. HILK, CPA

964 E BADILLO STREET
#215
COVINA, CA 91724

| (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? |
|---|---|---|---|---|---|---|
| 10 | AUDITOR | 5000 | Yes [ ] No [X] | 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)

ADVISED ASSET GROUP

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

| (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? |
|---|---|---|---|---|---|---|
| 28 | INVESTMENT MGMT | 73 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2014**

**This Form is Open to Public Inspection**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

**A** Name of plan
DECORE-ATIVE SPECIALTIES, INC. 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
DECORE-ATIVE SPECIALTIES, INC.

**D** Employer Identification Number (EIN)
95-2574629

## 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 | 0 | 0 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 0 | 0 |
| **(2)** Participant contributions | 1b(2) | 0 | 0 |
| **(3)** Other | 1b(3) | 0 | 0 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 0 | 0 |
| **(2)** U.S. Government securities | 1c(2) | 0 | 0 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | 0 | 0 |
| **(B)** All other | 1c(3)(B) | 0 | 0 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | 0 | 0 |
| **(B)** Common | 1c(4)(B) | 0 | 0 |
| **(5)** Partnership/joint venture interests | 1c(5) | 0 | 0 |
| **(6)** Real estate (other than employer real property) | 1c(6) | 0 | 0 |
| **(7)** Loans (other than to participants) | 1c(7) | 0 | 0 |
| **(8)** Participant loans | 1c(8) | 1273753 | 1610919 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 0 | 0 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | 0 | 0 |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | 0 | 0 |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 23282337 | 25792273 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 3406319 | 3195472 |
| **(15)** Other | 1c(15) | 0 | 0 |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | 0 | 0 |
| **(2)** Employer real property | 1d(2) | 0 | 0 |
| **e** Buildings and other property used in plan operation | 1e | 0 | 0 |
| **f** Total assets (add all amounts in lines 1a through 1e) | 1f | 27962409 | 30598664 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | 0 | 0 |
| **h** Operating payables | 1h | | |
| **i** Acquisition indebtedness | 1i | 0 | 0 |
| **j** Other liabilities | 1j | 0 | 0 |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 27962409 | 30598664 |

## Part II Income and Expense Statement

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

| Income | | (a) Amount | (b) Total |
|---|---|---|---|
| **a Contributions:** | | | |
| **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 398438 | |
| **(B)** Participants | 2a(1)(B) | 1611415 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 71938 | |
| **(2)** Noncash contributions | 2a(2) | 0 | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 2081791 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 0 | |
| **(B)** U.S. Government securities | 2b(1)(B) | 0 | |
| **(C)** Corporate debt instruments | 2b(1)(C) | 0 | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | 0 | |
| **(E)** Participant loans | 2b(1)(E) | 52528 | |
| **(F)** Other | 2b(1)(F) | 39791 | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 92319 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | 0 | |
| **(B)** Common stock | 2b(2)(B) | 0 | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 1377240 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 1377240 |
| **(3)** Rents | 2b(3) | | 0 |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 0 | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 0 | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | 0 | |
| **(B)** Other | 2b(5)(B) | 0 | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 0 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 0 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | 0 |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | 0 |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 264499 |
| c Other income | 2c | | 76917 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 3892766 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1094283 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 0 | |
| (3) Other | 2e(3) | 0 | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 1094283 |
| f Corrective distributions (see instructions) | 2f | | 30877 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 53138 |
| h Interest expense | 2h | | 0 |
| i Administrative expenses: (1) Professional fees | 2i(1) | 0 | |
| (2) Contract administrator fees | 2i(2) | 12035 | |
| (3) Investment advisory and management fees | 2i(3) | 68639 | |
| (4) Other | 2i(4) | 0 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 80674 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 1258972 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 2633794 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 2461 |
| (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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

**(1)** Name: CANDACE HILK, CPA **(2)** EIN: 06-1768797

**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:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 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.) | 4c | | X | |
| d | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| e | Was this plan covered by a fidelity bond? | 4e | X | | 2000000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| i | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| j | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| k | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | 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. | 4n | | | |

**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

**2014**

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

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

**A** Name of plan
DECORE-ATIVE SPECIALTIES, INC. 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
DECORE-ATIVE SPECIALTIES, INC.

**D** Employer Identification Number (EIN)
95-2574629

## 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** 0

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 84-1455663

**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**

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 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**

## Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

**11 a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

## 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):

*Candace M. Hilk*
*Certified Public Accountant*

# INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of the
Decore-Ative Specialties, Inc. 401(k) Profit Sharing Plan
Monrovia, California

**Report on the Financial Statements**

I was engaged to audit the accompanying financial statements of the Decore-Ative Specialties, Inc. 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013 and the related statement of changes in net assets available for benefits for the year ended December 31, 2014 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**

My 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, I was 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 me not to perform, and I did not perform, any auditing procedures with respect to the information summarized in Note D, which was certified by the Great-West Trust Company, LLC the trustee of the Plan except for comparing the information with the related information included in the financial statements. I 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, 2014 and 2013 and for the year ended December 31, 2014, 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, I have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, I do not express an opinion on these financial statements.

**Other Matter**

The supplemental Schedule of Assets Held at end of year at December 31, 2014 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, I do not express an opinion on the supplemental schedule 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 schedule, other than that derived from the information certified by the trustee, have been audited by me in accordance with auditing standards generally accepted in the United States of America and, in my 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.

Candace M. Hilk

Covina, California

October 5, 2015

DECORE-ATIVE SPECIALTIES, INC. 401(k) PROFIT SHARING PLAN
Statements of Net Assets Available for Benefits
December 31, 2014 and 2013

| | 2014 | 2013 |
|---|---|---|
| Assets | | |
| Investments (at fair value) | $ 28,987,745 | $ 26,688,656 |
| Receivables: | | |
| Notes receivable from participants | 1,610,919 | 1,273,753 |
| Employer's contributions | 6,150 | 7,946 |
| Participants' contributions | 24,866 | 24,089 |
| Total Receivables | 1,641,935 | 1,305,788 |
| Total Assets | 30,629,680 | 27,994,444 |
| Liabilities | | |
| Corrective distributions payable | 21,890 | 25,537 |
| Total Liabilities | 21,890 | 25,537 |
| Net Assets Reflecting Investments at Fair Value | 30,607,790 | 27,968,907 |
| Adjustment from fair value to contract value for fully benefit-responsive key guaranteed fund | (160,000) | (96,000) |
| Net Assets Available for Benefits | $ 30,447,790 | $ 27,872,907 |

See accompanying independent auditor's report and notes to the financial statements

DECORE-ATIVE SPECIALTIES, INC. 401(k) PROFIT SHARING PLAN
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2014

Additions

Additions in net assets attributed to :

| | | |
|---|---|---|
| Investment income: | | |
| Dividends | $ | 1,377,240 |
| Interest from guaranteed fund | | 39,791 |
| Interest from participant loans | | 52,528 |
| Net appreciation in fair/contract value of investments | | 200,499 |
| Other - revenue sharing | | 79,378 |
| | | 1,749,436 |
| Contributions: | | |
| Employer's | | 396,642 |
| Participants' | | 1,612,192 |
| Rollovers | | 71,938 |
| | | 2,080,772 |
| Total Additions | | 3,830,208 |

Deductions

Deductions from net assets attributed to:

| | |
|---|---|
| Benefits paid to participants (including rollovers) | 1,094,283 |
| Corrective distributions | 27,230 |
| Deemed distributions | 53,138 |
| Professional and investment management fees | 68,639 |
| Contractor administration fees | 12,035 |
| Total Deductions | 1,255,325 |
| Net Increase | 2,574,883 |

Net assets available for benefits

| | | |
|---|---|---|
| Beginning of year | | 27,872,907 |
| End of year | $ | 30,447,790 |

See accompanying independent auditor's report and notes to the financial statements

## Note A - Description of Plan

The following description of the Decore-Ative Specialties, Inc. 401(k) Profit Sharing Plan (Plan) provides only general information of the plan. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

### General

The Plan is a defined contribution 401(k) profit sharing plan covering all eligible employees of Decore-Ative Specialties, Inc., Decore-Ative NC, LLC and VClad Laminates, Inc. (Company). Company management acts as the Plan administrator and oversees governance of the Plan. The Company's Retirement Plan Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Eligible employees are employees who have completed at least six months of service and have attained age twenty and one-half. Participants become eligible to receive a discretionary employer matching contribution and an additional discretionary employer matching contribution (applied on a divisional basis) following completion of one year of service (elapsed time) and attainment of age twenty and one-half. Participation at a rate of 3% (subsequently increasing to 4% in year three, 5% in year four and 6% in year five and thereafter) is provided through an automatic (cancelable) enrollment feature upon meeting eligibility criteria. The Plan is subject to provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Refer to Note K for restated Plan changes.

The Plan provides the following:

Tax deferred retirement savings, 401(k) feature, whereby participants may elect to contribute a portion of their earnings on a pre-tax basis.

Roth deferral feature.

Discretionary employer matching contribution and an additional discretionary employer matching contribution (divisional basis) as determined by the Plan's administrator.

The Plan document was restated on January 1, 2014 and on December 12, 2014. Refer to Note K regarding restatement changes. The restated Plan document constitutes the entire Plan and trust document.

### Contributions

Plan contributions are derived from three sources: participant salary deferrals, discretionary employer matching contributions ($.35 per $1.00 of participant salary deferral to a maximum of 1.75% of compensation, subject to Internal Revenue Service regulation limitations, for the year ended December 31, 2014), and an additional discretionary employer matching contribution applied on a divisional basis ($0 for the year ended December 31, 2014). Discretionary contributions are determined by the Plan's management. In order to be eligible for additional discretionary employer matching contributions, the participant is required to have worked at least 182 days during the Plan year and be an employee on the last day of the Plan year.

Participant Accounts

Each participant's account is credited with his or her salary deferrals, the discretionary employer's matching contribution (allocation previously described), and an allocation of the additional discretionary employer's contribution (if applicable). The allocation of the additional discretionary employer's matching contribution is determined by the Plan's management. Plan earnings in accordance with investment options available through Great-West Retirement Services (Great-West), are also allocated to the participant's account daily on the basis of participants' account balances. At December 31, 2014, Plan assets were held by Great-West Trust Company, LLC (Trust). According to Great-West, the Trust is an affiliate of Great-West Retirement Services and Great-West Life and Annuity Insurance Company. Plan assets are invested in various mutual fund investments at the direction of each participant. Great-West is considered to be the Plan's custodian (record keeper) in accordance with an applicable service agreement.

Vesting

Participants are 100% vested in their salary deferral account at all times. Participants are vested in their 401(k) discretionary employer matching account and additional discretionary employer matching account balances in accordance with the following vesting schedule:

| Years of Service | Percent Vested |
|---|---|
| Less than 2 years | 0% |
| 2 | 20% |
| 3 | 40% |
| 4 | 60% |
| 5 | 80% |
| 6 or more | 100% |

Notes Receivable from Participants

The Plan's management, at its sole discretion, may make loans to participants not to exceed the lesser of $50,000 or 50% of the single sum of the vested accrued benefit of the participant. Interest rates are determined based upon prevailing business interest rates (Wall Street Journal prime rate plus 1%) when the transaction occurs. The loan term is generally not to exceed five years but extended terms may be applicable. Other information regarding participant loans is available in the Plan agreement.

Payment of Benefits

Benefits are paid to the participants upon retirement at age 65, death or disability in a lump-sum amount equal to the value of their vested account balance. If employment is terminated for a reason other than retirement, death or disability, participants will be entitled to a distribution of their vested account balance in accordance with the terms of the Plan agreement. The Plan allows for in-service distributions to participants at the age of 59½.

Participant Forfeitures

Forfeitures are distributed to participants (subject to overall regulatory contribution limitations) and reduce employer matching contributions in accordance with Plan requirements. Forfeitures are also available for Plan expenses. Forfeiture/asset holding amounts distributed during 2014 and available at December 31, 2014, were $39,848 and $23,784 respectively.

Corrective Distributions Payable
Excess contributions to the Plan were refunded subsequent to December 31, 2014 in accordance with Internal Revenue Service and ERISA regulations.

## Note B - Summary of Accounting Policies

Method of Accounting
The financial statements of the Plan are prepared on the accrual basis of accounting and investments are presented at fair value.

Valuation of Investments
Investments are valued at fair value, using quoted or last traded value as of the valuation date. Shares of registered investment companies are valued at quoted market prices which represent net asset values of shares. Investments are valued pursuant to the Plan's investment contract. The Key Guaranteed Portfolio Fund (KGP) is a general account product annuity contract offering of the Great-West Life Insurance & Annuity Company. The KGP fund is deemed to be a fully benefit-responsive contract. Accordingly, the KGP fund is adjusted to contract value in accordance with Financial Accounting Standards Board Accounting Standards Codification (ASC) 962-205-45. Refer to Note E.

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as (deemed) distributions based upon the terms of the plan document.

Administration Expenses
Administration expenses paid by the Plan during 2014 consisted of professional fees (audit) services ($5,000), investment management fees ($63,639) and contractor administration fees ($12,035). Such fees are considered by the Plan administrator to be allowable in accordance with the plan document.

Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Subsequent Events
The Plan has evaluated subsequent events through October 5, 2015, the date the financial statements were available to be issued.

## Note C - Plan Termination

The Company has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA, although no intent to do so has been expressed. In the event of Plan termination, none of the amounts paid into the Plan by the Company may revert to the Company.

Note D - Certifications and Investments

The Plan's investments as of December 31, 2014 and 2013 and for the year ended December 31, 2014 were held in trust by the Great-West Trust Company, LLC. Investments are valued as described in Notes B and F. The participant-directed investment choices consist of various mutual funds, including a guaranteed rate portfolio fund (mutual fund variable rates of return are less applicable administrative fees) for the years ended December 31, 2014 and 2013.

In accordance with the Employee Retirement Income Security Act of 1974, the Great-West Trust Company, LLC certified as correct, certain information that is included in the financial statements and accompanying schedule of assets held for investment purposes that is included in the accompanying financial statements. The Plan's independent auditor did not perform any auditing procedures with respect to this information, except for comparing such information to the related information included in the statements of net assets available for benefits and changes in net assets available for benefits. Such certified information is as follows:

Investment accounts and notes receivable from participants as shown in the statement of net assets available for benefits as of December 31, 2014 and 2013.

Investment income and interest income on notes receivable from participants as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2014.

The schedule of assets held for investment purposes as of December 31, 2014 as shown on the supplemental schedule.

The following presents investments (all participant-directed) at December 31, 2014 and 2013 that represent 5% or more of the Plan's net assets:

| | 2014 | 2013 |
|---|---|---|
| Key Guaranteed Portfolio Fund | $ 3,195,472 | $ 3,406,319 |
| Franklin Total Return Fund | - | 2,982,784 |
| American Funds Euro Pacific Growth Fund | 3,141,647 | 3,062,210 |
| Principal Large Cap Fund S&P 500 Index | 4,919,988 | 3,948,237 |
| Invesco Growth & Income A Fund | 3,318,573 | 3,098,365 |
| Goldman Sachs Mid Value Fund | 1,468,827 | - |
| MFS Growth A Fund | 4,767,713 | - |
| MainStay Large Cap Growth Fund | - | 3,853,023 |
| Pimco Total Return A Fund | 3,441,721 | - |

The fair value of the investments was $28,987,745 at December 31, 2014 and $26,688,656 at December 31, 2013. The net appreciation of the investments was $200,499 for the year ended December 31, 2014 and $3,102,277 for the year ended December 31, 2013.

Dividends (mutual funds), interest, and interest from participant loans amounted to $1,377,240, $39,791, and $52,528 respectively for the year ended December 31, 2014. Dividends (mutual funds), interest, and interest from participant loans amounted to $922,003, $35,054, and $45,703 respectively. Interest income is recorded on an accrual basis.

All investments offered under the contract with the trustee/custodian are participant-directed and accordingly, the participants may change their investments at their discretion. Certain Plan investment offerings were changed during the year by the Plan administrator.

Note E – Key Guaranteed Portfolio (KGP) Fund – Party-In-Interest

The KGP fund (party-in-interest) is a general account product annuity contract offering of the Great-West Life Insurance & Annuity Company (GWLIAC). It is deemed to be fully-benefit responsive for participant-initiated transactions. The KGP fund interest crediting rate methodology is based on the earnings of the underlying assets in the entire portfolio compared to the minimum interest crediting rate of 0%, as stated in the contract. Prevailing market conditions can affect the interest rate which is reset quarterly.

The fair value of the KGP fund investment (including the forfeitures account) was $3,195,472 at December 31, 2014 and $3,406,319 at December 31, 2013. The average yield and crediting interest rate was 1.25% at December 31, 2014 and 1.3% at December 31, 2013. The KGP fund, which is part of the GWLIAC general account, is invested in corporate fixed maturity investments. Participant principal and interest are guaranteed by the entire general account assets of GWLAIC.

In accordance with accounting principles generally accepted in the United States of America, the Plan's financial statements present an adjustment from fair value to contract value. According to GWLAIC, fair (market) value to contract (book) value at December 31, 2014 was 105.3%, resulting in an adjustment of $(160,000) and fair (market) value to contract (book) value at December 31, 2013 was 102.3%, resulting in an adjustment of $(96,000). The Plan has reported the KGP fund (fixed account) contract value as contributions plus interest (per crediting interest rate pursuant to the guaranteed rate) less transfers or distributions and less fees.

Certain events, such as the premature termination of the contract or investment contracts within the KGP fund or plan amendments or plan termination, could affect the participants' ability to transact at contract value. However, Great-West and the Plan administrator do not consider this to be likely or probable.

Note F - Fair Value Measurement

The Plan follows FASB ASC 820 for those assets that are re-measured and reported at fair value at each reporting period. This standard establishes a single authoritative definition of fair value, sets out a framework for measuring fair value based on inputs used, and requires additional disclosures about fair value measurements.

In general, fair values determined by level 1 inputs utilize quoted prices (unadjusted) in active markets for identical assets. Fair values determined by level 2 inputs utilize data points that are observable such as quoted prices, interest rates and yield curves. Fair values determined by level 3 inputs are unobservable data inputs for the assets and include situations where there is little, if any, market activity for the assets. The Plan had no level 3 investments at December 31, 2014 or 2013.

The following table presents information about the Plan's assets that are measured at fair value on a recurring basis at December 31, 2014 and 2013:

| | Year Ended December 31 | Fair Value Measurements Using: Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
|---|---|---|---|---|
| **2014:** | | | | |
| Mutual Funds: | | | | |
| Index Funds | $ 4,966,075 | $ 4,966,075 | - | - |
| Bond Funds | 6,037,858 | 6,037,858 | - | - |
| Equity Funds | 14,788,340 | 14,788,340 | - | - |
| KGP Fund/Forfeitures | 3,195,472 | - | $ 3,195,472 | - |
| **Total Assets at Fair Value** | $ 28,987,745 | $ 25,792,273 | $ 3,195,472 | - |
| **2013:** | | | | |
| Mutual Funds: | | | | |
| Index Funds | $ 4,600,123 | $ 4,600,123 | - | - |
| Bond Funds | 5,099,513 | 5,099,513 | - | - |
| Equity Funds | 13,582,701 | 13,582,701 | - | - |
| KGP Fund/Forfeitures | 3,406,319 | - | $ 3,406,319 | - |
| **Total Assets at Fair Value** | $ 26,688,656 | $ 23,282,337 | $ 3,406,319 | - |

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014.

Mutual Funds - Valued at the closing price of net asset value of shares held by the Plan at year end in an active market.

KGP Fund - Valued at fair value (market value) based upon the value of the underlying investments, consisting primarily of high-quality, fixed income bonds. The average maturity of the investments is over a three to seven year period which is used to determine value together with interest rates and income cash flows. Fair value is adjusted to contract value as described at Note E. Financial information for the KGP Fund is available through Great-West.

## Note G - Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500 at December 31, 2014 and 2013:

| | 2014 | 2013 |
|---|---|---|
| Net Assets Available for Benefits Per the Financial Statements | $ 30,447,790 | $ 27,872,907 |
| Less: Contributions Receivable | ( 31,016) | ( 32,035) |
| Add: Corrective Distributions | 21,890 | 25,537 |
| Add: Adjustment to Contract Value | 160,000 | 96,000 |
| Net Assets Available for Benefits Per the Form 5500 | $ 30,598,664 | $ 27,962,409 |

The following is a reconciliation of the changes in net assets available for benefits per the financial statement to Schedule H of Form 5500 for the year ended December 31, 2014:

| | 2014 |
|---|---|
| Net Increase in Net Assets Available for Benefits Per the Financial Statements | $ 2,574,883 |
| Less: Contributions Receivable 2014 | ( 31,016) |
| Add: Contributions Receivable 2013 | 32,035 |
| Add: Adjustment to Contract Value | 64,000 |
| Add: Corrective Distributions 2014 | 21,890 |
| Less: Corrective Distributions 2013 | ( 25,537) |
| Less: Transfer of Assets | ( 2,461) |
| Net Increase in Net Assets Available for Benefits Per the Form 5500 | $ 2,633,794 |

Note H - Related Party Transactions and Party-In-Interest Transactions

Plan investment options were both provided and managed by Great-West (refer to notes A and E) during the years ended December 31, 2014 and 2013. Separate fees paid directly to Great-West (contractor administration fees) amounted to $12,035 for the year ended December 31, 2014. The supplemental schedule of assets held for investment purposes identifies the investment option(s) that have a party-in-interest.

In addition to the separate fees recorded as contractor administration fees, Great-West receives revenue from certain of the Plan's mutual fund investments (revenue sharing). Such amounts are paid by the mutual funds for administrative services provided by Great-West in servicing the Plan and reduce investment income otherwise allocated to the participants. Revenue is also received from such mutual funds for payments to others, including Sage View Advisory Group (investment advisors). The revenue sharing is calculated as a percentage of total assets (approximately .85% of which approximately .21% is retained by Great-West) and the related transactions qualify as party-in-interest transactions. A separate agreement with Sage View Advisory Group may limit their fee to less than the actual revenue sharing amount. As a result, any excess amounts may be used for other Plan expenses or allocated to the accounts of the participants. At December 31, 2014, the available excess amount was $8,435. Revenue sharing and/or forfeitures are also used to as payment for professional (audit) fees. Refer to Note B regarding payments for administrative services.

Note I – Tax Status

The Plan document was restated on January 1, 2014 and December 12, 2014. The prototype plan related to the January 1, 2014 restatement (date of the Plan's adoption) had received an opinion letter from the Internal Revenue Service (IRS) dated March 31, 2008 stating that the form of the prototype Plan qualifies under IRS Code section 401a, and accordingly, the Plan administrator believes the Plan and trust is in compliance with related Employee Retirement Income Security Act (ERISA) requirements. The prototype plan related to the December 12, 2014 restatement (date of the Plan's adoption) had received an opinion letter from the IRS dated March 14, 2014 stating that the form of the prototype Plan qualifies under IRS Code section 401a and accordingly, the Plan administrator believes the Plan and trust is in compliance with related Employee Retirement Income Security Act (ERISA) requirements.

Accounting principles generally accepted in the United States of America require the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability (none recognized) for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2010.

Note J - Risks and Uncertainties

The Plan invests in various investment securities available in accordance with the Plan's investment agreement, through participant direction. Due to the inherent risk associated with investment securities, it is possible that changes in the value of investment securities can occur in the near term that could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Note K – Restated Plan Changes

The Plan was restated effective January 1, 2014 with the following change:

Revise eligibility for employer discretionary matching contributions – one year calculated using the elapsed time method (days) instead of service hours and required employment on the last day of the Plan year.

The Plan was restated effective December 12, 2014 to comply with certain regulatory requirements in accordance with the Pension Protection Act of 2006.

DECORE-ATIVE SPECIALTIES, INC. 401(k) PROFIT SHARING PLAN

SUPPLEMENTAL SCHEDULE

December 31, 2014

Form 5500, Schedule H, Line 4i attachment:

Schedule of Assets Held at End of Year at December 31, 2014

DECORE-ATIVE SPECIALTIES, INC. 401 (k) Profit Sharing Plan 95-2574629 PN 002

Schedule of Assets Held for Investment Purposes Attachment to Schedule H, Line 4i of Form 5500

at End of Year December 31, 2014 All Investments are Participant Directed

| (a) | Identity of Issue (b) | Description (c) | Cost (d) n/a | (Fair Value) Current Value |
|---|---|---|---|---|
| * | Key Guaranteed Portfolio Fund | Insurance Company General Account | | $ 3,195,472 |
| | American Funds Euro Pacific Growth | Mutual Fund | | 3,141,647 |
| | Columbia Seligman Comm & Information A | Mutual Fund | | 106,680 |
| | Alianz NFJ Small Cap Fund A | Mutual Fund | | 108,311 |
| | DFA Emerging Markets Core Equity I | Mutual Fund | | 185,521 |
| | Eagle Small Cap Growth A | Mutual Fund | | 1,156,047 |
| | Nuveen Small-Cap Index | Mutual Fund | | 72,142 |
| | Goldman Sachs Mid Value Fund | Mutual Fund | | 1,468,827 |
| | Nuveen Mid-Cap Index | Mutual Fund | | 126,220 |
| | Invesco Growth & Income A | Mutual Fund | | 3,318,573 |
| | Principal Large Cap S&P 500 Index | Mutual Fund | | 4,919,988 |
| | Vanguard High Dividend Yield | Mutual Fund | | 382,746 |
| | MFS Growth A | Mutual Fund | | 4,767,713 |
| | Franklin High Income A | Mutual Fund | | 1,373,846 |
| | Franklin Income A | Mutual Fund | | 345,998 |
| | Pimco Total Return A | Mutual Fund | | 3,441,721 |
| | Pimco Real Return A | Mutual Fund | | 876,293 |
| | Total | | | 28,987,745 |
| | Participant Loans - 4.25% - 9.25% - Maturities through August 2026 | | | 1,610,919 |
| | | | | $ 30,598,664 |

(a) party in interest shown by *

See accompanying independent auditor's report

# SCHEDULE OF ASSETS (HELD AT END OF YEAR)

## Decore-Ative Specialties, Inc. 401(k) Profit Sharing Plan

01-JAN-14 to 31-DEC-14

24-JAN-15 13:01:14

| INVESTMENT OPTION | MATURITY DATE | INTEREST RATE | COST OF ASSETS | CURRENT VALUE |
|---|---|---|---|---|
| 1AFEP4 | | | 2,705,084.48 | 3,141,646.88 |
| 1DFCEX | | | 186,273.23 | 185,520.70 |
| 1SLMCX | | | 97,833.89 | 106,680.28 |
| 1PSVIX | | | 127,432.06 | 108,311.04 |
| 1HSIIX | | | 1,222,678.71 | 1,156,046.85 |
| 1ASETX | | | 73,841.70 | 72,141.89 |
| 1GSMCX | | | 1,590,154.45 | 1,468,826.80 |
| 1FIMEX | | | 126,319.17 | 126,220.16 |
| 1ACGIX | | | 2,658,554.26 | 3,318,573.27 |
| 1MFEGX | | | 4,588,419.59 | 4,767,712.63 |
| 1PLFMX | | | 4,507,656.57 | 4,919,988.28 |
| 1VHDYX | | | 336,096.37 | 382,745.86 |
| 1FKINX | | | 324,912.76 | 345,998.24 |
| 1FHAIX | | | 1,411,309.23 | 1,373,846.07 |
| 1PRTNX | | | 939,047.40 | 876,292.83 |
| 1PTTAX | | | 3,478,339.74 | 3,441,721.14 |
| 1KGPF | | 1.200 | 3,094,112.94 | 3,171,686.38 |
| | | | **27,468,066.55** | **28,963,959.30** |
| PARTICIPANT LOANS | VARIOUS | 4.250-9.250 | 1,597,286.08 | 1,610,919.23 |
| FORFEITURES | | | 22,862.71 | 23,785.71 |

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 95-2574629

LEGEND

INVESTMENT OPTION:

| | | | |
|---|---|---|---|
| 1AFEP4 | American Funds EuroPacific Gr R4 | 1DFCEX | DFA Emerging Markets Core Equity I |
| 1SLMCX | Columbia Seligman Comm & Information-A | 1PSVIX | AllianzGI NFJ Small Cap Value Instl |
| 1HSIIX | Eagle Small Cap Growth I | 1ASETX | Nuveen Small Cap Index I |
| 1GSMCX | Goldman Sachs Mid Cap Value Instl | 1FIMEX | Nuveen Mid Cap Index I |
| 1ACGIX | Invesco Growth & Income A | 1MFEGX | MFS Growth A |
| 1PLFMX | Principal Large Cap S&P 500 Index R3 | 1VHDYX | Vanguard High Dividend Yield Index Inv |
| 1FKINX | Franklin Income A | 1FHAIX | Franklin High Income A |
| 1PRTNX | PIMCO Real Return A | 1PTTAX | PIMCO Total Return A |
| 1KGPF | Key Guaranteed Portfolio Fund | | |

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year