

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 2015 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015	
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 ☒ 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 DURA SUPREME, INC. PROFIT SHARING AND SALARY REDUCTION PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/1985
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) DURA SUPREME, INC. 300 DURA DRIVE HOWARD LAKE, MN 55349-3001	2b Employer Identification Number (EIN) 41-1242440 2c Plan Sponsor's telephone number 320-543-3872 2d Business code (see instructions) 337000

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.	07/08/2016	GENE SCHWEISS
	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)			Preparer's telephone number

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

Form 5500 (2015)
v. 150123

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor 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	5 477
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) 409
a(2) Total number of active participants at the end of the plan year	6a(2) 405
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 72
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 477
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 477
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 464
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
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: 2F 2G 2J 2K 2T 3D 3H 2E	
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)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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 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
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan DURA SUPREME, INC. PROFIT SHARING AND SALARY REDUCTION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 DURA SUPREME, INC.	D Employer Identification Number (EIN) 41-1242440	

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
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

(b) Enter name and EIN or address of person who provided you disclosure 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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	11719	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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
ABF LG CAP VAL INV - BOSTON FINANC P.O. BOX 8480 BOSTON, MA 02266	0.40%	
<hr/>		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
ALZGI NFJ SMCPLV ADM - BOSTON FINA 330 W. 9TH STREET KANSAS CITY, MO 66160	0.35%	
<hr/>		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
ARTISAN MID CAP INV - STATE STREET 04-0025081	0.40%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
BARON GROWTH - DST SYSTEMS INC	0.40%	
43-1581814		
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
COL/ACORN INTL Z - COLUMBIA MGT IN	0.40%	
04-2838628		
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
HARBOR INTL INV - HARBOR SERVICES	0.40%	
34-1953399		

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:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center; font-weight: bold;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large; font-weight: bold;">2015</p> <hr/> <p style="text-align: center; font-size: small; font-weight: bold;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

<p>A Name of plan DURA SUPREME, INC. PROFIT SHARING AND SALARY REDUCTION PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan or DFE sponsor's name as shown on line 2a of Form 5500 DURA SUPREME, INC.</p>	<p>D Employer Identification Number (EIN) 41-1242440</p>	

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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<p>a Name of MTIA, CCT, PSA, or 103-12 IE: MIP CL 1</p>		
<p>b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY</p>		
<p>c EIN-PN 04-3022712-024</p>	<p>d Entity code C</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 989285</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>

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
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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
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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan DURA SUPREME, INC. PROFIT SHARING AND SALARY REDUCTION PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 DURA SUPREME, INC.		D Employer Identification Number (EIN) 41-1242440

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	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)	379979	433961
	(9) Value of interest in common/collective trusts.....	1c(9)	1063552	989285
	(10) Value of interest in pooled separate accounts.....	1c(10)	0	0
	(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)	11901906	11767006
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	13345437	13190252

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	13345437	13190252
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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)	207955	
(B) Participants	2a(1)(B)	969288	
(C) Others (including rollovers)	2a(1)(C)	46706	
(2) Noncash contributions	2a(2)	0	1223949
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		

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)	25738	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		25738
(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)	739522	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		739522
(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)		2551
(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)		-801102
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		1190658

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1320133	
(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)		1320133
f Corrective distributions (see instructions)	2f		10898
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	3093	
(4) Other	2i(4)	11719	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		14812
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1345843

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-155185
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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: COPELAND BUHL & CO. PLLP

(2) EIN: 41-1292716

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	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X		

	Yes	No	N/A	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			500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
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		
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

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 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>DURA SUPREME, INC. PROFIT SHARING AND SALARY REDUCTION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DURA SUPREME, INC.</u>	D Employer Identification Number (EIN) <u>41-1242440</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6568107</u>	
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 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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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

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

Schedule R (Form 5500) 2015
v. 150123

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
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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): _____

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

**Financial Statements and
Independent Auditor's Report**

**DURA SUPREME, INC. PROFIT SHARING
AND SALARY REDUCTION PLAN**

December 31, 2015 and 2014

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SCHEDULE FURNISHED PURSUANT TO THE REQUIREMENTS OF FORM 5500:

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Independent Auditor's Report

Plan Administrator and Trustee

Dura Supreme, Inc.

Profit Sharing and Salary Reduction Plan

Howard Lake, Minnesota

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Dura Supreme, Inc. Profit Sharing and Salary Reduction Plan, which comprise the statements of net assets available for benefits - modified cash basis as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits - modified cash basis for the year ended December 31, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note B; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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 H, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. 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 and for the years ended December 31, 2015 and 2014, that the information provided to the plan administrator by the custodial 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.

Basis of Accounting

We draw attention to Note B of the financial statements, which describes the basis of accounting. The financial statements and supplemental schedule were prepared on a modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental schedule of assets (held at end of year) is required by the Department of Labor's 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, we 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 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.

Copeland Buhl & Company PLLP

COPELAND BUHL & COMPANY PLLP
Wayzata, Minnesota

June 28, 2016

DURA SUPREME, INC.
PROFIT SHARING AND SALARY REDUCTION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS -
MODIFIED CASH BASIS
DECEMBER 31, 2015 AND 2014

<u>ASSETS</u>	<u>2015</u>	<u>2014</u>
Investments, at Fair Value	\$ 12,749,581	\$ 12,949,913
Notes Receivable from Participants	<u>433,961</u>	<u>379,979</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u><u>\$ 13,183,542</u></u>	 <u><u>\$ 13,329,892</u></u>

See notes to financial statements.

DURA SUPREME, INC.
PROFIT SHARING AND SALARY REDUCTION PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS -
MODIFIED CASH BASIS
YEAR ENDED DECEMBER 31, 2015

ADDITIONS

Contributions:	
Employer	\$ 207,955
Participants	969,288
Other - rollovers	46,706
Total Contributions	<u>1,223,949</u>
Earnings (Losses) on Investments:	
Dividends from registered investment companies	739,522
Net investment gain from common/collective trusts	11,386
Net investment loss from registered investment companies	<u>(801,102)</u>
Total Losses on Investments	(50,194)
Interest Income from Notes Receivable from Participants	<u>25,738</u>
Total Additions	1,199,493

DEDUCTIONS

Benefits Paid to Participants	1,320,133
Corrective Distributions	10,898
Administrative Expenses	<u>14,812</u>
Total Deductions	<u>1,345,843</u>
Net Decrease	(146,350)
Net Assets Available for Benefits:	
Beginning of Year	<u>13,329,892</u>
End of Year	<u><u>\$ 13,183,542</u></u>

See notes to financial statements.

DURA SUPREME, INC.
PROFIT SHARING AND SALARY REDUCTION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015

Note A: Description of Plan

The following description of the Dura Supreme, Inc. Profit Sharing and Salary Reduction Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all full-time employees of Dura Supreme, Inc. and Dura Management, Inc., a related employer (collectively, "Company"). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute up to a maximum 80% of pretax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Company may make matching contributions for salary reduction amounts and annual cash or deferred contributions at the discretion of the Board of Directors. Contributions are subject to certain limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contributions and, (b) Plan earnings, and charged with an allocation of administrative expenses, if applicable. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions and employer match contributions plus actual earnings thereon. Vesting in the nonelective employer contributions plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after six years of credited service.

DURA SUPREME, INC.
PROFIT SHARING AND SALARY REDUCTION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015

Note A: Description of Plan (Continued)

Notes Receivable from Participants

Participants may borrow from their vested account balance a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at a rate of 6.5%, which is commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest is paid ratably through weekly or bi-weekly payroll deductions.

Payment of Benefits

On termination of service, due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or installment payments. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Forfeited Accounts

Forfeitures are used to first pay for plan expenses, then to reduce future employer contributions. The amounts of forfeitures used to pay for plan expenses for the years ended December 31, 2015 and 2014 were \$1,173 and \$0, respectively. Forfeitures of \$754 are available to offset plan expenses or employer contributions in 2016.

Note B: Summary of Significant Accounting Policies

Statement Presentation and Basis of Accounting

The accompanying financial statements have been prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles. Contributions, distributions and expenses are recorded when received or paid and investments are adjusted to fair value.

Use of Estimates

When preparing financial statements on the modified cash basis, management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

DURA SUPREME, INC.
PROFIT SHARING AND SALARY REDUCTION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015

Note B: Summary of Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition

Investments are reported at fair value and all are participant directed. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at measurement date. See Note C for discussion of fair value measurements.

Interest and dividend income is recorded on the cash basis. Net investment gains and losses, both realized and unrealized, are determined on a trade date basis.

Notes Receivable from Participants

Notes receivable from participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Investment related expenses are included in net appreciation of fair value of investments.

Reclassification

A reclassification has been made in the prior year's financial statements to conform to the classification used in the current year. In conjunction with adopting ASU 2015-12, Part 1, the common/collective trust's fair value is contract value. This reclassification has no effect on net assets available for benefits.

Subsequent Events

The plan sponsor has evaluated subsequent events through June 28, 2016, the date on which the financial statements were available to be issued.

DURA SUPREME, INC.
PROFIT SHARING AND SALARY REDUCTION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015

Note C: Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

		Fair Value Measurements Using:	
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
	Fair Value		
<u>December 31, 2015</u>			
Common/collective trust	\$ 982,575	\$ -	\$ 982,575
Registered investment companies:			
Blend funds	6,223,390	6,223,390	-
Growth funds	3,756,715	3,756,715	-
Value funds	1,347,072	1,347,072	-
Bond funds	439,829	439,829	-
Total registered investment companies	11,767,006	11,767,006	-
Total Assets at Fair Value	<u>\$ 12,749,581</u>	<u>\$ 11,767,006</u>	<u>\$ 982,575</u>
<u>December 31, 2014</u>			
Common/collective trust	\$ 1,048,007	\$ -	\$ 1,048,007
Registered investment companies:			
Blend funds	6,447,887	6,447,887	-
Growth funds	3,037,706	3,037,706	-
Value funds	2,104,575	2,104,575	-
Bond funds	311,738	311,738	-
Total registered investment companies	11,901,906	11,901,906	-
Total Assets at Fair Value	<u>\$ 12,949,913</u>	<u>\$ 11,901,906</u>	<u>\$ 1,048,007</u>

DURA SUPREME, INC.
PROFIT SHARING AND SALARY REDUCTION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015

Note C: Fair Value Measurements (Continued)

The Fair Value Measurements and Disclosures topic of the Financial Accounting Standards Board Accounting Standards Codification, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs were only used when Level 1 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds in registered investment companies is based on quoted net asset values of the shares held by the Plan at year-end.

Level 2 Fair Value Measurements

The fair value of mutual funds in common/collective trusts is based on the fair market value of underlying assets, which are based upon inputs such as quoted prices for the same or similar assets in active markets plus the fair value of the wrapper contract which is based upon discounted cash flows.

The Plan holds an investment in a common/collective trust that calculates net asset value (NAV) per share, or its equivalent for which the fair value is not readily determinable. The following sets forth a summary:

Fair Value:		Unfunded Commitments	Redemption Frequency	Redemption Notice Period	Other Redemption Restrictions
2015	2014				
\$ 982,575	\$ 1,048,007	-	Daily	None	See below

The investment objective of the common/collective trust is to seek the preservation of capital as well as to provide a competitive level of income over time consistent with the preservation of capital. Participants may make withdrawals from the fund at any time unless the Trustee determines the withdrawal might adversely affect the portfolio. The Trustee will make the payment as quickly as cash flows and prudent portfolio management permit. As mentioned in the plan summary, withdrawals prompted by certain events may be paid at market value, which may be less than contract value.

DURA SUPREME, INC.
PROFIT SHARING AND SALARY REDUCTION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015

Note D: Priorities Upon Termination of the Plan

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, the participants will become 100% vested in their accounts.

Note E: Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of the value of interest in common/collective trusts per the financial statements to Schedule H of Form 5500 at December 31:

	<u>2015</u>	<u>2014</u>
Value of interest in common/collective trusts per the financial statements	\$ 982,575	\$ 1,048,007
Adjustment from contract to fair value for fully benefit-responsive investment contract	<u>6,710</u>	<u>15,545</u>
Value of interest in common/collective trusts per Schedule H to the Form 5500	<u>\$ 989,285</u>	<u>\$ 1,063,552</u>

The following is a reconciliation of net investment gain from common/collective trusts per the financial statements to Schedule H of Form 5500 for the year ended December 31, 2015:

Net investment gain from common/collective trusts per the financial statements	\$ 11,386
Adjustment from contract to fair value for fully benefit-responsive investment contract	<u>(8,835)</u>
Net investment gain from common/collective trusts per Schedule H to the Form 5500	<u>\$ 2,551</u>

Note F: Trustee and Administration of the Plan

The Plan is administered by Dura Supreme, Inc., the Plan sponsor. The Company uses a third party administrator to aid in the acquisition, disposition, and accounting for trust assets. Fidelity Management Trust Company is the appointed trustee.

DURA SUPREME, INC.
PROFIT SHARING AND SALARY REDUCTION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015

Note G: Tax Status

The Plan is qualified under Section 401 of the Internal Revenue Code (IRC) and is exempt from federal and state income taxes. The volume submitter plan obtained its latest opinion letter March 31, 2014, in which the Internal Revenue Service stated that the underlying volume submitter plan document was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the opinion letter. However, the Plan Administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the IRC.

The Plan files informational tax returns in the U.S. Federal jurisdiction. The Plan has not been audited by the Internal Revenue Service and, accordingly, the returns for the past three years are open to examination.

Note H: Information Prepared and Certified by Trustee

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the custodial trustee.

	<u>2015</u>	<u>2014</u>
Investments:		
Value of interest in common/collective trusts	\$ 982,575	\$ 1,048,007
Value of interest in registered investment companies	\$ 11,767,006	\$ 11,901,906
Earnings (Losses) on Investments:	<u>2015</u>	
Dividends from registered investment companies	\$ 739,522	
Net investment gain from common/collective trusts	\$ 11,386	
Net investment loss from registered investment companies	\$ (801,102)	

DURA SUPREME, INC.
PROFIT SHARING AND SALARY REDUCTION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015

Note I: Investments

The following presents investments that represent 5 percent or more of the Plan's net assets:

	<u>2015</u>	<u>2014</u>
Fidelity Freedom 2020 Fund	\$ 1,510,636	\$ 1,641,734
Fidelity Freedom 2030 Fund	\$ 1,281,828	\$ 1,203,196
Fidelity Contrafund	\$ 1,055,348	\$ 904,425
Managed Income Portfolio	\$ 982,575	\$ 1,048,007
Fidelity Low-Priced Stock Fund	\$ 680,492	\$ 754,776
Fidelity Value Fund		\$ 699,031

Note J: Risks and Uncertainties

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

Note K: Party-In-Interest Transactions

Party-in-interest transactions include fees paid by the Plan for investment advisory and recordkeeping services. The fees consist of the following at December 31, 2015:

Fidelity Investments Institutional Operations Company, Inc.	\$ 11,719
Strategic Advisors, Inc.	\$ 3,093

**SCHEDULE FURNISHED PURSUANT TO THE
REQUIREMENTS OF FORM 5500**

DURA SUPREME, INC.
PROFIT SHARING AND SALARY REDUCTION PLAN
EIN 41-1242440 PLAN NO. 001
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR) -
MODIFIED CASH BASIS

<u>Identity of Party</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>
Loans to Participants*	Interest rate of 6.5%	**	\$ 433,961
Value of Interest in Common/Collective Trusts:			
Fidelity Management Trust Company*	Managed Income Portfolio	**	982,575
Value of Interest in Registered Investment Companies:			
Fidelity Management Trust Company*	Fidelity Freedom 2020 Fund	**	1,510,636
	Fidelity Freedom 2030 Fund	**	1,281,828
	Fidelity Contrafund	**	1,055,348
	Fidelity Low-Priced Stock Fund	**	680,492
	Fidelity Freedom 2040 Fund	**	616,339
	Fidelity Value Fund	**	574,420
	Harbor International Fund	**	511,227
	Fidelity Select Technology Portfolio	**	475,283
	American Beacon Large Cap Value Inv	**	365,086
	Baron Growth Fund	**	363,200
	Fidelity Freedom Income Fund	**	360,146
	Spartan 500 Index Fund	**	349,160
	Fidelity Freedom 2025 Fund	**	348,679
	Artisan Mid Cap Fund	**	346,098
	Fidelity Freedom 2045 Fund	**	318,207
	Fidelity Capital Appreciation Fund	**	315,204
	Fidelity Freedom 2035 Fund	**	294,077
	Fidelity Select Health Care Portfolio	**	259,009
	Fidelity Total Bond Fund	**	247,401
	Fidelity Freedom 2050 Fund	**	218,245
	Metropolitan West Total Return Bond Fund	**	158,605
	Fidelity Select Electronics Portfolio	**	137,909
	Fidelity Freedom 2055 Fund	**	120,630
	Oakmark International Fund	**	120,484
	Allianz NFJ Small Cap Value	**	101,470
	Fidelity Freedom 2010 Fund	**	88,190
	Fidelity Select Natural Resources Portfolio	**	84,501
	Fidelity Select Utilities Growth Portfolio	**	69,561
	Fidelity Freedom 2015 Fund	**	68,471

DURA SUPREME, INC.
PROFIT SHARING AND SALARY REDUCTION PLAN
EIN 41-1242440 PLAN NO. 001
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR) -
MODIFIED CASH BASIS (CONTINUED)

<u>Identity of Party</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>
Value of Interest in Registered Investment Companies: (Continued)			
Fidelity Management Trust Company*	Fidelity Select Cyclical Industries Portfolio	**	54,794
	Spartan International Index Advantage Fund	**	54,053
	Columbia Acorn International Fund	**	48,199
	Fidelity Sel Consumer Discretionary	**	47,689
	Spartan U.S. Bond Index Advantage Fund	**	33,823
	Fidelity Select Financial Services Portfolio	**	31,550
	Fidelity Freedom 2060 Fund	**	28,588
	Spartan Extended Market Index Advantage Fund	**	28,284
	Fidelity Freedom 2005 Fund	**	120
			<u>\$ 13,183,542</u>

* Party-in-interest

** Cost omitted for participant directed investments.

**Financial Statements and
Independent Auditor's Report**

**DURA SUPREME, INC. PROFIT SHARING
AND SALARY REDUCTION PLAN**

December 31, 2015 and 2014

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Independent Auditor's Report

Plan Administrator and Trustee

Dura Supreme, Inc.

Profit Sharing and Salary Reduction Plan

Howard Lake, Minnesota

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Dura Supreme, Inc. Profit Sharing and Salary Reduction Plan, which comprise the statements of net assets available for benefits - modified cash basis as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits - modified cash basis for the year ended December 31, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note B; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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 H, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. 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 and for the years ended December 31, 2015 and 2014, that the information provided to the plan administrator by the custodial 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.

Basis of Accounting

We draw attention to Note B of the financial statements, which describes the basis of accounting. The financial statements and supplemental schedule were prepared on a modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental schedule of assets (held at end of year) is required by the Department of Labor's 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, we 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 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.

Copeland Buhl & Company PLLP

COPELAND BUHL & COMPANY PLLP
Wayzata, Minnesota

June 28, 2016

DURA SUPREME, INC.
PROFIT SHARING AND SALARY REDUCTION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS -
MODIFIED CASH BASIS
DECEMBER 31, 2015 AND 2014

<u>ASSETS</u>	<u>2015</u>	<u>2014</u>
Investments, at Fair Value	\$ 12,749,581	\$ 12,949,913
Notes Receivable from Participants	<u>433,961</u>	<u>379,979</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 13,183,542</u></u>	<u><u>\$ 13,329,892</u></u>

See notes to financial statements.

DURA SUPREME, INC.
PROFIT SHARING AND SALARY REDUCTION PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS -
MODIFIED CASH BASIS
YEAR ENDED DECEMBER 31, 2015

ADDITIONS

Contributions:	
Employer	\$ 207,955
Participants	969,288
Other - rollovers	46,706
Total Contributions	<u>1,223,949</u>
Earnings (Losses) on Investments:	
Dividends from registered investment companies	739,522
Net investment gain from common/collective trusts	11,386
Net investment loss from registered investment companies	<u>(801,102)</u>
Total Losses on Investments	(50,194)
Interest Income from Notes Receivable from Participants	<u>25,738</u>
Total Additions	1,199,493

DEDUCTIONS

Benefits Paid to Participants	1,320,133
Corrective Distributions	10,898
Administrative Expenses	<u>14,812</u>
Total Deductions	<u>1,345,843</u>
Net Decrease	(146,350)
Net Assets Available for Benefits:	
Beginning of Year	<u>13,329,892</u>
End of Year	<u><u>\$ 13,183,542</u></u>

See notes to financial statements.

DURA SUPREME, INC.
PROFIT SHARING AND SALARY REDUCTION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015

Note A: Description of Plan

The following description of the Dura Supreme, Inc. Profit Sharing and Salary Reduction Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all full-time employees of Dura Supreme, Inc. and Dura Management, Inc., a related employer (collectively, "Company"). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute up to a maximum 80% of pretax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Company may make matching contributions for salary reduction amounts and annual cash or deferred contributions at the discretion of the Board of Directors. Contributions are subject to certain limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contributions and, (b) Plan earnings, and charged with an allocation of administrative expenses, if applicable. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions and employer match contributions plus actual earnings thereon. Vesting in the nonelective employer contributions plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after six years of credited service.

DURA SUPREME, INC.
PROFIT SHARING AND SALARY REDUCTION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015

Note A: Description of Plan (Continued)

Notes Receivable from Participants

Participants may borrow from their vested account balance a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at a rate of 6.5%, which is commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest is paid ratably through weekly or bi-weekly payroll deductions.

Payment of Benefits

On termination of service, due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or installment payments. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Forfeited Accounts

Forfeitures are used to first pay for plan expenses, then to reduce future employer contributions. The amounts of forfeitures used to pay for plan expenses for the years ended December 31, 2015 and 2014 were \$1,173 and \$0, respectively. Forfeitures of \$754 are available to offset plan expenses or employer contributions in 2016.

Note B: Summary of Significant Accounting Policies

Statement Presentation and Basis of Accounting

The accompanying financial statements have been prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles. Contributions, distributions and expenses are recorded when received or paid and investments are adjusted to fair value.

Use of Estimates

When preparing financial statements on the modified cash basis, management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

DURA SUPREME, INC.
PROFIT SHARING AND SALARY REDUCTION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015

Note B: Summary of Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition

Investments are reported at fair value and all are participant directed. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at measurement date. See Note C for discussion of fair value measurements.

Interest and dividend income is recorded on the cash basis. Net investment gains and losses, both realized and unrealized, are determined on a trade date basis.

Notes Receivable from Participants

Notes receivable from participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Investment related expenses are included in net appreciation of fair value of investments.

Reclassification

A reclassification has been made in the prior year's financial statements to conform to the classification used in the current year. In conjunction with adopting ASU 2015-12, Part 1, the common/collective trust's fair value is contract value. This reclassification has no effect on net assets available for benefits.

Subsequent Events

The plan sponsor has evaluated subsequent events through June 28, 2016, the date on which the financial statements were available to be issued.

DURA SUPREME, INC.
PROFIT SHARING AND SALARY REDUCTION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015

Note C: Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

		Fair Value Measurements Using:	
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
	Fair Value		
<u>December 31, 2015</u>			
Common/collective trust	\$ 982,575	\$ -	\$ 982,575
Registered investment companies:			
Blend funds	6,223,390	6,223,390	-
Growth funds	3,756,715	3,756,715	-
Value funds	1,347,072	1,347,072	-
Bond funds	439,829	439,829	-
Total registered investment companies	11,767,006	11,767,006	-
Total Assets at Fair Value	<u>\$ 12,749,581</u>	<u>\$ 11,767,006</u>	<u>\$ 982,575</u>
<u>December 31, 2014</u>			
Common/collective trust	\$ 1,048,007	\$ -	\$ 1,048,007
Registered investment companies:			
Blend funds	6,447,887	6,447,887	-
Growth funds	3,037,706	3,037,706	-
Value funds	2,104,575	2,104,575	-
Bond funds	311,738	311,738	-
Total registered investment companies	11,901,906	11,901,906	-
Total Assets at Fair Value	<u>\$ 12,949,913</u>	<u>\$ 11,901,906</u>	<u>\$ 1,048,007</u>

DURA SUPREME, INC.
PROFIT SHARING AND SALARY REDUCTION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015

Note C: Fair Value Measurements (Continued)

The Fair Value Measurements and Disclosures topic of the Financial Accounting Standards Board Accounting Standards Codification, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs were only used when Level 1 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds in registered investment companies is based on quoted net asset values of the shares held by the Plan at year-end.

Level 2 Fair Value Measurements

The fair value of mutual funds in common/collective trusts is based on the fair market value of underlying assets, which are based upon inputs such as quoted prices for the same or similar assets in active markets plus the fair value of the wrapper contract which is based upon discounted cash flows.

The Plan holds an investment in a common/collective trust that calculates net asset value (NAV) per share, or its equivalent for which the fair value is not readily determinable. The following sets forth a summary:

Fair Value:		Unfunded Commitments	Redemption Frequency	Redemption Notice Period	Other Redemption Restrictions
2015	2014				
\$ 982,575	\$ 1,048,007	-	Daily	None	See below

The investment objective of the common/collective trust is to seek the preservation of capital as well as to provide a competitive level of income over time consistent with the preservation of capital. Participants may make withdrawals from the fund at any time unless the Trustee determines the withdrawal might adversely affect the portfolio. The Trustee will make the payment as quickly as cash flows and prudent portfolio management permit. As mentioned in the plan summary, withdrawals prompted by certain events may be paid at market value, which may be less than contract value.

DURA SUPREME, INC.
PROFIT SHARING AND SALARY REDUCTION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015

Note D: Priorities Upon Termination of the Plan

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, the participants will become 100% vested in their accounts.

Note E: Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of the value of interest in common/collective trusts per the financial statements to Schedule H of Form 5500 at December 31:

	<u>2015</u>	<u>2014</u>
Value of interest in common/collective trusts per the financial statements	\$ 982,575	\$ 1,048,007
Adjustment from contract to fair value for fully benefit-responsive investment contract	<u>6,710</u>	<u>15,545</u>
Value of interest in common/collective trusts per Schedule H to the Form 5500	<u>\$ 989,285</u>	<u>\$ 1,063,552</u>

The following is a reconciliation of net investment gain from common/collective trusts per the financial statements to Schedule H of Form 5500 for the year ended December 31, 2015:

Net investment gain from common/collective trusts per the financial statements	\$ 11,386
Adjustment from contract to fair value for fully benefit-responsive investment contract	<u>(8,835)</u>
Net investment gain from common/collective trusts per Schedule H to the Form 5500	<u>\$ 2,551</u>

Note F: Trustee and Administration of the Plan

The Plan is administered by Dura Supreme, Inc., the Plan sponsor. The Company uses a third party administrator to aid in the acquisition, disposition, and accounting for trust assets. Fidelity Management Trust Company is the appointed trustee.

DURA SUPREME, INC.
PROFIT SHARING AND SALARY REDUCTION PLAN
NOTES TO FINANCIAL STATEMENTS
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Note G: Tax Status

The Plan is qualified under Section 401 of the Internal Revenue Code (IRC) and is exempt from federal and state income taxes. The volume submitter plan obtained its latest opinion letter March 31, 2014, in which the Internal Revenue Service stated that the underlying volume submitter plan document was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the opinion letter. However, the Plan Administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the IRC.

The Plan files informational tax returns in the U.S. Federal jurisdiction. The Plan has not been audited by the Internal Revenue Service and, accordingly, the returns for the past three years are open to examination.

Note H: Information Prepared and Certified by Trustee

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the custodial trustee.

	<u>2015</u>	<u>2014</u>
Investments:		
Value of interest in common/collective trusts	\$ 982,575	\$ 1,048,007
Value of interest in registered investment companies	\$ 11,767,006	\$ 11,901,906
Earnings (Losses) on Investments:	<u>2015</u>	
Dividends from registered investment companies	\$ 739,522	
Net investment gain from common/collective trusts	\$ 11,386	
Net investment loss from registered investment companies	\$ (801,102)	

DURA SUPREME, INC.
PROFIT SHARING AND SALARY REDUCTION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015

Note I: Investments

The following presents investments that represent 5 percent or more of the Plan's net assets:

	<u>2015</u>	<u>2014</u>
Fidelity Freedom 2020 Fund	\$ 1,510,636	\$ 1,641,734
Fidelity Freedom 2030 Fund	\$ 1,281,828	\$ 1,203,196
Fidelity Contrafund	\$ 1,055,348	\$ 904,425
Managed Income Portfolio	\$ 982,575	\$ 1,048,007
Fidelity Low-Priced Stock Fund	\$ 680,492	\$ 754,776
Fidelity Value Fund		\$ 699,031

Note J: Risks and Uncertainties

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

Note K: Party-In-Interest Transactions

Party-in-interest transactions include fees paid by the Plan for investment advisory and recordkeeping services. The fees consist of the following at December 31, 2015:

Fidelity Investments Institutional Operations Company, Inc.	\$ 11,719
Strategic Advisors, Inc.	\$ 3,093

**SCHEDULE FURNISHED PURSUANT TO THE
REQUIREMENTS OF FORM 5500**

DURA SUPREME, INC.
PROFIT SHARING AND SALARY REDUCTION PLAN
EIN 41-1242440 PLAN NO. 001
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR) -
MODIFIED CASH BASIS

<u>Identity of Party</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>
Loans to Participants*	Interest rate of 6.5%	**	\$ 433,961
Value of Interest in Common/Collective Trusts:			
Fidelity Management Trust Company*	Managed Income Portfolio	**	982,575
Value of Interest in Registered Investment Companies:			
Fidelity Management Trust Company*	Fidelity Freedom 2020 Fund	**	1,510,636
	Fidelity Freedom 2030 Fund	**	1,281,828
	Fidelity Contrafund	**	1,055,348
	Fidelity Low-Priced Stock Fund	**	680,492
	Fidelity Freedom 2040 Fund	**	616,339
	Fidelity Value Fund	**	574,420
	Harbor International Fund	**	511,227
	Fidelity Select Technology Portfolio	**	475,283
	American Beacon Large Cap Value Inv	**	365,086
	Baron Growth Fund	**	363,200
	Fidelity Freedom Income Fund	**	360,146
	Spartan 500 Index Fund	**	349,160
	Fidelity Freedom 2025 Fund	**	348,679
	Artisan Mid Cap Fund	**	346,098
	Fidelity Freedom 2045 Fund	**	318,207
	Fidelity Capital Appreciation Fund	**	315,204
	Fidelity Freedom 2035 Fund	**	294,077
	Fidelity Select Health Care Portfolio	**	259,009
	Fidelity Total Bond Fund	**	247,401
	Fidelity Freedom 2050 Fund	**	218,245
	Metropolitan West Total Return Bond Fund	**	158,605
	Fidelity Select Electronics Portfolio	**	137,909
	Fidelity Freedom 2055 Fund	**	120,630
	Oakmark International Fund	**	120,484
	Allianz NFJ Small Cap Value	**	101,470
	Fidelity Freedom 2010 Fund	**	88,190
	Fidelity Select Natural Resources Portfolio	**	84,501
	Fidelity Select Utilities Growth Portfolio	**	69,561
	Fidelity Freedom 2015 Fund	**	68,471

DURA SUPREME, INC.
PROFIT SHARING AND SALARY REDUCTION PLAN
EIN 41-1242440 PLAN NO. 001
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR) -
MODIFIED CASH BASIS (CONTINUED)

<u>Identity of Party</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>
Value of Interest in Registered Investment Companies: (Continued)			
Fidelity Management Trust Company*	Fidelity Select Cyclical Industries Portfolio	**	54,794
	Spartan International Index Advantage Fund	**	54,053
	Columbia Acorn International Fund	**	48,199
	Fidelity Sel Consumer Discretionary	**	47,689
	Spartan U.S. Bond Index Advantage Fund	**	33,823
	Fidelity Select Financial Services Portfolio	**	31,550
	Fidelity Freedom 2060 Fund	**	28,588
	Spartan Extended Market Index Advantage Fund	**	28,284
	Fidelity Freedom 2005 Fund	**	120
			<u>\$ 13,183,542</u>

* Party-in-interest

** Cost omitted for participant directed investments.