

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2015
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <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>POLY-BOND, INC. RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶ <u>002</u> 1c Effective date of plan <u>04/01/1998</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>CHICOPEE, INC.</u> <u>9335 HARRIS CORNERS PARKWAY</u> <u>CHARLOTTE, NC 28269-3818</u>	2b Employer Identification Number (EIN) <u>57-1013629</u> 2c Plan Sponsor's telephone number <u>704-697-5214</u> 2d Business code (see instructions) <u>339900</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/14/2016</u>	<u>DAVID R BERKMAN</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/14/2016</u>	<u>DAVID R BERKMAN</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

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

Form 5500 (2015)
v. 150123

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 442
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) 65
a(2) Total number of active participants at the end of the plan year	6a(2) 58
b Retired or separated participants receiving benefits.....	6b 182
c Other retired or separated participants entitled to future benefits.....	6c 156
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 396
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 31
f Total. Add lines 6d and 6e	6f 427
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 1I 3D 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (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)
-----------------	---

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 _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>
--	---	--

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 POLY-BOND, INC. RETIREMENT PLAN	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CHICOPEE, INC.	D Employer Identification Number (EIN) 57-1013629
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2015			
2	Assets:			
	a Market value	2a	14882770	
	b Actuarial value	2b	14882770	
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	220	6863561	6863561
	b For terminated vested participants	157	3252673	3252673
	c For active participants	65	1177094	1293748
	d Total	442	11293328	11409982
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	6.30%	
6	Target normal cost	6	0	

Statement by Enrolled Actuary

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

SIGN HERE		10/14/2016
	Signature of actuary	Date
JOSEPH K. MEYERS		14-05500
	Type or print name of actuary	Most recent enrollment number
BPS&M, LLC		615-665-1640
	Firm name	Telephone number (including area code)
5301 VIRGINIA WAY, SUITE 400 BRENTWOOD, TN 37027		
	Address of the firm	

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	1197568
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)		1197568
10 Interest on line 9 using prior year's actual return of <u>5.52</u> %		66106
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		700222
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>6.50</u> %		45514
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		745736
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1263674

Part III Funding Percentages		
14 Funding target attainment percentage	14	119.36 %
15 Adjusted funding target attainment percentage	15	130.43 %
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	114.80 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/16/2015	60115		07/16/2015	60115	
02/13/2015	60115		08/14/2015	60115	
03/13/2015	60115		09/03/2015	60115	
04/10/2015	60115		10/16/2015	60115	
05/08/2015	60115		11/13/2015	60115	
06/05/2015	60115		01/15/2016	60115	
			Totals ▶	18(b)	721380
				18(c)	

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	700098
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th
		0

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

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

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a		
b Excess assets, if applicable, but not greater than line 31a	31b		
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34		
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35)	36		
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	700098	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	700098	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40		

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

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

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	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 POLY-BOND, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 CHICOPEE, INC.	D Employer Identification Number (EIN) 57-1013629	

Part I	Service Provider Information (see instructions)
--------	---

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
--

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

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

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

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

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

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

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

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

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

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

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

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

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

WELLS FARGO BANK, NA

9020 STONY POINT PARKWAY
RICHMOND, GA 23235

22-1142033

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21		21739	Yes ☒ No ☐	Yes ☒ No ☐	795	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.	

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	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 <u>POLY-BOND, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ► <u>002</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CHICOPEE, INC.</u>	D Employer Identification Number (EIN) <u>57-1013629</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO CORE BOND CIT F</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>94-3222878-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WF GROWTH CIT F</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>46-6139057-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WF MFS VALUE CIT F 1685</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>45-6648640-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WF TROWE PRICE INST EQ INC MGD CIT</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>45-6586666-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WF TROWE PRICE INST LCG MGD CIT F</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>45-6648614-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan POLY-BOND, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 CHICOPEE, INC.	D Employer Identification Number (EIN) 57-1013629	

Part I	Asset and Liability Statement				
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.					
	Assets		(a) Beginning of Year	(b) End of Year	
a Total noninterest-bearing cash	1a				
b Receivables (less allowance for doubtful accounts):					
(1) Employer contributions	1b(1)				
(2) Participant contributions	1b(2)				
(3) Other.....	1b(3)		244	60134	
c General investments:					
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		1925142	321180	
(2) U.S. Government securities.....	1c(2)				
(3) Corporate debt instruments (other than employer securities):					
(A) Preferred	1c(3)(A)				
(B) All other.....	1c(3)(B)				
(4) Corporate stocks (other than employer securities):					
(A) Preferred	1c(4)(A)				
(B) Common	1c(4)(B)				
(5) Partnership/joint venture interests	1c(5)				
(6) Real estate (other than employer real property)	1c(6)				
(7) Loans (other than to participants)	1c(7)				
(8) Participant loans	1c(8)				
(9) Value of interest in common/collective trusts.....	1c(9)		5843809		
(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)		7113575	14466814	
(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	14882770	14848128

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	14882770	14848128
---	-----------	----------	----------

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)	721380	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		721380
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	2920	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2920
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	793706	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		793706
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		271606
(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)		-976919
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		812693

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	824778	
(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)		824778
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	22557	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		22557
j Total expenses. Add all expense amounts in column (b) and enter total	2j		847335

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-34642
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: HANCOCK ASKEW & CO., LLP

(2) EIN: 58-0662558

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. **(2)** ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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

	Yes	No	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			10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X		
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.
---	--	--

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>POLY-BOND, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CHICOPEE, INC.</u>	D Employer Identification Number (EIN) <u>57-1013629</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<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)
----------------	--

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

Part VII	IRS Compliance Questions
-----------------	---------------------------------

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

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

**Financial Statements
and
Independent Auditor's Report**
Years Ended December 31, 2015 and 2014

Poly-Bond, Inc. Retirement Plan

Contents

Independent Auditor's Report	2 - 3
-------------------------------------	-------

Financial Statements

Statements of net assets available for benefits	4
Statements of changes in net assets available for benefits	5
Notes to financial statements	6 - 14

Supplemental Schedules

Schedule H, Line 4i - schedule of assets (held at end of year)	15
Schedule H, Line 4j - schedule of reportable transactions	16 - 17



Independent Auditor's Report

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

We were engaged to audit the accompanying financial statements of Poly-Bond, Inc. Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 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

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) 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 4, which was certified by Wells Fargo Bank, N.A. and Matrix Trust Company, the trustees of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustees hold the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustees as of December 31, 2015 and 2014, that the information provided to the plan administrator by the trustees is complete and accurate.

Disclaimer of Opinion

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

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, Schedule H, Line 4i - schedule of assets (held at end of year) and Schedule H, Line 4j - schedule of reportable transactions, which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to, and we do not, express an opinion on the supplemental schedules referred to above.

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

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

Respectfully submitted,

Hancock Asken & Co., LLP

Savannah, Georgia
September 23, 2016

Poly-Bond, Inc. Retirement Plan

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2015	2014
ASSETS		
Investments, at fair value		
Mutual funds	\$ 12,187,237	\$ 7,113,575
Common trust funds	-	5,843,809
Exchange traded funds	2,279,577	-
Money market funds	321,180	1,925,142
Total investments	14,787,994	14,882,526
Receivables		
Employer contribution receivable	60,115	-
Dividend and interest receivable	19	244
Total receivables	60,134	244
Net assets available for benefits	\$ 14,848,128	\$ 14,882,770

The accompanying notes are an integral part of these financial statements.

Poly-Bond, Inc. Retirement Plan

Statements of Changes in Net Assets Available for Benefits

<i>Years ended December 31,</i>	2015	2014
Investment income		
Interest and dividends	\$ 796,626	\$ 147,910
Net (depreciation) appreciation in fair value of investments	(705,313)	678,287
Net investment income	91,313	826,197
Employer contribution	721,380	721,380
	812,693	1,547,577
Deductions		
Benefits paid directly to participants	824,778	976,110
Administrative fees	22,557	39,792
Total deductions	847,335	1,015,902
Net (decrease) increase	(34,642)	531,675
Net assets available for benefits, beginning of year	14,882,770	14,351,095
Net assets available for benefits, end of year	\$ 14,848,128	\$ 14,882,770

The accompanying notes are an integral part of these financial statements.

Poly-Bond, Inc. Retirement Plan

Notes to Financial Statements

1. Description of the Plan

The following description of Poly-Bond, Inc. Retirement Plan (the Plan) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

General

The Plan is a non-contributory defined benefit plan that covers substantially all employees who were participants in the Dominion Textile (USA), Inc. Retirement Plan and employed by Poly-Bond, Inc. (the Employer) or who were specifically allocated to the Plan (certain employees of Wayn-TEX, DHJ, and Mirafi). Chicopee, Inc. is the Plan sponsor as a result of a merger with Poly-Bond, Inc.

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

Salaried employees hired after December 31, 1999 are not eligible to participate in the Plan. Salaried participants hired prior to December 31, 1999 are entitled to the vested benefits accrued as of December 31, 1999, as reflected in the actuarial valuation. Hourly employees hired or rehired after December 31, 2003 were not allowed to enter or re-enter the Plan, and benefit accruals for all participants were frozen on that date.

Pension Benefits

Eligible employees are entitled to annual pension benefits beginning at the latter of the participant's normal retirement age (65) or the fifth anniversary of participation in the Plan if the participant was hired after the age of 60. The normal retirement benefit will be a monthly retirement benefit equal to one-twelfth multiplied by the sum of (a) and (b): (a) 1% of the participant's final average earnings multiplied by the participant's years of credited service, plus (b) $\frac{1}{2}\%$ of the participant's final average earnings in excess of covered compensation multiplied by the participant's years of credited service, not to exceed 35 years.

The Plan permits early retirement at ages 55-64 on the first day of any month on or after the participant's 55th birthday. If benefits are received before the normal retirement date, the benefit will be reduced by $\frac{5}{12}$ of 1% for each month by which the retirement benefit is paid before the normal retirement date.

Upon qualification for pension payments, the standard form of payment for a single participant is a life annuity. For a participant who is married at the time of retirement, the standard form of payment is a qualified 50% joint and survivor annuity. Other optional forms of payment include 75% and 100% joint and survivor annuity, 10-year certain and life annuity, or a level income option.

Poly-Bond, Inc. Retirement Plan

Notes to Financial Statements

1. Description of the Plan (cont.)

Death and Disability Benefits

If a participant who is married at the time of his or her death has a vested interest in his or her accrued benefit and dies before the annuity starting date, the participant's surviving spouse will receive a qualified pre-retirement survivor annuity payable over the lifetime of the participant's surviving spouse, the value of which is equal to 50% of the participant's vested accrued benefit.

A participant who becomes disabled will receive a monthly retirement benefit commencing on the first day of the month coinciding with or following the participant's disability retirement date. The amount of the participant's disability pension is equal to his or her vested accrued benefit, based on his or her credited service prior to incurring the permanent disability and the participant's final average earnings as of the date of the participant's permanent disability.

Vesting

Participants were 100% vested after five years of service.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). Money market funds are valued at the closing price reported by the fund sponsor from an actively traded market. Investments in mutual funds and exchange traded funds are valued at quoted market prices for the identical security in an active market. Investments in common collective trusts are valued based on prices quoted and published by the investment manager of the accounts which are determined based upon fair value of the underlying assets. See Note 9 for further discussion and disclosures related to fair value measurements.

2. Summary of Significant Accounting Policies (cont.)

Investment Valuation and Income Recognition (cont.)

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

Basis of Fair Value Measurement

- Level 1 - Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;
- Level 2 - Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly;
- Level 3 - Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement.

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

Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated Plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died and present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on employees' compensation during their last five years of credited service. The accumulated Plan benefits for active employees are based on their average compensation during the five years preceding the valuation date. Benefits payable under all circumstances, retirement, death, disability and termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

Poly-Bond, Inc. Retirement Plan

Notes to Financial Statements

2. Summary of Significant Accounting Policies (cont.)

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Funding Policy

Under the provisions of the Plan, the Employer shall make contributions to this Plan in such amounts and at such times as it determines upon the advice of the actuary for the Plan. The Employer's present intention is to make annual contributions in amounts sufficient to fund the Plan's current year's service cost and the past service cost plus interest over projected service. The Plan has met the ERISA minimum funding requirements.

Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

In the event the Plan terminates, the net assets of the Plan will generally not be available on a pro rata basis to provide participants' benefits. Expenses relating to Plan termination may be paid from the trust fund before any payments are made to participants or their beneficiaries. Benefit payments from the Plan will be made in the order required by ERISA.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect at the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

Poly-Bond, Inc. Retirement Plan

Notes to Financial Statements

2. Summary of Significant Accounting Policies (cont.)

Recently Issued Accounting Pronouncement

In July 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards updated (ASU) No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965), (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*, which is a part of the FASB Simplification Initiative for employee benefit plans. Part I of the ASU eliminates requirements that employee benefit plans measure the fair value of fully benefit-responsive investment contracts (FBRICs) and provide the related fair value disclosures. As a result, FBRICs are measured, presented and disclosed only at contract value. Part II of the ASU removes the requirement to disclose the net appreciation/depreciation in fair value of investments by general type or individual investments equal to or greater than 5% of net assets available for benefits. Additionally, the guidance requires disaggregation of investments measured using fair value by general type, either on the face of the financial statements or in the notes. Part I and III do not apply to this Plan. The guidance was adopted, on a retrospective basis, as of December 31, 2015.

3. Subsequent Events

Subsequent events have been evaluated through September 23, 2016, the date the financial statements were available to be issued.

4. Information Prepared and Certified by the Trustee

The Plan's assets are maintained in a trust established under the Plan. All investments are non-participant directed. All investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2015 and 2014, and the net appreciation or depreciation in fair value of investments, interest and dividends for the years then ended, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Wells Fargo Bank, N.A. (the trustee through June 1, 2015) and Matrix Trust Company (the trustee from June 1, 2015 through December 31, 2015).

Poly-Bond, Inc. Retirement Plan

Notes to Financial Statements

5. Accumulated Plan Benefits

An actuary from Bryan, Pendleton, Swats & McAllister, LLC, a Wells Fargo Company and therefore considered a related party to the Plan, estimates the actuarial present value of accumulated Plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The accumulated Plan benefit information is as follows at January 1, 2015 and 2014:

Actuarial Present Value of Accumulated Plan Benefits

<i>January 1,</i>	2015	2014
Vested benefits		
Participants currently receiving payments	\$ 6,881,246	\$ 6,640,367
Other vested benefits	4,366,445	4,106,844
Total vested benefits	11,247,691	10,747,211
Non-vested benefits	104,264	134,391
Total actuarial present value of accumulated Plan benefits	\$ 11,351,955	\$ 10,881,602

Changes in Actuarial Value of Accumulated Plan Benefits

<i>January 1,</i>	2015	2014
Actuarial present value of accumulated Plan benefits as of January 1, 2015 and 2014	\$ 10,881,602	\$ 9,818,296
Increase (decrease) during the year attributable to		
Benefits accumulated	(21,182)	(68,499)
Interest	728,126	749,212
Benefits paid	(976,110)	(924,079)
Assumption change	739,519	1,306,672
Actuarial present value of accumulated Plan benefits as of January 1, 2015 and 2014	\$ 11,351,955	\$ 10,881,602

Poly-Bond, Inc. Retirement Plan

Notes to Financial Statements

5. Accumulated Plan Benefits (cont.)

The significant actuarial assumptions used in the valuations as of January 1, 2015 and 2014, were life expectancy of participants (the IRS 2015 Static Mortality Table was used in 2015, and the IRS 2014 Static Mortality Table was used in 2014), retirement age assumptions (the assumed retirement ages start at age 55 and go through age 65), actuarial cost method (projected unit credit method) and assumed rate of return (7% in 2015 and 2014).

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.

6. Transactions with Related Parties

During the year ended December 31, 2014 and the period from January 1, 2015 through June 1, 2015, certain Plan investments were shares of mutual funds and common trust funds that were managed by Wells Fargo Bank, N.A. Wells Fargo was the trustee as defined by the Plan, and therefore, these transactions qualified as party-in-interest transactions.

During the period from June 1, 2015 through December 31, 2015, certain Plan investments were shares of mutual funds and exchanged traded funds that were managed by Matrix Trust Company. Matrix Trust Company was the trustee as defined by the Plan, and therefore, these transactions qualified as party-in-interest transactions.

Pursuant to provisions of the Plan, expenses incurred in the administration or operation of the Plan may be paid by the Employer, at the Employer's election. During 2015 and 2014, the Employer paid substantially all of the Plan expenses.

7. Income Tax Status

The Plan obtained its latest determination letter on October 18, 2010, in which the Internal Revenue Service (IRS) states that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and therefore believes the Plan is qualified and the related trust is tax-exempt.

Poly-Bond, Inc. Retirement Plan

Notes to Financial Statements

7. Income Tax Status (cont.)

Accounting principles generally accepted in the United States of America require plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2015, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan's returns are subject to examination dating back to 2012.

8. Risk and Uncertainty

Investments, in general, are exposed to various risks such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investments, it is reasonably possible that the changes in the values of investments will occur in the near term and that such changes could be material in relation to these financial statements.

Contributions to the Plan and the actuarial present value of accumulated Plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near-term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements.

9. Fair Value Measurements

The following tables set forth by level, within the fair value hierarchy, the Plan investment assets at fair value as of December 31, 2015 and 2014.

Investment Assets at Fair Value as of December 31, 2015

	Level 1	Level 2	Level 3	Total
Money market funds	\$ 321,180	\$ -	\$ -	\$ 321,180
Mutual funds	12,187,237	-	-	12,187,237
Exchange traded funds	2,279,577	-	-	2,279,577
Total investments at fair value	\$ 14,787,994	\$ -	\$ -	\$ 14,787,994

Poly-Bond, Inc. Retirement Plan

Notes to Financial Statements

9. Fair Value Measurements (cont.)

Investment Assets at Fair Value as of December 31, 2014						
		Level 1	Level 2	Level 3		Total
Money market funds	\$	1,925,142	\$ -	\$ -	\$	1,925,142
Mutual funds		7,113,575	-	-		7,113,575
Common collective trusts		-	5,843,809	-		5,843,809
Total investments at fair value	\$	9,038,717	\$ 5,843,809	\$ -	\$	14,882,526

Poly-Bond, Inc. Retirement Plan

EIN: 13-3571783 Plan Number: 002

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

December 31, 2015

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Mutual funds				
*	Matrix Trust Company	Blackstone Alt Multi-Strat-I	\$ 130,634	\$ 126,617
*	Matrix Trust Company	Delaware Extended Duration Bond Inst	5,842,538	5,682,912
*	Matrix Trust Company	Dodge & Cox Intl Stock	194,879	157,323
*	Matrix Trust Company	Pimco Commodity Real Return Strategy Inst	111,748	83,807
*	Matrix Trust Company	Pimco Intl Stocks Plus AR Strategy Fund CI I	329,708	286,124
*	Matrix Trust Company	Pimco Long Term Credit Inst	6,405,994	5,691,148
*	Matrix Trust Company	Stone Ridge All Asset Var Rk	160,183	159,306
			13,175,684	12,187,237
Exchange traded funds				
*	Matrix Trust Company	iShares MSCI EAFE ETF	456,629	412,919
*	Matrix Trust Company	iShares Russell 2000 ETF	191,140	167,691
*	Matrix Trust Company	iShares US Real Estate ETF	96,202	96,853
*	Matrix Trust Company	SPDR S&P 500 ETF Trust	1,412,609	1,358,997
*	Matrix Trust Company	SPDR S&P Midcap 400 ETF Trust	269,133	243,117
			2,425,713	2,279,577
Cash and cash equivalents				
*	Matrix Trust Company	Money Market Funds	48,325	48,325
*	Wells Fargo Bank, N.A.	Money Market Funds	272,855	272,855
			321,180	321,180
			\$ 15,922,577	\$ 14,787,994

* Indicates party-in-interest to the Plan.

Poly-Bond, Inc. Retirement Plan

EIN: 13-3571783 Plan Number: 002

Schedule H, Line 4j - Schedule of Reportable Transactions

For the year ended December 31, 2015

(a) Identity of Party Involved	(b) Description of Asset, Including Interest Rate and Maturity in Case of a Loan	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) – single transactions in excess of 5% of Plan assets						
Wells Fargo Bank, N.A.*	Wells Fargo Short-Term Investment Fund	\$ 1,450,464	\$ -	\$ 1,450,464	\$ 1,450,464	\$ -
Wells Fargo Bank, N.A.*	Wells Fargo Short-Term Investment Fund	\$ 11,981,906	\$ -	\$ 11,981,906	\$ 11,981,906	\$ -
Wells Fargo Bank, N.A.*	Wells Fargo Short-Term Investment Fund	\$ -	\$ 15,290,119	\$ 15,290,119	\$ 15,290,119	\$ -
Wells Fargo Bank, N.A.*	Edgewood Growth Instl	\$ -	\$ 957,734	\$ 942,418	\$ 957,734	\$ 15,316
Wells Fargo Bank, N.A.*	Janus Contrarian Fund Class I	\$ -	\$ 1,450,464	\$ 1,338,791	\$ 1,450,464	\$ 111,673
Wells Fargo Bank, N.A.*	Natixis Loomis Say Str Inc Y	\$ -	\$ 1,163,615	\$ 1,086,706	\$ 1,163,615	\$ 76,909
Wells Fargo Bank, N.A.*	Mainstay Convertible Fund Class I	\$ -	\$ 810,980	\$ 804,802	\$ 810,980	\$ 6,178
Wells Fargo Bank, N.A.*	Morgan Stanley Ins Intn RE I	\$ -	\$ 949,143	\$ 880,587	\$ 949,143	\$ 68,556
Wells Fargo Bank, N.A.*	Wells Fargo / TRowe Price Inst Eq Inc Mgd CIT F	\$ -	\$ 883,811	\$ 736,954	\$ 883,811	\$ 146,857
Wells Fargo Bank, N.A.*	Wells Fargo Growth CIT F	\$ -	\$ 1,488,953	\$ 1,323,010	\$ 1,488,953	\$ 165,943
Wells Fargo Bank, N.A.*	Wells Fargo Core Bond CIT F	\$ -	\$ 873,395	\$ 821,778	\$ 873,395	\$ 51,617
Wells Fargo Bank, N.A.*	WF/MFS Value CIT F	\$ -	\$ 1,307,818	\$ 1,120,000	\$ 1,307,818	\$ 187,818
Wells Fargo Bank, N.A.*	Wells Fargo / TRowe Price Inst LCG MGD CIT F	\$ -	\$ 1,561,438	\$ 1,204,710	\$ 1,561,438	\$ 356,728
Matrix Trust Company *	Delaware Extended Duration Bond Inst	\$ 5,818,000	\$ -	\$ 5,818,000	\$ 5,818,000	\$ -
Matrix Trust Company *	Pimco Long Term Credit Inst	\$ 5,818,000	\$ -	\$ 5,818,000	\$ 5,818,000	\$ -
Matrix Trust Company *	SPDR S&P 500 ETF Trust	\$ 1,428,503	\$ -	\$ 1,428,503	\$ 1,428,503	\$ -

Columns (e) and (f) have not been presented as this information is not applicable.

* Indicates party-in-interest to the Plan.

Poly-Bond, Inc. Retirement Plan

EIN: 13-3571783 Plan Number: 002

Schedule H, Line 4j - Schedule of Reportable Transactions (cont.)

For the year ended December 31, 2015

(a) Identity of Party Involved	(b) Description of Asset, Including Interest Rate and Maturity in Case of a Loan	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) – series of transactions by issue in excess of 5% of Plan assets						
Wells Fargo Bank, N.A.*	Wells Fargo Short-Term Investment Fund	\$ 14,037,500	\$ -	\$ 14,037,500	\$ 14,037,500	\$ -
Wells Fargo Bank, N.A.*	Wells Fargo Short-Term Investment Fund	\$ -	\$ 15,841,997	\$ 15,841,997	\$ 15,841,997	\$ -
Wells Fargo Bank, N.A.*	Edgewood Growth Instl	\$ -	\$ 957,734	\$ 942,418	\$ 957,734	\$ 15,316
Wells Fargo Bank, N.A.*	Janus Contrarian Fund Class I	\$ -	\$ 1,450,464	\$ 1,338,791	\$ 1,450,464	\$ 111,673
Wells Fargo Bank, N.A.*	Natixis Loomis Say Str Inc Y	\$ 16,552	\$ -	\$ 16,552	\$ 16,552	\$ -
Wells Fargo Bank, N.A.*	Natixis Loomis Say Str Inc Y	\$ -	\$ 1,163,615	\$ 1,086,706	\$ 1,163,615	\$ 76,909
Wells Fargo Bank, N.A.*	Mainstay Convertible Fund Class I	\$ 1,835	\$ -	\$ 1,835	\$ 1,835	\$ -
Wells Fargo Bank, N.A.*	Mainstay Convertible Fund Class I	\$ -	\$ 810,980	\$ 804,802	\$ 810,980	\$ 6,178
Wells Fargo Bank, N.A.*	Morgan Stanley Ins Intn RE I	\$ -	\$ 949,143	\$ 880,587	\$ 949,143	\$ 68,556
Wells Fargo Bank, N.A.*	Wells Fargo / TRowe Price Inst Eq Inc Mgd CIT F	\$ -	\$ 883,811	\$ 736,954	\$ 883,811	\$ 146,857
Wells Fargo Bank, N.A.*	Wells Fargo Growth CIT F	\$ -	\$ 1,488,953	\$ 1,323,010	\$ 1,488,953	\$ 165,943
Wells Fargo Bank, N.A.*	Wells Fargo Core Bond CIT F	\$ -	\$ 873,395	\$ 821,778	\$ 873,395	\$ 51,617
Wells Fargo Bank, N.A.*	WF/MFS Value CIT F	\$ -	\$ 1,307,818	\$ 1,120,000	\$ 1,307,818	\$ 187,818
Wells Fargo Bank, N.A.*	Wells Fargo / TRowe Price Inst LCG MGD CIT F	\$ -	\$ 1,561,438	\$ 1,204,710	\$ 1,561,438	\$ 356,728
Matrix Trust Company *	Delaware Extended Duration Bond Inst	\$ 5,818,000	\$ -	\$ 5,818,000	\$ 5,818,000	\$ -
Matrix Trust Company *	Pimco Long Term Credit Inst	\$ 5,818,000	\$ -	\$ 5,818,000	\$ 5,818,000	\$ -
Matrix Trust Company *	SPDR S&P 500 ETF Trust	\$ 1,428,503	\$ -	\$ 1,428,503	\$ 1,428,503	\$ -

Columns (e) and (f) have not been presented as this information is not applicable.

* Indicates party-in-interest to the Plan.

Summary of Plan Provisions

This summary has been prepared for valuation purposes only. It summarizes the plan provisions necessary to perform the actuarial valuation. This summary is not a summary plan description or a plan document. You should not rely solely on this summary in making a determination of eligibility for the plan or its benefits.

Effective Date

April 1, 1998; amended and restated January 1, 2015.

Plan Year

Calendar year

Covered Employees

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

Definitions

Vesting Service	A participant shall receive credit for one year of vesting service for each plan year in which 1,000
Credited Service	A participant shall receive credit for one year of credited service for each plan year in which he completes 1,000 hours of service. Credited service
Normal Retirement Date	First of month coincident with or next following the attainment of age 65 and five years of vesting service.
Normal Retirement Benefit	1% of final average compensation times years of service plus .5% of the excess, if any, of final average compensation over the greater of \$10,000 or 1/2 of Covered Compensation for a person attaining Social Security retirement age during the year of determination times years of service up to a

The Poly-Bond, Inc. Retirement Plan
EIN: 57-1013629 Plan: 002
Schedule SB, Part V - Summary of Plan Provisions

Final Average Compensation	Average compensation for the five consecutive calendar years producing the highest average.
Accrued Benefit	The accrued benefit is equal to the normal retirement benefit using the final average compensation and years of credited service as of the date of
Pre-retirement Spouse Benefit	The surviving spouse's benefit required by the Retirement Equity Act, which is the spouse's portion of the 50% joint and survivor annuity that would have been payable had the participant terminated employment on his date of death, survived to his earliest possible retirement date, and begun receiving benefits as a 50% joint and survivor annuity. This benefit is payable at the earliest date the participant could have retired under the plan, but beneficiaries may elect to defer commencement until the participant's normal retirement date.

Eligibility for Benefits

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

Poly-Bond, Inc. Retirement Plan

EIN: 13-3571783 Plan Number: 002

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

December 31, 2015

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Mutual funds				
*	Matrix Trust Company	Blackstone Alt Multi-Strat-I	\$ 130,634	\$ 126,617
*	Matrix Trust Company	Delaware Extended Duration Bond Inst	5,842,538	5,682,912
*	Matrix Trust Company	Dodge & Cox Intl Stock	194,879	157,323
*	Matrix Trust Company	Pimco Commodity Real Return Strategy Inst	111,748	83,807
*	Matrix Trust Company	Pimco Intl Stocks Plus AR Strategy Fund CI I	329,708	286,124
*	Matrix Trust Company	Pimco Long Term Credit Inst	6,405,994	5,691,148
*	Matrix Trust Company	Stone Ridge All Asset Var Rk	160,183	159,306
			13,175,684	12,187,237
Exchange traded funds				
*	Matrix Trust Company	iShares MSCI EAFE ETF	456,629	412,919
*	Matrix Trust Company	iShares Russell 2000 ETF	191,140	167,691
*	Matrix Trust Company	iShares US Real Estate ETF	96,202	96,853
*	Matrix Trust Company	SPDR S&P 500 ETF Trust	1,412,609	1,358,997
*	Matrix Trust Company	SPDR S&P Midcap 400 ETF Trust	269,133	243,117
			2,425,713	2,279,577
Cash and cash equivalents				
*	Matrix Trust Company	Money Market Funds	48,325	48,325
*	Wells Fargo Bank, N.A.	Money Market Funds	272,855	272,855
			321,180	321,180
			\$ 15,922,577	\$ 14,787,994

* Indicates party-in-interest to the Plan.

The Poly-Bond, Inc. Retirement Plan
EIN: 57-1013629 Plan: 002
Schedule SB, Line 26 - Schedule of Active Participant Data

Age	Years of Credited Service							Total
	0-4	5-9	10-14	15-19	20-24	25-29	30+	
< 25	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0
30-34	3	0	0	0	0	0	0	3
35-39	0	2	0	0	0	0	0	2
40-44	2	14	2	0	0	0	0	18
45-49	1	8	2	1	0	0	0	12
50-54	2	6	2	1	1	0	0	12
55-59	4	7	0	0	0	1	0	12
60-64	2	4	0	0	0	0	0	6
65-69	0	0	0	0	0	0	0	0
70+	0	0	0	0	0	0	0	0
Total	14	41	6	2	1	1	0	65

The Poly-Bond, Inc. Retirement Plan
EIN: 57-1013629 Plan: 002
Schedule SB, Part V - Summary of Actuarial Assumptions/Methods

Summary of Actuarial Assumptions

Interest Rates

Funding	The stabilized segment rates as of September 1, 2014: 4.72% for the first 5 years; 6.11% for the next 15 years; and 6.81% thereafter
Maximum Tax Deductible Contribution	The segment rates for September 1, 2014: 1.15% for the first 5 years; 4.06% for the next 15 years; and 5.15% thereafter
PBGC (Standard Method)	The segment rates for January 1, 2015: 1.48% for the first 5 years; 3.77% for the next 15 years; and 4.79% thereafter
ASC 960	An interest rate of 7.00% per year is used to measure liabilities for ASC 960 accounting purposes. This assumption is based on expected long-term rate of return of plan assets and is consistent with the investment policy and current investment allocations of the plan.

Compensation Increases

Not Applicable

Cost of Living Increases

None

Expenses

None

Mortality Rates

Funding and PBGC	The IRS 2015 Static Mortality Table for healthy lives and the disability mortality table stated in Rev. Rul. 96-
ASC 960	RP-2014 Mortality Table.

The Poly-Bond, Inc. Retirement Plan
EIN: 57-1013629 Plan: 002
Schedule SB, Part V - Summary of Actuarial Assumptions/Methods

Mortality Improvement

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

Withdrawal Rates

Below are sample rates of termination.

<u>Age</u>	<u>Males</u>	<u>Females</u>
<30	8.702%	10.248%
30 - 39	5.223%	8.702%
40 - 49	3.741%	4.151%
50 - 59	1.215%	3.062%
60 - 64	12.000%	12.000%
>64	0.000%	0.000%

Retirement Rates

Eligible participants are assumed to retire based on the following:

<u>Age</u>	<u>Annual Rates*</u>
55-59	1%
60-61	7%
62	15%
63-64	10%
65	100%

*At first "Rule of 85" eligibility, retirement rate is assumed to be 25%, regardless of age.

Disability Rates

Below are sample rates of disablement.

<u>Age</u>	<u>Males</u>	<u>Females</u>
<40	0.085%	0.103%
40 - 49	0.176%	0.297%
50 - 59	0.639%	0.590%
60 - 64	1.552%	1.018%
>64	0.000%	0.000%

The Poly-Bond, Inc. Retirement Plan
EIN: 57-1013629 Plan: 002
Schedule SB, Part V - Summary of Actuarial Assumptions/Methods

Commencement Dates and Forms of Payment

All participants are assumed to elect a single life annuity upon retirement. All married participants are assumed to receive death benefits in the form of a joint & 50%

Percentage Married

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

Maximum Limitations

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

Summary of Actuarial Methods

Actuarial Cost Method

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

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

Asset Valuation Method

The actuarial value of assets is equal to the market value of assets adjusted for contributions made after the valuation date and discounted to the valuation date.

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

Date	For Plan Year	Amount of Contribution	Effective Interest Rate	Discounted Contribution
01/16/2015	2015	60,115	6.30%	59,964
02/13/2015	2015	60,115	6.30%	59,684
03/13/2015	2015	60,115	6.30%	59,405
04/10/2015	2015	60,115	6.30%	59,127
05/08/2015	2015	60,115	6.30%	58,851
06/05/2015	2015	60,115	6.30%	58,575
07/16/2015	2015	60,115	6.30%	58,175
08/14/2015	2015	60,115	6.30%	57,893
09/03/2015	2015	60,115	6.30%	57,700
10/16/2015	2015	60,115	6.30%	57,286
11/13/2015	2015	60,115	6.30%	57,018
01/15/2016	2015	60,115	6.30%	56,420
Total		721,380		700,098

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

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

Poly-Bond, Inc. Retirement Plan

EIN: 13-3571783 Plan Number: 002

Schedule H, Line 4j - Schedule of Reportable Transactions

For the year ended December 31, 2015

(a) Identity of Party Involved	(b) Description of Asset, Including Interest Rate and Maturity in Case of a Loan	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) – single transactions in excess of 5% of Plan assets						
Wells Fargo Bank, N.A.*	Wells Fargo Short-Term Investment Fund	\$ 1,450,464	\$ -	\$ 1,450,464	\$ 1,450,464	\$ -
Wells Fargo Bank, N.A.*	Wells Fargo Short-Term Investment Fund	\$ 11,981,906	\$ -	\$ 11,981,906	\$ 11,981,906	\$ -
Wells Fargo Bank, N.A.*	Wells Fargo Short-Term Investment Fund	\$ -	\$ 15,290,119	\$ 15,290,119	\$ 15,290,119	\$ -
Wells Fargo Bank, N.A.*	Edgewood Growth Instl	\$ -	\$ 957,734	\$ 942,418	\$ 957,734	\$ 15,316
Wells Fargo Bank, N.A.*	Janus Contrarian Fund Class I	\$ -	\$ 1,450,464	\$ 1,338,791	\$ 1,450,464	\$ 111,673
Wells Fargo Bank, N.A.*	Natixis Loomis Say Str Inc Y	\$ -	\$ 1,163,615	\$ 1,086,706	\$ 1,163,615	\$ 76,909
Wells Fargo Bank, N.A.*	Mainstay Convertible Fund Class I	\$ -	\$ 810,980	\$ 804,802	\$ 810,980	\$ 6,178
Wells Fargo Bank, N.A.*	Morgan Stanley Ins Intn RE I	\$ -	\$ 949,143	\$ 880,587	\$ 949,143	\$ 68,556
Wells Fargo Bank, N.A.*	Wells Fargo / TRowe Price Inst Eq Inc Mgd CIT F	\$ -	\$ 883,811	\$ 736,954	\$ 883,811	\$ 146,857
Wells Fargo Bank, N.A.*	Wells Fargo Growth CIT F	\$ -	\$ 1,488,953	\$ 1,323,010	\$ 1,488,953	\$ 165,943
Wells Fargo Bank, N.A.*	Wells Fargo Core Bond CIT F	\$ -	\$ 873,395	\$ 821,778	\$ 873,395	\$ 51,617
Wells Fargo Bank, N.A.*	WF/MFS Value CIT F	\$ -	\$ 1,307,818	\$ 1,120,000	\$ 1,307,818	\$ 187,818
Wells Fargo Bank, N.A.*	Wells Fargo / TRowe Price Inst LCG MGD CIT F	\$ -	\$ 1,561,438	\$ 1,204,710	\$ 1,561,438	\$ 356,728
Matrix Trust Company *	Delaware Extended Duration Bond Inst	\$ 5,818,000	\$ -	\$ 5,818,000	\$ 5,818,000	\$ -
Matrix Trust Company *	Pimco Long Term Credit Inst	\$ 5,818,000	\$ -	\$ 5,818,000	\$ 5,818,000	\$ -
Matrix Trust Company *	SPDR S&P 500 ETF Trust	\$ 1,428,503	\$ -	\$ 1,428,503	\$ 1,428,503	\$ -

Columns (e) and (f) have not been presented as this information is not applicable.

* Indicates party-in-interest to the Plan.

Poly-Bond, Inc. Retirement Plan

EIN: 13-3571783 Plan Number: 002

Schedule H, Line 4j - Schedule of Reportable Transactions (cont.)

For the year ended December 31, 2015

(a) Identity of Party Involved	(b) Description of Asset, Including Interest Rate and Maturity in Case of a Loan	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) – series of transactions by issue in excess of 5% of Plan assets						
Wells Fargo Bank, N.A.*	Wells Fargo Short-Term Investment Fund	\$ 14,037,500	\$ -	\$ 14,037,500	\$ 14,037,500	\$ -
Wells Fargo Bank, N.A.*	Wells Fargo Short-Term Investment Fund	\$ -	\$ 15,841,997	\$ 15,841,997	\$ 15,841,997	\$ -
Wells Fargo Bank, N.A.*	Edgewood Growth Instl	\$ -	\$ 957,734	\$ 942,418	\$ 957,734	\$ 15,316
Wells Fargo Bank, N.A.*	Janus Contrarian Fund Class I	\$ -	\$ 1,450,464	\$ 1,338,791	\$ 1,450,464	\$ 111,673
Wells Fargo Bank, N.A.*	Natixis Loomis Say Str Inc Y	\$ 16,552	\$ -	\$ 16,552	\$ 16,552	\$ -
Wells Fargo Bank, N.A.*	Natixis Loomis Say Str Inc Y	\$ -	\$ 1,163,615	\$ 1,086,706	\$ 1,163,615	\$ 76,909
Wells Fargo Bank, N.A.*	Mainstay Convertible Fund Class I	\$ 1,835	\$ -	\$ 1,835	\$ 1,835	\$ -
Wells Fargo Bank, N.A.*	Mainstay Convertible Fund Class I	\$ -	\$ 810,980	\$ 804,802	\$ 810,980	\$ 6,178
Wells Fargo Bank, N.A.*	Morgan Stanley Ins Intn RE I	\$ -	\$ 949,143	\$ 880,587	\$ 949,143	\$ 68,556
Wells Fargo Bank, N.A.*	Wells Fargo / TRowe Price Inst Eq Inc Mgd CIT F	\$ -	\$ 883,811	\$ 736,954	\$ 883,811	\$ 146,857
Wells Fargo Bank, N.A.*	Wells Fargo Growth CIT F	\$ -	\$ 1,488,953	\$ 1,323,010	\$ 1,488,953	\$ 165,943
Wells Fargo Bank, N.A.*	Wells Fargo Core Bond CIT F	\$ -	\$ 873,395	\$ 821,778	\$ 873,395	\$ 51,617
Wells Fargo Bank, N.A.*	WF/MFS Value CIT F	\$ -	\$ 1,307,818	\$ 1,120,000	\$ 1,307,818	\$ 187,818
Wells Fargo Bank, N.A.*	Wells Fargo / TRowe Price Inst LCG MGD CIT F	\$ -	\$ 1,561,438	\$ 1,204,710	\$ 1,561,438	\$ 356,728
Matrix Trust Company *	Delaware Extended Duration Bond Inst	\$ 5,818,000	\$ -	\$ 5,818,000	\$ 5,818,000	\$ -
Matrix Trust Company *	Pimco Long Term Credit Inst	\$ 5,818,000	\$ -	\$ 5,818,000	\$ 5,818,000	\$ -
Matrix Trust Company *	SPDR S&P 500 ETF Trust	\$ 1,428,503	\$ -	\$ 1,428,503	\$ 1,428,503	\$ -

Columns (e) and (f) have not been presented as this information is not applicable.

* Indicates party-in-interest to the Plan.

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

For calendar plan year 2015 or fiscal plan year beginning 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 Poly-Bond, Inc. Retirement Plan	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Chicopee, Inc.	D Employer Identification Number (EIN) 57-1013629	

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B **F** Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2015</u>			
2 Assets:			
a Market value	2a	14,882,770	
b Actuarial value	2b	14,882,770	
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	220	6,863,561	6,863,561
b For terminated vested participants	157	3,252,673	3,252,673
c For active participants	65	1,177,094	1,293,748
d Total	442	11,293,328	11,409,982
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	6.30 %	
6 Target normal cost	6	0	

Statement by Enrolled Actuary

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

SIGN HERE	<i>Joseph K. Meyers (JRM)</i> Signature of actuary	<u>9/29/16</u> Date
Joseph K. Meyers Type or print name of actuary		14-05500 Most recent enrollment number
BPS&M, LLC Firm name		(615) 665-1640 Telephone number (including area code)
5301 Virginia Way Suite 400 Brentwood TN 37027 Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1,197,568
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	0	1,197,568
10 Interest on line 9 using prior year's actual return of <u>5.52</u> %	0	66106
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		700222
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>6.50</u> %		45514
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		745736
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1263674

Part III Funding Percentages

14 Funding target attainment percentage	14	119.36 %
15 Adjusted funding target attainment percentage	15	130.43 %
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	114.80 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/16/2015	60,115		07/16/2015	60,115	
02/13/2015	60,115		08/14/2015	60,115	
03/13/2015	60,115		10/16/2015	60,115	
04/10/2015	60,115		11/13/2015	60,115	
05/08/2015	60,115		09/03/2015	60,115	
06/05/2015	60,115		01/15/2016	60,115	
Totals ▶			18(b)	721,380	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	700,098

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

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

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

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)		31a	0
b Excess assets, if applicable, but not greater than line 31a		31b	
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		0	0
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)		34	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36		0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37		700,098
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	700,098
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39		0
40 Unpaid minimum required contributions for all years	40		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		