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
TOTAL SAFETY U. S. , INC. 401(K) RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2004

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)

TOTAL SAFETY U.S., INC.

11111 WILCREST GREEN
SUITE 300
HOUSTON, TX 77042

2b Employer Identification Number (EIN)
37-1478877

2c Plan Sponsor's telephone number
281-583-6134

2d Business code (see instructions)
339900

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.	10/17/2016	AURORA CHALBAUD-SCHMIDT
	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**	2173
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)**	1895
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1755
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	335
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2090
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	2090
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1070
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	111
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 2T 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
TOTAL SAFETY U. S. , INC. 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TOTAL SAFETY U.S., INC.

D Employer Identification Number (EIN)
37-1478877

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
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(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
71-0294708	86509	YH1115	2090	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
7065	0

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

NFP ADVISOR SERVICES, LLC
BLDG 2 STE 125 1250 S CAPITAL OF TE
WEST LAKE HLS, TX 78746

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7065			3

(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	

(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	

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	3164863
5	Current value of plan's interest under this contract in separate accounts at year end	5	

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 PENSION FUNDING

b	Balance at the end of the previous year			7b	2362513
c	Additions: (1) Contributions deposited during the year	7c(1)	513549		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	32831		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	824250		
	▶ *				
	(6) Total additions			7c(6)	1370630
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	3733143
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	515020		
	(2) Administration charge made by carrier	7e(2)	10928		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	104512		
	▶ *				
	(5) Total deductions			7e(5)	630460
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	3102683

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)**	
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)**	
(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)**	
(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
TOTAL SAFETY U. S. , INC. 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TOTAL SAFETY U.S., INC.

D Employer Identification Number (EIN)
37-1478877

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).. . . . . [X] 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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

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

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

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(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?
26	SERVICE PROVIDER	127072	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

HEIN & ASSOCIATES LLP

84-0749233

(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	10000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NFP ADVISOR SERVICES, LLC

1250 S CAPITAL OF TEXAS HWY
BLDG 2 STE 125
WEST LAKE HLS, TX 78746

(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?
55	BROKER/DEALER	0	Yes [X] No [ ]	Yes [ ] No [X]	74268	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
NFP ADVISOR SERVICES, LLC	55	74268
(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.	
VOYA FINANCIAL PARTNERS, LLC 06-1375177	OTHER COMMISSIONS	

(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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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
TOTAL SAFETY U. S. , INC. 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TOTAL SAFETY U.S., INC.

D Employer Identification Number (EIN)
37-1478877

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)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	897871	1048576
(9) Value of interest in common/collective trusts	1c(9)		
(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)	29569313	27883564
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2362513	3102683
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	32829697	32034823
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 through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	32829697	32034823

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)	740080	
(B) Participants	2a(1)(B)	3309534	
(C) Others (including rollovers)	2a(1)(C)	694863	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4744477
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)	42702	
(F) Other	2b(1)(F)	32831	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		75533
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1270395	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1270395
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-1522712
c Other income	2c		35805
d Total income. Add all **income** amounts in column (b) and enter total	2d		4603498
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5183754	
(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)		5183754
f Corrective distributions (see instructions)	2f		63805
g Certain deemed distributions of participant loans (see instructions)	2g		9733
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)	141080	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		141080
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5398372
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-794874
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: HEIN ASSOCIATES **(2)** EIN: 84-0749233

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			1588
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			500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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				
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
TOTAL SAFETY U. S. , INC. 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TOTAL SAFETY U.S., INC.

D Employer Identification Number (EIN)
37-1478877

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): 71-0294708

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



HEIN

TOTAL SAFETY U.S., INC.
401(k) RETIREMENT PLAN

FINANCIAL STATEMENTS
WITH INDEPENDENT AUDITOR'S REPORT
AND SUPPLEMENTAL SCHEDULES

DECEMBER 31, 2015 AND 2014

TOTAL SAFETY U.S., INC.
401(k) RETIREMENT PLAN

INDEX

	PAGE
INDEPENDENT AUDITOR'S REPORT	1
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5
SUPPLEMENTAL SCHEDULES:	
Schedule H, Line 4(a) – Schedule of Delinquent Participant Contributions	16
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)	17

All other schedules required by 29 CFR Section 2520.103-10 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable or the information required is disclosed in the financial statements and notes thereto.

HEIN

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INDEPENDENT AUDITOR'S REPORT

To the Administrator of
Total Safety U.S., Inc. 401(k) Retirement Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Total Safety U.S., Inc. 401(k) Retirement Plan (the 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

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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by Voya Institutional Trust Company, the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executed transactions. The Plan Administrator has obtained a certification from the trustee as of December 31, 2015 and 2014, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Emphasis of Matter

As discussed in Note 2 to the financial statements, the entity adopted new accounting guidance related to presentation of fair value of certain investments and disclosure of investments. Certain investments are now shown at contract value rather than fair value on the Statement of Net Assets Available for Benefits. Prior year disclosures have also been revised to reflect the retrospective application of adopting these changes in accounting. Our disclaimer of opinion is not modified with respect to these matters.

Other Matter

The supplemental schedules, Schedule H, Line 4(a) – Schedule of Delinquent Participant Contributions for the year ended December 31, 2015 and Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2015, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. These supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

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

Hein & Associates LLP

Houston, Texas
October 14, 2016

TOTAL SAFETY U.S., INC.
401(k) RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	DECEMBER 31,	
	2015	2014
ASSETS		
INVESTMENTS:		
Mutual funds, at fair value	$ 27,883,564	$ 29,569,313
Fixed account, at contract value	3,102,683	2,362,513
Total investments	30,986,247	31,931,826
RECEIVABLES–		
Notes receivable from participants	1,048,576	897,871
Total assets	32,034,823	32,829,697
LIABILITIES		
EXCESS CONTRIBUTIONS PAYABLE	101,144	70,040
Net assets available for benefits	$ 31,933,679	$ 32,759,657

See accompanying notes to these financial statements.

TOTAL SAFETY U.S., INC.
401(k) RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2015

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
INVESTMENT INCOME (LOSS):	
Net depreciation in fair value of investments	$ (1,522,712)
Interest and dividends	1,270,395
Interest from fixed account	32,831
Total investment loss	(219,486)
INTEREST INCOME FROM NOTES RECEIVABLE FROM PARTICIPANTS	42,702
CONTRIBUTIONS:	
Participant contributions	3,309,534
Employer contributions	748,393
Rollover contributions	694,863
Corrective contributions	21,016
Total contributions	4,773,806
Total additions to net assets	4,597,022
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	5,085,007
Administrative fees	141,080
Deemed distributions	196,913
Total deductions from net assets	5,423,000
NET CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	(825,978)
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	32,759,657
NET ASSETS AVAILABLE FOR BENEFITS, end of year	$ 31,933,679

See accompanying notes to these financial statements.

TOTAL SAFETY U.S., INC.
401(k) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2015

1. DESCRIPTION OF PLAN

The following description of the Total Safety U.S., Inc. 401(k) Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more comprehensive description of the Plan's provisions.

General – The Plan was adopted effective January 1, 2004 by Total Safety U.S., Inc. and its affiliates, Total Safety Virgin Island, LLC and WSI Industrial Safety (collectively, the "Company" or the "Employer"). The Plan has been regularly amended and restated in order to comply with the changes in the laws governing tax-qualified plans. The Plan sponsored by the Employer, is an income deferral program under Section 401(a) of the Internal Revenue Code ("IRC") and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and subsequent amendments and revisions.

Eligibility – Participation in the Plan is voluntary. Participation in the Plan is available to all full time employees who have attained age twenty-one and are not covered by a collective bargaining agreement ("Union employees"), or are not considered nonresident aliens. The Participant is eligible to participate in the Plan on the first day of the month following the completion of one month of service. Excluded from the class of eligible employees are union employees, part time/temporary/seasonable employees, and non-resident aliens who do not receive United States source earned income from the Employer.

Administration of the Plan – Voya Institutional Trust Company ("Voya") serves as the Plan's trustee. Duties of the Trustee include, among others, receiving contributions, collecting income, reinvesting the trust fund and making payments from the trust fund as directed. The term "trust fund" refers to all assets of whatever nature held from time to time by the Trustee under the trust without distinction between contributions and income.

Contributions – Eligible participants may elect to defer up to 50% of their qualified compensation, on a pre-tax basis, which is subject to limits imposed by the IRC. For the 2015 Plan year, participant contributions are limited to $18,000. Participants who are aged 50 before December 31, 2015 are eligible to make catch up contributions of up to $6,000 for the 2015 Plan year. In addition, the Employer, on a discretionary basis, may make matching contributions, profit sharing contributions, and/or qualified non-elective contributions. During 2015, the Employer made total Employer contributions of $1,217,761 which was offset by $469,368 in forfeitures for net cash contributions by the Employer of $748,393. During 2014, the Employer made total Employer contributions of $1,309,257 which was offset by $32,435 in forfeitures for net cash contributions by the Employer of $1,276,822.

1. **DESCRIPTION OF PLAN** (continued)

Participant Accounts – Each participant's account is credited with the participant's contribution and allocation of (a) the Employer contributions and (b) plan earnings. Allocations are based on participant compensation or account balances, as defined by the Plan agreement. The benefit to which a participant is entitled is the vested benefit that can be provided from the participant's accounts.

Vesting – Participants are immediately vested with respect to salary deferral and qualified non-elective contributions and related earnings. For all Employer discretionary matching and profit sharing contributions and related earnings, participants are vested twenty-five percent after one year and an additional twenty-five percent for each year thereafter and are fully vested at the completion of four years of service.

Notes Receivable from Participants – Participants are allowed to borrow a minimum of $1,000, up to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account. Interest is charged at the prevailing rate, at the time the note is made, with scheduled repayments to be made through salary deferrals. The notes are typically repaid over a period no longer than five years unless for the purchase of a participant's primary residence, in which the note terms are not to exceed 30 years. Interest rates range from 3.25 percent to 4.25 percent.

Forfeitures – The Plan allows for forfeitures of non-vested Employer matching or profit sharing contributions to be used to offset Employer contributions rather than be allocated to participants. At December 31, 2015 and 2014, the total unallocated forfeitures were $60,303 and $174,379, respectively. During 2015 and 2014, Employer contributions were reduced by $469,368 and $32,432 from forfeited non-vested accounts, respectively.

Payment of Benefits – Generally, under the terms of the Plan agreement, participants become fully vested in their accounts upon retiring or becoming totally disabled prior to their retirement date. Upon the death of a participant while actively employed, their account balance becomes fully vested. Participants terminating employment prior to retirement are entitled to receive that portion of their account which is vested. Benefits are paid as a lump-sum amount as defined in the Plan agreement. In addition, in-service distributions may be made from a participant's account attributable to their pre-tax deferral contributions upon either a participant's incurring a financial hardship or attaining age 59.5, subject to certain conditions and limitations described in the Plan agreement.

2. SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting – The accompanying financial statements have been prepared on the accrual method 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 the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition – The Plan's mutual funds are valued at fair value which is their quoted market price. The investments in the Fixed Account are valued at contract value which is based upon the quoted market values of the underlying assets.

Purchases and sales of securities are recorded on a trade-date basis. Interest and dividends are recorded as earned. Net investment gain (loss) from mutual funds and the Fixed Account includes interest, dividends, realized gains (losses) on sale of investments and unrealized appreciation (depreciation) in value of investments. See Note 7 for discussion of fair value measurements.

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2015 or 2014. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Risks and Uncertainties – The Plan provides for various investments offered by the Trustee. Investment securities, 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 investment securities, it is reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and participant account balances.

2. SUMMARY OF ACCOUNTING POLICIES (continued)

Fees and Expenses – Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net depreciation of fair value of investments.

During the year ended December 31, 2015, administrative expenses paid by the Company totaled approximately $66,000.

Benefits – Benefit payments to participants are recorded upon distribution.

Subsequent Events – The Plan sponsor considered subsequent events through October 14, 2016, on which the Plan's financial statements were available for issuance.

Recent Accounting Pronouncements – In May 2015, the Financial Accounting Standards Board issued Accounting Standards Update No. 2015-07, Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent). The amendments in this Update remove the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. However, sufficient information must be provided to permit reconciliation of the fair value of assets categorized within the fair value hierarchy to the amounts presented in the statement of financial position. The amendments also remove the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the net asset value per share practical expedient. The amendments in this Update are effective for public business entities for fiscal years beginning after December 15, 2015. For all other entities, the amendments in this update are effective for fiscal years beginning after December 15, 2016. Early adoption is permitted. Upon adoption, the amendments shall be applied retrospectively to all periods presented. The Plan adopted this Update for the 2015 plan year, and it was retrospectively applied to December 31, 2014. The impact of adopting this amendment is reflected in the financial statements.

2. SUMMARY OF ACCOUNTING POLICIES (continued)

In July 2015, the Financial Accounting Standards Board issued Accounting Standards Update No. 2015-12, Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965) – (I) Fully Benefit-Responsive Investment Contracts, (II) Plan Investment Disclosures, and (III) Measurement Date Practical Expedient (a consensus of the FASB Emerging Issues Task Force). The purpose of this

Update is to simplify plan accounting. The amendments in Part I of this Update designate contract value as the only required measure for direct investments in fully benefit-responsive investment contracts. Fully benefit-responsive investment contracts will be presented at contract value, accordingly there will no longer be an adjustment from fair value to contract value on the face of the financial statements. The amendments in Part II of this Update will eliminate the requirements for plans to disclose (1) individual investments that represent 5 percent or more of net assets available for benefits and (2) the net appreciation or depreciation for investments by general type for both participant directed investments and nonparticipant-directed investments. The net appreciation or depreciation in investments for the period will still be required to be presented in the aggregate.

In addition, if an investment is measured using the net asset value per share (or its equivalent) practical expedient in Topic 820 and that investment is in a fund that files a U.S. Department of Labor Form 5500, Annual Return/Report of Employee Benefit Plan, as a direct filing entity, disclosure of that investment's strategy will no longer be required. The amendments in Part III of this Update reduce complexity in employee benefit plan accounting by providing a practical expedient that permits plans to measure investments and investment-related accounts as of a month-end date that is closest to the plan's fiscal year-end, when the fiscal period does not coincide with month-end. The Update may be adopted in whole or by part (I, II, and III), as applicable. The amendments in this Update are effective for fiscal years beginning after December 15, 2015. Early adoption is permitted. Upon adoption, the amendments in Parts I and II shall be applied retrospectively to all periods presented; the amendments in Part III shall be applied prospectively. The Plan adopted this Update for the 2015 plan year, and the amendments in Part I and Part II were retrospectively applied to December 31, 2014. The impact of adopting these amendments is reflected in the financial statements.

3. INFORMATION CERTIFIED BY VOYA INSTITUTIONAL TRUST COMPANY

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2015 and 2014, and net appreciation in fair value of investments, interest and dividends for the years ended December 31, 2015 and 2014, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate to the best of their knowledge and belief by Voya for the year ended December 31, 2015. The contract value of the fixed account was certified by the Trustee.

	DECEMBER 31,	
	2015	2014
INVESTMENTS:		
Mutual funds, at fair value	$ 27,883,564	$ 29,569,313
Fixed account, at contract value	$ 3,102,683	2,362,513
Notes receivable from participants	$ 1,048,576	897,871

Voya certified the completeness and accuracy of $1,522,712 of net depreciation in fair value of mutual funds, $1,303,227 of interest and dividends, and $42,702 of interest related to notes receivable from participants for the year ended December 31, 2015.

4. PLAN TERMINATION

Although the Employer has not expressed intent to do so, the Company has the right under the Plan agreement to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of a Plan termination or partial termination, the participants would become fully vested in their entire balance, including Employer contributions.

5. FEDERAL INCOME TAX STATUS

The Plan uses the ING Life Insurance and Annuity Company Defined Contribution Prototype Plan and Trust which received a favorable opinion letter from the Internal Revenue Service ("IRS"), dated March 31, 2008 that indicated that the form of the prototype is acceptable under section 401 of the IRC for use by employers for the benefit of their employees. The Plan has since been amended; however, the Company believes that the Plan is currently designed and being operating in the accordance with applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of American require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Employer has analyzed the tax position taken by the Plan, and has concluded that as of December 31, 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Employer believes it is no longer subject to income tax examinations for years prior to 2011.

6. PARTIES-IN-INTEREST

The Plan invests in various investments managed by Voya Institutional Trust Company. Voya is the Plan's investment trustee as defined in the Plan agreement and, therefore, these transactions qualify as party-in-interest. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. The Plan sponsor pays directly any other fees related to the Plan's operations.

The Plan records notes from participants as receivables on the statement of net assets available for benefits. These transactions qualify as party-in-interest transactions as defined by ERISA. Consequently, such transactions are permitted under the provisions of the Plan and are exempt from the prohibition of party-in-interest transactions under ERISA.

7. FAIR VALUE MEASUREMENTS

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

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

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

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

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

7. **FAIR VALUE MEASUREMENTS** (continued)

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

DECEMBER 31, 2015	LEVEL 1	LEVEL 2	LEVEL 3	TOTAL
Mutual funds	$ 27,883,564	$ –	$ –	$27,883,564
Total assets, at fair value	$ 27,883,564	$ –	$ –	27,883,564
Investments measured at Net Asset Value (NAV)*				3,102,683
Total Investments				$30,986,247

DECEMBER 31, 2014	LEVEL 1	LEVEL 2	LEVEL 3	TOTAL
Mutual funds	$ 29,569,313	$ –	$ –	$ 29,569,313
Total investments, at fair value	$ 29,569,313	$ –	$ –	29,569,313
Investments measured at Net Asset Value (NAV)*				2,362,513
Total Investments				$31,931,826

* Certain investments that were measured at net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

8. FIXED ACCOUNT

The Voya Fixed Account invests primarily in asset-backed contracts that are fully benefit-responsive. These asset-backed contracts have two components: (1) a portfolio of securities or underlying assets and (2) a wrap contract. Pursuant to the contract, the issuer of the contract (wrap provider) undertakes to repay the principal amount deposited plus accrued interest less expenses to fund participant-directed withdrawals, transfers and loans. The crediting rate of the asset-backed contract is a function of the relationship between the market value, yield and duration of the underlying assets versus the contract value. If the positive adjustment for the portion of the net assets attributable to fully benefit-responsive investment contracts from fair value to contract value increases, the crediting rate at the next reset date will be negatively impacted and vice versa. Interest rate change is a key factor that can influence future crediting rates because it impacts the value, yield and duration of the underlying securities.

The net weighted average yield earned, which is different from the interest rate credited to participants, by the entire fund was 1.30% and 3.00% during 2015 and 2014, respectively.

All of the asset-backed contracts held by the Voya Fixed Account are fully participating contracts. In a fully participating contract, the asset and liability risks may be transferred from the wrap provider to the Voya Fixed Account in the event of a termination or non-participant directed withdrawal, transfer or loan. The risk of this event happening is not probable. The wrap provider may terminate a fully benefit-responsive contract and settle at an amount different from the contract value if the wrap provider of the Voya Fixed Account is unable to meet the terms of the contract.

9. RECONCILIATION OF FINANCIAL STATEMENT TO FORM 5500

The following table reconciles net assets available for benefits in the financial statement to the Form 5500 at December 31:

	2015	2014
Net assets available for benefits per the financial statements	$ 31,933,679	$ 32,759,657
Excess contributions payable	101,144	70,040
Net assets available for benefits per the Form 5500	$ 32,034,823	$ 32,829,697

9. RECONCILIATION OF FINANCIAL STATEMENT TO FORM 5500 (continued)

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

Net decrease in net assets per the financial statements	$ 825,978
Excess contribution payable, December 31, 2014	70,040
Excess contributions payable, December 31, 2015	(101,144)
Changes in net assets available for benefits per for Form 5500	$ 794,874

10. CORRECTIVE DISTRIBUTIONS PAYABLE

The Plan failed the discrimination test for the years ended December 31, 2015 and 2014. Corrective distributions of $101,144 and $70,040 as of December 31, 2015 and 2014, respectively, are reflected as a liability in the accompanying statements of net assets available for benefits.

11. NON-EXEMPT PARTY-IN-INTEREST TRANSACTIONS

As reported on the Form 5500, Schedule H, Line 4(a) – Schedule of Delinquent Participation Contributions, $1,588 of participant contributions were not remitted to the Plan within the time frame specified by the Department of Labor ("DOL"), thus constituting non-exempt transactions between the Plan and the Company for the Plan year 2015. The Company is in the process of correcting these untimely remittances including the remittance of lost earnings.

As reported on the Form 5500, Schedule H, Line 4(a) – Schedule of Delinquent Participation Contributions, $100,980 of participant contributions and $23,064 of loan repayments were not remitted to the Plan within the time frame specified by the DOL, thus constituting non-exempt transactions between the Plan and the Company for the Plan year 2014. The Company corrected these untimely remittances, including the remittance of lost earnings, in its January 2015 filing with the DOL.

SUPPLEMENTAL SCHEDULES

TOTAL SAFETY U.S., INC.
401(k) RETIREMENT PLAN

SCHEDULE H, LINE 4(A) – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EIN: 37-1478877 – PLAN NO. 001

YEAR ENDED DECEMBER 31, 2015

		TOTAL THAT CONSTITUTE NONEXEMPT PROHIBITED TRANSACTIONS			
	PARTICIPANT CONTRIBUTIONS TRANSFERRED LATE TO PLAN	CONTRIBUTIONS NOT CORRECTED	CONTRIBUTIONS CORRECTED OUTSIDE VFCP	CONTRIBUTIONS PENDING CORRECTION IN VFCP	TOTAL FULLY CORRECTED UNDER VFCP AND PTE 2002-51
(1)	$ 124,044	$ –	$ –	$ –	$ 124,044
(2)	$ 1,588	$ 1,588	$ –	$ –	$ –

There were unintentional delays by the Company in submitting participant loan repayments to the Plan.

(1) During 2014, the Company identified and corrected, with missed earnings, $124,044 in late remittances to the Plan. This included $100,980 in late participant contributions and $23,064 in late participant loan repayments in its January 2015 filing with the Department of Labor.

(2) During 2015, the Company identified $1,588 in late remittances of employee contributions to the Plan.

TOTAL SAFETY U.S., INC.
401(k) RETIREMENT PLAN

SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 37-1478877 – PLAN NO. 001

DECEMBER 31, 2015

	(a) (b) (c) IDENTITY OF ISSUER/DESCRIPTION OF INVESTMENT/ MATURITY DATE/RATE OF INTEREST	(e) CURRENT VALUE
*	Voya Money Market Fund	$ 60,303
	American Funds America Balanced Fund	681,596
	Vanguard LifeStrategy Conservative Growth Fund	137,536
	Vanguard LifeStrategy Growth Fund	6,878,388
	Vanguard LifeStrategy Income Fund	1,122,814
	Vanguard LifeStrategy Moderate Growth Fund	6,952,523
	Oppenheimer International Bond Fund	96,084
	PIMCO Real Return Fund	395,163
	PIMCO Total Return Fund	538,033
	Pioneer Strategic Income Fund	184,369
	Western Asset High Yield Fund	232,352
	American Funds EuroPacific Growth Fund	269,189
	American Funds Growth Fund	283,328
	American Funds New Perspective Fund	291,734
	ClearBridge Small Cap Growth Fund	161,552
	DFA Emerging Markets Portfolio Fund	313,540
	American Funds Investment Company Fund	568,879
	American Funds Washington Mutual Investors	368,827
	Invesco Diversified Dividend Fund	772,331
	MFS International Value Fund	420,198
	Vanguard Total Stock Market Index Fund	998,720
	AMG Yacktman Fund	97,756
*	Voya Large Cap Growth Portfolio Fund	932,441
	Invesco Energy Fund	419,980
	Ivy Science and Technology Fund	284,492
	JPMorgan Mid Cap Value Fund	818,789
	MFS Utilities Fund	187,638
	T. Rowe Price Health Science Fund	1,009,411
	Vanguard Mid Cap Index Fund	513,477
*	Voya Multi-Manager International Small Cap Fund	169,206
	Davis Financial Fund	163,100
	Fidelity Advisors Real Estate Fund	497,352
	Franklin Small Cap Growth Fund	379,059

See accompanying independent auditor's report.

TOTAL SAFETY U.S., INC.
401(k) RETIREMENT PLAN

SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 37-1478877 – PLAN NO. 001

DECEMBER 31, 2015

	(a) (b) (c) IDENTITY OF ISSUER/DESCRIPTION OF INVESTMENT/ MATURITY DATE/RATE OF INTEREST	(e) CURRENT VALUE
	Vanguard Small Cap Index Fund	436,063
	Victory Small Cap Opportunity Fund	247,341
	Total mutual funds	27,883,564
*	Voya Fixed Account	3,102,683
*	Notes receivable from participants (3.25% to 4.25%, maturing at various dates through 2045)	1,048,576
	Total assets held at end of year	$ 32,034,823

* Denotes party-in-interest

Cost information is omitted as all investments are participant-directed.

See accompanying independent auditor's report.

Attachment to 2015 Form 5500
Schedule H, line 4i - Schedule of Assets
(Held at End of Year)

Total Safety U.s., Inc. 401(k) Retirement Plan
EIN#37-1478877
Plan#001
As Of December 31, 2015

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity date	(d)Cost	(e) Current Value
	American Funds Am Balancd R6	Registered Investment Company		$681,597
	American Funds EuroPacific R6	Registered Investment Company		$269,188
	American Funds Growth Fnd R6	Registered Investment Company		$283,328
	American Funds Inv Co Am R6	Registered Investment Company		$568,879
	American Funds Nw Prspctv R6	Registered Investment Company		$291,734
	American Funds Wash Mtual R6	Registered Investment Company		$368,827
	AMG Yacktman Fund Srv	Registered Investment Company		$97,756
	ClrBrg SmCp Grw Fd IS	Registered Investment Company		$161,552
	Davis Financial Fund A	Registered Investment Company		$163,100
	DFA Emerging Markets Port Ins	Registered Investment Company		$313,540
	Fidelity Adv Real Est Fd I	Registered Investment Company		$497,352
	Franklin Sm Cap Growth Fnd A	Registered Investment Company		$379,059
	Invesco Divrsd Dividend Fd R6	Registered Investment Company		$772,331
	Invesco Energy Fund R5	Registered Investment Company		$419,980
	Ivy Science & Technology Fnd I	Registered Investment Company		$284,492
	JPMorgan Mid Cap Value Fnd I	Registered Investment Company		$818,790
	MFS International Value Fnd R5	Registered Investment Company		$420,198
	MFS Utilities Fund R5	Registered Investment Company		$187,638
	Oppenhmr Intl Bond Fnd I	Registered Investment Company		$96,084
	PIMCO Real Return Fund Ins	Registered Investment Company		$395,163
	PIMCO Total Return Fund Ins	Registered Investment Company		$538,033
	Pioneer Strategic Income Fnd K	Registered Investment Company		$184,369
	TRwPr Health Sciences Fund	Registered Investment Company		$1,009,411
	Vangrd LifeStrat Cns Gr Fd Inv	Registered Investment Company		$137,536
	Vangrd LifeStrat Grw Fd Inv	Registered Investment Company		$6,878,388
	Vangrd LifeStrat Inc Fd Inv	Registered Investment Company		$1,122,814
	Vangrd LifeStrat Md Grw Fd Inv	Registered Investment Company		$6,952,523
	Vangrd Mid-Cap Index Fund Adm	Registered Investment Company		$513,477
	Vangrd SmlCp Indx Fd Admiral	Registered Investment Company		$436,063
	Vangrd Tot St Mkt Indx Fd Adm	Registered Investment Company		$998,719
	Victory Sycmr Sm Comp Opp Fd I	Registered Investment Company		$247,341
*	Voya Fixed Account	Insurance Company General Account		$3,102,683
*	Voya Large Cap Growth Prt Ins	Registered Investment Company		$932,441
*	Voya MltMgr Intl Sm Cap Fd I	Registered Investment Company		$169,206
*	Voya Mny Mkt Fd A	Registered Investment Company		$60,303
	WstAsst High Yield Fund IS	Registered Investment Company		$232,352
		Participant Loans - Rates 4.25% to 4.25%		$1,048,576
	TOTAL			$32,034,823

* denotes party-in-interest
Column (d) is not required as the Plan's investments are totally participant directed.



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TOTAL SAFETY U.S., INC.
401(k) RETIREMENT PLAN

FINANCIAL STATEMENTS
WITH INDEPENDENT AUDITOR'S REPORT
AND SUPPLEMENTAL SCHEDULES

DECEMBER 31, 2015 AND 2014

TOTAL SAFETY U.S., INC.
401(k) RETIREMENT PLAN

INDEX

	PAGE
INDEPENDENT AUDITOR'S REPORT	1
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5
SUPPLEMENTAL SCHEDULES:	
Schedule H, Line 4(a) – Schedule of Delinquent Participant Contributions	16
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)	17

All other schedules required by 29 CFR Section 2520.103-10 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable or the information required is disclosed in the financial statements and notes thereto.

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INDEPENDENT AUDITOR'S REPORT

To the Administrator of
Total Safety U.S., Inc. 401(k) Retirement Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Total Safety U.S., Inc. 401(k) Retirement Plan (the 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

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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by Voya Institutional Trust Company, the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executed transactions. The Plan Administrator has obtained a certification from the trustee as of December 31, 2015 and 2014, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Emphasis of Matter

As discussed in Note 2 to the financial statements, the entity adopted new accounting guidance related to presentation of fair value of certain investments and disclosure of investments. Certain investments are now shown at contract value rather than fair value on the Statement of Net Assets Available for Benefits. Prior year disclosures have also been revised to reflect the retrospective application of adopting these changes in accounting. Our disclaimer of opinion is not modified with respect to these matters.

Other Matter

The supplemental schedules, Schedule H, Line 4(a) – Schedule of Delinquent Participant Contributions for the year ended December 31, 2015 and Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2015, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. These supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

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

Hein & Associates LLP

Houston, Texas
October 14, 2016

TOTAL SAFETY U.S., INC.
401(k) RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	DECEMBER 31,	
	2015	2014
ASSETS		
INVESTMENTS:		
Mutual funds, at fair value	$ 27,883,564	$ 29,569,313
Fixed account, at contract value	3,102,683	2,362,513
Total investments	30,986,247	31,931,826
RECEIVABLES–		
Notes receivable from participants	1,048,576	897,871
Total assets	32,034,823	32,829,697
LIABILITIES		
EXCESS CONTRIBUTIONS PAYABLE	101,144	70,040
Net assets available for benefits	$ 31,933,679	$ 32,759,657

See accompanying notes to these financial statements.

TOTAL SAFETY U.S., INC.
401(k) RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2015

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
INVESTMENT INCOME (LOSS):	
Net depreciation in fair value of investments	$ (1,522,712)
Interest and dividends	1,270,395
Interest from fixed account	32,831
Total investment loss	(219,486)
INTEREST INCOME FROM NOTES RECEIVABLE FROM PARTICIPANTS	42,702
CONTRIBUTIONS:	
Participant contributions	3,309,534
Employer contributions	748,393
Rollover contributions	694,863
Corrective contributions	21,016
Total contributions	4,773,806
Total additions to net assets	4,597,022
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	5,085,007
Administrative fees	141,080
Deemed distributions	196,913
Total deductions from net assets	5,423,000
NET CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	(825,978)
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	32,759,657
NET ASSETS AVAILABLE FOR BENEFITS, end of year	$ 31,933,679

See accompanying notes to these financial statements.

TOTAL SAFETY U.S., INC.
401(k) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2015

1. DESCRIPTION OF PLAN

The following description of the Total Safety U.S., Inc. 401(k) Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more comprehensive description of the Plan's provisions.

General – The Plan was adopted effective January 1, 2004 by Total Safety U.S., Inc. and its affiliates, Total Safety Virgin Island, LLC and WSI Industrial Safety (collectively, the "Company" or the "Employer"). The Plan has been regularly amended and restated in order to comply with the changes in the laws governing tax-qualified plans. The Plan sponsored by the Employer, is an income deferral program under Section 401(a) of the Internal Revenue Code ("IRC") and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and subsequent amendments and revisions.

Eligibility – Participation in the Plan is voluntary. Participation in the Plan is available to all full time employees who have attained age twenty-one and are not covered by a collective bargaining agreement ("Union employees"), or are not considered nonresident aliens. The Participant is eligible to participate in the Plan on the first day of the month following the completion of one month of service. Excluded from the class of eligible employees are union employees, part time/temporary/seasonable employees, and non-resident aliens who do not receive United States source earned income from the Employer.

Administration of the Plan – Voya Institutional Trust Company ("Voya") serves as the Plan's trustee. Duties of the Trustee include, among others, receiving contributions, collecting income, reinvesting the trust fund and making payments from the trust fund as directed. The term "trust fund" refers to all assets of whatever nature held from time to time by the Trustee under the trust without distinction between contributions and income.

Contributions – Eligible participants may elect to defer up to 50% of their qualified compensation, on a pre-tax basis, which is subject to limits imposed by the IRC. For the 2015 Plan year, participant contributions are limited to $18,000. Participants who are aged 50 before December 31, 2015 are eligible to make catch up contributions of up to $6,000 for the 2015 Plan year. In addition, the Employer, on a discretionary basis, may make matching contributions, profit sharing contributions, and/or qualified non-elective contributions. During 2015, the Employer made total Employer contributions of $1,217,761 which was offset by $469,368 in forfeitures for net cash contributions by the Employer of $748,393. During 2014, the Employer made total Employer contributions of $1,309,257 which was offset by $32,435 in forfeitures for net cash contributions by the Employer of $1,276,822.

1. **DESCRIPTION OF PLAN** (continued)

Participant Accounts – Each participant's account is credited with the participant's contribution and allocation of (a) the Employer contributions and (b) plan earnings. Allocations are based on participant compensation or account balances, as defined by the Plan agreement. The benefit to which a participant is entitled is the vested benefit that can be provided from the participant's accounts.

Vesting – Participants are immediately vested with respect to salary deferral and qualified non-elective contributions and related earnings. For all Employer discretionary matching and profit sharing contributions and related earnings, participants are vested twenty-five percent after one year and an additional twenty-five percent for each year thereafter and are fully vested at the completion of four years of service.

Notes Receivable from Participants – Participants are allowed to borrow a minimum of $1,000, up to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account. Interest is charged at the prevailing rate, at the time the note is made, with scheduled repayments to be made through salary deferrals. The notes are typically repaid over a period no longer than five years unless for the purchase of a participant's primary residence, in which the note terms are not to exceed 30 years. Interest rates range from 3.25 percent to 4.25 percent.

Forfeitures – The Plan allows for forfeitures of non-vested Employer matching or profit sharing contributions to be used to offset Employer contributions rather than be allocated to participants. At December 31, 2015 and 2014, the total unallocated forfeitures were $60,303 and $174,379, respectively. During 2015 and 2014, Employer contributions were reduced by $469,368 and $32,432 from forfeited non-vested accounts, respectively.

Payment of Benefits – Generally, under the terms of the Plan agreement, participants become fully vested in their accounts upon retiring or becoming totally disabled prior to their retirement date. Upon the death of a participant while actively employed, their account balance becomes fully vested. Participants terminating employment prior to retirement are entitled to receive that portion of their account which is vested. Benefits are paid as a lump-sum amount as defined in the Plan agreement. In addition, in-service distributions may be made from a participant's account attributable to their pre-tax deferral contributions upon either a participant's incurring a financial hardship or attaining age 59.5, subject to certain conditions and limitations described in the Plan agreement.

2. SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting – The accompanying financial statements have been prepared on the accrual method 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 the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition – The Plan's mutual funds are valued at fair value which is their quoted market price. The investments in the Fixed Account are valued at contract value which is based upon the quoted market values of the underlying assets.

Purchases and sales of securities are recorded on a trade-date basis. Interest and dividends are recorded as earned. Net investment gain (loss) from mutual funds and the Fixed Account includes interest, dividends, realized gains (losses) on sale of investments and unrealized appreciation (depreciation) in value of investments. See Note 7 for discussion of fair value measurements.

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2015 or 2014. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Risks and Uncertainties – The Plan provides for various investments offered by the Trustee. Investment securities, 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 investment securities, it is reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and participant account balances.

2. SUMMARY OF ACCOUNTING POLICIES (continued)

Fees and Expenses – Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net depreciation of fair value of investments.

During the year ended December 31, 2015, administrative expenses paid by the Company totaled approximately $66,000.

Benefits – Benefit payments to participants are recorded upon distribution.

Subsequent Events – The Plan sponsor considered subsequent events through October 14, 2016, on which the Plan's financial statements were available for issuance.

Recent Accounting Pronouncements – In May 2015, the Financial Accounting Standards Board issued Accounting Standards Update No. 2015-07, Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent). The amendments in this Update remove the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. However, sufficient information must be provided to permit reconciliation of the fair value of assets categorized within the fair value hierarchy to the amounts presented in the statement of financial position. The amendments also remove the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the net asset value per share practical expedient. The amendments in this Update are effective for public business entities for fiscal years beginning after December 15, 2015. For all other entities, the amendments in this update are effective for fiscal years beginning after December 15, 2016. Early adoption is permitted. Upon adoption, the amendments shall be applied retrospectively to all periods presented. The Plan adopted this Update for the 2015 plan year, and it was retrospectively applied to December 31, 2014. The impact of adopting this amendment is reflected in the financial statements.

2. SUMMARY OF ACCOUNTING POLICIES (continued)

In July 2015, the Financial Accounting Standards Board issued Accounting Standards Update No. 2015-12, Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965) – (I) Fully Benefit-Responsive Investment Contracts, (II) Plan Investment Disclosures, and (III) Measurement Date Practical Expedient (a consensus of the FASB Emerging Issues Task Force). The purpose of this

Update is to simplify plan accounting. The amendments in Part I of this Update designate contract value as the only required measure for direct investments in fully benefit-responsive investment contracts. Fully benefit-responsive investment contracts will be presented at contract value, accordingly there will no longer be an adjustment from fair value to contract value on the face of the financial statements. The amendments in Part II of this Update will eliminate the requirements for plans to disclose (1) individual investments that represent 5 percent or more of net assets available for benefits and (2) the net appreciation or depreciation for investments by general type for both participant directed investments and nonparticipant-directed investments. The net appreciation or depreciation in investments for the period will still be required to be presented in the aggregate.

In addition, if an investment is measured using the net asset value per share (or its equivalent) practical expedient in Topic 820 and that investment is in a fund that files a U.S. Department of Labor Form 5500, Annual Return/Report of Employee Benefit Plan, as a direct filing entity, disclosure of that investment's strategy will no longer be required. The amendments in Part III of this Update reduce complexity in employee benefit plan accounting by providing a practical expedient that permits plans to measure investments and investment-related accounts as of a month-end date that is closest to the plan's fiscal year-end, when the fiscal period does not coincide with month-end. The Update may be adopted in whole or by part (I, II, and III), as applicable. The amendments in this Update are effective for fiscal years beginning after December 15, 2015. Early adoption is permitted. Upon adoption, the amendments in Parts I and II shall be applied retrospectively to all periods presented; the amendments in Part III shall be applied prospectively. The Plan adopted this Update for the 2015 plan year, and the amendments in Part I and Part II were retrospectively applied to December 31, 2014. The impact of adopting these amendments is reflected in the financial statements.

3. INFORMATION CERTIFIED BY VOYA INSTITUTIONAL TRUST COMPANY

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2015 and 2014, and net appreciation in fair value of investments, interest and dividends for the years ended December 31, 2015 and 2014, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate to the best of their knowledge and belief by Voya for the year ended December 31, 2015. The contract value of the fixed account was certified by the Trustee.

	DECEMBER 31,	
	2015	2014
INVESTMENTS:		
Mutual funds, at fair value	$ 27,883,564	$ 29,569,313
Fixed account, at contract value	$ 3,102,683	2,362,513
Notes receivable from participants	$ 1,048,576	897,871

Voya certified the completeness and accuracy of $1,522,712 of net depreciation in fair value of mutual funds, $1,303,227 of interest and dividends, and $42,702 of interest related to notes receivable from participants for the year ended December 31, 2015.

4. PLAN TERMINATION

Although the Employer has not expressed intent to do so, the Company has the right under the Plan agreement to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of a Plan termination or partial termination, the participants would become fully vested in their entire balance, including Employer contributions.

5. FEDERAL INCOME TAX STATUS

The Plan uses the ING Life Insurance and Annuity Company Defined Contribution Prototype Plan and Trust which received a favorable opinion letter from the Internal Revenue Service ("IRS"), dated March 31, 2008 that indicated that the form of the prototype is acceptable under section 401 of the IRC for use by employers for the benefit of their employees. The Plan has since been amended; however, the Company believes that the Plan is currently designed and being operating in the accordance with applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of American require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Employer has analyzed the tax position taken by the Plan, and has concluded that as of December 31, 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Employer believes it is no longer subject to income tax examinations for years prior to 2011.

6. PARTIES-IN-INTEREST

The Plan invests in various investments managed by Voya Institutional Trust Company. Voya is the Plan's investment trustee as defined in the Plan agreement and, therefore, these transactions qualify as party-in-interest. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. The Plan sponsor pays directly any other fees related to the Plan's operations.

The Plan records notes from participants as receivables on the statement of net assets available for benefits. These transactions qualify as party-in-interest transactions as defined by ERISA. Consequently, such transactions are permitted under the provisions of the Plan and are exempt from the prohibition of party-in-interest transactions under ERISA.

7. FAIR VALUE MEASUREMENTS

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

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

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

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

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

7. **FAIR VALUE MEASUREMENTS** (continued)

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

DECEMBER 31, 2015	LEVEL 1	LEVEL 2	LEVEL 3	TOTAL
Mutual funds	$ 27,883,564	$ –	$ –	$27,883,564
Total assets, at fair value	$ 27,883,564	$ –	$ –	27,883,564
Investments measured at Net Asset Value (NAV)*				3,102,683
Total Investments				$30,986,247

DECEMBER 31, 2014	LEVEL 1	LEVEL 2	LEVEL 3	TOTAL
Mutual funds	$ 29,569,313	$ –	$ –	$ 29,569,313
Total investments, at fair value	$ 29,569,313	$ –	$ –	29,569,313
Investments measured at Net Asset Value (NAV)*				2,362,513
Total Investments				$31,931,826

* Certain investments that were measured at net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

8. FIXED ACCOUNT

The Voya Fixed Account invests primarily in asset-backed contracts that are fully benefit-responsive. These asset-backed contracts have two components: (1) a portfolio of securities or underlying assets and (2) a wrap contract. Pursuant to the contract, the issuer of the contract (wrap provider) undertakes to repay the principal amount deposited plus accrued interest less expenses to fund participant-directed withdrawals, transfers and loans. The crediting rate of the asset-backed contract is a function of the relationship between the market value, yield and duration of the underlying assets versus the contract value. If the positive adjustment for the portion of the net assets attributable to fully benefit-responsive investment contracts from fair value to contract value increases, the crediting rate at the next reset date will be negatively impacted and vice versa. Interest rate change is a key factor that can influence future crediting rates because it impacts the value, yield and duration of the underlying securities.

The net weighted average yield earned, which is different from the interest rate credited to participants, by the entire fund was 1.30% and 3.00% during 2015 and 2014, respectively.

All of the asset-backed contracts held by the Voya Fixed Account are fully participating contracts. In a fully participating contract, the asset and liability risks may be transferred from the wrap provider to the Voya Fixed Account in the event of a termination or non-participant directed withdrawal, transfer or loan. The risk of this event happening is not probable. The wrap provider may terminate a fully benefit-responsive contract and settle at an amount different from the contract value if the wrap provider of the Voya Fixed Account is unable to meet the terms of the contract.

9. RECONCILIATION OF FINANCIAL STATEMENT TO FORM 5500

The following table reconciles net assets available for benefits in the financial statement to the Form 5500 at December 31:

	2015	2014
Net assets available for benefits per the financial statements	$ 31,933,679	$ 32,759,657
Excess contributions payable	101,144	70,040
Net assets available for benefits per the Form 5500	$ 32,034,823	$ 32,829,697

9. RECONCILIATION OF FINANCIAL STATEMENT TO FORM 5500 (continued)

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

Net decrease in net assets per the financial statements	$ 825,978
Excess contribution payable, December 31, 2014	70,040
Excess contributions payable, December 31, 2015	(101,144)
Changes in net assets available for benefits per for Form 5500	$ 794,874

10. CORRECTIVE DISTRIBUTIONS PAYABLE

The Plan failed the discrimination test for the years ended December 31, 2015 and 2014. Corrective distributions of $101,144 and $70,040 as of December 31, 2015 and 2014, respectively, are reflected as a liability in the accompanying statements of net assets available for benefits.

11. NON-EXEMPT PARTY-IN-INTEREST TRANSACTIONS

As reported on the Form 5500, Schedule H, Line 4(a) – Schedule of Delinquent Participation Contributions, $1,588 of participant contributions were not remitted to the Plan within the time frame specified by the Department of Labor ("DOL"), thus constituting non-exempt transactions between the Plan and the Company for the Plan year 2015. The Company is in the process of correcting these untimely remittances including the remittance of lost earnings.

As reported on the Form 5500, Schedule H, Line 4(a) – Schedule of Delinquent Participation Contributions, $100,980 of participant contributions and $23,064 of loan repayments were not remitted to the Plan within the time frame specified by the DOL, thus constituting non-exempt transactions between the Plan and the Company for the Plan year 2014. The Company corrected these untimely remittances, including the remittance of lost earnings, in its January 2015 filing with the DOL.

SUPPLEMENTAL SCHEDULES

TOTAL SAFETY U.S., INC.
401(k) RETIREMENT PLAN

SCHEDULE H, LINE 4(A) – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EIN: 37-1478877 – PLAN NO. 001

YEAR ENDED DECEMBER 31, 2015

		TOTAL THAT CONSTITUTE NONEXEMPT PROHIBITED TRANSACTIONS			
	PARTICIPANT CONTRIBUTIONS TRANSFERRED LATE TO PLAN	CONTRIBUTIONS NOT CORRECTED	CONTRIBUTIONS CORRECTED OUTSIDE VFCP	CONTRIBUTIONS PENDING CORRECTION IN VFCP	TOTAL FULLY CORRECTED UNDER VFCP AND PTE 2002-51
(1)	$ 124,044	$ –	$ –	$ –	$ 124,044
(2)	$ 1,588	$ 1,588	$ –	$ –	$ –

There were unintentional delays by the Company in submitting participant loan repayments to the Plan.

(1) During 2014, the Company identified and corrected, with missed earnings, $124,044 in late remittances to the Plan. This included $100,980 in late participant contributions and $23,064 in late participant loan repayments in its January 2015 filing with the Department of Labor.

(2) During 2015, the Company identified $1,588 in late remittances of employee contributions to the Plan.

TOTAL SAFETY U.S., INC.
401(k) RETIREMENT PLAN

SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 37-1478877 – PLAN NO. 001

DECEMBER 31, 2015

	(a) (b) (c) IDENTITY OF ISSUER/DESCRIPTION OF INVESTMENT/ MATURITY DATE/RATE OF INTEREST	(e) CURRENT VALUE
*	Voya Money Market Fund	$ 60,303
	American Funds America Balanced Fund	681,596
	Vanguard LifeStrategy Conservative Growth Fund	137,536
	Vanguard LifeStrategy Growth Fund	6,878,388
	Vanguard LifeStrategy Income Fund	1,122,814
	Vanguard LifeStrategy Moderate Growth Fund	6,952,523
	Oppenheimer International Bond Fund	96,084
	PIMCO Real Return Fund	395,163
	PIMCO Total Return Fund	538,033
	Pioneer Strategic Income Fund	184,369
	Western Asset High Yield Fund	232,352
	American Funds EuroPacific Growth Fund	269,189
	American Funds Growth Fund	283,328
	American Funds New Perspective Fund	291,734
	ClearBridge Small Cap Growth Fund	161,552
	DFA Emerging Markets Portfolio Fund	313,540
	American Funds Investment Company Fund	568,879
	American Funds Washington Mutual Investors	368,827
	Invesco Diversified Dividend Fund	772,331
	MFS International Value Fund	420,198
	Vanguard Total Stock Market Index Fund	998,720
	AMG Yacktman Fund	97,756
*	Voya Large Cap Growth Portfolio Fund	932,441
	Invesco Energy Fund	419,980
	Ivy Science and Technology Fund	284,492
	JPMorgan Mid Cap Value Fund	818,789
	MFS Utilities Fund	187,638
	T. Rowe Price Health Science Fund	1,009,411
	Vanguard Mid Cap Index Fund	513,477
*	Voya Multi-Manager International Small Cap Fund	169,206
	Davis Financial Fund	163,100
	Fidelity Advisors Real Estate Fund	497,352
	Franklin Small Cap Growth Fund	379,059

See accompanying independent auditor's report.

TOTAL SAFETY U.S., INC.
401(k) RETIREMENT PLAN

SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 37-1478877 – PLAN NO. 001

DECEMBER 31, 2015

	(a) (b) (c) IDENTITY OF ISSUER/DESCRIPTION OF INVESTMENT/ MATURITY DATE/RATE OF INTEREST	(e) CURRENT VALUE
	Vanguard Small Cap Index Fund	436,063
	Victory Small Cap Opportunity Fund	247,341
	Total mutual funds	27,883,564
*	Voya Fixed Account	3,102,683
*	Notes receivable from participants (3.25% to 4.25%, maturing at various dates through 2045)	1,048,576
	Total assets held at end of year	$ 32,034,823

* Denotes party-in-interest

Cost information is omitted as all investments are participant-directed.

See accompanying independent auditor's report.