Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

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

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 12/01/1985

2a Plan sponsor's name (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)
DECORE-ATIVE SPECIALTIES, INC.

2772 SOUTH PECK RD
MONROVIA, CA 91016

2b Employer Identification Number (EIN)
95-2574629

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

2d Business code (see instructions)
321210

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2016	WILLIAM B SHAW
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	813
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)**	716
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	749
b	Retired or separated participants receiving benefits	**6b**	2
c	Other retired or separated participants entitled to future benefits	**6c**	96
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	847
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	847
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	804
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	116
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2S 2T 3B 3D 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	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)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[ ]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[X]	1	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[ ]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

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

OMB No. 1210-0110

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

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
95-2574629

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
GREAT WEST LIFE AND ANNUITY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
84-0467907	68322	333546-01	440	01/01/2015	12/31/2015

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	3514296
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	3195472
c	Additions: (1) Contributions deposited during the year	7c(1)	235243		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	38018		
	(4) Transferred from separate account	7c(4)	1194062		
	(5) Other (specify below)	7c(5)	112160		
	▶ LOAN PAYMENTS,FORFEITURES				
	(6) Total additions			7c(6)	1579483
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	4774955
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	131713		
	(2) Administration charge made by carrier	7e(2)	702		
	(3) Transferred to separate account	7e(3)	1128244		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	1260659
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	3514296

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
DECORE-ATIVE SPECIALTIES, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
95-2574629

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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(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)

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	85950	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

SAGEVIEW ADVISORY GROUP, LLC

1920 MAIN ST STE 800
IRVINE, CA 92614

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	59664	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CANDACE M. HILK, CPA

964 E BADILLO STREET
#215
COVINA, CA 91724

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	5040	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

ADVISED ASSET GROUP

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	204	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

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

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

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
95-2574629

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	1610919	1455049
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	25792273	26626640
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	3195472	3514296
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	30598664	31595985
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	30598664	31595985

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)	463106	
(B) Participants	2a(1)(B)	1816767	
(C) Others (including rollovers)	2a(1)(C)	51814	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2331687
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	59884	
(F) Other	2b(1)(F)	38018	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		97902
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1220257	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1220257
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-1370411
c Other income	2c		-102386
d Total income. Add all **income** amounts in column (b) and enter total	2d		2177049
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1005225	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1005225
f Corrective distributions (see instructions)	2f		23324
g Certain deemed distributions of participant loans (see instructions)	2g		321
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	86154	
(3) Investment advisory and management fees	2i(3)	64704	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		150858
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1179728
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		997321
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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X		

			Yes	No	N/A	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X		
e	Was this plan covered by a fidelity bond?	4e	X			2000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X			
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X		
l	Has the plan failed to provide any benefit when due under the plan?	4l		X		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X		
o	Did the plan trust incur unrelated business taxable income?	4o				
p	Were in-service distributions made during the plan year?	4p				

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

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
95-2574629

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 84-1455663

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

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

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

Candace M. Hilk
Certified Public Accountant

INDEPENDENT AUDITOR'S REPORT

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

Report on the Financial Statements

I was engaged to audit the accompanying financial statements of the Decore-Ative Specialties, Inc. 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014 and the related statement of changes in net assets available for benefits for the year ended December 31, 2015 and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed me not to perform, and I did not perform, any auditing procedures with respect to the information summarized in Note D, which was certified by the Great-West Trust Company, LLC the trustee of the Plan except for comparing the information with the related information included in the financial statements. I have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2015 and 2014 and for the year ended December 31, 2015, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

964 E. Badillo Street, #215, Covina, CA 91724 (626) 966-4214

Other Matter

The supplemental Schedule of Assets Held at end of year at December 31, 2015 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, I do not express an opinion on the supplemental schedule referred to above.

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

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



Covina, California

October 7, 2016

DECORE-ATIVE SPECIALTIES, INC. 401(k) PROFIT SHARING PLAN
Statements of Net Assets Available for Benefits
December 31, 2015 and 2014

	2015	2014
Assets		
Investments at fair value - Note E	$ 26,626,641	$ 25,792,273
Investment at contract value - Notes F and K	3,514,295	3,195,472
Receivables:		
Notes receivable from participants	1,455,049	1,610,919
Employer's contributions	7,144	6,150
Participants' contributions	31,033	24,866
Total Receivables	1,493,226	1,641,935
Total Assets	31,634,162	30,629,680
Liabilities		
Corrective distributions payable	12,549	21,890
Total Liabilities	12,549	21,890
Net Assets Available for Benefits - Note K	$ 31,621,613	$ 30,607,790

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

DECORE-ATIVE SPECIALTIES, INC. 401(k) PROFIT SHARING PLAN
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2015

Additions

Additions in net assets attributed to :

Investment income:		
Dividends	$	1,220,257
Interest from guaranteed fund		38,018
Interest from participant loans		59,884
Net depreciation in fair value of investments		(1,370,411)
Other income - revenue sharing		65,631
		13,379
Contributions:		
Employer's		464,094
Participants'		1,822,934
Rollovers		51,814
		2,338,842
Total Additions		2,352,221

Deductions

Deductions from net assets attributed to:

Benefits paid to participants (including rollovers)	1,005,226
Corrective distributions	13,976
Professional and investment management fees	64,704
Contractor administration fees	86,154
Bad debt expense - loan distributions	168,338
Total Deductions	1,338,398
Net Increase	1,013,823

Net assets available for benefits

Beginning of year - Note K		30,607,790
End of year	$	31,621,613

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

Note A - Description of Plan

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

General

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

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

The Plan provides the following:

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

Roth deferral feature.

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

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

Contributions

Plan contributions are derived from three sources: participant salary deferrals, discretionary employer matching contributions ($.35 per $1.00 of participant salary deferral to a maximum of 1.75% of compensation, subject to Internal Revenue Service regulation limitations, for the year ended December 31, 2015), and an additional discretionary employer matching contribution applied on a divisional basis ($0 for the year ended December 31, 2015). Discretionary contributions are determined by the Plan's management. In order to be eligible for additional discretionary employer matching contributions, the participant is required to have worked at least 182 days during the Plan year and be an employee on the last day of the Plan year.

Participant Accounts

Each participant's account is credited with his or her salary deferrals, the discretionary employer's matching contribution (allocation previously described), and an allocation of the additional discretionary employer's contribution (if applicable). The allocation of the additional discretionary employer's matching contribution is determined by the Plan's management. Plan

earnings in accordance with investment options available through Great-West Retirement Services (Great-West), are also allocated to the participant's account daily on the basis of participants' account balances. At December 31, 2015, Plan assets were held by Great-West Trust Company, LLC (Trust). According to Great-West, the Trust is an affiliate of Great-West Retirement Services and Great-West Life and Annuity Insurance Company. Plan assets are invested in various mutual fund investments at the direction of each participant. Great-West, operating as Empower Retirement, is considered to be the Plan's custodian (record keeper) in accordance with an applicable service agreement.

Vesting

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

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

Notes Receivable from Participants

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

Payment of Benefits

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

Participant Forfeitures

Forfeitures are distributed to participants (subject to overall regulatory contribution limitations) and reduce employer matching contributions in accordance with Plan requirements. Forfeitures are also available for Plan expenses. Forfeiture/asset holding amounts distributed during 2015 and available at December 31, 2015, were $16,769 and $25,445 respectively.

Corrective Distributions Payable

Excess contributions to the Plan were refunded subsequent to December 31, 2015 in accordance with Internal Revenue Service and ERISA regulations.

Note B - Summary of Accounting Policies

Method of Accounting

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

Valuation of Investments

Mutual fund investments are valued at fair value, using quoted or last traded value as of the valuation date pursuant to the Plan's investment contract. The Key Guaranteed Portfolio Fund (KGP) is a general account product annuity contract offering of the Great-West Life Insurance & Annuity Company. The KGP fund is deemed to be a fully benefit-responsive and is recorded at contract value. Refer to note E.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as (deemed) distributions based upon the terms of the plan document, and accordingly represent amounts considered uncollectible. During the year, the Plan adjusted notes receivable for uncollectible amounts and recorded bad debt expense in the amount of $168,338 the amounts of which are considered deemed distributions for tax purposes.

Administration and Investment-Related Expenses

Administration expenses paid by the Plan during 2015 consisted of professional and management fees in the amount of $64,704 and contractor (record keeper) administration fees of $86,154 (including fees related to loan processing). Such fees are considered by the Plan administrator to be allowable in accordance with the plan document and ERISA regulations as exempt party-in-interest transactions. Refer to note H. Investment-related expenses are included in the net depreciation of fair value of investments.

Estimates

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

Subsequent Events

The Plan has evaluated subsequent events through October 7, 2016, the date the financial statements were available to be issued.

Note C - Plan Termination

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

Note D - Certifications and Investments

The Plan's investments (all participant-directed) as of December 31, 2015 and 2014 and for the year ended December 31, 2015 were held in trust by the Great-West Trust Company, LLC. Investments

are valued as described in Notes B and F. The participant-directed investment choices consist of various mutual funds, including a guaranteed rate portfolio fund (mutual fund variable rates of return less applicable administrative fees) for the years ended December 31, 2015 and 2014.

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

Investment accounts and notes receivable from participants as shown in the statement of net assets available for benefits as of December 31, 2015 and 2014.

Investment income and interest income on notes receivable from participants as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2015.

The schedule of assets held for investment purposes as of December 31, 2015 as shown on the supplemental schedule.

The aggregate fair value of the mutual fund investments was $26,626,641 at December 31, 2015 and $25,792,273 at December 31, 2014. The aggregate net depreciation of the mutual fund investments was $(1,370,411) for the year ended December 31, 2015 and the aggregate net appreciation of the mutual fund investments was $200,499 for the year ended December 31, 2014.

The contract value of the Key Guaranteed Portfolio fund was $3,514,295 at December 31, 2015 and $3,195,472 at December 31, 2014.

Dividends (mutual funds), interest, and interest from notes receivable (participant loans) amounted to $1,220,257, $38,018 and $59,884 respectively for the year ended December 31, 2015 and $1,377,240, $39,791, and $52,528 respectively for the year ended December 31, 2014. Interest income related to notes receivable is recorded on an accrual basis.

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

Note E – Investments at Fair Value - Fair Value Measurement

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

In general, fair values determined by level 1 inputs utilize quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date. Fair values determined by level 2 inputs utilize data points that are observable such as quoted prices for similar or identical assets or liabilities in active or inactive markets and other inputs such as interest rates and

yield curves. Fair values determined by level 3 inputs are unobservable data inputs for the assets and include situations where there is little, if any, market activity for the assets. The Plan had no level 2 or 3 investments at December 31, 2015 or 2014.

The following table presents information about the Plan's assets that are measured at fair value on a recurring basis at December 31, 2015 and 2014 and indicates the fair value hierarchy of the valuation techniques utilized to determine such fair value as required to be reported in accordance with the FASB Accounting Standards Update (ASU) 2015-12:

		Fair Value Measurements Using		
	Year Ended December 31	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
2015:				
Mutual Funds	$ 26,626,641	$ 26,626,641	-	-
2014:				
Mutual Funds	$ 25,792,273	$ 25,792,273	-	-

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

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

Note F – Investments at Contract Value – Fully-Benefit Responsive

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

The KGP fund, which is part of the GWLIAC general account, is invested in corporate fixed maturity investments. Participant principal and interest are guaranteed by the entire general account assets of GWLIAC.

The Plan has reported the KGP fund (fixed account) contract value as contributions plus interest (per crediting interest rate pursuant to the guaranteed rate) less transfers or distributions and less fees. Participants can transfer funds from their account balance based on contract value to another Plan investment option at any time without fees or penalties.

The value of the KGP fund investment (including the forfeitures account) was $3,514,295 at December 31, 2015 and $3,195,472 at December 31, 2014.

Certain events, such as the premature termination of the contract or investment contracts within the KGP fund or plan amendments or plan termination, could affect the participants' ability to transact at contract value. Under such circumstances a lump-sum payment option at market value or at contract

value (which may be deferred to a future date not to exceed 12 months) is available to the Plan. However, Great-West and the Plan administrator do not consider this to be likely or probable.

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

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500 at December 31, 2015 and 2014:

	2015	2014
Net Assets Available for Benefits Per the Financial Statements	$,31,621,613	$ 30,607,790
Less: Contributions Receivable	(38,177)	(31,016)
Add: Corrective Distributions	12,549	21,890
Net Assets Available for Benefits Per the Form 5500	$ 31,595,985	$ 30,598,664

The following is a reconciliation of the changes in net assets available for benefits per the financial statement to Schedule H of Form 5500 for the year ended December 31, 2015:

	2015
Net Increase in Net Assets Available for Benefits Per the Financial Statements	$ 1,013,823
Less: Contributions Receivable 2015	(38,177)
Add: Contributions Receivable 2014	31,016
Add: Corrective Distributions 2015	12,549
Less: Corrective Distributions 2014	(21,890)
Net Increase in Net Assets Available for Benefits Per the Form 5500	$ 997,321

Schedule H “other income” includes prior deemed distributions in the amount of approximately $168K. For financial statement purposes, this amount was included in deductions as bad debt expense – loan distributions.

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

The Key Guaranteed Portfolio Fund investment option was both provided and managed by Great-West (refer to notes A and E) during the years ended December 31, 2015 and 2014. The supplemental schedule of assets held for investment purposes identifies this account to be a party-in-interest transaction considered to be exempt from prohibited transaction regulations in accordance with ERISA.

During the year ended December 31, 2105, Great-West and Sage View Advisory Group (investment advisors) received revenue from certain Plan mutual fund investments (revenue sharing). Such amounts were paid by the mutual funds for administrative services provided by Great-West and Sage View Advisory Group in servicing the Plan. Accordingly, such amounts reduced the return on investments otherwise allocated to the participants. Revenue sharing was calculated as a percentage of such fund assets (approximately .75% in total). Payment to Great-West was $85,950 under such arrangement of which the shared revenue was offset to net depreciation in fair value of investments. Other revenue sharing is reported as other income. Sage View Advisory Group was paid directly by the Plan from such revenue sharing in the amount of $59,664.

Any excess amounts may be used for other Plan expenses or allocated to the accounts of the participants. Payments were made to Advised Asset Group (participant investment advisor) and to Candace M. Hilk, CPA (audit fee) in the amounts of $204 and $5,040 respectively. Such payments are considered exempt party-in-interest transactions. Revenue sharing and/or forfeitures are available for use of professional fees in accordance with the Plan document. The balance available to the Plan at December 31, 2015 was $927. Refer to Note B.

Note I – Tax Status and Plan Restatement

The Plan was restated on December 12, 2014 through the adoption of a prototype plan. Such prototype plan received an opinion letter from the IRS dated March 14, 2014 stating that the form of the prototype plan qualifies under IRS Code section 401a and accordingly, the Plan administrator believes the Plan and trust is in compliance with related Employee Retirement Income Security Act (ERISA) requirements. The Plan was restated to comply with certain regulatory requirements of the Pension Protection Act of 2006.

Accounting principles generally accepted in the United States of America require the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability (none recognized) for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2011.

Note J - Risks and Uncertainties

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

Note K – Adoption of FASB ASU 2015-12 and Restatement

In July 2015, the FASB issued ASU 2015-12, Plan Accounting Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965): Part (I) Fully Benefit-Responsive Investment Contracts, Part (II) Plan Investment Disclosures, and Part (III) Measurement Date Practical Expedient. This three-part standard simplifies employee benefit plan reporting with respect to fully benefit-responsive investment contracts and plan investment disclosures, and provides for a measurement-date practical expedient. Parts I and II are effective for fiscal years beginning after December 15, 2015 and should be applied retrospectively, with early application permitted. Part III is effective for fiscal years beginning after December 15, 2015 and should be applied prospectively, with early application permitted.

Management has elected to adopt Parts I and II early (Part III is not applicable to this Plan). Part I was retrospectively applied by including fully-benefit responsive investment contracts at contract value as a separate line item in the statement of net assets available for benefits at December 31, 2015 and 2014. Beginning net assets available for benefits at December 31, 2014 has been restated from

$30,447,790 to $30,607,790 as a result of recording an adjustment (increase) in the amount of $160,000 related to contract valuation and the adoption of this update. Investment disclosures were adopted in accordance with Part II of the update.

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

SUPPLEMENTAL SCHEDULE

December 31, 2015

Form 5500, Schedule H, Line 4i attachment:

Schedule of Assets Held at End of Year at December 31, 2015

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

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

at End of Year December 31, 2015 All Investments are Participant Directed

(a)	Identity of Issue (b)	Description (c)	Cost (d) n/a	Current Value
*	Key Guaranteed Portfolio Fund	Insurance Company General Account		$ 3,514,296
	American Funds Euro Pacific Growth R6	Mutual Fund		3,387,521
	Barid Core Plus Bond Inst	Mutual Fund		3,621,573
	Alianz NFJ Small Cap Fund A	Mutual Fund		84,374
	DFA Emerging Markets Core Equity I	Mutual Fund		279,295
	Eagle Small Cap Growth R6	Mutual Fund		1,178,991
	Goldman Sachs Mid Value Fund	Mutual Fund		1,447,126
	Invesco Growth & Income A R6	Mutual Fund		3,260,272
	Vanguard High Dividend Yield	Mutual Fund		288,209
	Vanguard 500 Index Admiral	Mutual Fund		4,725,824
	Vanguard Mid Cap Index Fund	Mutual Fund		348,412
	Vanguard Small Cap Index Adm	Mutual Fund		113,447
	MFS Growth R5	Mutual Fund		5,007,965
	Franklin High Income A R6	Mutual Fund		1,387,674
	Franklin Income A R6	Mutual Fund		324,738
	T. Rowe Price Global Technology	Mutual Fund		119,960
	Pimco Real Return Asset Instl	Mutual Fund		1,051,260
	Total			30,140,937
*	Notes Receivable (participant loans) - 4.25% - 9.25% Maturities through August 2026			1,455,049
				$ 31,595,986

* - party-in-interest

See accompanying independent auditor's report

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Decore-Ative Specialties, Inc. 401(k) Profit Sharing Plan
01-JAN-15 to 31-DEC-15

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1RERGX			3,480,348.43	3,387,521.23
1DFCEX			329,783.16	279,295.21
1PRGTX			110,206.30	119,960.44
1PSVIX			115,410.21	84,374.81
1HSRUX			1,237,496.02	1,178,990.80
1VSMAX			118,722.89	113,446.94
1GSMCX			1,864,957.29	1,447,125.79
1VIMAX			363,972.84	348,411.58
1GIFFX			3,554,763.18	3,260,271.73
1MFEKX			4,786,111.00	5,007,964.51
1VFIAX			4,689,622.06	4,725,824.04
1VHDYX			260,872.19	288,208.71
1FNCFX			364,287.53	324,737.91
1BCOIX			3,744,703.50	3,621,572.99
1FHRRX			1,620,542.76	1,387,673.63
1PRAIX			1,152,735.80	1,051,259.83
1KGPF		1.200	3,379,037.64	3,488,851.32
			31,173,572.80	**30,115,491.47**
PARTICIPANT LOANS	VARIOUS	4.250-9.250	1,455,899.93	1,455,048.60
FORFEITURES			24,148.02	25,445.21

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

LEGEND

INVESTMENT OPTION:

1RERGX	American Funds EuroPacific Gr R6	1DFCEX	DFA Emerging Markets Core Equity I
1PRGTX	T. Rowe Price Global Technology	1PSVIX	AllianzGI NFJ Small Cap Value Instl
1HSRUX	Eagle Small Cap Growth R6	1VSMAX	Vanguard Small Cap Index Adm
1GSMCX	Goldman Sachs Mid Cap Value Instl	1VIMAX	Vanguard Mid Cap Index Fund - Admiral
1GIFFX	Invesco Growth and Income R6	1MFEKX	MFS Growth R5
1VFIAX	Vanguard 500 Index Admiral	1VHDYX	Vanguard High Dividend Yield Index Inv
1FNCFX	Franklin Income R6	1BCOIX	Baird Core Plus Bond Inst
1FHRRX	Franklin High Income R6	1PRAIX	PIMCO Real Return Asset Instl
1KGPF	Key Guaranteed Portfolio Fund		

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