

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 <u>01/01/2015</u> and ending <u>12/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	▶ ☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II Basic Plan Information —enter all requested information		
1a Name of plan <u>FORMICA CORPORATION EMPLOYEE RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶	<u>004</u>
	1c Effective date of plan	<u>05/30/1985</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>FORMICA CORPORATION</u> <u>10155 READING ROAD</u> <u>CINCINNATI, OH 45241</u>	2b Employer Identification Number (EIN)	<u>23-2192184</u>
	2c Plan Sponsor's telephone number	<u>513-786-3400</u>
	2d Business code (see instructions)	<u>326100</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2016	MARGARET WEST
	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

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 1303
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) 119
a(2) Total number of active participants at the end of the plan year	6a(2) 107
b Retired or separated participants receiving benefits.....	6b 724
c Other retired or separated participants entitled to future benefits.....	6c 168
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 999
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 183
f Total. Add lines 6d and 6e	6f 1182
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 0
h Number of participants 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: 1B 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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

▶ Round off amounts to nearest dollar.
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan FORMICA CORPORATION EMPLOYEE RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF FORMICA CORPORATION	D Employer Identification Number (EIN) 23-2192184

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500
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Part I	Basic Information
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1 Enter the valuation date: Month 01 Day 01 Year 2015			
2 Assets:			
a Market value	2a	76787333	
b Actuarial value	2b	73594524	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	902	49163142	49163142
b For terminated vested participants	282	8663143	8663143
c For active participants	119	8754244	9004500
d Total	1303	66580529	66830785
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.17%	
6 Target normal cost	6	626258	

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

SIGN HERE		
Signature of actuary	09/28/2016	Date
AUDREY CERVAS	14-06430	Most recent enrollment number
BUCK CONSULTANTS, LLC	216-642-2699	Telephone number (including area code)
6000 FREEDOM SQUARE, SUITE 100 INDEPENDENCE, OH 44131		
Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>8.45</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		3513859
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.41</u> %		225238
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance.....		3739097
d Portion of (c) to be added to prefunding balance		2300000
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	2300000

Part III Funding Percentages		
14 Funding target attainment percentage.....	14	106.67 %
15 Adjusted funding target attainment percentage	15	110.12 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	93.44 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/15/2016	1189109	0			
04/15/2016	1189109	0			
07/15/2016	1189109	0			
09/15/2016	1189109	0			
			Totals ►	18(b)	4756436
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	4376480
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?..... ☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th
		0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	626258	
b Excess assets, if applicable, but not greater than line 31a	31b	626258	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	4376480	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	4376480	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

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 FORMICA CORPORATION EMPLOYEE RETIREMENT PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 FORMICA CORPORATION	D Employer Identification Number (EIN) 23-2192184	

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
PNC BANK NATIONAL ASSOCIATION
25-1211909

(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)

BUCK CONSULTANTS, LLC

13-3954297

(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?
11	NONE	353771	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THOMPSON HINE LLP

34-0575300

(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?
29	NONE	185969	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MELLON CAPITAL MANAGEMENT CORP

50 FREMONS ST., STE 3900
SAN FRANCISCO, CA 94105

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	135656	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)

U.S. BANK NATIONAL ASSOCIATION

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 28	NONE	41183	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NFP SECURITIES INC

340 MADISON AVE, 20TH FLOOR
NEW YORK, NY 10173

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	18000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	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 FORMICA CORPORATION EMPLOYEE RETIREMENT PLAN	B Three-digit plan number (PN) ▶	004
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 FORMICA CORPORATION	D Employer Identification Number (EIN) 23-2192184	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: EB DV NON-SL STOCK INDEX FUND		
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON		
c EIN-PN 25-6078093-215	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30460361
a Name of MTIA, CCT, PSA, or 103-12 IE: EB DV NON-SL MID CAP STOCK INDEX FU		
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON		
c EIN-PN 25-6078093-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3294858
a Name of MTIA, CCT, PSA, or 103-12 IE: EB DV NON-SL SMALL CAP VALUE STOCK		
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON		
c EIN-PN 25-6078093-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1295595
a Name of MTIA, CCT, PSA, or 103-12 IE: EB DV NON-SL INTERNATIONAL STOCK IN		
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON		
c EIN-PN 25-6078093-213	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8498557
a Name of MTIA, CCT, PSA, or 103-12 IE: EB DV NON-SL AGGREGATE BOND INDEX		
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON		
c EIN-PN 25-6078093-214	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23429517
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>		
A Name of plan <u>FORMICA CORPORATION EMPLOYEE RETIREMENT PLAN</u>		B Three-digit plan number (PN) ► <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FORMICA CORPORATION</u>		D Employer Identification Number (EIN) <u>23-2192184</u>

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		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	5209244	4756436
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	47	46
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	546246	740175
	(2) U.S. Government securities.....	1c(2)	3687	2565
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts.....	1c(9)	71155168	66978888
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	76914392	72478110

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	256527	84923
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	256527	84923

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	76657865	72393187
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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)	4756436	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4756436

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	273	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		273

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		473574
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		5230283

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8550582	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		8550582
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	353771	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	197714	
(4) Other	2i(4)	392894	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		944379
j Total expenses. Add all expense amounts in column (b) and enter total	2j		9494961

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-4264678
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: CLARK SCHAEFER HACKETT

(2) EIN: 31-0800053

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.)				
4a		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)				
4b		X		

	Yes	No	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			7500000
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.				
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>FORMICA CORPORATION EMPLOYEE RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FORMICA CORPORATION</u>	D Employer Identification Number (EIN) <u>23-2192184</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
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>31-0841368</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	<u>101</u>

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

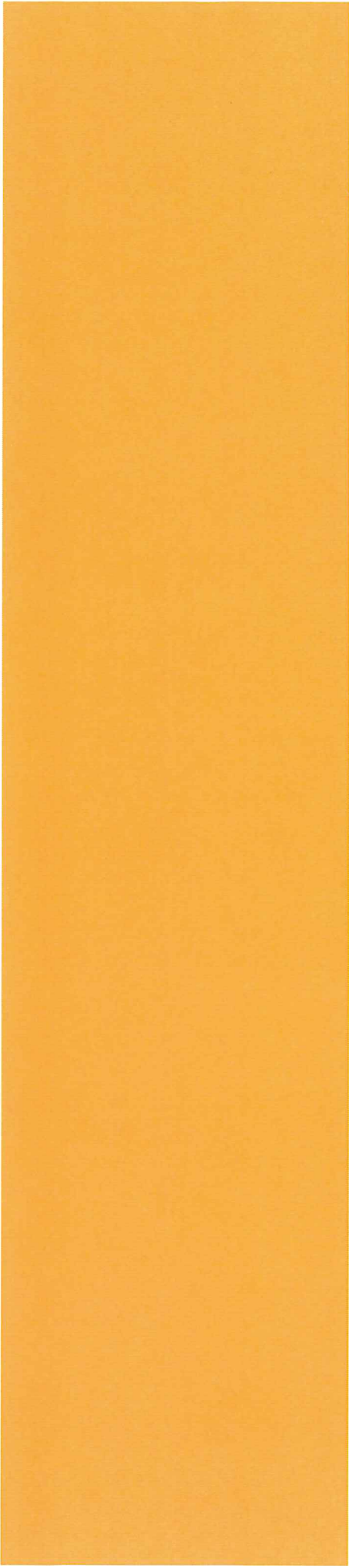
14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
a	The current year	14a	
b	The plan year immediately preceding the current plan year	14b	
c	The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a	The corresponding number for the plan year immediately preceding the current plan year	15a	
b	The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a	Enter the number of employers who withdrew during the preceding plan year	16a	
b	If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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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: <u>65%</u> Investment-Grade Debt: <u>35%</u> High-Yield Debt: <u>0%</u> Real Estate: <u>0%</u> Other: <u>0%</u>
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



Formica Corporation Employee Retirement Plan

Financial Statements
and Supplemental Schedules
December 31, 2015 and 2014
(With Independent Auditors' Report)



CLARK SCHAEFER HACKETT
CPAs & BUSINESS CONSULTANTS

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INDEPENDENT AUDITORS' REPORT

The Benefit Plan Committee
of the Formica Corporation Employee Retirement Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Formica Corporation Employee Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' 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 7, which was certified by U.S. Bank, the trustee of the Plan, except for comparing such 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 certifications 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 trustee is complete and accurate.

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cincinnati, oh 45202

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p. 513.241.3111
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Disclaimer of Opinion

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

Other Matter

The supplemental schedules, as noted in the table of contents, as of or for the year ended December 31, 2015, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are 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 these supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Clark, Schaefer, Hackett & Co.

Cincinnati, Ohio
October 6, 2016

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
--	--	--

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) _____ ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
B This return/report is:	
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 Formica Corporation Employee Retirement Plan 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) Formica Corporation 10155 Reading Road Cincinnati OH 45241	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">004</td> </tr> <tr> <td colspan="2">1c Effective date of plan 05/30/1985</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 23-2192184</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number (513) 786-3400</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 326100</td> </tr> </table>	1b Three-digit plan number (PN) ▶	004	1c Effective date of plan 05/30/1985		2b Employer Identification Number (EIN) 23-2192184		2c Plan Sponsor's telephone number (513) 786-3400		2d Business code (see instructions) 326100	
1b Three-digit plan number (PN) ▶	004										
1c Effective date of plan 05/30/1985											
2b Employer Identification Number (EIN) 23-2192184											
2c Plan Sponsor's telephone number (513) 786-3400											
2d Business code (see instructions) 326100											

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	<i>Margaret West</i>	Date	10-4-16
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	Enter name of individual signing as employer or plan sponsor
	Signature of employer/plan sponsor		
SIGN HERE		Date	Enter name of individual signing as DFE
	Signature of DFE		
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>		

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan FORMICA CORPORATION EMPLOYEE RETIREMENT PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">B Three-digit plan number (PN) ▶</td> <td style="width: 30%; text-align: center;">004</td> </tr> </table>	B Three-digit plan number (PN) ▶	004
B Three-digit plan number (PN) ▶	004		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF FORMICA CORPORATION	D Employer Identification Number (EIN) 23-2192184		
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B			
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500			

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2015</u>			
2 Assets:			
a Market value.....	2a	76,787,333	
b Actuarial value.....	2b	73,594,524	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	902	49,163,142	49,163,142
b For terminated vested participants.....	282	8,663,143	8,663,143
c For active participants.....	119	8,754,244	9,004,500
d Total.....	1,303	66,580,529	66,830,785
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate.....	5	6.17%	
6 Target normal cost.....	6	626,258	

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

SIGN HERE		<u>09/28/2016</u> Date
Signature of actuary AUDREY CERVAS		1406430
Type or print name of actuary BUCK CONSULTANTS, LLC		Most recent enrollment number 216-642-2699
Firm name 6000 Freedom Square, Suite 100 Independence OH 44131		Telephone number (including area code)
Address of the firm		

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

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

21 Discount rate:			
a Segment rates:	1st segment: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)		31a	626,258
b Excess assets, if applicable, but not greater than line 31a		31b	626,258
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)		34	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)		36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	4,376,480
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	4,376,480
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected		☐ 2 plus 7 years ☐ 15 years	
b Eligible plan year(s) for which the election in line 41a was made		☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	
42 Amount of acceleration adjustment		42	
43 Excess installment acceleration amount to be carried over to future plan years		43	



Formica Corporation Employee Retirement Plan
EIN/PN: 23-2192184 / 004

Schedule SB, Line 22 - Description of Weighted Average Retirement Age

This table calculates the weighted average retirement age for all active persons in the plan

(1)	(2)	(3)	(4)	(5)
Age	Expected Active Headcount	Retirement Rate	Expected Retirements (2)*(3)	Weighted Age (1)*(4)
55	34.4293	0.0267	0.9208	50.6432
56	38.2396	0.0500	1.9120	107.0709
57	40.9883	0.0500	2.0494	116.8168
58	44.5137	0.0500	2.2257	129.0897
59	45.7347	0.0500	2.2867	134.9172
60	45.8042	0.1000	4.5804	274.8250
61	50.5180	0.2000	10.1036	616.3193
62	46.5751	0.7000	32.6025	2,021.3579
63	17.1517	0.2000	3.4303	216.1115
64	23.4008	0.2000	4.6802	299.5301
65	24.2790	0.7500	18.2093	1,183.6035
66	8.9489	0.7500	6.7117	442.9706
67	2.1887	0.7500	1.6415	109.9816
68	3.5346	0.7500	2.6509	180.2633
69	1.8625	0.7500	1.3969	96.3862
70	2.4540	1.0000	<u>2.4540</u>	<u>171.7799</u>
Total			97.8560	6,151.6668
Weighted Average Retirement Age = 6151.6668 / 97.856				62.86
Rounded Weighted Average Retirement Age				63

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

General note: The table presents values rounded to fewer significant digits than used in the calculation.



Formica Corporation Employee Retirement Plan
EIN/PN: 23-2192184 / 004

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

Prescribed Funding Assumptions and Methods

The following assumptions and methods are prescribed by ERISA.

Funding interest rates

For 2015 Plan Year: Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	1.15%	4.72%
Second Segment Rate	4.06%	6.11%
Third Segment Rate	5.15%	6.81%

Effective Interest Rate 6.17%
Based on constrained rates

For 2014 Plan Year: Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	1.37%	4.99%
Second Segment Rate	4.05%	6.32%
Third Segment Rate	5.06%	6.99%

Effective Interest Rate 6.41%
Based on constrained rates

* Used for maximum tax-deduction purposes

** Used for minimum funding and benefit restriction purposes

Mortality

Mortality tables for non-disabled participants mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis, projected 7 years from the valuation date for annuitants and 15 years for non-annuitants. For disabled participants, mortality is based on Revenue Ruling 96-7 table for participants who became disabled after 1994 and are eligible for Social Security disability benefits.

Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan administrative expenses to be paid from plan assets during the year.



Formica Corporation Employee Retirement Plan
EIN/PN: 23-2192184 / 004

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

Non-Prescribed Funding Assumptions and Methods

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under PPA.

Expenses

The expected plan related expenses added to the Target Normal Cost equal the prior year's plan related expenses (including PBGC premium) without inflation adjustment.

Current Year:	\$504,323
Prior Year:	\$710,034

Frequency of optional payment forms

The optional form assumptions reflect actual experience.

Age	Assumption
Single Life Annuity	50%
50% Joint & Survivor Annuity	35%
100% Joint & Survivor Annuity	15%

Marital percentage

100% of participants are assumed to be married at death. The assumed percentage married is based on general population statistics on the marital status of individuals of retirement age. Husbands are assumed to be 3 years older than their wives. The assumed age difference for spouses is based on general population statistics of the age difference for married individuals of retirement age.



Formica Corporation Employee Retirement Plan
EIN/PN: 23-2192184 / 004

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

Non-Prescribed Funding Assumptions and Methods (continued)

Retirement rates

The graded rates from ages 55 to 70 reflect current experience. The higher retirement rate at age 62 reflects the availability of Social Security.

Age	Assumption
55	5%
56	5%
57	5%
58	5%
59	5%
60	10%
61	20%
62	70%
63	20%
64	20%
65	75%
66	75%
67	75%
68	75%
69	75%
70	100%

Terminated vested participants have rates graded from age 62 since there is subsidized early retirement available for certain participants. Terminated vested participants are assumed to commence receiving benefits in accordance with the following schedule:

Age	Assumption
62	20%
63	10%
64	10%
65	100%



Formica Corporation Employee Retirement Plan
EIN/PN: 23-2192184 / 004

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

Non-Prescribed Funding Assumptions and Methods (continued)

Disability rates

The plan offers the disability benefit unreduced for age and service totaling at least 65 upon disability, thus a disability assumption is appropriate. There are only 7 disabled retirees under the plan. We do not have any experience to support changing our assumption at this time.

Age	Male	Female
25	0.09%	0.14%
30	0.09%	0.14%
35	0.10%	0.14%
40	0.11%	0.17%
45	0.15%	0.22%
50	0.27%	0.40%
55	0.51%	0.77%
60	1.04%	1.55%

Withdrawal rates for active participants not eligible for retirement

The plan's experience is too small to form the basis of a reliable assumption; however, the assumption remains appropriate given historic gain and loss experience of the plan, as well as general expectations. Sample rates as follows:

Age	Rates
20	42.5%
25	28.4%
30	21.8%
35	18.2%
40	13.4%
45	11.6%
50	8.0%
55	0%



Formica Corporation Employee Retirement Plan
EIN/PN: 23-2192184 / 004

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

Non-Prescribed Funding Assumptions and Methods (continued)

Asset valuation method

The Actuarial Value of Assets is market value as of the valuation date, including discounted receivable contributions, reduced by fractions, 2/3 and 1/3 of the gain/(loss) in each of the prior 2 years, respectively. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third Segment Rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions. The expected return on assets is based on expected rates of return by asset category.

	Actuary's Assumption	Third Segment Rate	Reflecting PPA Limit
2015 Expected Return	7.50%	6.81%	6.81%
2014 Expected Return	7.50%	6.99%	6.99%
2013 Expected Return	7.50%	6.76%	6.76%

Future actuarial measurements

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the economic and demographic assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report.

Summary of Changes from the January 1, 2014 Valuation

- The interest rate basis was updated to the current rates as specified in IRS Regulation 1.430(h)(2)-1. These rates are constrained in accordance with HATFA. This change increased the Funding Target by approximately \$2,162,000 and reduced the Adjusted Funding Target Attainment Percentage by 3.6%.
- The mortality assumption was updated according to the projection specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis, projected 7 years from the valuation date for annuitants and 15 years for non-annuitants. This change increased the Funding Target by approximately \$119,000 and reduced the Adjusted Funding Target Attainment Percentage by 0.2%.
- The expected administrative expenses added to the Target Normal Cost were updated from \$710,034 to \$504,323, to reflect actual prior year experience.



Formica Corporation Employee Retirement Plan

EIN/PN: 23-2192184 / 004

Schedule SB, Part V - Summary of Plan Provisions

Effective date

May 30, 1985.

Eligibility

The plan has ongoing benefit accruals for Evendale Union employees only, and new employees are not eligible to participate.

Covered employees

All employees of Formica Corporation working in the United States excluding all employees of Wildon, non-union employees hired after July 1, 2000, union employees at the Evendale, Ohio plant who were hired after April 20, 1992, union employees at the Sierra, California plant who were hired after September 15, 1997, and all employees at the Odenton, Maryland plant who were hired before March 1, 1999 or after October 1, 2004.

Contributions

Noncontributory.

Credited service

The period of service from the date of employment to date of retirement but not counting any specifically excluded service rendered by the employees of any acquired business prior to the date of acquisition.

Pensionable earnings

Pensionable Pay for years prior to June 30, 1992:

The total of (i), (ii), and (iii):

- i. regular fixed compensation for a normal work period
- ii. extra compensation paid to full-time salesmen or sales managers whether or not based on sales
- iii. incentive compensation amounts received in cash up to a maximum of 33⅓ of regular fixed compensation.

Pensionable Pay for years after June 30, 1992:

W-2 earnings

Average annual earnings

The average of the highest five calendar years of pensionable pay during the 10-year period ending on the earlier of the participant's termination date or retirement date.

Normal retirement

Eligibility

For Union Employees at Odenton, Maryland location, the first day of the month coincident with or immediately following the member's 65th birthday.

For other participants, the later of the member's 65th birthday or 5th anniversary of participation in the plan.



Formica Corporation Employee Retirement Plan

EIN/PN: 23-2192184 / 004

Schedule SB, Part V - Summary of Plan Provisions (continued)

Benefit

- For Non-Union Employees

One-twelfth of the sum of (i) and (ii), but not less than (iii), and added to (v), but neither less than the benefit accrued under the plan (before 1990 amendment) for service prior to 1989, nor less than (vii), plus (vi), reduced by (iv).

- i. For Service Prior to January 1, 1981

The larger of:

The pension accrued under the career pay formula of the prior plan (before the 1982 amendment) for service prior to 1981, or

1% of that portion of the annual earnings rate as of September 1, 1980, not in excess of \$25,900, plus 1.25% of the excess multiplied by the number of years of "credited service" prior to 1981

- ii. For Service from January 1, 1981 to December 31, 1988

1.25% of annual earnings not in excess of the Social Security tax base plus 1.5% of the excess for each year of "credited service" after 1980.

- iii. Final Pay Minimum Benefit for Service prior to January 1, 1989

1.6% of average annual earnings multiplied by the number of years of credited service, minus 1.6% of the Social Security old-age benefit multiplied by the number of years of credited service (maximum 50% of the Social Security benefit).

- iv. Prior Plan Benefit

The benefit payable from the prior plan as in effect May 29, 1985 based on:

Service to May 29, 1985

Social Security based on the law in effect on the earliest of:

- Benefit commencement
- Termination of employment
- May 30, 1991

Earnings including salary increases up to and including 1990 earnings. The maximum increase in any year is 6.0%.

- v. For Service from January 1, 1989 to June 30, 1992

2.4% of annual earnings not in excess of covered compensation plus 2.8% of the excess for each year of credited service after 1988, but not after 35 years of total credited service from date of hire,

plus

2.8% of annual earnings for service in excess of 35 years from date of hire.

- vi. For Service from June 30, 1992 to December 31, 2004

1.5% of annual earnings for each year of credited service from June 30, 1992 to December 31, 2004.

- vii. Minimum Benefit for Service prior to June 30, 1992

1.5% of final five-year average earnings as of June 30, 1992 multiplied by years of credited service as of June 30, 1992.



Formica Corporation Employee Retirement Plan
EIN/PN: 23-2192184 / 004

Schedule SB, Part V - Summary of Plan Provisions (continued)

- For Union Employees at the Evendale, Ohio Plant:

- The monthly benefit calculation in accordance with the following table based on the pay level held longest during the 36 months preceding retirement:

	Participant's pay level		
	1, 2, or 3	4, 5, or 6	7, 8, 9, or 10
January 1, 2000	\$ 19.25	\$ 20.25	\$ 22.25
January 1, 2001	\$ 19.50	\$ 20.50	\$ 22.50
January 1, 2002	\$ 19.75	\$ 20.75	\$ 22.75
January 1, 2003	\$ 20.00	\$ 21.00	\$ 23.00
January 1, 2004	\$ 20.25	\$ 21.25	\$ 23.25
January 1, 2005	\$ 20.50	\$ 21.50	\$ 23.50
April 1, 2005	\$ 20.75	\$ 21.75	\$ 23.75
April 24, 2006	\$ 21.00	\$ 22.00	\$ 24.00
April 27, 2007	\$ 21.25	\$ 22.25	\$ 24.25
April 24, 2008	\$ 21.50	\$ 22.50	\$ 24.50
April 24, 2010	\$ 21.75	\$ 22.75	\$ 24.75
April 24, 2011	\$ 22.00	\$ 23.00	\$ 25.00

- If projected years of service at age 65 equal at least 31, the monthly benefit described in (b)(i) above is increased according to the following table:

Projected Service in years at Age 65	Additional Monthly Benefit per Year of Service
31 – 34.99	\$ 1.50
35 – 39.99	\$ 3.00
40 and over	\$ 4.00

- The pension accrued as of December 31, 1989 under the plan formula in effect prior to the 1990 amendment.

- For Union Employees at the Sierra, California Plant:

The benefit described in (i) but not less than (ii), reduced by the Prior Plan Benefit.

- The monthly benefit calculation in accordance with the following table based on the pay level held longest during the 36 months preceding retirement:

Participant's pay level	Monthly Benefit per Year of Service						
	Prior Plan			Current Plan			
	2000	2001	2002	2003	2004 - 05	2006	2007
H1 – H4	\$18.50	\$19.50	\$20.50	\$20.50	\$21.50	\$22.50	\$23.00
H5 – H6	\$20.50	\$21.50	\$22.00	\$22.50	\$23.50	\$24.50	\$25.00



Formica Corporation Employee Retirement Plan

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Schedule SB, Part V - Summary of Plan Provisions (continued)

- ii. The pension accrued as of December 31, 1989 under the plan formula in effect prior to the 1990 amendment.
- For Union Employees at the Odenton, Maryland Plant:
The benefit described below:

Monthly Benefit per Year of Service							
March 1, 1999	October 1, 2000	October 1, 2001	October 1, 2002	October 1, 2003	October 1, 2004	October 1, 2005	October 1, 2006
\$16.50	\$17.00	\$17.50	\$18.00	\$18.50	\$19.00	\$19.50	\$20.00

Early retirement

Eligibility

The first day of the month on or after both attaining age 55 and completing five years of continuous service. For union employees at the Odenton, Maryland location, eligibility is age 55 and 10 years of service.

Benefit

Monthly pension benefit determined as of early retirement date, reduced as follows:

1. For union participants at the Odenton, Maryland location a reduction of $6\frac{2}{3}\%$ for each year of early retirement between ages 60 and 65, and a reduction of $3\frac{1}{3}\%$ for each year of early retirement between ages 55 and 60.
2. For other participants with vested rights whose age in years and service in years total at least 65, a reduction at the rate of 3% for each year of early retirement prior to age 65 for participants with less than 20 years of service at retirement, and for each year of early retirement prior to age 62 for participants with at least 20 years of service at retirement. No reduction is made for participants who retire at age 62 or thereafter with 20 or more years of service.
3. For other participants with vested rights whose age in years and service in years total less than 65, an actuarial reduction.

Late retirement

Eligibility

The first day of the month subsequent to the participants' normal retirement date and following actual termination of employment.

Benefit

Monthly pension benefit determined as of actual retirement date.

Vested benefit

Eligibility

Completion five years of continuous service.

Benefit

Monthly pension benefit determined as of actual termination date, reduced for payment before the participant's normal retirement age.



Formica Corporation Employee Retirement Plan

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Schedule SB, Part V - Summary of Plan Provisions (continued)

Disability benefit

Eligibility

All participants who:

1. become totally or permanently disabled.
2. are receiving Social Security disability benefits, and
3. have completed five or more years of continuous service and have age in years and service in years totaling at least 65.

Benefit

Unreduced total benefit less the American Cyanamid benefit at benefit commencement date reduced for early retirement.

Death benefit

Eligibility

If a participant dies while eligible for deferred vested, early, normal or postponed retirement benefits, his or her surviving spouse is entitled to a pre-retirement death benefit. Certain employees may be eligible for non-spouse death benefits.

Benefit

Married participant

Monthly preretirement spouse benefit payable for life commencing at the first of the month following his eligibility for early retirement, which is the amount which would have been payable if the participant had terminated just before death under the joint and 50% survivor annuity form.

Unmarried participant

Single payment actuarially equivalent to 120 monthly payments, commencing at the first of the month following his eligibility for early retirement, of the preretirement spousal benefit had the participant been married.

Forms of benefits

Automatic form for unmarried participants

Single life annuity

Automatic form for married participants

50% joint and survivor annuity

Optional forms

Single life annuity

10% to 100% joint and survivor annuity, in multiples of 10%

Life and 10-Years certain annuity

Optional form conversion factors

Based on actuarial equivalence below:

Interest 6.5% compounded annually and 1971 TPF&C Forecast mortality table on a male basis with participant ages set back 1 year and beneficiary ages set back 5 years.



Formica Corporation Employee Retirement Plan
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Schedule SB, Part V - Summary of Plan Provisions (continued)

Miscellaneous

Maximum compensation

Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2014, the limit is \$260,000. For 2015, the limit is \$265,000.

Maximum benefits

Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2014 and 2015, the limit is \$210,000.

Summary of Changes from the January 1, 2014 Valuation

None.

Formica Corporation
Employee Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Assets:		
Investments at fair value:		
Common/collective trusts	\$ 66,978,888	71,155,168
Interest-bearing cash	740,175	546,246
Government securities	<u>2,565</u>	<u>3,687</u>
Total investments	<u>67,721,628</u>	<u>71,705,101</u>
Receivables:		
Employer contribution	4,756,436	5,209,244
Accrued investment income	<u>46</u>	<u>47</u>
Total receivables	<u>4,756,482</u>	<u>5,209,291</u>
Total assets	72,478,110	76,914,392
Liabilities:		
Accrued administrative expenses	<u>84,923</u>	<u>256,527</u>
Net assets available for benefits	\$ <u>72,393,187</u>	<u>76,657,865</u>

See accompanying notes to the financial statements

Formica Corporation
Employee Retirement Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Additions:		
Contributions - employer	\$ 4,756,436	8,821,296
Net appreciation in fair value of investments	473,574	5,868,269
Interest and dividends	<u>273</u>	<u>347</u>
Total additions	<u>5,230,283</u>	<u>14,689,912</u>
Deductions:		
Benefits paid directly to participants and beneficiaries	8,550,582	11,251,892
Administrative expenses	<u>944,379</u>	<u>647,644</u>
Total deductions	<u>9,494,961</u>	<u>11,899,536</u>
Net increase (decrease)	(4,264,678)	2,790,376
Net assets available for benefits:		
Beginning of year	<u>76,657,865</u>	<u>73,867,489</u>
End of year	\$ <u>72,393,187</u>	<u>76,657,865</u>

See accompanying notes to the financial statements

1. DESCRIPTION OF THE PLAN

The following description of the Formica Corporation Employee Retirement Plan (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a non-contributory defined benefit pension plan covering certain full-time U.S. employees of Formica Corporation (the "Company" and "Plan Sponsor") considered eligible participants as defined in the Plan, some of whose terms and conditions of employment are the subject of a collective bargaining agreement and whose participation in the Plan has been negotiated for and agreed to in writing by representatives of the Company and the collective bargaining agent. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Effective January 1, 2005, the Company froze further benefit accruals in the Plan for all participants who were not previously frozen. The Plan was frozen to certain employees under certain collective bargaining agreements in 1992 and 1997. The Plan was frozen to new salaried employees in 2000.

The Plan is administered by the Company's Benefit Plans Committee, which has overall responsibility for the operation and administration of the Plan. The Company's Investment Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Funding policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The Company's contributions for 2015 and 2014 met the minimum funding requirements of ERISA.

Although it has not expressed any intention 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 set forth in ERISA.

Pension benefits

A participant who has reached the normal retirement age, as defined in the Plan, is entitled under the Plan to receive a benefit, as calculated under the terms of the Plan. Early retirement is available for those individuals who retire from service prior to the normal retirement date, on or after attaining age 55, and who have completed five or more years of credited vesting service, except Odenton Plan participants who must attain age 55 and complete ten years of credited vesting service. In such cases, the benefit will be reduced in an amount to reflect early commencement of the benefit. Upon termination of employment, participants will receive their vested benefit in one of several forms of annuities (typically monthly), or if the actuarial present value of the benefit does not exceed \$1,000, in an automatic lump sum form of payment. However, if the actuarial present value of the benefit exceeds \$1,000 but does not exceed \$5,000, participants may elect to receive a lump sum distribution for their benefit.

Death and disability benefits

If an active married participant at the date of death was eligible to retire and receive a benefit under the Plan, then a death benefit is paid to the spouse under a qualified joint or survivor annuity (50% survivor annuity) unless elected otherwise. Upon the death of a non-married active participant, a death benefit shall be paid to the designated beneficiary of such participant in the form of a lump sum payment equal to the actuarial present value of 120 monthly payments (starting at the earliest age the participant could have retired, discounted to the actual date of payment) of the preretirement spousal death benefit as previously described for married participants. Active employees who become totally disabled receive annual disability benefits that are equal to the equivalent normal retirement benefit they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age, at which time disabled participants will receive the normal retirement benefit computed as though they had been employed to normal retirement age, with their annual compensation remaining the same as at the time they became disabled.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**Basis of accounting**

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

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment valuation and income recognition

Investments are reported at fair value. 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 the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by its investment advisers. See Note 5 for further discussion of fair value.

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

Payment of benefits

Benefit payments to participants are recorded upon distribution.

Administrative expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Accounting change

Recently issued accounting pronouncements—The Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2015-12, “Plan Accounting: Defined Benefit Pension Plans (Topic 960): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, and (Part III) Measurement Date – Practical Expedient.” ASU 2015-12 simplifies disclosures and reporting by employee benefit plans. ASU 2015-12 is effective for fiscal years beginning after December 15, 2015, with earlier adoption permitted. The Plan has elected to early adopt Part II of ASU 2015-12, applied retrospectively to all periods presented. This change has no impact on net assets available for benefits.

Reclassifications

Certain amounts in the 2014 financial statements have been reclassified to conform to the 2015 presentation.

Subsequent events

The Plan has evaluated subsequent events through October 6, 2016, the date the financial statements were available to be issued.

3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan’s provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on a formula that, for nonunion employees, incorporates a percentage of employees’ compensation and years of credited service; and for union employees, is calculated based upon the participant’s pay level or benefit level in accordance with the applicable union agreement. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

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

The significant actuarial assumptions used in the valuations as of January 1, 2015 and 2014 were as follows:

Life expectancy of participants

2015: Separate static annuitant and non-annuitant mortality tables based on the RP-2014 mortality tables

2014: PPA mortality tables as specified in Internal Revenue Service regulation 1.430(h)(3)-1, applied on a static basis, projected 7 years from the valuation date for annuitants and 15 years for non-annuitants

Retirement age	Age 65 in 2015 and 2014
Investment return	6.81% in 2015 and 6.99% in 2014
Discount rates	7.5% in 2015 and 2014

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

The actuarial present value of accumulated plan benefits as of January 1, 2015 is as follows:

Vested benefits:	
Participants currently receiving payments	\$ 47,236,095
Other participants	<u>15,679,100</u>
	62,915,195
Nonvested benefits	<u>244,750</u>
Total actuarial present value of accumulated plan benefits	\$ <u>63,159,945</u>

Changes during the year in the actuarial present value of the accumulated plan benefits as of January 1, 2015 are as follows:

Actuarial present value of accumulated plan benefits, January 1, 2014	\$ 65,777,531
Increase (decrease) during the year attributable to:	
Benefits accumulated	1,601,415
Interest due to decrease in discount period	4,518,997
Assumption changes	2,513,894
Benefits paid	<u>(11,251,892)</u>
Actuarial present value of accumulated plan benefits, January 1, 2015	\$ <u>63,159,945</u>

4. PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a) Benefits attributable to employee contributions, taking into account those paid out before termination.
- b) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The

priority amount is limited to the lowest benefit that would be payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

- c) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
- d) All other vested benefits (that is, vested benefits not insured by the PBGC).
- e) All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

5. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include: 1. Quoted prices for similar assets or liabilities in active markets; 2. Quoted prices for identical or similar assets or liabilities in inactive markets; 3. Inputs other than quoted prices that are observable for the asset or liability; 4. Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2015 and 2014.

Common/collective trusts: Valued at the net asset value (NAV) of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. The significant investment strategies of the funds are as described in the financial statements provided by each fund. There are no restrictions on redemptions from these funds.

Federal government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2015 and 2014.

<u>Fair Value Measurements at December 31, 2015</u>				
<u>Description</u>	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Interest-bearing cash	\$ 740,175	740,175	-	-
Government securities	2,565	-	2,565	-
Common/collective trusts	<u>66,978,888</u>	<u>-</u>	<u>66,978,888</u>	<u>-</u>
Total investments at fair value:	\$ <u>67,721,628</u>	<u>740,175</u>	<u>66,981,453</u>	<u>-</u>
<u>Fair Value Measurements at December 31, 2014</u>				
<u>Description</u>	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Interest-bearing cash	\$ 546,246	546,246	-	-
Government securities	3,687	-	3,687	-
Common/collective trusts	<u>71,155,168</u>	<u>-</u>	<u>71,155,168</u>	<u>-</u>
Total investments at fair value:	\$ <u>71,705,101</u>	<u>546,246</u>	<u>71,158,855</u>	<u>-</u>

The following table summarizes investments measured at fair value based on NAVs per share as of December 31, 2015 and 2014:

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
December 31, 2015				
Common/collective trusts	\$ 66,978,888	n/a	Daily	Daily
December 31, 2014				
Common/collective trusts	\$ 71,155,168	n/a	Daily	Daily

6. RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

Plan administrative expenses, including fees and expenses connected with administrative services provided by external service providers, are paid from Plan assets. Fees paid for legal, accounting, and other services rendered by parties-in-interest were based upon customary and reasonable rates for such services.

7. INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, investments, related interest and dividend income and net appreciation in fair value of investments presented in the financial statements are based on information certified as complete and accurate by the trustee of the Plan as of December 31, 2015 and 2014 and for the years then ended, and were not subjected to any auditing procedures performed by the independent auditors.

8. RISKS AND UNCERTAINTIES

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

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported, based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

9. TAX STATUS

The Plan received a determination letter from the Internal Revenue Service dated May 9, 2012 stating that the Plan and the related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the Plan Sponsor believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the Internal Revenue Code, and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

10. SPECIAL PENSION WINDOW

In December 2014, participants were offered a Special Pension Window that allowed the participants to receive or commence their pension benefit from the Plan, payable either in a lump sum payment or as a monthly annuity. The Special Pension Window became unavailable if a lump sum payment or monthly annuity was not elected by December 8, 2014. If a monthly annuity was selected by a participant the participant could select a Single Life Annuity, or a 50% Joint & Survivor Annuity or a 75% Joint & Survivor Annuity, effective December 1, 2014 and payable at the end of the month.

Formica Corporation
Employee Retirement Plan
EIN: 23-2192184 Plan # 004
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2015

(a)	(b),(c)	(d)	(e)
	Description of investment, including maturity date, number of shares or units, rate of interest, collateral, and par or maturity value	Cost	Fair value
	<u>Common/collective trusts</u>		
	EB DV Non - SL Stock Index Fund of The Bank of New York Mellon	\$ 20,024,751	30,460,361
	EB DV Non - SL Mid Cap Stock Index Fund of The Bank of New York Mellon	2,218,804	3,294,858
	EB DV Non - SL Small Cap Value Stock Index Fund of The Bank of New York Mellon	913,343	1,295,595
	EB DV Non - SL International Stock Index Fund of The Bank of New York Mellon	6,845,641	8,498,557
	EB DV Non - SL Aggregate Bond Index Fund of The Bank of New York Mellon	<u>22,432,520</u>	<u>23,429,517</u>
		52,435,059	66,978,888
	<u>Government securities</u>		
	FNMA Government Bond, 6.50%, maturity 5/01/2021	<u>2,488</u>	<u>2,565</u>
	<u>Interest-bearing cash</u>		
	First America Government Obligation Fund Z	<u>740,175</u>	<u>740,175</u>
	Total investments	\$ <u>53,177,722</u>	<u>67,721,628</u>

* Indicates party in interest

See accompanying notes to the financial statements

Formica Corporation Employee Retirement Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 23-2192184
Plan Number: 004
December 31, 2015



FORMICA CORP CONSOLIDATED ACCOUNT
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Period from January 1, 2015 to December 31, 2015

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE					71,705,147.91		
COMPARATIVE VALUE (5%)					3,585,257.39		
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
NO TRANSACTIONS QUALIFIED FOR THIS SECTION							
CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE							
NO TRANSACTIONS QUALIFIED FOR THIS SECTION							
CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE							
Issue: 31846V567 - First Amer Govt Oblig Fund CI Z							
01/05/2015 001050982650	B	403.930	1.0000		- 404	404	
01/05/2015 001050982651	B	1.510	1.0000		- 2	2	
01/05/2015 001050982652	B	.060	1.0000				
01/05/2015 001050982653	B	.240	1.0000				
01/05/2015 001050982655	B	.150	1.0000				
01/15/2015 001050982650	B	1,331,026.000	1.0000		- 1,331,026	1,331,026	
01/21/2015 001050982654	B	680,000.000	1.0000		- 680,000	680,000	
01/26/2015 001050982650	B	54.300	1.0000		- 54	54	
02/03/2015 001050982650	B	4.560	1.0000		- 5	5	

Formica Corporation Employee Retirement Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
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December 31, 2015



FORMICA CORP CONSOLIDATED ACCOUNT
ACCOUNT FORMICA

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Period from January 1, 2015 to December 31, 2015

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
02/03/2015 001050982654	B	1.230	1.0000		- 1	1	
02/05/2015 001050982650	B	204.310	1.0000		- 204	204	
02/25/2015 001050982650	B	54.320	1.0000		- 54	54	
02/26/2015 001050982650	B	664.230	1.0000		- 664	664	
03/03/2015 001050982650	B	2.300	1.0000		- 2	2	
03/03/2015 001050982654	B	3.140	1.0000		- 3	3	
03/04/2015 001050982650	B	403.360	1.0000		- 403	403	
03/11/2015 001050982650	B	460.440	1.0000		- 460	460	
03/18/2015 001050982650	B	680,000.000	1.0000		- 680,000	680,000	
03/25/2015 001050982650	B	54.330	1.0000		- 54	54	
03/30/2015 001050982650	B	61,203.850	1.0000		- 61,204	61,204	
04/02/2015 001050982650	B	1.810	1.0000		- 2	2	
04/02/2015 001050982654	B	1.800	1.0000		- 2	2	
04/06/2015 001050982650	B	163.320	1.0000		- 163	163	

Formica Corporation Employee Retirement Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
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FORMICA CORP CONSOLIDATED ACCOUNT
ACCOUNT FORMICA

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Period from January 1, 2015 to December 31, 2015

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/15/2015 001050982650	B	1,189,109.000	1.0000		- 1,189,109	1,189,109	
04/22/2015 001050982650	B	91.980	1.0000		- 92	92	
04/30/2015 001050982650	B	1,547.220	1.0000		- 1,547	1,547	
05/08/2015 001050982650	B	1,613.240	1.0000		- 1,613	1,613	
05/11/2015 001050982650	B	159.000	1.0000		- 159	159	
05/13/2015 001050982650	B	159.000	1.0000		- 159	159	
05/26/2015 001050982650	B	636.310	1.0000		- 636	636	
05/29/2015 001050982650	B	491.850	1.0000		- 492	492	
06/02/2015 001050982650	B	4.880	1.0000		- 5	5	
06/24/2015 001050982650	B	2,250,000.000	1.0000		- 2,250,000	2,250,000	
06/25/2015 001050982650	B	44.180	1.0000		- 44	44	
06/30/2015 001050982650	B	361.740	1.0000		- 362	362	
07/02/2015 001050982650	B	189.720	1.0000		- 190	190	
07/09/2015 001050982650	B	262.390	1.0000		- 262	262	

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07/13/2015 001050982651	B	1,999,999.850	1.0000		- 2,000,000	2,000,000	
07/13/2015 001050982655	B	.150	1.0000				
07/14/2015 001050982653	B	.240	1.0000				
07/15/2015 001050982650	B	1,129,657.230	1.0000		- 1,129,657	1,129,657	
07/16/2015 001050982650	B	10,375.760	1.0000		- 10,376	10,376	
07/22/2015 001050982650	B	64.060	1.0000		- 64	64	
07/31/2015 001050982650	B	130.620	1.0000		- 131	131	
08/04/2015 001050982650	B	5.880	1.0000		- 6	6	
08/04/2015 001050982651	B	.330	1.0000				
08/06/2015 001050982650	B	8,424.970	1.0000		- 8,425	8,425	
08/14/2015 001050982650	B	82.650	1.0000		- 83	83	
08/19/2015 001050982650	B	112.400	1.0000		- 112	112	
08/20/2015 001050982650	B	43.250	1.0000		- 43	43	
08/25/2015 001050982650	B	44.200	1.0000		- 44	44	

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08/31/2015 001050982650	B	130.620	1.0000		- 131	131	
09/02/2015 001050982650	B	6.020	1.0000		- 6	6	
09/09/2015 001050982650	B	157.600	1.0000		- 158	158	
09/15/2015 001050982650	B	1,500,000.000	1.0000		- 1,500,000	1,500,000	
09/25/2015 001050982650	B	44.210	1.0000		- 44	44	
09/30/2015 001050982650	B	1,677.840	1.0000		- 1,678	1,678	
10/02/2015 001050982650	B	7.580	1.0000		- 8	8	
10/13/2015 001050982650	B	63,362.810	1.0000		- 63,363	63,363	
10/26/2015 001050982650	B	44.220	1.0000		- 44	44	
10/30/2015 001050982650	B	2,518.020	1.0000		- 2,518	2,518	
11/03/2015 001050982650	B	7.210	1.0000		- 7	7	
11/06/2015 001050982650	B	262.390	1.0000		- 262	262	
11/16/2015 001050982650	B	323.580	1.0000		- 324	324	
11/19/2015 001050982650	B	26,012.570	1.0000		- 26,013	26,013	

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11/20/2015 001050982650	B	2,185.340	1.0000		- 2,185	2,185	
11/24/2015 001050982650	B	1,100,000.000	1.0000		- 1,100,000	1,100,000	
11/25/2015 001050982650	B	44.240	1.0000		- 44	44	
11/30/2015 001050982650	B	130.620	1.0000		- 131	131	
12/02/2015 001050982650	B	3.130	1.0000		- 3	3	
12/24/2015 001050982650	B	1,980.790	1.0000		- 1,981	1,981	
12/28/2015 001050982650	B	44.250	1.0000		- 44	44	
12/30/2015 001050982650	B	1,290,148.660	1.0000		- 1,290,149	1,290,149	
12/31/2015 001050982650	B	561.930	1.0000		- 562	562	
Total For Buys				0	13,337,973	13,337,973	0
01/02/2015 001050982650	S	- 4,000.000	1.0000		4,000	4,000	
01/05/2015 001050982650	S	- 376.920	1.0000		377	377	
01/08/2015 001050982650	S	- 107,823.840	1.0000		107,824	107,824	
01/14/2015 001050982650	S	- 217.970	1.0000		218	218	

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01/14/2015 001050982650	S	- 44,597.750	1.0000		44,598	44,598	
01/16/2015 001050982650	S	- 217.970	1.0000		218	218	
01/21/2015 001050982650	S	- 680,000.000	1.0000		680,000	680,000	
01/23/2015 001050982650	S	- 2,500.000	1.0000		2,500	2,500	
01/27/2015 001050982650	S	- 13,207.730	1.0000		13,208	13,208	
01/30/2015 001050982650	S	- 425,426.680	1.0000		425,427	425,427	
02/02/2015 001050982650	S	- 72,649.000	1.0000		72,649	72,649	
02/27/2015 001050982650	S	- 440,943.210	1.0000		440,943	440,943	
03/03/2015 001050982650	S	- 9,000.000	1.0000		9,000	9,000	
03/11/2015 001050982650	S	- 460.440	1.0000		460	460	
03/16/2015 001050982650	S	- 10,886.240	1.0000		10,886	10,886	
03/18/2015 001050982650	S	- 25,733.500	1.0000		25,734	25,734	
03/18/2015 001050982654	S	- 680,000.000	1.0000		680,000	680,000	
03/30/2015 001050982650	S	- 61,203.850	1.0000		61,204	61,204	

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03/31/2015 001050982650	S	- 435,472.120	1.0000		435,472	435,472	
04/06/2015 001050982650	S	- 163.320	1.0000		163	163	
04/27/2015 001050982650	S	- 9,904.880	1.0000		9,905	9,905	
04/30/2015 001050982650	S	- 431,947.220	1.0000		431,947	431,947	
05/04/2015 001050982650	S	- 154.520	1.0000		155	155	
05/07/2015 001050982650	S	- 47,150.450	1.0000		47,150	47,150	
05/08/2015 001050982650	S	- 1,613.240	1.0000		1,613	1,613	
05/21/2015 001050982650	S	- 3,627.690	1.0000		3,628	3,628	
05/29/2015 001050982650	S	- 432,836.590	1.0000		432,837	432,837	
06/10/2015 001050982650	S	- 2,808.520	1.0000		2,809	2,809	
06/16/2015 001050982650	S	- 228,928.120	1.0000		228,928	228,928	
06/16/2015 001050982650	S	- 86,928.000	1.0000		86,928	86,928	
06/26/2015 001050982650	S	- 1,491,603.140	1.0000		1,491,603	1,491,603	
06/30/2015 001050982650	S	- 434,162.130	1.0000		434,162	434,162	

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07/02/2015 001050982650	S	- 186.480	1.0000		186	186	
07/09/2015 001050982650	S	- 262.390	1.0000		262	262	
07/13/2015 001050982653	S	-.240	1.0000				
07/14/2015 001050982651	S	- 2,000,000.000	1.0000		2,000,000	2,000,000	
07/16/2015 001050982650	S	- 10,375.760	1.0000		10,376	10,376	
07/23/2015 001050982650	S	- 287.540	1.0000		288	288	
07/23/2015 001050982650	S	- 46,532.460	1.0000		46,532	46,532	
07/27/2015 001050982650	S	- 11,173.070	1.0000		11,173	11,173	
07/31/2015 001050982650	S	- 435,595.870	1.0000		435,596	435,596	
08/06/2015 001050982650	S	- 8,424.970	1.0000		8,425	8,425	
08/14/2015 001050982650	S	- 82.650	1.0000		83	83	
08/20/2015 001050982650	S	- 43.250	1.0000		43	43	
08/25/2015 001050982650	S	- 17,212.500	1.0000		17,213	17,213	
08/31/2015 001050982650	S	- 432,838.330	1.0000		432,838	432,838	

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09/09/2015 001050982650	S	- 157.600	1.0000		158	158	
09/30/2015 001050982650	S	- 432,311.080	1.0000		432,311	432,311	
10/02/2015 001050982650	S	- 287.540	1.0000		288	288	
10/05/2015 001050982650	S	- 143.770	1.0000		144	144	
10/08/2015 001050982650	S	- 10,432.730	1.0000		10,433	10,433	
10/14/2015 001050982650	S	- 42,941.400	1.0000		42,941	42,941	
10/16/2015 001050982650	S	- 207,300.000	1.0000		207,300	207,300	
10/20/2015 001050982650	S	- 43,089.940	1.0000		43,090	43,090	
10/21/2015 001050982650	S	- 714,173.820	1.0000		714,174	714,174	
10/22/2015 001050982650	S	- 11,485.700	1.0000		11,486	11,486	
10/27/2015 001050982650	S	- 9,673.990	1.0000		9,674	9,674	
10/30/2015 001050982650	S	- 426,246.830	1.0000		426,247	426,247	
11/05/2015 001050982650	S	- 31,860.650	1.0000		31,861	31,861	
11/06/2015 001050982650	S	- 585.970	1.0000		586	586	

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11/27/2015 001050982650	S	- 63,862.260	1.0000		63,862	63,862	
11/30/2015 001050982650	S	- 437,703.170	1.0000		437,703	437,703	
12/07/2015 001050982650	S	- 168,228.970	1.0000		168,229	168,229	
12/08/2015 001050982650	S	- 22,828.450	1.0000		22,828	22,828	
12/21/2015 001050982650	S	- 28,828.000	1.0000		28,828	28,828	
12/22/2015 001050982650	S	- 9,000.000	1.0000		9,000	9,000	
12/24/2015 001050982650	S	- 1,980.790	1.0000		1,981	1,981	
12/31/2015 001050982650	S	- 1,331,625.750	1.0000		1,331,626	1,331,626	
Total For Sells				0	13,144,311	13,144,311	0
Total First Amer Govt Oblig Fund CI Z				0	26,482,284	26,482,284	0
GRAND TOTAL				0	26,482,284	26,482,284	0

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE
NO TRANSACTIONS QUALIFIED FOR THIS SECTION