

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>03/01/2015</u> and ending <u>02/29/2016</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>DURO HILEX POLY, LLC EMPLOYEES PENSION PLAN</u>	1b Three-digit plan number (PN) ▶ <u>003</u>		
	1c Effective date of plan <u>03/04/1970</u>		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>DURO HILEX POLY, LLC</u> <u>101 EAST CAROLINA AVE</u> <u>HARTSVILLE, SC 29550</u>	2b Employer Identification Number (EIN) <u>47-1050811</u>	2c Plan Sponsor's telephone number <u>843-857-4905</u>	2d Business code (see instructions) <u>322200</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.	12/16/2016	DEANA NILSEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <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 1151
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) 139
a(2) Total number of active participants at the end of the plan year	6a(2) 116
b Retired or separated participants receiving benefits.....	6b 526
c Other retired or separated participants entitled to future benefits.....	6c 297
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 939
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 120
f Total. Add lines 6d and 6e	6f 1059
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
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: 1A 1I 3D	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>		Single-Employer Defined Benefit Plan Actuarial Information <small>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</small> ► File as an attachment to Form 5500 or 5500-SF.		<small>OMB No. 1210-0110</small> 2015 This Form is Open to Public Inspection	
For calendar plan year 2015 or fiscal plan year beginning <u>03/01/2015</u> and ending <u>02/29/2016</u>					
► Round off amounts to nearest dollar. ► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.					
A Name of plan <u>DURO HILEX POLY, LLC EMPLOYEES PENSION PLAN</u>			B Three-digit plan number (PN) ► <u>003</u>		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>DURO HILEX POLY, LLC</u>			D Employer Identification Number (EIN) <u>47-1050811</u>		
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B			F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		
Part I Basic Information					
1 Enter the valuation date: Month <u>03</u> Day <u>01</u> Year <u>2015</u>					
2 Assets:					
a Market value				2a	<u>36649014</u>
b Actuarial value				2b	<u>36798724</u>
3 Funding target/participant count breakdown					
				(1) Number of participants	(2) Vested Funding Target
a For retired participants and beneficiaries receiving payment				<u>631</u>	<u>21323406</u>
b For terminated vested participants				<u>381</u>	<u>10284788</u>
c For active participants				<u>139</u>	<u>5227963</u>
d Total				<u>1151</u>	<u>36836157</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐					
a Funding target disregarding prescribed at-risk assumptions				4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor				4b	
5 Effective interest rate				5	<u>6.17</u> %
6 Target normal cost				6	<u>410000</u>
Statement by Enrolled Actuary <small>To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.</small>					
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">SIGN HERE Signature of actuary <u>MATTHEW C. BURLEY, A.S.A., E.A.</u> Type or print name of actuary <u>TRANSAMERICA</u> Firm name <u>24 PRIME PARK WAY</u> <u>SUITE 400</u> <u>NATICK, MA 01760</u> Address of the firm</div><div style="width: 35%; text-align: center;"><u>11/28/2016</u> Date <u>14-05956</u> Most recent enrollment number <u>508-903-6015</u> Telephone number (including area code)</div></div>					
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF. Schedule SB (Form 5500) 2015 v. 150123					

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>3.88</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		885412
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.41</u> %		56755
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance.....		942167
d Portion of (c) to be added to prefunding balance		942167
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	942167

Part III Funding Percentages		
14 Funding target attainment percentage.....	14	97.27 %
15 Adjusted funding target attainment percentage	15	97.27 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	101.52 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/15/2015	400000				
12/11/2015	400000				
03/10/2016	150000				
03/11/2016	250000				
06/09/2016	278034				
09/12/2016	278034				
			Totals ►	18(b)	1756068
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1654455
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?..... ☐ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd

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

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

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6)	31a	410000										
b Excess assets, if applicable, but not greater than line 31a	31b	0										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>1004620</td> <td>167071</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	1004620	167071	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment	1004620	167071										
b Waiver amortization installment	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	577071										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement.....	0	577071	577071									
36 Additional cash requirement (line 34 minus line 35)	36	0										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1654455										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	1654455										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0										
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0										
40 Unpaid minimum required contributions for all years.....	40	0										

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

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

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

For calendar plan year 2015 or fiscal plan year beginning 03/01/2015 and ending 02/29/2016		
A Name of plan DURO HILEX POLY, LLC EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 DURO HILEX POLY, LLC	D Employer Identification Number (EIN) 47-1050811	

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	
THE BANK OF NEW YORK MELLON	500 GRANT STREET, BNY MELLON CENTER PITTSBURGH, PA 15258
13-5160382	

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation	
TRANSAMERICA RETIREMENT SOLUTIONS	
13-3689044	

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

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(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?
11 12 15 28 38 50 59 61 62 63 64	RECORD KEEPER	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

HARPER DANESH

27-3395775

(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?
11 50	ACTUARY	35500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATIONAL FINANCIAL SERVICES

04-3523567

(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?
33 71	SECURITIES BROKER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

RAYMOND JAMES CONSULTING

59-1237041

(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?
17 50	CONSULTANT	19093	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BNY MELLON ASSET SERVICING

13-5160382

(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 50	INFORMATION MGMT	10088	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MAYO INV ADVISORS LLC

30 ROWES WHARF STE 500
BOSTON, MA 02110

(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 50	INVESTMENT ADVISORS	161097	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
TRANSAMERICA RETIREMENT SOLUTIONS	11 12 15 28 38 50 59 61 62 63 64	0
(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.
JP MORGAN 30 DAN ROAD SUITE 1600 CANTON, MA 02266	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
<hr/>		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TRANSAMERICA RETIREMENT SOLUTIONS	11 12 15 28 38 50 59 61 62 63 64	0
(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.
LOOMIS SAYLES ONE FINANCIAL CENTER BOSTON, MA 02111	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
<hr/>		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TRANSAMERICA RETIREMENT SOLUTIONS	11 12 15 28 38 50 59 61 62 63 64	0
(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.
METROPOLITAN WEST ASSET MGMT 11766 WILSHIRE BLVD. SUITE 1500 LOS ANGELES, CA 90025	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	

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
TRANSAMERICA RETIREMENT SOLUTIONS	11 12 15 28 38 50 59 61 62 63 64	0
(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.	
MUNDER 480 PIERCE STREET BIRMINGHAM, MI 48009	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TRANSAMERICA RETIREMENT SOLUTIONS	11 12 15 28 38 50 59 61 62 63 64	0
(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.	
PIMCO 1345 AVENUE OF THE AMERICAS SUITE 2801 NEW YORK, NY 10105	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TRANSAMERICA RETIREMENT SOLUTIONS	11 12 15 28 38 50 59 61 62 63 64	0
(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.	
VICTORY 3435 STELZER RD COLUMBUS, OH 43219	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	

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
NATIONAL FINANCIAL SERVICES	33 71	0

(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.
JP MORGAN 30 DAN ROAD SUITE 1600 CANTON, MA 02266	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0

(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.
LOOMIS SAYLES ONE FINANCIAL CENTER BOSTON, MA 02111	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0

(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.
METROPOLITAN WEST ASSET MGMT 11766 WILSHIRE BLVD. SUITE 1500 LOS ANGELES, CA 90025	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

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
NATIONAL FINANCIAL SERVICES	33 71	0

(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.
MUNDER 480 PIERCE STREET BIRMINGHAM, MI 48009	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0

(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.
PIMCO 1345 AVENUE OF THE AMERICAS SUITE 2801 NEW YORK, NY 10105	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0

(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.
VICTORY 3435 STELZER RD COLUMBUS, OH 43219	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name: ROBERT DANESH	b EIN: 27-3395775
c Position: ACTUARY	
d Address: 399 ALEXANDER ST. ROCHESTER, NY 14607	e Telephone: 585-319-4218

Explanation: CHANGE IN ACTUARIAL SERVICE PROVIDER

a Name: BARNES DENNING & CO., LTD	b EIN: 31-1119890
c Position: AUDITOR	
d Address: 150 E 4TH ST CINCINNATI, OH 45202	e Telephone: 513-241-8313

Explanation: THE CHANGE IN AUDITOR IS A RESULT OF THE NORMAL REVIEW OF SERVICES

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <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.	<small>OMB No. 1210-0110</small> 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 03/01/2015 and ending 02/29/2016		
A Name of plan DURO HILEX POLY, LLC EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 DURO HILEX POLY, LLC	D Employer Identification Number (EIN) 47-1050811	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	545000	956068
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	13930	
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)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	36097111	31966858
(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	36656041	32922926

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		69358
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		69358

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	36656041	32853568
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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)	1756068	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1756068
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	58	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		58
(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)	738877	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		738877
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	
(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)	-2882983
c Other income	2c	1299
d Total income. Add all income amounts in column (b) and enter total	2d	-386681

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2792889
(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)	2792889
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions)	2g	
h Interest expense	2h	
i Administrative expenses: (1) Professional fees	2i(1)	63967
(2) Contract administrator fees	2i(2)	
(3) Investment advisory and management fees	2i(3)	180190
(4) Other	2i(4)	378746
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)	622903
j Total expenses. Add all expense amounts in column (b) and enter total	2j	3415792

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	-3802473
l Transfers of assets:		
(1) To this plan	2l(1)	
(2) From this plan	2l(2)	

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: AGEEFISHERBARRETT, LLC

(2) EIN: 58-2248437

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount:

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

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

Part V Trust Information

6a Name of trust

6b Trust's EIN

6c Name of trustee or custodian

6d Trustee's or custodian's telephone number

<div>SCHEDULE R (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>		<div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2015 or fiscal plan year beginning 03/01/2015 and ending 02/29/2016					
A Name of plan DURO HILEX POLY, LLC EMPLOYEES PENSION PLAN				B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 DURO HILEX POLY, LLC				D Employer Identification Number (EIN) 47-1050811	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-3807284 36-2085229					
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	2
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
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: <u>48.0</u> % Investment-Grade Debt: <u>45.0</u> % High-Yield Debt: <u>7.0</u> % 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

DURO HILEX POLY, LLC EMPLOYEES PENSION PLAN

FINANCIAL STATEMENTS AND
SUPPLEMENTAL INFORMATION
(with report of independent auditors)

YEARS ENDED FEBRUARY 29, 2016 AND FEBRUARY 28, 2015

DURO HILEX POLY, LLC EMPLOYEES PENSION PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION
(with report of independent auditors)

YEARS ENDED FEBRUARY 29, 2016 AND FEBRUARY 28, 2015

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INDEPENDENT AUDITORS' REPORT

To the Investment Committee
Duro Hilex Poly, LLC Employees Pension Plan
Hartsville, South Carolina

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Duro Hilex Poly, LLC Employees Pension Plan (the "Plan"), which comprise the statement of net assets available for benefits as of February 29, 2016, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by BMO Harris Bank and State Street Bank and Trust Company, the trustees of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee 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 year ended February 29, 2016, 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 on the 2016 financial statements. Accordingly, we do not express an opinion on the 2016 financial statements referred to in the first paragraph.

Other Matter – Supplemental Information

The supplemental schedule of assets (held at end of year) and the schedule of reportable transactions as of February 29, 2016, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose 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 the supplemental schedules referred to above.

Other Matter – 2015 Financial Statements

The financial statements of the Plan as of February 28, 2015, were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by BMO Harris Bank, the trustee of the Plan. Their report, dated December 9, 2015, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Form and Content in Compliance With DOL Rules and Regulations 2016

The form and content of the information included in the 2016 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in black ink, appearing to read "Lee J. Bant, LLC". The signature is fluid and cursive, with the letters "Lee" and "Bant" being more prominent.

Atlanta, Georgia
December 14, 2016

DURO HILEX POLY, LLC EMPLOYEES PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
FEBRUARY 29, 2016 AND FEBRUARY 28, 2015

	<u>2016</u>	<u>2015</u>
<u>ASSETS</u>		
INVESTMENTS, at fair value:		
Money market fund	\$ -0-	\$ 3,830,780
Registered investment companies	<u>31,966,858</u>	<u>32,266,331</u>
	31,966,858	36,097,111
RECEIVABLES:		
Employer contribution	956,068	545,000
Investment income and dividends	<u>-0-</u>	<u>13,930</u>
	956,068	558,930
TOTAL ASSETS	\$ <u>32,922,926</u>	\$ <u>36,656,041</u>
 <u>LIABILITIES</u>		
Accrued plan expenses	\$ <u>69,358</u>	\$ <u>31,977</u>
NET ASSETS AVAILABLE FOR BENEFITS	\$ <u>32,853,568</u>	\$ <u>36,624,064</u>

See notes to financial statements and independent auditors' report.

DURO HILEX POLY, LLC EMPLOYEES PENSION PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED FEBRUARY 29, 2016

	<u>2016</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income:	
Net depreciation in fair value of registered investment companies	\$ (2,882,983)
Interest	58
Dividends	738,877
Other income	<u>1,299</u>
Total investment loss	<u>(2,142,749)</u>
Contributions:	
Employer	<u>1,756,068</u>
	<u>(386,681)</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefit payments	2,792,889
Administrative expenses	<u>590,926</u>
	<u>3,383,815</u>
DECREASE IN NET ASSETS	(3,770,496)
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	<u>36,624,064</u>
NET ASSETS AVAILABLE FOR BENEFITS, end of year	<u>\$ 32,853,568</u>

See notes to financial statements and independent auditors' report.

DURO HILEX POLY, LLC EMPLOYEES PENSION PLAN

NOTES TO FINANCIAL STATEMENTS
YEARS ENDED FEBRUARY 29, 2016 AND FEBRUARY 28, 2015

1. Description of Plan:

The following description of the Duro Hilex Poly, LLC Employees Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the plan agreement for more complete information.

General

The Plan is a defined benefit pension plan sponsored by Duro Hilex Poly, LLC (the "Plan Sponsor"). The Plan Sponsor controls and manages the operations and administrations of the Plan. State Street Bank and Trust Company serves as the trustee of the Plan (the "Trustee"). Transamerica Retirement Solutions is the Plan's actuary (the "Actuary"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan was amended on June 4, 2003 to effectively freeze the Plan effective August 31, 2003, at which time all participants under the Plan ceased to accrue additional benefits from that point forward. Additionally, effective the date of the freeze, the Plan does not permit new entrants.

As a result of an asset purchase agreement involving the Company, on July 11, 2014, the Plan Sponsor was changed to Duro Hilex Poly, LLC (previously Duro Bag Manufacturing Company) and the Plan changed its name to Duro Hilex Poly, LLC Employees Pension Plan (previously Duro Bag Manufacturing Company Employees' Pension Plan).

Pension Benefits

Employees with five or more years of service are entitled to annual pension benefits beginning at normal retirement age, which is 65. The Plan provides for normal retirement benefits upon reaching the normal retirement age, as defined by the Plan, and has provisions for early retirement, death and disability benefits. Benefits under the Plan are based on a percentage of employees' highest average compensation during any consecutive five-year period of the employees' last ten years of credited service times the participants credited service years. A vested participant who terminated for any reason other than retirement, disability or death is entitled to the monthly vested termination benefit beginning on the normal retirement date in the amount of their accrued benefit. Participants may elect to receive their pension benefits, subject to certain Plan provisions, in the form of a joint and survivor annuity or as a lump-sum distribution. If the participant's accrued benefit is less than \$5,000, the participant is paid a lump-sum payment as soon as practical after the termination date.

Death and Disability Benefits

If an active employee dies, a death benefit equal to 50% of the value of the employee's accumulated pension benefit is paid to the employee's spouse. To be eligible for a disability benefit employees must have 15 years of service and be fully disabled under the Federal Social Security Act on or before August 31, 2003. Active employees who become totally disabled receive annual disability benefits that are equal to the normal retirement benefit actuarially reduced for commencement prior to the normal retirement date.

2. Summary of Significant Accounting Policies:

Basis of Accounting

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America.

DURO HILEX POLY, LLC EMPLOYEES PENSION PLAN

NOTES TO FINANCIAL STATEMENTS
YEARS ENDED FEBRUARY 29, 2016 AND FEBRUARY 28, 2015

2. Summary of Significant Accounting Policies (continued):

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates. The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the financial statements.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

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

Payment of Benefits

Benefit payments to participants are recorded upon distributions.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Plan Sponsor, as provided by the plan agreement. Expenses that are paid directly by the Plan Sponsor are excluded from these financial statements. Expenses incurred in connection with the administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits.

Date of Management's Review

Subsequent events have been evaluated through December 14, 2016, which is the date the financial statements were available to be issued.

3. Funding Policy:

Effective May 1, 1993, employee contributions ceased and were no longer mandatory or permitted by the Plan. Participants are fully vested in their contributions made prior to May 1, 1993. Contributions to provide benefits under the Plan are made solely by the Plan Sponsor. The Plan Sponsor's funding policy is to make cash contributions to the Plan in amounts computed by the Plan's actuary using the unit credit actuarial cost method. Under this method, both the service cost and projected benefit obligation are based on the annual accrual of benefits as accruals occur each year. This method and the actuarial assumptions referred to in Note 6 have been designed to provide sufficient funds to pay benefits as they become payable under the Plan. The Plan Sponsor met the minimum funding requirements of ERISA in fiscal year 2016, as advised by the Plan's actuary. During the year ended February 29, 2016, contributions made by the Plan Sponsor to the Plan totaled \$1,756,068.

DURO HILEX POLY, LLC EMPLOYEES PENSION PLAN

NOTES TO FINANCIAL STATEMENTS
YEARS ENDED FEBRUARY 29, 2016 AND FEBRUARY 28, 2015

4. Information Certified by the Trustee:

The following information included in the accompanying financial statements and supplemental information as of and for the years ended February 29, 2016 and February 28, 2015, was provided and certified by State Street Bank and Trust Company, the trustee of the Plan (the "Trustee") and BMO Harris Bank, the Plan's predecessor trustee, as complete and accurate:

Investments, at fair value
Interest and dividend income
Net appreciation or depreciation in fair value of investments
Schedules of assets (held at end of year)
Schedule of reportable transactions

Investments, at fair value, representing five percent or more of net assets available for Plan benefits are as follows:

	2016	2015
BMO Prime Money Market CL*	\$ -0-	\$ 3,830,780
Metropolitan West Total Return Bond	8,584,555	10,334,111
Loomis Sayles Bond Instl	2,883,722	4,726,590
American Funds EuroPacific Gr R6	3,143,081	3,825,115
Vanguard 500 Index Admiral	3,872,263	3,068,210
JP Morgan Strategic Income Opps R5	2,862,386	1,867,052
American Funds AMCAP R6**	1,945,149	1,545,005
JP Morgan Equity Income R6**	1,941,859	1,511,854
Vanguard Extended Market Idx Adm**	1,955,888	1,562,246

* Investment did not meet the five percent threshold as of February 29, 2016, but is presented for comparative purposes.

** Investment did not meet the five percent threshold as of February 28, 2015, but is presented for comparative purposes.

During the year ended February 29, 2016, the Plan's investments depreciated in value by \$2,882,983. The change in value includes gains and losses on investments bought and sold, as well as held during the year.

5. Fair Value Measurements:

FASB ASC 820, *Fair Value Measurements* ("ASC 820") defines fair value, establishes a consistent framework for measuring fair value and establishes a fair value hierarchy based on the observability of inputs used to measure fair value. The objective of a fair value measurement is to determine the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). Accordingly, the fair value hierarchy gives the highest priority to quoted prices (unadjusted) in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

DURO HILEX POLY, LLC EMPLOYEES PENSION PLAN

NOTES TO FINANCIAL STATEMENTS
YEARS ENDED FEBRUARY 29, 2016 AND FEBRUARY 28, 2015

5. Fair Value Measurements (continued):

The three levels of fair value hierarchy under ASC 820 are described as follows:

- | | |
|---------|---|
| Level 1 | Unadjusted quoted market prices in active markets for identical unrestricted assets or liabilities that the Plan has the ability to access at the measurement date. |
| Level 2 | Other significant observable inputs, including quoted prices for similar securities, interest rates, prepayment speeds, credit risk and others. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability. |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement. |

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no significant changes in the methodologies used at February 29, 2016 and February 28, 2015.

Money market funds:	Valued at the net asset value (NAV) of shares held by the Plan at year end and amortized cost to approximate the current fair value of certain securities.
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Mutual Funds:	Valued at the daily closing price as reported by the fund. Net assets values (NAV) are generally obtained from The National Securities Clearing Corporation, directly from the fund house, and/or a secondary processing source.
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The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

DURO HILEX POLY, LLC EMPLOYEES PENSION PLAN

NOTES TO FINANCIAL STATEMENTS
YEARS ENDED FEBRUARY 29, 2016 AND FEBRUARY 28, 2015

5. Fair Value Measurements (continued):

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of February 29, 2016 and February 28, 2015:

Assets at Fair Value as of February 29, 2016

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds	\$ <u>31,966,858</u>	\$ <u>-0-</u>	\$ <u>-0-</u>	\$ <u>31,966,858</u>
Total assets at fair value	\$ <u>31,966,858</u>	\$ <u>-0-</u>	\$ <u>-0-</u>	\$ <u>31,966,858</u>

Assets at Fair Value as of February 28, 2015

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market fund	\$ <u>-0-</u>	\$ <u>3,830,780</u>	\$ <u>-0-</u>	\$ <u>3,830,780</u>
Mutual Funds	<u>32,266,331</u>	<u>-0-</u>	<u>-0-</u>	<u>32,266,331</u>
Total assets at fair value	\$ <u>32,266,331</u>	\$ <u>3,830,780</u>	\$ <u>-0-</u>	\$ <u>36,097,111</u>

6. Actuarial Present Value of Accumulated Plan Benefits:

Accumulated plan benefits are those future benefit payments, including lump-sum distributions, that are attributable under the Plan's provisions to service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died and (3) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits is determined by an independent actuary and it is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective.

The actuarial present value of accumulated plan benefits based on projection by the Plan's actuary as of the most recent dates available, plan year beginning March 1, 2015 and 2014 are as follows:

	<u>2015</u>	<u>2014</u>
Vested benefits:		
Participants currently receiving payments	\$ 22,170,624	\$ 21,160,866
Other participants	<u>15,967,975</u>	<u>16,662,522</u>
Total vested benefits	38,138,599	37,823,388
Nonvested benefits	<u>10,940</u>	<u>46,736</u>
Total actuarial present value of accumulated plan benefits	\$ <u>38,149,539</u>	\$ <u>37,870,124</u>

DURO HILEX POLY, LLC EMPLOYEES PENSION PLAN

NOTES TO FINANCIAL STATEMENTS
YEARS ENDED FEBRUARY 29, 2016 AND FEBRUARY 28, 2015

6. Actuarial Present Value of Accumulated Plan Benefits (continued):

The changes in actuarial present value of accumulated plan benefits as of March 1, 2015 and 2014 are as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$ <u>37,870,124</u>
Increase (decrease) during the year attributable to:	
Changes in actuarial assumptions	1,372,639
Benefits accumulated	1,271,783
Benefit payments	(4,625,781)
Interest	<u>2,260,774</u>
Net decrease	<u>(279,415)</u>
Actuarial present value of accumulated plan benefits at end of year	\$ <u><u>38,149,539</u></u>

The significant actuarial assumptions used in the valuation of March 1, 2015 and 2014 are as follows:

Interest Rate	
Funding:	Effective interest rate of 6.17% (2015) and 6.41% (2014)
Discount Rate:	3.90% (2015) and 3.60% (2014), compounded annually
Long Term Return:	6.50% (2015) and (2014), compounded annually
Mortality	
Funding:	IRS Static Mortality Table (2015) and (2014)
Expense:	RP-2014 Employee and Healthy Annuitant Tables projected with scale MP-2014 for all years (2015) and RP-2000 Mortality Table for employees and healthy annuitants combined, with generational improvements (2014)
Retirement:	Average retirement age – 63.13
Benefit Limit	\$210,000 (2015) and (2014)

The foregoing actuarial assumptions are based on the presumptions that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

DURO HILEX POLY, LLC EMPLOYEES PENSION PLAN

NOTES TO FINANCIAL STATEMENTS
YEARS ENDED FEBRUARY 29, 2016 AND FEBRUARY 28, 2015

7. Plan Termination:

Although it has not expressed any intention to do so, the Plan Sponsor has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder and the plan document. Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit. Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at the time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

8. Tax Status:

The Internal Revenue Service has determined and informed the Plan Sponsor by a letter dated July 5, 2012, that the Plan and related trust are designed in accordance with applicable regulations of the Internal Revenue Code. The Plan has been amended subsequent to this date. However, the Plan Sponsor and the plan administrator believe that the Plan, was at all times during the years ended February 29, 2016 and February 28, 2015, designed and operated in compliance with the applicable requirements of the Internal Revenue Code, and that the Plan and related trust continued to be tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service and/or Department of Labor. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of February 29, 2016 and February 28, 2015, there is no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2012.

9. Risks and Uncertainties:

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

Plan contributions are made, and the actuarial present value of accumulated Plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

DURO HILEX POLY, LLC EMPLOYEES PENSION PLAN

NOTES TO FINANCIAL STATEMENTS
YEARS ENDED FEBRUARY 29, 2016 AND FEBRUARY 28, 2015

10. Reconciliation of Financial Statements to Form 5500:

The following is a reconciliation of net assets available for benefits per the financial statements as of February 28, 2015 to the Form 5500:

	<u>2015</u>
Net assets available for benefits per the financial statements	\$ 36,624,064
Accrued plan expenses	<u>31,977</u>
Net assets available for benefits per the Form 5500	\$ <u>36,656,041</u>

The following is a reconciliation of the decrease to net assets available for benefits per the financial statements to the net loss per the Form 5500 for the year ended February 29, 2016:

	<u>2016</u>
Decrease in net assets available for benefits per the financial statements	\$ 3,770,496
Accrued plan expenses	<u>31,977</u>
Net loss per Form 5500	\$ <u>3,802,473</u>

DURO HILEX POLY, LLC EMPLOYEES PENSION PLAN
EIN 47-1050811 PLAN 003

FORM 5500, SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FEBRUARY 29, 2016

(a) Party- In-Interest	(b) Identity of issue, 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
	JPMorgan	JPMorgan Stategic Income Opps R5	\$ 3,060,411	\$ 2,862,386
	Loomis Sayles	Loomis Sayles Bond Instl	3,302,908	2,883,722
	Metropolitan West	Metropolitan West Total Return Bond	8,713,696	8,584,555
	PIMCO	PIMCO Short-Term Instl	1,591,027	1,582,096
	American Funds	American Funds AMCAP R6	2,276,330	1,945,149
	Eagle	Eagle Mid Cap Growth R6	1,134,844	971,878
	JPMorgan	JPMorgan Equity Income R6	2,130,515	1,941,859
	Vanguard	Vanguard 500 Index Admiral	4,177,460	3,872,263
	Vanguard	Vanguard Extended Market Idx Adm	2,316,919	1,955,888
	Victory	Victory Sycamore Small Co. Opportunity	1,131,966	980,534
	American Funds	American Funds EuroPacific Gr R6	3,729,873	3,143,081
	Munder	Victory Trivalent International Small-Cap	<u>1,383,243</u>	<u>1,243,447</u>
			<u>\$ 34,949,192</u>	<u>\$ 31,966,858</u>

See independent auditors' report.

DURO HILEX POLY, LLC EMPLOYEES PENSION PLAN
EIN 47-1050811 PLAN 003

FORM 5500, SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
FEBRUARY 29, 2016

(a) Identity of Party involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Value of Asset	(i) Net gain or (loss)
Transamerica Retirement Solutions	Loomis Sayles Bond Instl	\$ 4,995,931	\$ -0-	\$ -0-	\$ 4,995,931	\$ -0-
Transamerica Retirement Solutions	Loomis Sayles Bond Instl	-0-	1,660,297	1,693,023	1,660,297	(32,726)
Transamerica Retirement Solutions	Metropolitan West Total Return Bond	10,953,143	-0-	-0-	10,953,143	-0-
Transamerica Retirement Solutions	Metropolitan West Total Return Bond	-0-	2,222,656	2,239,447	2,222,656	(16,791)
Transamerica Retirement Solutions	American Funds EuroPacific Gr R6	4,148,740	-0-	-0-	4,148,740	-0-
Transamerica Retirement Solutions	American Funds EuroPacific Gr R6	-0-	439,049	418,867	439,049	20,182
Transamerica Retirement Solutions	Vanguard 500 Index Admiral	4,527,989	-0-	-0-	4,527,989	-0-
Transamerica Retirement Solutions	Vanguard 500 Index Admiral	-0-	336,306	350,529	336,306	(14,223)
Transamerica Retirement Solutions	Vanguard Extended Market Idx Adm	2,362,345	-0-	-0-	2,362,345	-0-
Transamerica Retirement Solutions	Vanguard Extended Market Idx Adm	-0-	45,776	45,426	45,776	350
Transamerica Retirement Solutions	JPMorgan Stategic Income Opps R5	3,432,519	-0-	-0-	3,432,519	-0-
Transamerica Retirement Solutions	JPMorgan Stategic Income Opps R5	-0-	357,637	372,108	357,637	(14,471)
Transamerica Retirement Solutions	Columbia Acorn International Select	1,399,963	-0-	-0-	1,399,963	-0-
Transamerica Retirement Solutions	Columbia Acorn International Select	-0-	1,332,692	1,399,963	1,332,692	(67,271)
Transamerica Retirement Solutions	PIMCO Short-Term Instl	7,676,862	-0-	-0-	7,676,862	-0-
Transamerica Retirement Solutions	PIMCO Short-Term Instl	-0-	6,087,084	6,085,835	6,087,084	1,249
Transamerica Retirement Solutions	American Funds AMCAP R6	2,388,464	-0-	-0-	2,388,464	-0-
Transamerica Retirement Solutions	American Funds AMCAP R6	-0-	105,314	112,134	105,314	(6,820)
Transamerica Retirement Solutions	JPMorgan Equity Income R6	2,304,449	-0-	-0-	2,304,449	-0-
Transamerica Retirement Solutions	JPMorgan Equity Income R6	-0-	163,150	173,934	163,150	(10,784)

See independent auditors' report.

**Attachment to 2015 Form 5500 Schedule SB,
Line 26 – Schedule of Active Participant Data**

**Plan Name: Duro Hilex Poly, LLC Employees Pension Plan
Plan Sponsor: Duro Hilex Poly, LLC**

**E.I.N.: 47-1050811 Plan No.: 003
Plan Year: March 1, 2015 to February 29, 2016**

..... Completed Years of Credited Service											
<u>Age</u>	<u>0</u> <u>to</u> <u>1</u>	<u>1</u> <u>to</u> <u>4</u>	<u>5</u> <u>to</u> <u>9</u>	<u>10</u> <u>to</u> <u>14</u>	<u>15</u> <u>to</u> <u>19</u>	<u>20</u> <u>to</u> <u>24</u>	<u>25</u> <u>to</u> <u>29</u>	<u>30</u> <u>to</u> <u>34</u>	<u>35</u> <u>to</u> <u>39</u>	<u>40</u> <u>+</u>	<u>Total</u>
0 – 24	0	0	0	0	0	0	0	0	0	0	0
25 – 29	0	0	0	0	0	0	0	0	0	0	0
30 – 34	0	0	0	0	0	0	0	0	0	0	0
35 – 39	0	0	0	4	1	0	0	0	0	0	5
40 – 44	0	0	0	6	6	1	0	0	0	0	13
45 – 49	0	0	0	4	5	4	1	0	0	0	14
50 – 54	0	1	1	6	2	9	8	4	0	0	31
55 – 59	0	2	0	5	2	5	6	10	6	0	36
60 – 64	0	0	0	4	8	3	2	3	9	2	31
65 – 69	0	0	0	1	0	1	1	0	1	2	6
70 & Up	<u>0</u>	<u>0</u>	<u>1</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>	<u>3</u>
Totals	0	3	2	31	24	23	18	17	16	5	139

**Attachment to 2015 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name: Duro Hilex Poly, LLC Employees Pension Plan
Plan Sponsor: Duro Hilex Poly, LLC**

**E.I.N.: 47-1050811 Plan No.: 003
Plan Year: March 1, 2015 to February 29, 2016**

A ACTUARIAL COST METHOD

The actuarial cost method used to determine the target normal cost, target liability and required contribution amounts for the plan is the Traditional Unit Credit Actuarial Cost Method. Under this method, both the target normal cost and target liability are based on the annual accrual of benefits as accruals occur each year.

The target liability for each active plan participant is equal to the actuarial present value of the participant's accrued benefit as of the valuation date. The total target liability of the plan is equal to the sum of such liabilities as determined for each active participant plus the actuarial present value of benefits being paid, or due to be paid, to retirees, beneficiaries and former participants with deferred vested benefits.

The target normal cost for each active participant is equal to the actuarial present value of the benefit expected to be earned during the year starting on the valuation date. The total target normal cost of the plan is the sum of the target normal costs for each active plan participant.

All employees who are plan participants on a valuation date are included in the actuarial valuation.

B ASSET VALUATION METHOD

The actuarial value of assets is equal to the market value of assets on the valuation date reduced by the sum of:

1. 66.67% of gains and losses of the prior year;
2. 33.33% of gains and losses of the second prior year.

Investment gains and losses are determined by the excess or deficiency of the expected return over the actual return on the market value (including employer contributions receivable for any given year). However, the expected return on assets may be limited by certain statutory interest rates.

The actuarial valuation of assets is further constrained to be not less than 90% or more than 110% of market value (including employer contributions receivable).

**Attachment to 2015 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name: Duro Hilex Poly, LLC Employees Pension Plan
Plan Sponsor: Duro Hilex Poly, LLC**

**E.I.N.: 47-1050811 Plan No.: 003
Plan Year: March 1, 2015 to February 29, 2016**

C INTEREST RATE METHODS

Target Liability Interest Rates

Segment rates in accordance with IRS Regulation 1.430(h)(2)-1 for November prior to the valuation date.

PBGC Interest Rates

Based on the alternative premium funding target and the Target Liability Interest Rates, unadjusted by Code Section 430(h)(2)(C)(iv).

**Expected Return on Assets/
ASC 960-20 Interest Rate**

6.50%

D ACTUARIAL ASSUMPTIONS

Pre- and Post-Retirement Mortality

Funding: static mortality table in accordance with IRS Regulation 1.430(h)(3)-1 for the valuation year.

Accounting (ASC 960-20): RP-2014 Employee and Healthy Annuitant Tables projected with Scale MP-2014 for all years (previously, RP-2000 Mortality Table for employees and healthy annuitants combined, with generational improvements).

**IRC Maximum Benefit and
Compensation Limitations**

Benefit Limit

\$210,000 for 2015 (unchanged).

Compensation Limit

Not applicable.

Disability Rates

None Assumed.

Retirement Rates

Rates are as follows:

<u>Age</u>	<u>Rates</u>
55	5%
56-59	1%
60-61	5%
62	50%
63-64	25%
65+	100%

Terminated vested participants are assumed to retire at age 65.

**Attachment to 2015 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name: Duro Hilex Poly, LLC Employees Pension Plan
Plan Sponsor: Duro Hilex Poly, LLC**

**E.I.N.: 47-1050811 Plan No.: 003
Plan Year: March 1, 2015 to February 29, 2016**

Withdrawal Rates

Sample rates are as follows:

<u>Attained</u>		
<u>Age</u>	<u>Male</u>	<u>Female</u>
20	14.9%	24.9%
25	9.9%	14.9%
30	7.4%	9.9%
35	4.9%	7.4%
40	2.8%	4.9%
45	1.7%	2.8%
50	0.0%	0.0%

Form of Payment

60% of participants are assumed to elect the single life annuity normal payment form. 20% of participants are assumed to elect a 50% joint and survivor annuity. 20% of participants are assumed to elect a 100% joint and survivor annuity.

Marital Assumption

It is assumed that 70% of participants are married. Males are assumed to be three years older than their spouse.

Expenses

\$410,000 (previously, \$282,000).

**ATTACHMENT TO THE 2015 SCHEDULE H OF FORM 5500
LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) &
LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS**

Plan Sponsor: Duro Hilex Poly, LLC

Plan Name: Duro Hilex Poly, LLC Employees Pension Plan

Plan Year: March 1, 2015 to February 29, 2016

EIN: 47-1050811

Plan No.: 003

Item 4i- Schedule of Assets Held at End of Year

Page 13 of the attached auditor's report of the Plan for the plan year ending February 29, 2015 provides the schedule of assets information.

Item 4j- Schedule of Reportable Transactions

Page 14 of the attached auditor's report of the Plan for the plan year ending February 29, 2016 provides the schedule of reportable transactions.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2015**This Form is Open to Public
Inspection**

For calendar plan year 2015 or fiscal plan year beginning 03/01/2015 and ending 02/29/2016

▶ Round off amounts to nearest dollar.

▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

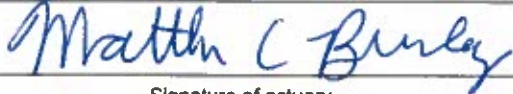
A Name of plan DURO HILEX POLY, LLC EMPLOYEES PENSION PLAN		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF DURO HILEX POLY, LLC		D Employer Identification Number (EIN) 47-1050811
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>03</u> Day <u>01</u> Year <u>2015</u>			
2 Assets:			
a Market value		2a	36649014
b Actuarial value		2b	36798724
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	631	21323406	21323406
b For terminated vested participants	381	10284788	10284788
c For active participants	139	5227963	5251586
d Total	1151	36836157	36859780
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate	5	6.17 %	
6 Target normal cost	6	410000	

Statement by Enrolled Actuary

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

SIGN HERE		11/28/2016
	Signature of actuary Matthew C. Burley, A.S.A., E.A.	Date 14-05956
	Type or print name of actuary Transamerica	Most recent enrollment number (508) 903-6015
	Firm name 24 Prime Park Way Suite 400 Natick, MA 01760 Address of the firm	Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2015
v. 150123

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>3.88 %</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		885412
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.41 %</u>		56755
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		942167
d Portion of (c) to be added to prefunding balance		942167
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	942167

Part III Funding Percentages

14 Funding target attainment percentage	14	97.27 %
15 Adjusted funding target attainment percentage	15	97.27 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	101.52 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10-15-2015	400000				
12-11-2015	400000				
03-10-2016	150000				
03-11-2016	250000				
06-09-2016	278034				
09-12-2016	278034				
Totals ▶			18(b)	1756068	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1654455

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

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

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)		31a	410000
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		1004620	167071
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..		34	577071
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	577071	577071
36 Additional cash requirement (line 34 minus line 35)		36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	1654455
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	1654455
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years.....		40	0

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

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

Schedule C, Line 2(h) Formula Descriptions

Duro Hilex Poly, LLC Employees Pension Plan

EIN No.: 47-1050811, Plan No. 003

Plan Year Ending: 02/29/2016

Indirect Compensation in the form of revenue sharing was paid to the following Service Providers:

TRANSAMERICA RETIREMENT SOLUTIONS	13-3689044
NATIONAL FINANCIAL SERVICES	04-3523567

Revenue amounts are shown in annualized basis points of plan assets invested in applicable fund

Fund Family	Fund Name	Start Date	End Date	Revenue to Transamerica Retirement Solutions	Revenue to National Financial Services
JP MORGAN	JPMORGAN STRATEGIC INCOME OPPS	3/15/2015	12/31/2015	9.756	0.244
JP MORGAN	JPMORGAN STRATEGIC INCOME OPPS	1/1/2016	2/29/2016	9.740	0.260
LOOMIS SAYLES	LOOMIS SAYLES BOND	3/15/2015	12/31/2015	19.512	0.488
LOOMIS SAYLES	LOOMIS SAYLES BOND	1/1/2016	2/29/2016	19.480	0.520
METROPOLITAN WEST ASSET MGMT	METRO WEST TOTAL RETURN, I	3/15/2015	12/31/2015	9.756	0.244
METROPOLITAN WEST ASSET MGMT	METRO WEST TOTAL RETURN, I	1/1/2016	2/29/2016	9.740	0.260
MUNDER	VICTORY TRIVALENT INTERNATIONAL SMALL-CAP I	10/6/2015	12/31/2015	9.756	0.244
MUNDER	VICTORY TRIVALENT INTERNATIONAL SMALL-CAP I	1/1/2016	2/29/2016	9.740	0.260
PIMCO	PIMCO SHORT-TERM INSTL	3/15/2015	9/30/2015	2.927	0.073
VICTORY	VICTORY SYCAMORE SMALL COMPANY OPPORTUNITY I	3/15/2015	12/31/2015	9.756	0.244
VICTORY	VICTORY SYCAMORE SMALL COMPANY OPPORTUNITY I	1/1/2016	2/29/2016	9.740	0.260

**Attachment to 2015 Form 5500 Schedule SB,
Line 19 – Discounted Employer Contributions**

**Plan Name: Duro Hilex Poly, LLC Employees Pension Plan
Plan Sponsor: Duro Hilex Poly, LLC**

**E.I.N.: 47-1050811 Plan No.: 003
Plan Year: March 1, 2015 to February 29, 2016**

<u>Date</u>	<u>Actual Contribution</u>	<u>Discounted Contribution</u>	<u>Effective Rate</u>	<u>Plan Year</u>
October 15, 2015	400,000	385,356	6.17%	3/1/2015 – 2/29/2016
December 11, 2015	400,000	381,780	6.17%	3/1/2015 – 2/29/2016
March 10, 2016	150,000	141,075	6.17%	3/1/2015 – 2/29/2016
March 11, 2016	250,000	235,087	6.17%	3/1/2015 – 2/29/2016
June 9, 2016	278,034	257,627	6.17%	3/1/2015 – 2/29/2016
September 12, 2016	<u>278,034</u>	<u>253,530</u>	6.17%	3/1/2015 – 2/29/2016
Total	\$1,756,068	\$1,654,455		

**Attachment to 2015 Form 5500 Schedule SB,
Line 22 – Description of Weighted Average Retirement Age**

**Plan Name: Duro Hilex Poly, LLC Employees Pension Plan
Plan Sponsor: Duro Hilex Poly, LLC**

**E.I.N.: 47-1050811 Plan No.: 003
Plan Year: March 1, 2015 to February 29, 2016**

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2) * (3)	(5) Weighted Age (1) * (4)
55	62.11	0.05	3.06	168.06
56	68.94	0.01	0.68	38.05
57	76.12	0.01	0.75	42.82
58	83.20	0.01	0.82	47.68
59	87.16	0.01	0.87	51.42
60	92.04	0.05	4.60	276.12
61	100.15	0.05	5.01	305.46
62	98.79	0.50	49.40	3062.55
63	53.02	0.25	13.25	835.01
64	43.54	0.25	10.88	696.58
65	35.45	1.00	35.45	2304.29
66	3	1	3	198
67	0	1	0	0
68	1	1	1	68
69	1	1	1	69
70	0	1	0	0
71	1	1	1	71
72	0	1	0	0
73	0	1	0	0
74	2	1	2	148

Average age at retirement

63.13

Rounded for Schedule SB item 22

63

**Attachment to 2015 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: Duro Hilex Poly, LLC Employees Pension Plan
Plan Sponsor: Duro Hilex Poly, LLC**

**E.I.N.: 47-1050811 Plan No.: 003
Plan Year: March 1, 2015 to February 29, 2016**

<u>Effective Date</u>	March 4, 1970. Amended January 30, 2015.
<u>Plan Year</u>	March 1st through February 28th.
<u>Plan Type</u>	Frozen defined benefit plan.
<u>Eligibility</u>	March 1 or September 1 after one year of service and attainment of age 21. Participation is frozen effective August 31, 2003.
<u>Credited Service</u>	<p>Credited Service is equal to the sum of the following:</p> <ol style="list-style-type: none">1) Credited Service accrued under the plan as of March 4, 19762) Credited Service accrued after March 4, 1976 based hours worked divided by 1,800 (rounded to the nearest 10th of a year not to be greater than 1) in each anniversary year. <p>Service is frozen effective August 31, 2003.</p>
<u>Vesting Service</u>	One year of Vesting Service is earned for each year a participant works 1000 hours. Participants are 100% vesting at 5 years of service, and are always vested in their employee contributions.
<u>Employee Contributions</u>	From January 1, 1983 to April 30, 1993, employee contributions equal to 1.5% of compensation were required to participate in the plan. Employee contribution accounts may be withdrawn upon termination.
<u>Average Monthly Earnings</u>	Five highest consecutive calendar years of earnings out of the last ten calendar years of employment. Compensation after August 31, 2003 is not considered when calculating accrued benefits.
<u>Normal Retirement Date</u>	Later of age 65 and 5 years of participation.
<u>Normal Retirement Benefit</u>	0.75% times Average Monthly Earnings times Credited Service plus 0.64% of excess of Average Monthly Earnings over Covered Compensation times Credited Service up to 35 years. Participants accrued top heavy benefits from March 1, 1984 to February 28, 1989. Benefits are frozen effective August 31, 2003.

**Attachment to 2015 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: Duro Hilex Poly, LLC Employees Pension Plan
Plan Sponsor: Duro Hilex Poly, LLC**

**E.I.N.: 47-1050811 Plan No.: 003
Plan Year: March 1, 2015 to February 29, 2016**

Form of Payment

Single: Single Life Annuity.
Married: 50% Joint and Survivor.

Optional Forms of Payment

5 Year Certain & Continuous Annuity
10 Year Certain & Continuous Annuity
50% Joint & Survivor Annuity
75% Joint & Survivor Annuity
100% Joint & Survivor Annuity

Optional forms are actuarially equivalent using 5.5% interest and UP1984 Mortality Table set back 2 years.

Early Retirement Date

A participant will be eligible for Early Retirement at age 55 and 10 Years of Service.

Early Retirement Benefit

Normal Retirement Benefit reduced by 1/180th for each of the first 60 months plus 1/360th for each of the next 60 months that the date of retirement precedes the Normal Retirement Date.

Disability Benefit

To be eligible for a Disability Benefit the participant must have 15 years of service and be fully disabled under the Federal Social Security Act on or before August 31, 2003. The benefit is equal for the Normal Retirement Benefit actuarially reduced for commencement prior to the Normal Retirement Date.

Death Benefit

50% of the amount a married participant would have received had he or she terminated employment on the date of death and began

Changes since Prior Year

Terminated vested participants with a deferred vested Plan benefit of less than \$20,000 in value as of February 1, 2015 were offered a voluntary lump sum distribution of their benefit. This program was implemented by February 28, 2015.

ATTACHMENT TO THE 2015 SCHEDULE H OF FORM 5500
LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) &
LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

Plan Sponsor: Duro Hilex Poly, LLC

Plan Name: Duro Hilex Poly, LLC Employees Pension Plan

Plan Year: March 1, 2015 to February 29, 2016

EIN: 47-1050811

Plan No.: 003

Item 4i- Schedule of Assets Held at End of Year

Page 13 of the attached auditor's report of the Plan for the plan year ending February 29, 2015 provides the schedule of assets information.

Item 4j- Schedule of Reportable Transactions

Page 14 of the attached auditor's report of the Plan for the plan year ending February 29, 2016 provides the schedule of reportable transactions.

**Attachment to 2015 Form 5500 Schedule SB,
Line 32 – Schedule of Amortization Bases**

**Plan Name: Duro Hilex Poly, LLC Employees Pension Plan
Plan Sponsor: Duro Hilex Poly, LLC**

**E.I.N.: 47-1050811 Plan No.: 003
Plan Year: March 1, 2015 to February 29, 2016**

Amortization Schedule

(a) <u>Year</u>	(b) <u>Type</u>	(c) <u>Present Value</u>	(d) <u>Years Left</u>	(e) <u>Payment</u>
2009	Shortfall	\$ 0	1	\$ 0
2010	Shortfall	0	2	0
2011	Shortfall	0	3	0
2012	Shortfall	0	4	0
2013	Shortfall	0	5	0
2014	Shortfall	0	6	0
2015	Shortfall	<u>1,004,620</u>	7	<u>167,071</u>
Total		\$ <u>1,004,620</u>		\$ <u>167,071</u>

**Attachment to 2015 Form 5500 Schedule SB,
Line 24 – Change in Actuarial Assumptions**

**Plan Name: Duro Hilex Poly, LLC Employees Pension Plan
Plan Sponsor: Duro Hilex Poly, LLC**

**E.I.N.: 47-1050811 Plan No.: 003
Plan Year: March 1, 2015 to February 29, 2016**

For 2015, plan expense was \$410,000 (previously, \$282,000).