

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or	
	☒ a single-employer plan;	☐ a DFE (specify) _____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	<u>POLYMER GROUP, INC. RETIREMENT SAVINGS PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
		1c Effective date of plan	<u>03/15/1995</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	2b Employer Identification Number (EIN) <u>57-1013629</u> 2c Plan Sponsor's telephone number <u>704-697-5214</u> 2d Business code (see instructions) <u>315990</u>		
<u>CHICOPEE, INC.</u> <u>C/O POLYMER GROUP, INC.</u> <u>9335 HARRIS CORNERS PARKWAY</u> <u>SUITE 300</u> <u>CHARLOTTE, NC 28269</u>	<u>9335 HARRIS CORNERS PARKWAY</u> <u>SUITE 300</u> <u>CHARLOTTE, NC 28269</u>		

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2016	DAVID BERKMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2016	DAVID BERKMAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 1047
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) 749
a(2) Total number of active participants at the end of the plan year	6a(2) 1110
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 456
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 1566
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 11
f Total. Add lines 6d and 6e	6f 1577
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g 1561
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 33
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan POLYMER GROUP, INC. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CHICOPEE, INC.	D Employer Identification Number (EIN) 57-1013629	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
AMERICAN BEACON
75-2401150

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
AMERICAN CENTURY INVESTMENTS
44-6006315

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
DIMENSIONAL FUND ADVISORS
22-2370029

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
AMERICAN FUNDS
95-1411037

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

HARBOR

04-2679462

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

LEGG MASON WESTERN

52-1200960

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

HARTFORD MUTUAL FUNDS

13-3317783

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

VANGUARD

23-1945930

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

LOOMIS SAYLES FUNDS

04-3200030

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

PIMCO FUNDS

95-2632339

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

T. ROWE PRICE

52-2264646

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

ACADIAN FUNDS

04-2929221

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

OAKMARK

04-3276558

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

DODGE & COX

94-1441976

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

NORTHERN FUNDS

39-1777365

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

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

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

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

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

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

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

WELLS FARGO BANK, N.A.

94-1347393

(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?
15 21 37 49 50 60 62 63 64	SERVICE PROVIDER	314761	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MORNINGSTAR ASSOCIATES, LLC

36-4317381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	42094	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>POLYMER GROUP, INC. RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ► <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CHICOPEE, INC.</u>	D Employer Identification Number (EIN) <u>57-1013629</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WF STABLE RETURN FUND TR</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>46-6208187-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>835377</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WF ENHANCED STOCK MARKET FUND N</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>56-6288528-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RIVERSOURCE TRUST INCOME II</u>		
b Name of sponsor of entity listed in (a): <u>AMERIPRISE TRUST COMPANY</u>		
c EIN-PN <u>41-0007957-018</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WF CORE BOND CIT TR</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO, BANK, N.A.</u>		
c EIN-PN <u>94-3222878-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3819230</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WF/CAUSEWAY INT'L VALUE CIT</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>47-6375784-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2156248</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WF MFS VALUE CIT TR</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>45-6648640-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5721618</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WF MULTI MANAGER SMALL CAP CIT TR</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>45-6648658-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1891327</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLACKROCK INT'L EQ INDEX CIT TR		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.		
c EIN-PN 52-2265229-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1155729
a Name of MTIA, CCT, PSA, or 103-12 IE: WF/TRP INST LRGCAP GRWTH MGD CIT TR		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.		
c EIN-PN 45-6648614-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2757646
a Name of MTIA, CCT, PSA, or 103-12 IE: WF INT'L BOND CIT TR		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.		
c EIN-PN 46-6136833-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2112663
a Name of MTIA, CCT, PSA, or 103-12 IE: WF LARGE CAP GRWTH CIT TR		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.		
c EIN-PN 56-6649361-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: WF/TRP INST EQ INCOME MGD CIT TR		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.		
c EIN-PN 46-6586666-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2169570
a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLACKROCK RUSSELL 200 INDEX CIT		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.		
c EIN-PN 52-2265233-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 304737
a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLACKROCK S&P 500 INDEX CIT TR		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.		
c EIN-PN 94-3224211-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2268231
a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLACKROCK S&P MIDCAP INDEX CIT		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.		
c EIN-PN 52-2265235-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 893603
a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLACKROCK US AGG BOND INDEX CIT		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.		
c EIN-PN 20-5699010-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1927902
a Name of MTIA, CCT, PSA, or 103-12 IE: WF/DODGE & COX INTERM BOND CIT TR		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.		
c EIN-PN 47-6566265-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2770190

a Name of MTIA, CCT, PSA, or 103-12 IE: **WELLS FARGO STABLE RETURN FUND N****b** Name of sponsor of entity listed in (a): **WELLS FARGO BANK, N.A.**

c EIN-PN 41-6202499-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22871348
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan POLYMER GROUP, INC. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 CHICOPEE, INC.	D Employer Identification Number (EIN) 57-1013629	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	-2	-306
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	62618	8739
(2) Participant contributions	1b(2)	66954	9211
(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)	2896917	4608034
(9) Value of interest in common/collective trusts.....	1c(9)	26215252	53655419
(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)	42142924	65719120
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	71384663	124000217

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	3730	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	3730	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	71380933	124000217
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	3824611	
(B) Participants	2a(1)(B)	5099949	
(C) Others (including rollovers)	2a(1)(C)	860860	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		9785420
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)	193531	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		193531
(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)	849795	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		849795
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	189	
(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)		189
(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)		-520863
(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)		-1960008
c Other income	2c		10164
d Total income. Add all income amounts in column (b) and enter total	2d		8358228

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14560453	
(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)		14560453
f Corrective distributions (see instructions)	2f		4807
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	403371	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		403371
j Total expenses. Add all expense amounts in column (b) and enter total	2j		14968631

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-6610403
l Transfers of assets:			
(1) To this plan	2l(1)		59230646
(2) From this plan	2l(2)		959

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: HANCOCK ASKEW & CO LLP

(2) EIN: 58-0662558

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	☒	☐	☐	9211
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	☐	☒	☐	

	Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount:

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
FITESA 401(K) RETIREMENT SAVINGS PLAN	27-0535327	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>POLYMER GROUP, INC. RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CHICOPEE, INC.</u>	D Employer Identification Number (EIN) <u>57-1013629</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>41-6257133</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

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

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

Schedule R (Form 5500) 2015
v. 150123

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

**POLYMER GROUP, INC.
RETIREMENT SAVINGS PLAN**

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

Polymer Group, Inc. Retirement Savings Plan

Contents

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Independent Auditor's Report

The Plan Committee
Polymer Group, Inc. Retirement Savings Plan
Charlotte, North Carolina

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Polymer Group, Inc. Retirement Savings 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 years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2015 and 2014, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule, Schedule H, Line 4a - schedule of delinquent participant contributions for the year ended December 31, 2015 and Schedule H, Line 4i - schedule of assets (held at end of year) as of the year ended on December 31, 2015 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purposes of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

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

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

Respectfully submitted,

Handwritten signature of Hancock Asken & Co., LLP in black ink.

Savannah, Georgia
October 14, 2015

Polymer Group, Inc. Retirement Savings Plan

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2015	2014
ASSETS		
Total investments, at fair value	\$ 119,374,539	\$ 68,358,177
Receivables		
Notes receivable from participants	4,608,034	2,896,926
Employer contributions	8,739	62,618
Participant contributions	9,211	66,954
Total receivables	4,625,984	3,026,498
Total assets	124,000,523	71,384,675
LIABILITIES		
Other liabilities	306	3,732
Net assets available for benefits	\$ 124,000,217	\$ 71,380,943

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

Polymer Group, Inc. Retirement Savings Plan

Statement of Changes in Net Assets Available for Benefits

Year ended December 31,

2015

ADDITIONS TO (DEDUCTIONS FROM) NET ASSETS

Investment income (loss)

Dividends	\$	849,795
Net depreciation in fair value of investments		(2,793,553)
Other income		323,078

Total investment loss (1,620,680)

Contributions

Employer	3,824,611
Participant	5,099,949
Rollover	860,860

Total contributions 9,785,420

Interest income on notes receivable from participants 193,531

Other deductions from net assets

Benefits paid to participants	(14,565,312)
Administrative expenses	(403,372)

Total other deductions from net assets (14,968,684)

Net decrease (6,610,413)

Net assets available for benefits, beginning of year 71,380,943

Transfers in 59,229,687

Net assets available for benefits, end of year \$ 124,000,217

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

Polymer Group, Inc. Retirement Savings Plan

Notes to Financial Statements

1. Description of the Plan

The following description of the Polymer Group, Inc. Retirement Savings Plan (the Plan) provides only general information. The plan sponsor, Chicopee, Inc., is a wholly-owned subsidiary of the Polymer Group, Inc. (the Employer). Participants should refer to the summary Plan description or Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan, under section 401(k) of the Internal Revenue Code (IRC) (the Code), covering employees of the following subsidiaries of Polymer Group, Inc.: Chicopee, Inc., FiberTech Group, Inc., FNA Polymer Corp., FNA Acquisition, Inc., Poly-Bond, Inc. and Fabrene Corp. During 2015, employees of Fiberweb plc became eligible to participate in the Plan and all active balances were transferred in as of February 13, 2015. The Plan covers all employees of these subsidiaries who have three months of service and are not independent contractors, leased employees, nonresident aliens, paid by third-parties or nondomestic payrolls, or are covered by a collective bargaining agreement that does not specifically allow participation under the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Plan participants may elect to contribute between 1% and 50% of their annual compensation subject to certain limitations. The Employer will match participant contributions using a formula based on the participant's classification. The Employer may, at its discretion, make contributions to the Plan. The Employer will also contribute a nonelective contribution on behalf of eligible participants in an amount equal to 3% of the base compensation of all participants under the Plan.

Upon enrollment in the Plan, participants may designate how their contributions and those of the Employer are to be apportioned among the investment options. Participants have the option to retain, for a fee, an investment advisory service to manage asset allocation. The cost of the service is based upon the asset balance in the participant account and the fee is charged against the individual participant account.

Participant Accounts

Each participant's account balance is credited with an allocation of Plan investment results and Employer contributions, and charged with an allocation of administrative expenses. Allocations are based on the participant's compensation or account balances, as defined.

Polymer Group, Inc. Retirement Savings Plan

Notes to Financial Statements

1. Description of the Plan (cont.)

Vesting

Participants are immediately vested in their own contributions plus actual earnings thereon. Vesting in the Employer's matching contribution portion of their accounts is based on years of continuous service. A participant's vesting percentage increases 20% each year after the first year of service, up to 100% after five years of credited service. Participants are immediately vested in Employer nonelective contributions.

Forfeitures

Forfeited accounts are used to reduce subsequent Employer contributions to the Plan or to pay administrative expenses. At December 31, 2015 and 2014, forfeited nonvested accounts totaled \$113,060 and \$76,824, respectively. In 2015 and 2014, Employer contributions were reduced by \$40,005 and \$50,394 from forfeited nonvested accounts, respectively.

Payment of Benefits

On termination of service, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments until the balance is depleted.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at prime plus 1%, or as determined by the plan administrator based on periodic evaluations of interest rates. Loan terms range from one to five years or up to ten years for the purchase of a primary residence. Principal and interest payments are made through payroll deductions based on an amortization schedule.

Administrative Expenses

Pursuant to provisions of the Plan, expenses incurred in the administration and operation of the Plan may be paid by the Employer at the Employer's election, except for certain account activity charges which are paid from the accounts of the participants that incur the charges.

A revenue sharing agreement is in place whereby investment fees earned by the custodian based upon a percentage of assets under management are shared with the Plan to be used to pay fees.

Polymer Group, Inc. Retirement Savings Plan

Notes to Financial Statements

1. Description of the Plan (cont.)

Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

The investments of the Plan are reported at fair value, including the common collective trust, which holds indirect investments in fully benefit-responsive investment contracts.

Fair value is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price). See Note 4 for discussion of the fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. 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.

Polymer Group, Inc. Retirement Savings Plan

Notes to Financial Statements

2. Summary of Significant Accounting Policies (cont.)

Payment of Benefits

Benefits are recorded when paid.

Recently Issued Accounting Pronouncements

In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2015-07, "*Fair Value Measurement (Topic 820) - Disclosures for Investments in Certain Entities that Calculate Net Asset Value Per Share (or its Equivalent)*" (ASU 2015-07). ASU 2015-07 removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value (NAV) per share practical expedient. ASU 2015-07 also removes the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the NAV per share practical expedient. Investments that calculate NAV per share (or its equivalent), but for which the practical expedient is not applied will continue to be included in the fair value hierarchy along with the related required disclosures. ASU is effective for fiscal years beginning after December 15, 2015, and is to be applied retrospectively, with early adoption permitted.

In July 2015, the FASB issued ASU No. 2015-12, "*Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contributions Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*" (ASU 2015-12). Part I of this ASU clarifies that contract value is the only required measurement for Fully Benefit-Responsive Investment Contracts (FBRICs) and clarifies that indirect investments in FBRICs should no longer be reflected as FBRICs and therefore, should be reported at fair value. Part II of this ASU eliminates the current accounting principles generally accepted in the United States of America (GAAP) requirements for plans to disclose individual investments that represent five percent or more of the net assets available for benefits, and the net appreciation or depreciation for investments by general type for both participant-directed investments and nonparticipant-directed investments. It also allows investments to be disaggregated by general type and eliminates the requirement to disaggregate investments by class. Further, significant investment strategies for an investment in a fund that files a U.S. Department of Labor Form 5500, Annual Return/Report of Employee Benefit Plan, as direct filing entity when the plan measures that investment using the NAV practical expedient are no longer required. Part III allows plans to measure investments and investment-related accounts as of a month-end date that is closest to the plans fiscal year-end, when the fiscal period does not coincide with a month-end. The provisions of this ASU are effective for financial statements issued for fiscal years beginning after December 15, 2015 with early adoption permitted. Parts I and II are to be applied retrospectively and Part III should be applied prospectively.

Polymer Group, Inc. Retirement Savings Plan

Notes to Financial Statements

2. Summary of Significant Accounting Policies (cont.)

Recently Issued Accounting Pronouncements (cont.)

The Plan elected to early adopt ASU 2015-07 and the applicable parts of ASU 2015-12.

Subsequent Events

The Plan has evaluated subsequent events through October 14, 2016, the date these financial statements were available to be issued.

3. Information Prepared and Certified by the Trustee

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Wells Fargo Bank, the trustee of the Plan, has provided a certification that the financial information included in the financial statements and supplemental schedule as of December 31, 2015 and 2014 and for the year ended December 31, 2015, provided to the Plan is complete and accurate. The information as to investment assets and transactions therein, and investment income included in the accompanying financial statements and supplemental schedule as of December 31, 2015 and 2014, and for the year ended December 31, 2015, is covered by such certification and has not been audited by independent auditors.

4. Fair Value Measurements

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

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

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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Polymer Group, Inc. Retirement Savings Plan

Notes to Financial Statements

4. Fair Value Measurements (cont.)

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

Mutual Funds - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Collective Trusts - Valued at the NAV as the practical expedient, inclusive of net investment gains or losses, based on information provided by the trustee and using the audited financial statements of the collective trusts at year-end. The investment objectives of the funds included in this class of investments are to approximate as closely as practicable, before expenses, the performance of certain widely observed indices over the long term, while providing participants the ability to purchase and redeem units at will. Generally, neither of the individual investment funds that comprise this class of investment contain redemption restrictions that would prevent or considerably delay a participant from redeeming his or her investment at any point of participation in the fund. As of December 31, 2015 and 2014, there were no unfunded obligations with respect to any of the funds in this investment category.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while management 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 tables set forth by level within the fair value hierarchy the Plan investment assets at fair value as of December 31, 2015 and 2014.

Investment Assets at Fair Value as of December 31, 2015

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 65,719,120	\$ -	\$ -	\$ 65,719,120
Collective trusts measured at net asset value*	-	-	-	53,655,419
Total investments at fair value	\$ 65,719,120	\$ -	\$ -	\$ 119,374,539

Polymer Group, Inc. Retirement Savings Plan

Notes to Financial Statements

4. Fair Value Measurements (cont.)

Investment Assets at Fair Value as of December 31, 2014

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 42,142,925	\$ -	\$ -	\$ 42,142,925
Collective trusts measured at net asset value*	-	-	-	26,215,252
Total investments at fair value	\$ 42,142,925	\$ -	\$ -	\$ 68,358,177

* Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been categorized 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 amounts presented in the statements of net assets available for benefits.

5. Delinquent Participant Contributions

During the year ended December 31, 2015, employee contributions of \$9,211 were not remitted within the appropriate time period by the Company. These transactions constituted prohibited transaction as defined by ERISA. The Company remitted the late deposits and lost earning during 2016.

6. Income Tax Status

The Plan uses a prototype plan document. The prototype plan received its latest opinion letter on October 20, 2011, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since the prototype plan received its opinion letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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

7. Related Party Transactions

Certain Plan investments are shares of mutual funds and common trust funds managed by Wells Fargo Bank, N.A. Wells Fargo is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Notes receivable from participants are also defined by ERISA as party-in-interest transactions.

Polymer Group, Inc. Retirement Savings Plan

Notes to Financial Statements

8. Risk and Uncertainty

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

Polymer Group, Inc. Retirement Savings Plan

EIN: 57-1013629 Plan Number: 001

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

Total That Constitutes Nonexempt Prohibited Transactions

Participant contributions and loan repayments transferred late to the Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PIE 2002-51
2015	\$ -	\$ -	\$ -	\$ 9,211

Polymer Group, Inc. Retirement Savings Plan

EIN: 57-1013629 Plan Number: 001

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

December 31, 2015

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Collective trusts				
*	Wells Fargo Bank, N.A.	Wells Fargo Stable Return Fund N	**	\$ 22,871,348
*	Wells Fargo Bank, N.A.	Wells Fargo Core Bond CIT TR	**	3,819,230
*	Wells Fargo Bank, N.A.	Wells Fargo Blackrock International Eq CIT	**	1,155,729
*	Wells Fargo Bank, N.A.	Wells Fargo Blackrock RU 2000 Index CIT	**	304,737
*	Wells Fargo Bank, N.A.	Wells Fargo Blackrock S&P Midcap CIT	**	893,603
*	Wells Fargo Bank, N.A.	Wells Fargo Blackrock S&P 500 CIT	**	2,268,231
*	Wells Fargo Bank, N.A.	Wells Fargo Blackrock US AGG BD CIT	**	1,927,902
*	Wells Fargo Bank, N.A.	Wells Fargo International Bond CIT TR	**	2,112,663
*	Wells Fargo Bank, N.A.	Wells Fargo Dodge & Cox Intermed Bd CIT	**	2,770,190
*	Wells Fargo Bank, N.A.	Wells Fargo MFS Value CIT	**	5,721,618
*	Wells Fargo Bank, N.A.	Wells Fargo Multi-Manager Small Cap CIT	**	1,891,327
*	Wells Fargo Bank, N.A.	Wells Fargo Stable Return Fund TR	**	835,377
*	Wells Fargo Bank, N.A.	Wells Fargo T. Rowe Price Institutional Eq Inc. MGD CIT	**	2,169,569
*	Wells Fargo Bank, N.A.	Wells Fargo T. Rowe Price Institutional LCG Managed CIT	**	2,757,646
*	Wells Fargo Bank, N.A.	Wells Fargo Causeway International CIT	**	2,156,249
				53,655,419
Mutual funds				
	Acadian Funds	Acadian Emerging Markets Equity Fund	**	1,104,857
	Acadian Funds	American Beacon S/C Value Fund	**	5,469,469
	American Funds	American Funds Europac Growth	**	2,514,745
	Dodge & Cox	Dodge and Cox International Stock Fund	**	2,739,400
	Harbor	Harbor International Institutional Fund	**	2,315,874
	Hartford	Hartford Equity Income Fund	**	1,176,982
	Northern Funds	Northern Global Real Estate Index TR	**	1,265,955
	American Century Inv	American Century Govt Bond FD - Ins	**	354,015
	Oakmark	Oakmark Equity and Income II	**	4,799,763
	Dimensional Fund Adv	DFA Inflation-Prot Sec Class I	**	101,247
	Natixis Funds	Natixis Loomis Say Str Inc - Y	**	1,669,218
	Pimco	PIMCO High Yield Fund TR	**	1,681,908
	Pimco	PIMCO Real Return Institutional Fund	**	1,505,842
	Legg Mason	Western Asset Core Plus Bond	**	2,830,638

Polymer Group, Inc. Retirement Savings Plan
EIN: 57-1013629 Plan Number: 001

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

December 31, 2015

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Mutual funds (cont.)			
	T. Rowe Price	T. Rowe Price New America Growth Fund	**	4,138,085
	T. Rowe Price	T. Rowe Price New Horizons Fund	**	5,964,850
*	Wells Fargo Bank, N.A.	Wells Fargo Growth Fund I	**	2,799,675
	Vanguard	Vanguard Mid Cap Index	**	7,687,442
	Vanguard	Vanguard Windsor II Adm	**	3,068,238
	Vanguard	Vanguard 500 Index Fund	**	10,863,053
*	Wells Fargo Bank, N.A.	Wells Fargo Dow Jones Target Today R4	**	82,675
*	Wells Fargo Bank, N.A.	Wells Fargo Dow Jones Target 2010 R4	**	19,666
*	Wells Fargo Bank, N.A.	Wells Fargo Dow Jones Target 2015 R4	**	77,887
*	Wells Fargo Bank, N.A.	Wells Fargo Dow Jones Target 2020 R4	**	120,671
*	Wells Fargo Bank, N.A.	Wells Fargo Dow Jones Target 2025 R4	**	313,468
*	Wells Fargo Bank, N.A.	Wells Fargo Dow Jones Target 2030 R4	**	358,091
*	Wells Fargo Bank, N.A.	Wells Fargo Dow Jones Target 2035 R4	**	496,834
*	Wells Fargo Bank, N.A.	Wells Fargo Dow Jones Target 2040 R4	**	95,841
*	Wells Fargo Bank, N.A.	Wells Fargo Dow Jones Target 2045 R4	**	46,872
*	Wells Fargo Bank, N.A.	Wells Fargo Dow Jones Target 2050 R4	**	55,859
				65,719,120
*	Participant loans	Interest rates ranging from 4.25% - 8.50%	-0-	4,608,034
				\$ 123,982,573

* Denotes party-in-interest to the Plan.

** Cost information has not been included in column (d) because all investments are participant directed.

**POLYMER GROUP, INC.
RETIREMENT SAVINGS PLAN**

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

Polymer Group, Inc. Retirement Savings Plan

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Independent Auditor's Report

The Plan Committee
Polymer Group, Inc. Retirement Savings Plan
Charlotte, North Carolina

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Polymer Group, Inc. Retirement Savings 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 years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2015 and 2014, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule, Schedule H, Line 4a - schedule of delinquent participant contributions for the year ended December 31, 2015 and Schedule H, Line 4i - schedule of assets (held at end of year) as of the year ended on December 31, 2015 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purposes of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

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

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

Respectfully submitted,

Handwritten signature of Hancock Asken & Co., LLP in black ink.

Savannah, Georgia
October 14, 2015

Polymer Group, Inc. Retirement Savings Plan

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<i>December 31,</i>	2015	2014
ASSETS		
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The accompanying notes are an integral part of these financial statements.

Polymer Group, Inc. Retirement Savings Plan

Statement of Changes in Net Assets Available for Benefits

Year ended December 31,

2015

ADDITIONS TO (DEDUCTIONS FROM) NET ASSETS

Investment income (loss)

Dividends	\$	849,795
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Upon enrollment in the Plan, participants may designate how their contributions and those of the Employer are to be apportioned among the investment options. Participants have the option to retain, for a fee, an investment advisory service to manage asset allocation. The cost of the service is based upon the asset balance in the participant account and the fee is charged against the individual participant account.

Participant Accounts

Each participant's account balance is credited with an allocation of Plan investment results and Employer contributions, and charged with an allocation of administrative expenses. Allocations are based on the participant's compensation or account balances, as defined.

Polymer Group, Inc. Retirement Savings Plan

Notes to Financial Statements

1. Description of the Plan (cont.)

Vesting

Participants are immediately vested in their own contributions plus actual earnings thereon. Vesting in the Employer's matching contribution portion of their accounts is based on years of continuous service. A participant's vesting percentage increases 20% each year after the first year of service, up to 100% after five years of credited service. Participants are immediately vested in Employer nonelective contributions.

Forfeitures

Forfeited accounts are used to reduce subsequent Employer contributions to the Plan or to pay administrative expenses. At December 31, 2015 and 2014, forfeited nonvested accounts totaled \$113,060 and \$76,824, respectively. In 2015 and 2014, Employer contributions were reduced by \$40,005 and \$50,394 from forfeited nonvested accounts, respectively.

Payment of Benefits

On termination of service, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments until the balance is depleted.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at prime plus 1%, or as determined by the plan administrator based on periodic evaluations of interest rates. Loan terms range from one to five years or up to ten years for the purchase of a primary residence. Principal and interest payments are made through payroll deductions based on an amortization schedule.

Administrative Expenses

Pursuant to provisions of the Plan, expenses incurred in the administration and operation of the Plan may be paid by the Employer at the Employer's election, except for certain account activity charges which are paid from the accounts of the participants that incur the charges.

A revenue sharing agreement is in place whereby investment fees earned by the custodian based upon a percentage of assets under management are shared with the Plan to be used to pay fees.

Polymer Group, Inc. Retirement Savings Plan

Notes to Financial Statements

1. Description of the Plan (cont.)

Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

The investments of the Plan are reported at fair value, including the common collective trust, which holds indirect investments in fully benefit-responsive investment contracts.

Fair value is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price). See Note 4 for discussion of the fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. 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.

Polymer Group, Inc. Retirement Savings Plan

Notes to Financial Statements

2. Summary of Significant Accounting Policies (cont.)

Payment of Benefits

Benefits are recorded when paid.

Recently Issued Accounting Pronouncements

In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2015-07, *“Fair Value Measurement (Topic 820) - Disclosures for Investments in Certain Entities that Calculate Net Asset Value Per Share (or its Equivalent)”* (ASU 2015-07). ASU 2015-07 removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value (NAV) per share practical expedient. ASU 2015-07 also removes the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the NAV per share practical expedient. Investments that calculate NAV per share (or its equivalent), but for which the practical expedient is not applied will continue to be included in the fair value hierarchy along with the related required disclosures. ASU is effective for fiscal years beginning after December 15, 2015, and is to be applied retrospectively, with early adoption permitted.

In July 2015, the FASB issued ASU No. 2015-12, *“Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contributions Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient”* (ASU 2015-12). Part I of this ASU clarifies that contract value is the only required measurement for Fully Benefit-Responsive Investment Contracts (FBRICs) and clarifies that indirect investments in FBRICs should no longer be reflected as FBRICs and therefore, should be reported at fair value. Part II of this ASU eliminates the current accounting principles generally accepted in the United States of America (GAAP) requirements for plans to disclose individual investments that represent five percent or more of the net assets available for benefits, and the net appreciation or depreciation for investments by general type for both participant-directed investments and nonparticipant-directed investments. It also allows investments to be disaggregated by general type and eliminates the requirement to disaggregate investments by class. Further, significant investment strategies for an investment in a fund that files a U.S. Department of Labor Form 5500, Annual Return/Report of Employee Benefit Plan, as direct filing entity when the plan measures that investment using the NAV practical expedient are no longer required. Part III allows plans to measure investments and investment-related accounts as of a month-end date that is closest to the plans fiscal year-end, when the fiscal period does not coincide with a month-end. The provisions of this ASU are effective for financial statements issued for fiscal years beginning after December 15, 2015 with early adoption permitted. Parts I and II are to be applied retrospectively and Part III should be applied prospectively.

Polymer Group, Inc. Retirement Savings Plan

Notes to Financial Statements

2. Summary of Significant Accounting Policies (cont.)

Recently Issued Accounting Pronouncements (cont.)

The Plan elected to early adopt ASU 2015-07 and the applicable parts of ASU 2015-12.

Subsequent Events

The Plan has evaluated subsequent events through October 14, 2016, the date these financial statements were available to be issued.

3. Information Prepared and Certified by the Trustee

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Wells Fargo Bank, the trustee of the Plan, has provided a certification that the financial information included in the financial statements and supplemental schedule as of December 31, 2015 and 2014 and for the year ended December 31, 2015, provided to the Plan is complete and accurate. The information as to investment assets and transactions therein, and investment income included in the accompanying financial statements and supplemental schedule as of December 31, 2015 and 2014, and for the year ended December 31, 2015, is covered by such certification and has not been audited by independent auditors.

4. Fair Value Measurements

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

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

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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Polymer Group, Inc. Retirement Savings Plan

Notes to Financial Statements

4. Fair Value Measurements (cont.)

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

Mutual Funds - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Collective Trusts - Valued at the NAV as the practical expedient, inclusive of net investment gains or losses, based on information provided by the trustee and using the audited financial statements of the collective trusts at year-end. The investment objectives of the funds included in this class of investments are to approximate as closely as practicable, before expenses, the performance of certain widely observed indices over the long term, while providing participants the ability to purchase and redeem units at will. Generally, neither of the individual investment funds that comprise this class of investment contain redemption restrictions that would prevent or considerably delay a participant from redeeming his or her investment at any point of participation in the fund. As of December 31, 2015 and 2014, there were no unfunded obligations with respect to any of the funds in this investment category.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while management 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 tables set forth by level within the fair value hierarchy the Plan investment assets at fair value as of December 31, 2015 and 2014.

Investment Assets at Fair Value as of December 31, 2015

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 65,719,120	\$ -	\$ -	\$ 65,719,120
Collective trusts measured at net asset value*	-	-	-	53,655,419
Total investments at fair value	\$ 65,719,120	\$ -	\$ -	\$ 119,374,539

Polymer Group, Inc. Retirement Savings Plan

Notes to Financial Statements

4. Fair Value Measurements (cont.)

Investment Assets at Fair Value as of December 31, 2014

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 42,142,925	\$ -	\$ -	\$ 42,142,925
Collective trusts measured at net asset value*	-	-	-	26,215,252
Total investments at fair value	\$ 42,142,925	\$ -	\$ -	\$ 68,358,177

* Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been categorized 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 amounts presented in the statements of net assets available for benefits.

5. Delinquent Participant Contributions

During the year ended December 31, 2015, employee contributions of \$9,211 were not remitted within the appropriate time period by the Company. These transactions constituted prohibited transaction as defined by ERISA. The Company remitted the late deposits and lost earning during 2016.

6. Income Tax Status

The Plan uses a prototype plan document. The prototype plan received its latest opinion letter on October 20, 2011, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since the prototype plan received its opinion letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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

7. Related Party Transactions

Certain Plan investments are shares of mutual funds and common trust funds managed by Wells Fargo Bank, N.A. Wells Fargo is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Notes receivable from participants are also defined by ERISA as party-in-interest transactions.

Polymer Group, Inc. Retirement Savings Plan

Notes to Financial Statements

8. Risk and Uncertainty

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

Polymer Group, Inc. Retirement Savings Plan

EIN: 57-1013629 Plan Number: 001

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

Total That Constitutes Nonexempt Prohibited Transactions

Participant contributions and loan repayments transferred late to the Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PIE 2002-51
2015	\$ -	\$ -	\$ -	\$ 9,211

Polymer Group, Inc. Retirement Savings Plan

EIN: 57-1013629 Plan Number: 001

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

December 31, 2015

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Collective trusts				
*	Wells Fargo Bank, N.A.	Wells Fargo Stable Return Fund N	**	\$ 22,871,348
*	Wells Fargo Bank, N.A.	Wells Fargo Core Bond CIT TR	**	3,819,230
*	Wells Fargo Bank, N.A.	Wells Fargo Blackrock International Eq CIT	**	1,155,729
*	Wells Fargo Bank, N.A.	Wells Fargo Blackrock RU 2000 Index CIT	**	304,737
*	Wells Fargo Bank, N.A.	Wells Fargo Blackrock S&P Midcap CIT	**	893,603
*	Wells Fargo Bank, N.A.	Wells Fargo Blackrock S&P 500 CIT	**	2,268,231
*	Wells Fargo Bank, N.A.	Wells Fargo Blackrock US AGG BD CIT	**	1,927,902
*	Wells Fargo Bank, N.A.	Wells Fargo International Bond CIT TR	**	2,112,663
*	Wells Fargo Bank, N.A.	Wells Fargo Dodge & Cox Intermed Bd CIT	**	2,770,190
*	Wells Fargo Bank, N.A.	Wells Fargo MFS Value CIT	**	5,721,618
*	Wells Fargo Bank, N.A.	Wells Fargo Multi-Manager Small Cap CIT	**	1,891,327
*	Wells Fargo Bank, N.A.	Wells Fargo Stable Return Fund TR	**	835,377
*	Wells Fargo Bank, N.A.	Wells Fargo T. Rowe Price Institutional Eq Inc. MGD CIT	**	2,169,569
*	Wells Fargo Bank, N.A.	Wells Fargo T. Rowe Price Institutional LCG Managed CIT	**	2,757,646
*	Wells Fargo Bank, N.A.	Wells Fargo Causeway International CIT	**	2,156,249
				53,655,419
Mutual funds				
	Acadian Funds	Acadian Emerging Markets Equity Fund	**	1,104,857
	Acadian Funds	American Beacon S/C Value Fund	**	5,469,469
	American Funds	American Funds Europac Growth	**	2,514,745
	Dodge & Cox	Dodge and Cox International Stock Fund	**	2,739,400
	Harbor	Harbor International Institutional Fund	**	2,315,874
	Hartford	Hartford Equity Income Fund	**	1,176,982
	Northern Funds	Northern Global Real Estate Index TR	**	1,265,955
	American Century Inv	American Century Govt Bond FD - Ins	**	354,015
	Oakmark	Oakmark Equity and Income II	**	4,799,763
	Dimensional Fund Adv	DFA Inflation-Prot Sec Class I	**	101,247
	Natixis Funds	Natixis Loomis Say Str Inc - Y	**	1,669,218
	Pimco	PIMCO High Yield Fund TR	**	1,681,908
	Pimco	PIMCO Real Return Institutional Fund	**	1,505,842
	Legg Mason	Western Asset Core Plus Bond	**	2,830,638

Polymer Group, Inc. Retirement Savings Plan
EIN: 57-1013629 Plan Number: 001

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

December 31, 2015

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Mutual funds (cont.)			
	T. Rowe Price	T. Rowe Price New America Growth Fund	**	4,138,085
	T. Rowe Price	T. Rowe Price New Horizons Fund	**	5,964,850
*	Wells Fargo Bank, N.A.	Wells Fargo Growth Fund I	**	2,799,675
	Vanguard	Vanguard Mid Cap Index	**	7,687,442
	Vanguard	Vanguard Windsor II Adm	**	3,068,238
	Vanguard	Vanguard 500 Index Fund	**	10,863,053
*	Wells Fargo Bank, N.A.	Wells Fargo Dow Jones Target Today R4	**	82,675
*	Wells Fargo Bank, N.A.	Wells Fargo Dow Jones Target 2010 R4	**	19,666
*	Wells Fargo Bank, N.A.	Wells Fargo Dow Jones Target 2015 R4	**	77,887
*	Wells Fargo Bank, N.A.	Wells Fargo Dow Jones Target 2020 R4	**	120,671
*	Wells Fargo Bank, N.A.	Wells Fargo Dow Jones Target 2025 R4	**	313,468
*	Wells Fargo Bank, N.A.	Wells Fargo Dow Jones Target 2030 R4	**	358,091
*	Wells Fargo Bank, N.A.	Wells Fargo Dow Jones Target 2035 R4	**	496,834
*	Wells Fargo Bank, N.A.	Wells Fargo Dow Jones Target 2040 R4	**	95,841
*	Wells Fargo Bank, N.A.	Wells Fargo Dow Jones Target 2045 R4	**	46,872
*	Wells Fargo Bank, N.A.	Wells Fargo Dow Jones Target 2050 R4	**	55,859
				65,719,120
*	Participant loans	Interest rates ranging from 4.25% - 8.50%	-0-	4,608,034
				\$ 123,982,573

* Denotes party-in-interest to the Plan.

** Cost information has not been included in column (d) because all investments are participant directed.

Polymer Group, Inc. Retirement Savings Plan

EIN: 57-1013629 Plan Number: 001

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

Total That Constitutes Nonexempt Prohibited Transactions

Participant contributions and loan repayments transferred late to the Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PIE 2002-51
2015	\$ -	\$ -	\$ -	\$ 9,211
