

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>PLASTIC TRIM, LLC HOURLY EMPLOYEES PENSION PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>002</u>
		1c	Effective date of plan <u>12/01/1990</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>PLASTIC TRIM INTERNATIONAL, INC.</u> <u>3909 RESEARCH BLVD.</u> <u>DAYTON, OH 45430</u>	2b	Employer Identification Number (EIN) <u>26-0208408</u>
		2c	Plan Sponsor's telephone number <u>937-429-1100</u>
		2d	Business code (see instructions) <u>336300</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	PAUL KOROLY
	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	5 218
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) 0
a(2) Total number of active participants at the end of the plan year	6a(2) 0
b Retired or separated participants receiving benefits.....	6b 91
c Other retired or separated participants entitled to future benefits.....	6c 126
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 217
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 217
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B	
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 <u>PLASTIC TRIM, LLC HOURLY EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>PLASTIC TRIM INTERNATIONAL, INC.</u>	D Employer Identification Number (EIN) <u>26-0208408</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2015</u>	
2 Assets:	
a Market value	2a <u>5756478</u>
b Actuarial value	2b <u>5784008</u>
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	<u>81</u> <u>4053227</u> <u>4053227</u>
b For terminated vested participants	<u>137</u> <u>2371573</u> <u>2371573</u>
c For active participants	<u>0</u> <u>0</u> <u>0</u>
d Total	<u>218</u> <u>6424800</u> <u>6424800</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.26%</u>
6 Target normal cost	6 <u>30000</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>09/28/2016</u>
	Signature of actuary	Date
<u>RANDALL N. SMITH</u>	Type or print name of actuary	<u>14-06649</u>
		Most recent enrollment number
<u>CUNI, RUST AND STRENK</u>	Firm name	<u>513-891-0270</u>
		Telephone number (including area code)
<u>4555 LAKE FOREST DRIVE - SUITE 620</u> <u>US CINCINNATI, OH 45242-3760</u>	Address of the firm	

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

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

Schedule SB (Form 5500) 2015
v. 150123

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	59880
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	59880
10 Interest on line 9 using prior year's actual return of <u>4.03</u> %	0	2413
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		27
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>6.48</u> %		2
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		29
d Portion of (c) to be added to prefunding balance		29
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	62322

Part III Funding Percentages		
14 Funding target attainment percentage	14	89.05 %
15 Adjusted funding target attainment percentage	15	89.05 %
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	87.07 %
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
04/10/2015	66125				
07/16/2015	64209				
10/14/2015	64353				
01/14/2016	64353				
09/14/2016	41070				
			Totals ►	18(b)	300110
				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	286018
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 0
22 Weighted average retirement age				22 65
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	30000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	703114	256012	
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	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	286012	
	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	286012	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	286018	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	6	
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 PLASTIC TRIM, LLC HOURLY EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 PLASTIC TRIM INTERNATIONAL, INC.	D Employer Identification Number (EIN) 26-0208408	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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-----	--

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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)

FIFTH THIRD BANK

31-1051736

(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?
18 50	NONE	33586	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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>PLASTIC TRIM, LLC HOURLY EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PLASTIC TRIM INTERNATIONAL, INC.</u>	D Employer Identification Number (EIN) <u>26-0208408</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)	104878	107256
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	19973	3912
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	926226	248246
	(2) U.S. Government securities.....	1c(2)	487433	523447
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)	1354680	0
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)	998355	1323934
	(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)	0	
	(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)	1887738	3289939
	(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	5779283	5496734

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	5779283	5496734
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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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	280397	
(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)		280397
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	43	
(B) U.S. Government securities	2b(1)(B)	11555	
(C) Corporate debt instruments	2b(1)(C)	21106	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	1885	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		34589
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	20137	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	81466	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		101603
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		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)		
(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)		-257554
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		159035

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	407998	
(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)		407998
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	33586	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		33586
j Total expenses. Add all expense amounts in column (b) and enter total	2j		441584

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-282549
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.)		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X		

	Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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>PLASTIC TRIM, LLC HOURLY EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PLASTIC TRIM INTERNATIONAL, INC.</u>	D Employer Identification Number (EIN) <u>26-0208408</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	
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>30-0170257</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>0</u>

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

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

Schedule R (Form 5500) 2015
v. 150123

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

INDEPENDENT AUDITORS' REPORT

The Plan Administrator
Plastic Trim, LLC Hourly Employee's Pension Plan

Report on the Financial Statements

We were engaged to audit the financial statements of Plastic Trim, LLC Hourly Employee's Pension 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 3, which was certified by Fifth Third Bank, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee held the Plan's investment assets and executed investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2015 and 2014, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

14 east main street, suite 500
springfield, oh 45502

www.cshco.com
p. 937.399.2000
f. 937.399.5433

Other Matter

The supplemental schedules of assets (held at year end) as of December 31, 2013 and reportable transactions for the year ended December 31, 2013 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis 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 the 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.

Springfield, Ohio
August 23, 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(a), 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 Plastic Trim, LLC Hourly Employees Pension Plan	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; padding: 2px; text-align: center;">002</td> </tr> <tr> <td colspan="2" style="padding: 2px;">1c Effective date of plan 12/01/1990</td> </tr> </table>	1b Three-digit plan number (PN) ▶	002	1c Effective date of plan 12/01/1990	
1b Three-digit plan number (PN) ▶	002				
1c Effective date of plan 12/01/1990					
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) Plastic Trim International, Inc. 3909 Research Blvd. Dayton OH 45430	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; padding: 2px;">2b Employer Identification Number (EIN) 26-0208408</td> </tr> <tr> <td style="padding: 2px;">2c Plan Sponsor's telephone number (937) 429-1100</td> </tr> <tr> <td style="padding: 2px;">2d Business code (see instructions) 336300</td> </tr> </table>	2b Employer Identification Number (EIN) 26-0208408	2c Plan Sponsor's telephone number (937) 429-1100	2d Business code (see instructions) 336300	
2b Employer Identification Number (EIN) 26-0208408					
2c Plan Sponsor's telephone number (937) 429-1100					
2d Business code (see instructions) 336300					

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		10/4/2016	Paul Koroly
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

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

Form 5500 (2015)
v. 150123

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
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		3c Administrator's telephone number	
5 Total number of participants at the beginning of the plan year		4b EIN	
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).		4c PN	
a(1) Total number of active participants at the beginning of the plan year		5	218
a(2) Total number of active participants at the end of the plan year		6a(1)	0
b Retired or separated participants receiving benefits		6a(2)	0
c Other retired or separated participants entitled to future benefits.....		6b	91
d Subtotal. Add lines 6a(2), 6b, and 6c.		6c	126
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6d	217
f Total. Add lines 6d and 6e.		6e	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6f	217
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6g	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		6h	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B		7	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) ☐ Insurance	(1) ☐ Insurance	(2) ☐ Code section 412(e)(3) insurance contracts	
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts	(3) ☒ Trust	
(3) ☒ Trust	(3) ☒ Trust	(4) ☐ General assets of the sponsor	
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor		
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules		b General Schedules	
(1) ☒ R (Retirement Plan Information)	(1) ☒ H (Financial Information)	(2) ☐ I (Financial Information – Small Plan)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(3) ☐ A (Insurance Information)	(4) ☒ C (Service Provider Information)	
(3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) ☐ D (DFE/Participating Plan Information)	(6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 PLASTIC TRIM INTERNATIONAL, INC. HOURLY EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PLASTIC TRIM INTERNATIONAL, INC.	D Employer Identification Number (EIN) 26-0208408	
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	5,756,478	
b Actuarial value	2b	5,784,008	
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	81	4,053,227	4,053,227
b For terminated vested participants	137	2,371,573	2,371,573
c For active participants	0	0	0
d Total	218	6,424,800	6,424,800
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	6.26 %	
6 Target normal cost	6	30,000	

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 Randall N. Smith Type or print name of actuary Cuni, Rust and Strenk Firm name 4555 Lake Forest Drive - Suite 620 US Cincinnati OH 45242-3760 Address of the firm	09/28/2016 Date 14-06649 Most recent enrollment number (513) 891-0270 Telephone number (including area code)
------------------	---	--

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

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	59,880
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	59,880
10 Interest on line 9 using prior year's actual return of <u>4.03</u> %	0	2,413
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		27
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>6.48</u> %.....		2
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 .		29
d Portion of (c) to be added to prefunding balance		29
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	62,322

Part III Funding Percentages

14 Funding target attainment percentage	14	89.05 %
15 Adjusted funding target attainment percentage	15	89.05 %
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	87.07 %
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
04/10/2015	66,125				
07/16/2015	64,209				
10/14/2015	64,353				
01/14/2016	64,353				
09/14/2016	41,070				
Totals ▶			18(b)	300,110	18(c)

19 Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	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	286,018

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
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	30,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	703,114		256,012
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	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	286,012	
	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	286,012	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	286,018	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	6	
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 SB, line 19 – Discounted Employer Contributions.

Plan Name: Plastic Trim International, Inc. Hourly Employees Pension Plan

EIN: 26-0208408

PN: 002

Effective Interest Rate: 6.26%

Effective Interest Rate for Late Quarterlies: 11.26%

<u>Date</u>	<u>Contribution Amount</u>	<u># Days to 1/1/2015</u>	<u>Discounted Contributions</u>
4/10/2015	\$66,125	99	\$65,045
7/16/2015	\$64,209	196	\$62,142
10/14/2015	\$64,353	286	\$61,363
1/14/2016	\$64,353	378	\$60,431
9/14/2016	<u>\$41,070</u>	622	<u>\$37,037</u>
TOTAL	\$300,110		\$286,018

Schedule SB, Line 26 – Schedule of Active Participant Data

Plan Name: Plastic Trim International, Inc. Hourly Employees Pension Plan

EIN: 26-0208408

PN: 002

Years of Credited Service:

[illegible]

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods.

Plan Name: Plastic Trim, LLC Hourly Employees Pension Plan

EIN: 26-0208408

PN: 002

1. Segment Rates:

a. 2015 Valuation

4.72%, 6.11%, and 6.81% Highway and Transportation Funding Act (HATFA) interest rates for 2015 used for purposes other than Maximum Deductible Contributions.

1.22%, 4.11%, and 5.20% (January 2015 Rates) used for Maximum Deductible Contributions.

b. 2014 Valuation

4.99%, 6.32%, and 6.99% Highway and Transportation Funding Act (HATFA) interest rates for 2014 used for purposes other than Maximum Deductible Contributions.

1.25%, 4.06%, and 5.08% (January 2014 Rates) used for Maximum Deductible Contributions.

2. Mortality Rates:

2015 Combined Static Mortality Table with Small Plan Adjustment.

3. Retirement Age:

Age 65.

4. Termination/Disability Rates:

<u>Age</u>	<u>Termination</u>	<u>Disability</u>
25	0.077242	0.000910
35	0.062764	0.000910
45	0.039753	0.002500
55	0.009394	0.009100
65	0.000000	0.000000

5. Percent Married/Spousal Age:

80% with wives 3 years younger than their husbands.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods.

Plan Name: Plastic Trim, LLC Hourly Employees Pension Plan

EIN: 26-0208408

PN: 002

6. Expense Load: \$30,000.
7. Actuarial Cost Method: Unit Credit.
8. Asset Valuation Method: Asset smoothing as allowed under the Pension Protection Act of 2006 (PPA).
9. Rationale For Selection of Assumptions: Many actuarial assumptions used in this report are prescribed by the IRS. The selection of non-prescribed assumptions is based on the actuary's best estimate of future expectations based on the examination of recent actual results compared to expectations, periodic experience studies, Society of Actuaries mortality studies, and any reasonably certain information about future expected plan changes.
10. Changes Since Last Year: The interest rates and mortality table for minimum funding were updated to 2015 in accordance with PPA and HATFA, and the expense load was increased.

Schedule SB, Part V – Summary of Plan Provisions.

Plan Name: Plastic Trim International, Inc. Hourly Employees Pension Plan

EIN: 26-0208408

PN: 002

1. Effective Date: December 1, 1990.
2. Plan Year: January 1st through December 31st.
3. Covered Employees: Hourly rate employees of Plastic Trim, LLC represented by the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America Local Union No. 888.
4. Eligibility: 1 Hour of Service.
5. Vesting Service: 1 Year of Vesting Service is earned for each Plan Year in which a participant completes 1,000 Hours of Service.
6. Normal Retirement:
 - a. Eligibility Age 65.
 - b. Monthly Benefit Benefit Accrued as of December 31, 2006.
7. Early Retirement:
 - a. Eligibility Age 55 and 10 Years of Vesting Service.
 - b. Monthly Benefit Calculated as for Normal Retirement with monthly benefit reduced $\frac{3}{5}$ of 1% for each month Early Retirement precedes Normal Retirement.

Schedule SB, Part V – Summary of Plan Provisions.

Plan Name: Plastic Trim International, Inc. Hourly Employees Pension Plan

EIN: 26-0208408

PN: 002

8. Vested Retirement:

- | | |
|--------------------|--|
| a. Eligibility | 5 Years of Vesting Service. |
| b. Monthly Benefit | Calculated as for Normal Retirement. Participants may elect to receive benefit calculated as for Early Retirement. |

9. Disability Retirement:

- | | |
|--------------------|---|
| a. Eligibility | Total and Permanent Disability. |
| b. Monthly Benefit | Calculated as for Normal Retirement payable immediately without reduction for early commencement. |

10. Pre-Retirement Death:

- | | |
|--------------------|--|
| a. Eligibility | Married and 5 Years of Vesting Service. |
| b. Monthly Benefit | Calculated as for Early Retirement reflecting a 50% Joint & Survivor Annuity payment form with death immediately after retirement. |

11. Payment Forms:

- | | |
|-------------|---|
| a. Normal | Life annuity for single participants or an Actuarially Equivalent 50% Joint & Survivor Annuity (QJSA) for married participants. |
| b. Optional | Actuarially Equivalent 100% or 75% Joint & Survivor Annuity (QOSA). |

Schedule SB, Part V – Summary of Plan Provisions.

Plan Name: Plastic Trim International, Inc. Hourly Employees Pension Plan

EIN: 26-0208408

PN: 002

12. Actuarial Equivalency:

a. Other Than Lump Sums

UP 1984 Mortality Table at 6.00%.

b. Lump Sums

2015 IRS Applicable Mortality Table and the 417(e) segment interest rates for the October prior to the Plan Year.

13. Changes Since Last Year:

None.

Plastic Trim, LLC Hourly Employee's Pension Plan

Financial Statements and Supplemental Schedules

December 31, 2015 and 2014

with Independent Auditors' Report

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INDEPENDENT AUDITORS' REPORT

The Plan Administrator
Plastic Trim, LLC Hourly Employee's Pension Plan

Report on the Financial Statements

We were engaged to audit the financial statements of Plastic Trim, LLC Hourly Employee's Pension 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 3, which was certified by Fifth Third Bank, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee held the Plan's investment assets and executed investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2015 and 2014, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

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f. 937.399.5433

Other Matter

The supplemental schedules of assets (held at year end) as of December 31, 2013 and reportable transactions for the year ended December 31, 2013 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis 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 the 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.

Springfield, Ohio
August 23, 2016

Plastic Trim, LLC Hourly Employee's Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Assets:		
Investments, at fair value:		
Interest bearing cash	\$ 248,246	926,226
Common stocks	1,323,934	998,355
Mutual funds	3,289,939	1,887,738
U.S. government securities	523,447	487,433
Corporate bonds	<u>-</u>	<u>1,354,680</u>
Total investments	<u>5,385,566</u>	<u>5,654,432</u>
Receivables:		
Employer contribution	107,256	104,878
Accrued interest	<u>3,912</u>	<u>19,973</u>
	<u>111,168</u>	<u>124,851</u>
Net assets available for benefits	\$ <u>5,496,734</u>	<u>5,779,283</u>

See accompanying notes to the financial statements.

Plastic Trim, LLC Hourly Employee's Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Additions:		
Interest and dividend income	\$ 54,726	79,502
Net appreciation (depreciation) in fair value of investments	(176,088)	146,143
Employer contributions	<u>280,397</u>	<u>255,820</u>
	<u>159,035</u>	<u>481,465</u>
Deductions:		
Benefits paid	407,998	373,447
Administrative expenses	<u>33,586</u>	<u>28,895</u>
	<u>441,584</u>	<u>402,342</u>
Net increase (decrease)	(282,549)	79,123
Net assets available for benefits:		
Beginning of year	<u>5,779,283</u>	<u>5,700,160</u>
End of year	\$ <u><u>5,496,734</u></u>	<u><u>5,779,283</u></u>

See accompanying notes to financial statements.

1. DESCRIPTION OF THE PLAN:

The following brief description of the Plastic Trim, LLC Hourly Employee's Pension Plan (Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of Plan provisions.

General

The Plan is a noncontributory, defined benefit pension plan that covers all union hourly employees of Plastic Trim International, Inc. (Company or Employer). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Effective December 31, 2006 the accruing of benefits was frozen, however the Plan will remain in existence as long as necessary to pay already accrued benefits.

Contributions

The Company contributes amounts as actuarially determined in order to provide assets sufficient to meet the benefits to be paid to Plan members. The Plan has met the ERISA minimum funding requirements.

Eligibility

Union employees are eligible to participate in the Plan upon completion of one hour of service with the Company.

Vesting / credited service

One year of vesting service is earned for each Plan year in which a participant completes 1,000 hours of service. Participants vest 100 percent after 5 years of vesting service. One year of credited service is earned for each Plan year in which a participant completes 1,700 hours of service. Partial years are earned for the completion of less than 1,700 hours of service but greater than 500 hours of service.

Pension benefits

Retiring participants are entitled to monthly pension benefits beginning at normal retirement age (65) equal to a set benefit amount multiplied by the participant's years of credited service. Death benefits are available to a participant's beneficiary or surviving spouse, depending upon the participant's eligibility and election. Normal retirement benefits may be reduced to provide death benefits to the spouse or beneficiary. Benefits paid to participants represent payments for monthly retiree benefit payments, and lump sum payments to terminated participants with an accumulated benefit of less than \$5,000.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of accounting

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

Estimates

The preparation of financial statements in accordance 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.

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 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.

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 employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of December 31, 2014 were (a) mortality rates based on the RP-2014 Mortality Table for annuitants and non-annuitants projected generationally using Scale MP-2015; (b) retirement age of 65; and (c) rate of return on investments of 7.0%. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

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 1) 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 August 23, 2016, the date the financial statements were available to be issued.

3. INFORMATION PREPARED AND CERTIFIED BY TRUSTEE:

The Plan management has elected the method of compliance permitted by 29 CFR2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fifth Third Bank, the trustee, has certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2015 and 2014, and the supplemental schedule of assets (held at end of year) as of December 31, 2015; the related investment activity reflected in the statements of changes in net assets available for benefits for the years ended December 31, 2015 and 2014 and the information reflected on the supplemental schedule of reportable transactions for the year ended December 31, 2015.

4. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:

The actuarial present value of accumulated plan benefits at December 31, 2014 is as follows:

Present value of accumulated vested benefits:	
Vested terminated and transfers	\$ 2,335,234
Retirees and beneficiaries	<u>3,879,460</u>
Total accumulated benefits	\$ <u>6,214,694</u>

Changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2014 is as follows:

Beginning balance	\$ 6,027,448
Increase (decrease) attributable to:	
Decrease in discount period	409,072
Assumption changes	158,397
Benefits paid	(373,447)
Plan experience and benefit accrual	<u>(6,776)</u>
Value of accumulated plan benefits	\$ <u>6,214,694</u>

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) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are described as follows:

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: Quoted prices for similar assets or liabilities in active markets; Quoted prices for identical or similar assets or liabilities in inactive markets; Inputs other than quoted prices that are observable for the asset or liability; 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's 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 stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

Corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, those corporate bonds are valued under a discounted cash flow approach that maximizes observable inputs, such as current yields or similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

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

<u>Assets at fair value as of December 31, 2015</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Interest bearing cash	\$ 248,246	-	-	248,246
Common stocks	1,323,934	-	-	1,323,934
Mutual funds	3,289,939	-	-	3,289,939
U.S. government securities	-	<u>523,447</u>	-	<u>523,447</u>
Total assets at fair value	\$ <u>4,862,119</u>	<u>523,447</u>	<u>-</u>	<u>5,385,566</u>

<u>Assets at fair value as of December 31, 2014</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Interest bearing cash	\$ 926,226	-	-	926,226
Common stocks	998,355	-	-	998,355
Mutual funds	1,887,738	-	-	1,887,738
U.S. government securities	-	487,433	-	487,433
Corporate bonds	-	<u>1,354,680</u>	-	<u>1,354,680</u>
Total assets at fair value	\$ <u>3,812,319</u>	<u>1,842,113</u>	<u>-</u>	<u>5,654,432</u>

6. 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: 1) Benefits attributable to employee contributions, taking into account those paid out before termination 2) 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 was 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 3) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations. 4) All other vested benefits (that is, vested benefits not insured by the PBGC). 5) 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.

7. INCOME TAX STATUS:

The Plan obtained its latest determination letter on July 7, 2014, in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue code (IRC).

8. RISKS AND UNCERTAINTIES:

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

Plastic Trim, LLC Hourly Employee's Pension Plan
Schedule of Assets (Held at End of Year)
December 31, 2015

Schedule H, Line 4i
EIN: 26-0208408
Plan Number: 002

(a)	(b)	(c)	(d)	(e)
		Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Identity of issue, borrower, lessor, or similar party			
	Interest bearing cash			
	Federated	Prime value obligations fund	248,246	248,246
	Common stocks			
	Abbvie inc	259 shares	15,375	15,343
	Aetna inc	150 shares	13,749	16,218
	Agilent technologies inc	76 shares	3,188	3,178
	AIA group ltd	454 shares	11,572	10,919
	Air liquide sa	342 shares	8,953	7,702
	Alaska air group inc	219 shares	17,168	17,632
	Albemarle Corp	32 shares	2,287	1,792
	Allianz se	536 shares	9,365	9,523
	Alphabet inc	23 shares	14,838	17,894
	Amag pharmaceuticals inc	58 shares	2,610	1,751
	Ambarella inc	27 shares	2,390	1,505
	Amdocs ltd	284 shares	14,166	15,498
	Amerisafe inc	33 shares	1,613	1,680
	American axle & mfg holdings	74 shares	1,541	1,402
	Ameriprise financial inc	144 shares	17,508	15,324
	Amgen inc	102 shares	13,692	16,558
	AMN healthcare svcs inc	51 shares	1,721	1,584
	Amsurg corp	42 shares	3,057	3,192
	Anheuser busch inbev sa/nv	49 shares	5,997	6,125
	Apogee enterprises inc	24 shares	1,252	1,044
	Apple inc	139 shares	14,423	14,631
	Arm holdings plc	163 shares	7,415	7,374
	Arris group inc	48 shares	1,335	1,467
	Asbury automotive group	23 shares	1,958	1,551
	Astronics corp	34 shares	1,475	1,384
	AT&T	319 shares	11,050	10,977
	Atlas copco	167 shares	4,510	4,128
	Baidu inc	42 shares	7,570	7,940
	Banco bilbao vizcaya argentina	444 shares	4,377	3,255
	Bancorpsouth inc	71 shares	1,798	1,703
	Bankunited inc	118 shares	3,968	4,255
	Bayerische motoren werke	174 shares	6,009	6,151
	Becton dickinson & co	23 shares	3,404	3,544
	Berry plastics group inc	24 shares	885	868
	BG group plc	439 shares	7,334	6,373
	BJ's restaurants inc	36 shares	1,570	1,565
	Blackhawk network holdings inc	26 shares	1,009	1,149
	Boeing Co	125 shares	16,757	18,074
	Broadridge financial solution	307 shares	15,064	16,495
	Bunge ltd	87 shares	6,345	5,940
	CVS health corporation	169 shares	14,289	16,523
	Canadian national railway co	101 shares	6,260	5,644
	Cardinal health inc	183 shares	16,197	16,336
	Carlisle cos inc	13 shares	1,205	1,153
	Carter's inc	51 shares	3,585	4,541
	CBRE group inc	127 shares	4,347	4,392
	CDW corp	397 shares	14,203	16,690
	Chevron corp	172 shares	18,679	15,473
	Ciena corp	600 shares	1,500	1,283
	Cisco systems inc	600 shares	15,880	16,293
	CIT group inc	73 shares	3,262	2,898
	CITI group inc	289 shares	16,051	14,956
	CMS energy corp	374 shares	11,802	13,494
	Colony capital inc	90 shares	1,961	1,753
	Coloplast a/s	207 shares	1,489	1,678

Plastic Trim, LLC Hourly Employee's Pension Plan
Schedule of Assets (Held at End of Year)
December 31, 2015

Schedule H, Line 4i
EIN: 26-0208408
Plan Number: 002

(a)	(b)	(c)	(d)	(e)
		Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
Identity of issue, borrower, lessor, or similar party				
Columbia sportsware co		36 shares	2,238	1,755
Comcast corp		287 shares	15,815	16,195
Comfort systems USA		37 shares	1,216	1,052
Convergys corp		63 shares	1,485	1,568
Coresite rty corp		31 shares	1,790	1,758
Covanta holding corp		176 shares	3,621	2,726
CSL ltd		159 shares	5,791	6,091
Dassault systemes sa		158 shares	12,184	12,661
DBS group holdings ltd		82 shares	4,694	3,859
D R Horton inc		508 shares	15,912	16,271
Dr Pepper Snapple Group		188 shares	13,853	17,522
Dycom inds inc		15 shares	1,264	1,049
Emergent biosolutions inc		45 shares	1,516	1,800
Encore cap group inc		56 shares	2,202	1,628
Epam sys inc		20 shares	1,413	1,572
Euronet worldwide inc		64 shares	3,193	4,636
Express inc		95 shares	1,613	1,642
Exxon mobil corp		204 shares	18,843	15,902
Fanuc corp		303 shares	8,808	8,849
Federal signal corp		75 shares	1,073	1,189
Ferro corp		68 shares	936	756
First merchants corp		67 shares	1,744	1,703
First rep bk san francisco calif new		57 shares	3,110	3,765
Fresenius medical care ag & co		114 shares	4,760	4,770
FTI consulting inc		32 shares	1,267	1,109
Fuchs petrolub		325 shares	3,969	3,840
G-III apparel group ltd		32 shares	2,053	1,416
General dynamics corp		114 shares	15,941	15,659
General electric		588 shares	17,822	18,316
Gilead sciences inc		156 shares	16,607	15,786
Globus medical inc		67 shares	1,751	1,864
Goldman sachs group		82 shares	17,006	14,779
Graphic packaging hldg co		64 shares	950	821
Green plains inc		34 shares	690	779
Grifols sa		81 shares	2,789	2,624
Hanesbrands inc		110 shares	3,281	3,237
Hartford financial services grp		337 shares	16,216	14,646
Hawaiin hldgs inc		31 shares	750	1,095
Hexcel Corp		106 shares	4,314	4,924
Home bancshares inc		45 shares	1,826	1,823
Host hotels and resorts		148 shares	3,294	2,270
Icici bank ltd		704 shares	6,903	5,512
Idex Corp		39 shares	3,104	2,988
Imperial oil ltd		78 shares	2,860	2,537
Infinera corp		64 shares	1,496	1,160
Integrated device technology		53 shares	1,040	1,397
Interpublic group cos inc		694 shares	16,312	16,156
Itau unibanco holdings		621 shares	4,805	4,043
J & J snack foods corp		13 shares	1,515	1,517
Jacobs Engr Group Inc		104 shares	5,105	4,363
JGC Corp		104 shares	3,326	3,221
Johnson & Johnson		163 shares	16,877	16,743
Keysight Technologies Inc.		131 shares	4,133	3,711
Kimberly clark corp		144 shares	15,489	18,331
Kone oyj adr		183 shares	3,969	3,893
Kroger co		559 shares	15,967	23,383
Lam resh corp		237 shares	16,856	18,823
Lannet co inc		48 shares	2,345	1,926
Lear corp		129 shares	16,194	15,845

Plastic Trim, LLC Hourly Employee's Pension Plan
Schedule of Assets (Held at End of Year)
December 31, 2015

Schedule H, Line 4i
EIN: 26-0208408
Plan Number: 002

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Ligand pharmaceuticals inc	16 shares	1,612	1,735
	Linde AG ADR	163 shares	3,063	2,371
	L'oreal sa	219 shares	8,447	7,389
	Lowes cos inc	220 shares	16,250	16,729
	LVMH moët hennessy louis vuitton	95 shares	3,554	2,991
	Lyondellbasell Ind	132 shares	12,627	11,471
	Manhattan associates inc	20 shares	1,274	1,323
	Matrix svc co	36 shares	814	739
	Methode electrs inc	43 shares	1,154	1,369
	Microsoft	315 shares	14,810	17,476
	Mitsubishi estate ltd	148 shares	3,364	3,105
	Mohawk inds inc	24 shares	3,207	4,545
	Monotaro co ltd	120 shares	3,282	3,367
	Mtn group ltd sponsored	254 shares	3,781	2,178
	Mueller wtr prods inc-a	147 shares	1,285	1,264
	Multi-color corp	20 shares	1,287	1,196
	Naspers ltd	21 shares	2,956	2,873
	Natus med inc del	34 shares	1,500	1,634
	Neenah paper inc	14 shares	849	874
	Nestle sa	148 shares	11,079	11,022
	Nordstrom Inc	40 shares	2,738	1,992
	Novo-nordisk a s	96 shares	5,560	5,576
	Omega healthcare invs inc	450 shares	17,693	15,741
	Parexel intl corp	25 shares	1,631	1,703
	Partnerre ltd	37 shares	4,007	5,170
	PDC energy inc	15 shares	714	801
	Pebblebrook hotel tr	58 shares	2,140	1,625
	Pfizer inc	487 shares	16,988	15,720
	PNC financial services group	169 shares	15,350	16,107
	PNM res inc	64 shares	1,695	1,956
	Pinnacle finl partners inc	33 shares	1,708	1,695
	Pioneer natural resources co	19 shares	4,333	2,382
	Primerica inc	34 shares	1,419	1,606
	Principal finl group inc	324 shares	17,915	14,574
	PVH corp	25 shares	2,898	1,841
	Qorvo inc	309 shares	23,164	15,728
	Quanta Svcs	141 shares	4,855	2,855
	Reliance stl & alum co	59 shares	4,351	3,417
	Renasant corp	49 shares	1,564	1,686
	Reynolds american inc	374 shares	13,553	17,260
	Roche holding ag	306 shares	10,772	10,562
	Roper technologies inc	16 shares	2,353	3,037
	Ross stores inc	96 shares	3,264	5,166
	Royal caribbean cruises ltd	181 shares	11,413	18,319
	Rudolph technologies inc	106 shares	1,561	1,507
	Sands china ltd	102 shares	4,617	3,494
	SAP se	113 shares	8,386	8,938
	Sasol ltd	99 shares	3,242	2,655
	Schlumberger ltd	281 shares	26,472	19,600
	SEI investment co	77 shares	2,545	4,035
	Sealed air corp	255 shares	11,884	11,373
	Skyworks solutions inc	197 shares	13,395	15,136
	Snap on inc	7 shares	1,174	1,200
	Sonic corp	56 shares	1,635	1,809
	Sonova holding	124 shares	3,423	3,154
	South state corp	22 shares	1,716	1,583
	Southwest gas corp	32 shares	1,721	1,765
	Sovran self storage inc	18 shares	1,705	1,932
	Steris plc shs	219 shares	16,420	16,499

Plastic Trim, LLC Hourly Employee's Pension Plan
Schedule of Assets (Held at End of Year)
December 31, 2015

Schedule H, Line 4i
EIN: 26-0208408
Plan Number: 002

(a)	(b)	(c)	(d)	(e)
		Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
Identity of issue, borrower, lessor, or similar party				
Stanley black & decker inc		169 shares	17,766	18,037
Summit hotel ppty inc		138 shares	1,711	1,649
Suntrust bks inc		377 shares	15,476	16,151
Svenska handelsbanken		401 shares	2,969	2,685
Symrise		229 shares	3,855	3,814
Sysmex corp		267 shares	8,801	8,690
Taiwan semiconductor manufacture		521 shares	11,443	11,853
Target corp		211 shares	16,723	15,321
Tesoro corporation		135 shares	10,408	14,225
Treehouse foods		18 shares	1,445	1,412
Turkiye garanti bankasi		1089 shares	3,083	2,656
Unicharm corp		1,672 shares	7,879	6,885
Unilever plc		110 shares	5,005	4,743
Vail resorts inc		13 shares	1,413	1,664
Vasco data sec intl inc		90 shares	1,602	1,506
VCA inc		34 shares	1,937	1,870
Verizon communications inc		208 shares	10,261	9,614
Wabtec		54 shares	4,444	3,840
Weatherford intl plc ord shs		160 shares	3,609	1,342
Wells fargo & co		289 shares	15,613	15,710
West corp		38 shares	980	820
WPP plc		90 shares	10,187	10,327
Xcel energy inc		368 shares	11,856	13,219
			<u>1,325,539</u>	<u>1,323,934</u>
Mutual funds				
Doubleline		Flexible income fund I	24,442	24,091
Goldman Sachs		L/S creditstrategy	81,711	78,027
Hotchkis & Wiley High		High yield I	163,658	143,342
JP Morgan		Core bond select	526,857	518,392
Balter		Long/short equity fund	58,641	57,720
TCW		Emerging markets income cl I	51,609	47,760
AQR		Equity market neutral	18,608	18,447
AQR		Managed futures str I	6,698	6,189
Artisan		International Fund	304,448	289,532
ASG		Managed futures strag fd	7,220	6,485
Boston partners		Long/short research instl	56,551	55,148
Harbor		International Inst	328,513	291,174
Highland fds I		LG/SH healthcr Z	20,176	18,045
Litman gregory		Master alt strategies instl	25,353	23,964
Northern		Lts fd tr II balter	23,540	23,137
Oppenheimer		Developing mkts	224,926	194,479
UBS		E-tracs alerian mlp infrastr	328,088	283,051
Vanguard		REIT ETF	259,767	242,379
Vanguard		Mid cap index adm	95,389	94,790
Vanguard		500 index fd	849,943	857,661
William Blair		Fds alloc I	18,454	16,126
			<u>3,474,592</u>	<u>3,289,939</u>
U.S. government securities				
U.S. Treasury Note		6.0%, maturing 2/15/26	13,962	13,351
U.S. Treasury Note		6.625%, maturing 2/15/27	14,862	14,181
U.S. Treasury Note		5.25%, maturing 2/15/29	13,720	13,100
U.S. Treasury Note		5.375%, maturing 2/15/31	14,247	13,560
U.S. Treasury Note		4.50%, maturing 2/15/36	13,681	12,816
U.S. Treasury Note		3.5%, maturing 2/15/39	11,900	11,061
U.S. Treasury Note		2.875%, maturing 5/15/43	10,709	9,750
U.S. Treasury Note		2.75%, maturing 2/15/24	10,739	10,416
U.S. Treasury Note		.625% maturing 2/15/17	25,046	24,937

Plastic Trim, LLC Hourly Employee's Pension Plan
Schedule of Assets (Held at End of Year)
December 31, 2015

Schedule H, Line 4i
EIN: 26-0208408
Plan Number: 002

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	U.S. Treasury Note	.375%, maturing 4/30/16	25,022	24,997
	U.S. Treasury Note	.375%, maturing 10/31/16	24,971	24,923
	U.S. Treasury Note	.875%, maturing 11/15/17	25,072	24,913
	U.S. Treasury Note	1.0%, maturing 2/15/18	25,107	24,922
	U.S. Treasury Note	2.0%, maturing 2/15/25	10,086	9,775
	U.S. Treasury Note	3.125%, maturing 5/15/19	26,926	26,374
	U.S. Treasury Note	3.375%, maturing 11/15/2019	26,917	26,695
	U.S. Treasury Note	3.5%, maturing 5/15/20	27,613	26,877
	U.S. Treasury Note	1.50%, maturing 6/30/16	25,148	25,115
	U.S. Treasury Note	1.50%, maturing 8/31/18	25,403	25,166
	U.S. Treasury Note	1.00%, maturing 8/31/16	25,208	25,051
	U.S. Treasury Note	2.0%, maturing 2/15/22	10,223	10,018
	U.S. Treasury Note	.75%, maturing 6/30/17	25,061	24,922
	U.S. Treasury Note	.375%, maturing 2/15/16	25,030	25,000
	U.S. Treasury Note	.625%, maturing 7/15/16	25,083	25,002
	U.S. Treasury Note	2.50%, maturing 8/15/23	10,546	10,260
	U.S. Treasury Note	.625%, maturing 11/15/16	25,068	24,967
	U.S. Treasury Note	2.25%, maturing 4/30/21	15,592	15,298
			<u>532,942</u>	<u>523,447</u>
			\$ <u>5,581,319</u>	<u>5,385,566</u>

Plastic Trim, LLC Hourly Employee's Pension Plan
Schedule of Reportable Transactions
Year Ended December 31, 2015

Schedule H, Line 4j
EIN: 26-0208408
Plan Number: 002

(a) Identity of Party	(b)	(c) Purchase	(d) Selling	(g) Cost of asset	(h) Current Value on Transaction	(i) Net
Series of Transactions in Excess of 5 percent of the Plan Assets						
Artisian	International inv (7 purchases)	\$ 198,645	-	198,645	198,645	-
Artisian	International inv (2 sales)	-	233,052	229,916	233,052	3,136
Harbor	International (8 purchases)	205,730	-	205,730	205,730	-
Harbor	International (2 sales)	-	207,897	211,523	207,897	(3,626)
JP Morgan	Core bond select (5 purchases)	550,720	-	550,720	550,720	-
JP Morgan	Core bond select (1 sale)	-	23,813	23,862	23,813	(49)
Oppenheimer	Dvlping mkts (6 purchases)	175,033	-	175,033	175,033	-
Oppenheimer	Dvlping mkts (2sales)	-	235,609	260,856	235,609	(25,247)
Vanguard	REIT ETF (3 purchases)	324,130	-	324,130	324,130	-
Vanguard	REIT ETF (1 sale)	-	59,419	64,524	59,419	(5,105)
Vanguard	500 Index fd (6 purchases)	919,631	-	919,631	919,631	-
Vanguard	500 index fd (1 sale)	-	70,664	69,688	70,664	976
Federated	Prime value obligations fund (46 purchases)	534,859	-	534,859	534,859	-
Federated	Prime value obligations fund (33 sales)	-	1,163,236	1,163,236	1,163,236	-
Single transaction in Excess of 5 percent of the Plan Assets						
Voya	Equity tr real est fd (1 sale)	-	327,834	258,626	327,834	69,208
Federated	Prime value obligations fund (1 sales)	-	688,136	688,136	688,136	-
Vanguard	500 Index fd (1 purchase)	630,000	-	630,000	630,000	-

Plastic Trim, LLC Hourly Employee's Pension Plan
Schedule of Assets (Held at End of Year)
December 31, 2015

Schedule H, Line 4i
EIN: 26-0208408
Plan Number: 002

(a)	(b)	(c)	(d)	(e)
		Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Identity of issue, borrower, lessor, or similar party			
	Interest bearing cash			
	Federated	Prime value obligations fund	248,246	248,246
	Common stocks			
	Abbvie inc	259 shares	15,375	15,343
	Aetna inc	150 shares	13,749	16,218
	Agilent technologies inc	76 shares	3,188	3,178
	AIA group ltd	454 shares	11,572	10,919
	Air liquide sa	342 shares	8,953	7,702
	Alaska air group inc	219 shares	17,168	17,632
	Albemarle Corp	32 shares	2,287	1,792
	Allianz se	536 shares	9,365	9,523
	Alphabet inc	23 shares	14,838	17,894
	Amag pharmaceuticals inc	58 shares	2,610	1,751
	Ambarella inc	27 shares	2,390	1,505
	Amdocs ltd	284 shares	14,166	15,498
	Amerisafe inc	33 shares	1,613	1,680
	American axle & mfg holdings	74 shares	1,541	1,402
	Ameriprise financial inc	144 shares	17,508	15,324
	Amgen inc	102 shares	13,692	16,558
	AMN healthcare svcs inc	51 shares	1,721	1,584
	Amsurg corp	42 shares	3,057	3,192
	Anheuser busch inbev sa/nv	49 shares	5,997	6,125
	Apogee enterprises inc	24 shares	1,252	1,044
	Apple inc	139 shares	14,423	14,631
	Arm holdings plc	163 shares	7,415	7,374
	Arris group inc	48 shares	1,335	1,467
	Asbury automotive group	23 shares	1,958	1,551
	Astronics corp	34 shares	1,475	1,384
	AT&T	319 shares	11,050	10,977
	Atlas copco	167 shares	4,510	4,128
	Baidu inc	42 shares	7,570	7,940
	Banco bilbao vizcaya argentina	444 shares	4,377	3,255
	Bancorpsouth inc	71 shares	1,798	1,703
	Bankunited inc	118 shares	3,968	4,255
	Bayerische motoren werke	174 shares	6,009	6,151
	Becton dickinson & co	23 shares	3,404	3,544
	Berry plastics group inc	24 shares	885	868
	BG group plc	439 shares	7,334	6,373
	BJ's restaurants inc	36 shares	1,570	1,565
	Blackhawk network holdings inc	26 shares	1,009	1,149
	Boeing Co	125 shares	16,757	18,074
	Broadridge financial solution	307 shares	15,064	16,495
	Bunge ltd	87 shares	6,345	5,940
	CVS health corporation	169 shares	14,289	16,523
	Canadian national railway co	101 shares	6,260	5,644
	Cardinal health inc	183 shares	16,197	16,336
	Carlisle cos inc	13 shares	1,205	1,153
	Carter's inc	51 shares	3,585	4,541
	CBRE group inc	127 shares	4,347	4,392
	CDW corp	397 shares	14,203	16,690
	Chevron corp	172 shares	18,679	15,473
	Ciena corp	600 shares	1,500	1,283
	Cisco systems inc	600 shares	15,880	16,293
	CIT group inc	73 shares	3,262	2,898
	CITI group inc	289 shares	16,051	14,956
	CMS energy corp	374 shares	11,802	13,494
	Colony capital inc	90 shares	1,961	1,753
	Coloplast a/s	207 shares	1,489	1,678

Plastic Trim, LLC Hourly Employee's Pension Plan
Schedule of Assets (Held at End of Year)
December 31, 2015

Schedule H, Line 4i
EIN: 26-0208408
Plan Number: 002

(a)	(b)	(c)	(d)	(e)
		Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
Identity of issue, borrower, lessor, or similar party				
Columbia sportsware co		36 shares	2,238	1,755
Comcast corp		287 shares	15,815	16,195
Comfort systems USA		37 shares	1,216	1,052
Convergys corp		63 shares	1,485	1,568
Coresite rty corp		31 shares	1,790	1,758
Covanta holding corp		176 shares	3,621	2,726
CSL ltd		159 shares	5,791	6,091
Dassault systemes sa		158 shares	12,184	12,661
DBS group holdings ltd		82 shares	4,694	3,859
D R Horton inc		508 shares	15,912	16,271
Dr Pepper Snapple Group		188 shares	13,853	17,522
Dycom inds inc		15 shares	1,264	1,049
Emergent biosolutions inc		45 shares	1,516	1,800
Encore cap group inc		56 shares	2,202	1,628
Epam sys inc		20 shares	1,413	1,572
Euronet worldwide inc		64 shares	3,193	4,636
Express inc		95 shares	1,613	1,642
Exxon mobil corp		204 shares	18,843	15,902
Fanuc corp		303 shares	8,808	8,849
Federal signal corp		75 shares	1,073	1,189
Ferro corp		68 shares	936	756
First merchants corp		67 shares	1,744	1,703
First rep bk san francisco calif new		57 shares	3,110	3,765
Fresenius medical care ag & co		114 shares	4,760	4,770
FTI consulting inc		32 shares	1,267	1,109
Fuchs petrolub		325 shares	3,969	3,840
G-III apparel group ltd		32 shares	2,053	1,416
General dynamics corp		114 shares	15,941	15,659
General electric		588 shares	17,822	18,316
Gilead sciences inc		156 shares	16,607	15,786
Globus medical inc		67 shares	1,751	1,864
Goldman sachs group		82 shares	17,006	14,779
Graphic packaging hldg co		64 shares	950	821
Green plains inc		34 shares	690	779
Grifols sa		81 shares	2,789	2,624
Hanesbrands inc		110 shares	3,281	3,237
Hartford financial services grp		337 shares	16,216	14,646
Hawaiin hldgs inc		31 shares	750	1,095
Hexcel Corp		106 shares	4,314	4,924
Home bancshares inc		45 shares	1,826	1,823
Host hotels and resorts		148 shares	3,294	2,270
Icici bank ltd		704 shares	6,903	5,512
Idex Corp		39 shares	3,104	2,988
Imperial oil ltd		78 shares	2,860	2,537
Infinera corp		64 shares	1,496	1,160
Integrated device technology		53 shares	1,040	1,397
Interpublic group cos inc		694 shares	16,312	16,156
Itau unibanco holdings		621 shares	4,805	4,043
J & J snack foods corp		13 shares	1,515	1,517
Jacobs Engr Group Inc		104 shares	5,105	4,363
JGC Corp		104 shares	3,326	3,221
Johnson & Johnson		163 shares	16,877	16,743
Keysight Technologies Inc.		131 shares	4,133	3,711
Kimberly clark corp		144 shares	15,489	18,331
Kone oyj adr		183 shares	3,969	3,893
Kroger co		559 shares	15,967	23,383
Lam resh corp		237 shares	16,856	18,823
Lannet co inc		48 shares	2,345	1,926
Lear corp		129 shares	16,194	15,845

Plastic Trim, LLC Hourly Employee's Pension Plan
Schedule of Assets (Held at End of Year)
December 31, 2015

Schedule H, Line 4i
EIN: 26-0208408
Plan Number: 002

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Ligand pharmaceuticals inc	16 shares	1,612	1,735
	Linde AG ADR	163 shares	3,063	2,371
	L'oreal sa	219 shares	8,447	7,389
	Lowes cos inc	220 shares	16,250	16,729
	LVMH moët hennessy louis vuitton	95 shares	3,554	2,991
	Lyondellbasell Ind	132 shares	12,627	11,471
	Manhattan associates inc	20 shares	1,274	1,323
	Matrix svc co	36 shares	814	739
	Methode electrs inc	43 shares	1,154	1,369
	Microsoft	315 shares	14,810	17,476
	Mitsubishi estate ltd	148 shares	3,364	3,105
	Mohawk inds inc	24 shares	3,207	4,545
	Monotaro co ltd	120 shares	3,282	3,367
	Mtn group ltd sponsored	254 shares	3,781	2,178
	Mueller wtr prods inc-a	147 shares	1,285	1,264
	Multi-color corp	20 shares	1,287	1,196
	Naspers ltd	21 shares	2,956	2,873
	Natus med inc del	34 shares	1,500	1,634
	Neenah paper inc	14 shares	849	874
	Nestle sa	148 shares	11,079	11,022
	Nordstrom Inc	40 shares	2,738	1,992
	Novo-nordisk a s	96 shares	5,560	5,576
	Omega healthcare invs inc	450 shares	17,693	15,741
	Parexel intl corp	25 shares	1,631	1,703
	Partnerre ltd	37 shares	4,007	5,170
	PDC energy inc	15 shares	714	801
	Pebblebrook hotel tr	58 shares	2,140	1,625
	Pfizer inc	487 shares	16,988	15,720
	PNC financial services group	169 shares	15,350	16,107
	PNM res inc	64 shares	1,695	1,956
	Pinnacle finl partners inc	33 shares	1,708	1,695
	Pioneer natural resources co	19 shares	4,333	2,382
	Primerica inc	34 shares	1,419	1,606
	Principal finl group inc	324 shares	17,915	14,574
	PVH corp	25 shares	2,898	1,841
	Qorvo inc	309 shares	23,164	15,728
	Quanta Svcs	141 shares	4,855	2,855
	Reliance stl & alum co	59 shares	4,351	3,417
	Renasant corp	49 shares	1,564	1,686
	Reynolds american inc	374 shares	13,553	17,260
	Roche holding ag	306 shares	10,772	10,562
	Roper technologies inc	16 shares	2,353	3,037
	Ross stores inc	96 shares	3,264	5,166
	Royal caribbean cruises ltd	181 shares	11,413	18,319
	Rudolph technologies inc	106 shares	1,561	1,507
	Sands china ltd	102 shares	4,617	3,494
	SAP se	113 shares	8,386	8,938
	Sasol ltd	99 shares	3,242	2,655
	Schlumberger ltd	281 shares	26,472	19,600
	SEI investment co	77 shares	2,545	4,035
	Sealed air corp	255 shares	11,884	11,373
	Skyworks solutions inc	197 shares	13,395	15,136
	Snap on inc	7 shares	1,174	1,200
	Sonic corp	56 shares	1,635	1,809
	Sonova holding	124 shares	3,423	3,154
	South state corp	22 shares	1,716	1,583
	Southwest gas corp	32 shares	1,721	1,765
	Sovran self storage inc	18 shares	1,705	1,932
	Steris plc shs	219 shares	16,420	16,499

Plastic Trim, LLC Hourly Employee's Pension Plan
Schedule of Assets (Held at End of Year)
December 31, 2015

Schedule H, Line 4i
EIN: 26-0208408
Plan Number: 002

(a)	(b)	(c)	(d)	(e)
		Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
Identity of issue, borrower, lessor, or similar party				
Stanley black & decker inc		169 shares	17,766	18,037
Summit hotel ppty inc		138 shares	1,711	1,649
Suntrust bks inc		377 shares	15,476	16,151
Svenska handelsbanken		401 shares	2,969	2,685
Symrise		229 shares	3,855	3,814
Sysmex corp		267 shares	8,801	8,690
Taiwan semiconductor manufacture		521 shares	11,443	11,853
Target corp		211 shares	16,723	15,321
Tesoro corporation		135 shares	10,408	14,225
Treehouse foods		18 shares	1,445	1,412
Turkiye garanti bankasi		1089 shares	3,083	2,656
Unicharm corp		1,672 shares	7,879	6,885
Unilever plc		110 shares	5,005	4,743
Vail resorts inc		13 shares	1,413	1,664
Vasco data sec intl inc		90 shares	1,602	1,506
VCA inc		34 shares	1,937	1,870
Verizon communications inc		208 shares	10,261	9,614
Wabtec		54 shares	4,444	3,840
Weatherford intl plc ord shs		160 shares	3,609	1,342
Wells fargo & co		289 shares	15,613	15,710
West corp		38 shares	980	820
WPP plc		90 shares	10,187	10,327
Xcel energy inc		368 shares	11,856	13,219
			<u>1,325,539</u>	<u>1,323,934</u>
Mutual funds				
Doubleline		Flexible income fund I	24,442	24,091
Goldman Sachs		L/S creditstrategy	81,711	78,027
Hotchkis & Wiley High		High yield I	163,658	143,342
JP Morgan		Core bond select	526,857	518,392
Balter		Long/short equity fund	58,641	57,720
TCW		Emerging markets income cl I	51,609	47,760
AQR		Equity market neutral	18,608	18,447
AQR		Managed futures str I	6,698	6,189
Artisan		International Fund	304,448	289,532
ASG		Managed futures strag fd	7,220	6,485
Boston partners		Long/short research instl	56,551	55,148
Harbor		International Inst	328,513	291,174
Highland fds I		LG/SH healthcr Z	20,176	18,045
Litman gregory		Master alt strategies instl	25,353	23,964
Northern		Lts fd tr II balter	23,540	23,137
Oppenheimer		Developing mkts	224,926	194,479
UBS		E-tracs alerian mlp infrastr	328,088	283,051
Vanguard		REIT ETF	259,767	242,379
Vanguard		Mid cap index adm	95,389	94,790
Vanguard		500 index fd	849,943	857,661
William Blair		Fds alloc I	18,454	16,126
			<u>3,474,592</u>	<u>3,289,939</u>
U.S. government securities				
U.S. Treasury Note		6.0%, maturing 2/15/26	13,962	13,351
U.S. Treasury Note		6.625%, maturing 2/15/27	14,862	14,181
U.S. Treasury Note		5.25%, maturing 2/15/29	13,720	13,100
U.S. Treasury Note		5.375%, maturing 2/15/31	14,247	13,560
U.S. Treasury Note		4.50%, maturing 2/15/36	13,681	12,816
U.S. Treasury Note		3.5%, maturing 2/15/39	11,900	11,061
U.S. Treasury Note		2.875%, maturing 5/15/43	10,709	9,750
U.S. Treasury Note		2.75%, maturing 2/15/24	10,739	10,416
U.S. Treasury Note		.625% maturing 2/15/17	25,046	24,937

Plastic Trim, LLC Hourly Employee's Pension Plan
Schedule of Assets (Held at End of Year)
December 31, 2015

Schedule H, Line 4i
EIN: 26-0208408
Plan Number: 002

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	U.S. Treasury Note	.375%, maturing 4/30/16	25,022	24,997
	U.S. Treasury Note	.375%, maturing 10/31/16	24,971	24,923
	U.S. Treasury Note	.875%, maturing 11/15/17	25,072	24,913
	U.S. Treasury Note	1.0%, maturing 2/15/18	25,107	24,922
	U.S. Treasury Note	2.0%, maturing 2/15/25	10,086	9,775
	U.S. Treasury Note	3.125%, maturing 5/15/19	26,926	26,374
	U.S. Treasury Note	3.375%, maturing 11/15/2019	26,917	26,695
	U.S. Treasury Note	3.5%, maturing 5/15/20	27,613	26,877
	U.S. Treasury Note	1.50%, maturing 6/30/16	25,148	25,115
	U.S. Treasury Note	1.50%, maturing 8/31/18	25,403	25,166
	U.S. Treasury Note	1.00%, maturing 8/31/16	25,208	25,051
	U.S. Treasury Note	2.0%, maturing 2/15/22	10,223	10,018
	U.S. Treasury Note	.75%, maturing 6/30/17	25,061	24,922
	U.S. Treasury Note	.375%, maturing 2/15/16	25,030	25,000
	U.S. Treasury Note	.625%, maturing 7/15/16	25,083	25,002
	U.S. Treasury Note	2.50%, maturing 8/15/23	10,546	10,260
	U.S. Treasury Note	.625%, maturing 11/15/16	25,068	24,967
	U.S. Treasury Note	2.25%, maturing 4/30/21	15,592	15,298
			<u>532,942</u>	<u>523,447</u>
			\$ <u>5,581,319</u>	<u>5,385,566</u>

Plastic Trim, LLC Hourly Employee's Pension Plan
Schedule of Reportable Transactions
Year Ended December 31, 2015

Schedule H, Line 4j
EIN: 26-0208408
Plan Number: 002

(a) Identity of Party	(b)	(c) Purchase	(d) Selling	(g) Cost of asset	(h) Current Value on Transaction	(i) Net
Series of Transactions in Excess of 5 percent of the Plan Assets						
Artisian	International inv (7 purchases)	\$ 198,645	-	198,645	198,645	-
Artisian	International inv (2 sales)	-	233,052	229,916	233,052	3,136
Harbor	International (8 purchases)	205,730	-	205,730	205,730	-
Harbor	International (2 sales)	-	207,897	211,523	207,897	(3,626)
JP Morgan	Core bond select (5 purchases)	550,720	-	550,720	550,720	-
JP Morgan	Core bond select (1 sale)	-	23,813	23,862	23,813	(49)
Oppenheimer	Dvlping mkts (6 purchases)	175,033	-	175,033	175,033	-
Oppenheimer	Dvlping mkts (2sales)	-	235,609	260,856	235,609	(25,247)
Vanguard	REIT ETF (3 purchases)	324,130	-	324,130	324,130	-
Vanguard	REIT ETF (1 sale)	-	59,419	64,524	59,419	(5,105)
Vanguard	500 Index fd (6 purchases)	919,631	-	919,631	919,631	-
Vanguard	500 index fd (1 sale)	-	70,664	69,688	70,664	976
Federated	Prime value obligations fund (46 purchases)	534,859	-	534,859	534,859	-
Federated	Prime value obligations fund (33 sales)	-	1,163,236	1,163,236	1,163,236	-
Single transaction in Excess of 5 percent of the Plan Assets						
Voya	Equity tr real est fd (1 sale)	-	327,834	258,626	327,834	69,208
Federated	Prime value obligations fund (1 sales)	-	688,136	688,136	688,136	-
Vanguard	500 Index fd (1 purchase)	630,000	-	630,000	630,000	-

Schedule SB, Line 32 – Schedule of Amortization Bases

Plan Name: Plastic Trim International, Inc. Hourly Employees Pension Plan

EIN: 26-0208408

PN: 002

<u>Type</u>	Present Value of Remaining <u>Installments</u>	<u>Date</u> <u>Established</u>	<u>Rem.</u> <u>Years</u>	<u>Amortization</u> <u>Installment</u>
Shortfall	\$ 315,991	01/01/2010	2	\$ 161,638
Shortfall	344,330	01/01/2011	3	120,109
Shortfall	(504,068)	01/01/2012	4	(134,864)
Shortfall	273,266	01/01/2013	5	59,807
Shortfall	174,293	01/01/2014	6	32,808
Shortfall	<u>99,302</u>	01/01/2015	7	<u>16,514</u>
	\$ 703,114			\$ 256,012