

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 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>10/01/2016</u> and ending <u>09/30/2017</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.) ☒ a single-employer plan ☐ a DFE (specify) _____	
B	This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ☐		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>POLY-BOND, INC. RETIREMENT PLAN</u>	1b	Three-digit plan number (PN) ► <u>002</u>
		1c	Effective date of plan <u>04/01/1998</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CHICOPEE, INC.</u> <u>9335 HARRIS CORNERS PARKWAY</u> <u>SUITE 300</u> <u>CHARLOTTE, NC 28269</u>	2b	Employer Identification Number (EIN) <u>57-1013629</u>
		2c	Plan Sponsor's telephone number <u>704-697-5214</u>
		2d	Business code (see instructions) <u>339900</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/13/2018	DAVID BERKMAN
	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	5 416
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..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 56 6a(2) 49 6b 183 6c 145 6d 377 6e 28 6f 405 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 1I 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 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) Department of the Treasury Internal Revenue Service Department 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 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

▶ **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>POLY-BOND, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CHICOPEE, INC.</u>	D Employer Identification Number (EIN) <u>57-1013629</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>10</u> Day <u>01</u> Year <u>2016</u>	
2 Assets:	
a Market value	2a <u>16616569</u>
b Actuarial value	2b <u>16616569</u>
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.....	<u>209</u> <u>6858924</u> <u>6858924</u>
b For terminated vested participants.....	<u>151</u> <u>3454459</u> <u>3454459</u>
c For active participants.....	<u>56</u> <u>1034622</u> <u>1114134</u>
d Total.....	<u>416</u> <u>11348005</u> <u>11427517</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>6.09 %</u>
6 Target normal cost.....	6 <u>68000</u>

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		<u>07/06/2018</u>
	Signature of actuary	Date
<u>THOMAS GRAHAM</u>	Type or print name of actuary	<u>17-05864</u>
		Most recent enrollment number
<u>CBIZ RETIREMENT PLAN SERVICES</u>	Firm name	<u>215-825-4022</u>
<u>1845 WALNUT STREET</u> <u>14TH FLOOR</u> <u>PHILADELPHIA, PA 19103</u>	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, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2016
v. 160205

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	1271509
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	1271509
10	Interest on line 9 using prior year's actual return of 15.53%	0	197465
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		119505
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 6.10%		7290
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		126795
d	Portion of (c) to be added to prefunding balance		0
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	1468974

Part III Funding Percentages			
14	Funding target attainment percentage	14	132.55%
15	Adjusted funding target attainment percentage	15	145.40%
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	117.90%
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
Totals ►			18(b)	0	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 0
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:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">1st segment: 4.43%</td> <td style="width: 33%;">2nd segment: 5.91%</td> <td style="width: 33%;">3rd segment: 6.65%</td> </tr> </table>	1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%	☐ N/A, full yield curve used
1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%				
b	Applicable month (enter code)	21b	4			
22	Weighted average retirement age	22	65			
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	68000			
b	Excess assets, if applicable, but not greater than line 31a	31b	68000			
32	Amortization installments:	Outstanding Balance	Installment			
a	Net shortfall amortization installment	0	0			
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	0			
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0			
		Carryover balance	Prefunding balance			
35	Balances elected for use to offset funding requirement	0	0			
36	Additional cash requirement (line 34 minus line 35)	36	0			
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0			
38	Present value of excess contributions for current year (see instructions)					
a	Total (excess, if any, of line 37 over line 36)	38a	0			
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 (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection.
For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017		
A Name of plan POLY-BOND, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 CHICOPEE, INC.	D Employer Identification Number (EIN) 57-1013629	

Part I	Service Provider Information (see instructions)
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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

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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)

CBIZ RETIREMENT PLAN SERVICES

31-1582098

(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	NONE	27790	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIFTH THIRD BANK

31-6854434

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	13568	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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:	JOSEPH K. MEYERS	b EIN:	34-1213174
c Position:	ENROLLED ACTUARY		
d Address:	5301 VIRGINIA WAY, SUITE 400 BRENTWOOD, TN 37027	e Telephone:	615-665-1640

Explanation: THE PLAN SPONSOR WAS PURCHASED BY BERRY GLOBAL, INC.

a Name:	STEVEN M BOURG	b EIN:	31-1582098
c Position:	ENROLLED ACTUARY		
d Address:	3851 PARROT DRIVE ELLCOTT CITY, MD 21042	e Telephone:	410-707-2494

Explanation: TERMINATION WAS IN CONJUNCTION WITH THE ENROLLED ACTUARY'S TERMINATION FROM CBIZ BENEFITS AND INSURANCE SERVICES, INC. EFFECTIVE NOVEMBER 15, 2016.

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 2016 </div> This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

A Name of plan <u>POLY-BOND, INC. RETIREMENT PLAN</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ►</td> <td style="width:20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>	B Three-digit plan number (PN) ►	<u>002</u>		
B Three-digit plan number (PN) ►	<u>002</u>				
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CHICOPEE, INC.</u>	D Employer Identification Number (EIN) <u>57-1013629</u>				

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIFTH THIRD EQUITY INDEX COMMINGLED

b Name of sponsor of entity listed in (a): FIFTH THIRD BANK

c EIN-PN <u>30-0194096-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1444965</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

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

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

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

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

SCHEDULE H (Form 5500) Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017		
A Name of plan POLY-BOND, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 CHICOPEE, INC.	D Employer Identification Number (EIN) 57-1013629	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	50718	63506
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	416404	316431
(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)	7393544	8721143
(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)	1308732	1444965
(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)	5431386	3395777
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	2015785	2604201
(2)	Employer real property		
e	Buildings and other property used in plan operation		
f	Total assets (add all amounts in lines 1a through 1e)	16616569	16546023
Liabilities			
g	Benefit claims payable		
h	Operating payables		
i	Acquisition indebtedness		
j	Other liabilities		
k	Total liabilities (add all amounts in lines 1g through 1j)	0	0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	16616569	16546023

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	
	(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)	0
b	Earnings on investments:		
(1)	Interest:		
(A)	Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
(B)	U.S. Government securities	2b(1)(B)	
(C)	Corporate debt instruments	2b(1)(C)	
(D)	Loans (other than to participants)	2b(1)(D)	
(E)	Participant loans	2b(1)(E)	
(F)	Other	2b(1)(F)	
(G)	Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	249252
(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)	
(D)	Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	
(3)	Rents	2b(3)	95910
(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)		236232
(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)		-103949
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		867589

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	849657	
(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)		849657
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)	27790	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	13568	
(4) Other	2i(4)	47120	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		88478
j Total expenses. Add all expense amounts in column (b) and enter total	2j		938135

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-70546
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: **HARDING SHYMANSKI & COMPANY PSC**

(2) EIN: **35-1346211**

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:

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	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4056166. (See instructions.)

Part V Trust Information

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / /	

POLY-BOND, INC. RETIREMENT PLAN

Financial Report

September 30, 2017

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INDEPENDENT AUDITOR'S REPORT

401(k) Retirement Plans Committee
Poly-Bond, Inc. Retirement Plan

Report on Financial Statements

We were engaged to audit the accompanying financial statements of the Poly-Bond, Inc. Retirement Plan, which comprise the statements of net assets available for benefits as of September 30, 2017 and 2016, the related statements of changes in net assets available for benefits for the year ended September 30, 2017 and the nine-month period ended September 30, 2016, the statement of accumulated Plan benefits as of September 30, 2016, the related statement of changes in accumulated Plan benefits for the nine-month period 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting our 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, 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 United States Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to information summarized in Note 5, which was certified by Fifth Third Bank, the current Trustee of the Plan, and Wells Fargo Bank and Matrix Trust Company, the former Custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the Trustee and Custodians hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from the Trustee and Custodians as of September 30, 2017 and 2016, for the year ended September 30, 2017, and for the nine-month period ended September 30, 2016, that the information provided to the Plan administrator by the Trustee and Custodians is complete and accurate.

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Evansville, IN ■ Louisville, KY



21 S.E. Third Street, Suite 500
P.O. Box 3677
Evansville, IN 47735-3677

(812) 464-9161
Fax (812) 465-7811

545 S. Third Street, Suite 102
Louisville, KY 40202-1935

(502) 584-4142
Fax (502) 581-1653

www.hscepa.com

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INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets (held at the end of the year) and schedule of reportable transactions as of September 30, 2017 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purposes of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

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

Wardig, Slynanski & Company, P.S.C.

Evansville, Indiana
July 11, 2018

POLY-BOND, INC. RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

September 30, 2017 and 2016

	2017	2016
<hr/>		
ASSETS		
Investments at fair value	\$ 16,482,517	\$ 16,565,853
Receivables:		
Accrued income	<u>63,506</u>	<u>50,715</u>
Net assets available for benefits	<u><u>\$ 16,546,023</u></u>	<u><u>\$ 16,616,568</u></u>

See accompanying notes to the financial statements.

POLY-BOND, INC. RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended September 30, 2017 and the Nine Months Ended September 30, 2016

	2017	Period Ended September 30, 2016
Additions		
Investment income:		
Net appreciation in fair value of investments	\$ 522,428	\$ 1,890,787
Interest and dividends	345,162	383,271
	867,590	2,274,058
Contributions:		
Employer contributions	0	120,230
Total additions	867,590	2,394,288
Deductions:		
Benefits paid to participants	849,657	609,974
Administrative expenses	88,478	15,874
Total deductions	938,135	625,848
Net increase (decrease)	(70,545)	1,768,440
Net assets available for benefits:		
Beginning of period	16,616,568	14,848,128
End of period	\$ 16,546,023	\$ 16,616,568

See accompanying notes to the financial statements.

POLY-BOND, INC. RETIREMENT PLAN

STATEMENT OF ACCUMULATED PLAN BENEFITS

September 30, 2016

Actuarial present value of accumulated Plan benefits

Vested benefits:

Participants and beneficiaries currently receiving payments

\$ 6,521,405

Other participants

4,244,955

Total actuarial present value of accumulated Plan benefits

\$ 10,766,360

See accompanying notes to the financial statements.

POLY-BOND, INC. RETIREMENT PLAN

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

For the Nine-Month Period Ended September 30, 2016

Actuarial present value of accumulated Plan benefits at beginning of period	<u>\$ 10,775,443</u>
Increase (decrease) during the period attributable to:	
Interest accumulation	549,699
Benefits paid	(609,974)
Benefits accumulated	(17,668)
Change in actuarial assumptions	<u>68,860</u>
Net decrease	<u>(9,083)</u>
Actuarial present value of accumulated Plan benefits at end of period	<u><u>\$ 10,766,360</u></u>

See accompanying notes to the financial statements.

POLY-BOND, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

September 30, 2017 and 2016

Note 1 – Plan Description

The following description of the Poly-Bond, Inc. (Company) Retirement Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a non-contributory defined benefit pension plan sponsored by Berry Global, Inc. covering all eligible employees of the Company. The Plan was first established on April 1, 1998, and was amended and restated on January 1, 2015. Effective December 31, 2003, the Plan's management approved to freeze the Plan. Effective October 1, 2015, Berry Plastics Corporation acquired the Company. Effective April 14, 2017, Berry Plastics Corporation changed its name to Berry Global, Inc.

Effective April 5, 2016, the Plan's year-end was changed from December 31 to September 30 and; therefore, the September 30, 2016 period comprises a nine-month period.

The 401(k) Retirement Plans Committee is responsible for oversight of the Plan. The 401(k) Retirement Plans Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

The Plan is intended to satisfy all of the requirements for a qualified retirement plan under the appropriate provisions of the Internal Revenue Code (IRC) and similar state laws. The Plan is subject to the provisions of ERISA.

Pension Benefits

The benefits provided by the Plan include normal retirement and death benefits. The Plan provides pension benefits to participants currently receiving pension benefits and terminated employees with deferred vested status. Participants are eligible for monthly pension benefit payments at retirement age, normally 65, equal to an amount, as defined, based on the accrued benefit as of the date of the Plan freeze. Employees may elect to receive their pension benefits in various forms. Whenever the employment of a participant terminates for reasons other than early retirement, normal retirement, death, disability, or total and permanent disability, the participant is entitled to the value of his mandatory contribution benefits account, plus a percentage, based on years of service, of his accrued retirement benefits account. Participants should refer to the Plan agreement for a complete description of the benefit payment options available.

POLY-BOND, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

September 30, 2017 and 2016

Note 1 – Plan Description (Continued)

Death and Disability Benefits

A participant whose employment with all participating companies and affiliated companies is severed on account of such participant's total and permanent disability prior to the earliest date on which the participant would be entitled to begin receiving benefits, shall be entitled to receive retirement benefit under this Plan commencing as of the date determined in accordance with the rules established by the 401(k) Retirement Plans Committee for this purpose, equal to the monthly retirement income on the basis of all such factors as shall be used in calculating normal retirement benefit.

Upon death of the participant, beneficiaries will receive benefits as prescribed in the Plan agreement.

Note 2 – Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared under the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires 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, and changes therein. Actual results could differ from those estimates.

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. The Plan's 401(k) Retirement Plans Committee determines the Plan's valuation policies utilizing information provided by the advisors, Trustee, and Custodians. See Note 6 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.

POLY-BOND, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

September 30, 2017 and 2016

Note 2 – Significant Accounting Policies (Continued)

Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service that employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on the accrued benefit as of the date of the Plan freeze. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated Plan benefits.

The actuarial present value of accumulated benefits, as determined by an independent actuary CBIZ Benefits & Insurance Services, and 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 significant methods and assumptions underlying the actuarial computations of accumulated benefits as of October 1, 2016 and January 1, 2016 are as follows:

Life Expectancy of Participants	IRS 2016 Static Mortality Table used for the period ended October 1, 2016 and 2016 Combined Static Mortality for the year ended January 1, 2016, respectively
Retirement Age Assumptions	Age 65
Assumed Interest	6.1% for the period ended October 1, 2016 and the year ended January 1, 2016, respectively
Assumed Asset Valuation Method	Market Value of Assets
Assumed Average Rates of Return	6% for period and year ended October, 1 2016 and January 1, 2016, respectively
Assumed Actuarial Cost Method	Unit Credit

POLY-BOND, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

September 30, 2017 and 2016

Note 2 – Significant Accounting Policies (Continued)

Actuarial Present Value of Accumulated Plan Benefits (Continued)

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors may be applicable in determining the actuarial present value of accumulated Plan benefits. Had the valuations been completed as of September 30, there would be no material differences.

Payment of Benefits

Benefit are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Certain expenses incurred in connection with general 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. In addition, investment related expenses are included in net appreciation of fair value of investments.

Subsequent Events

The Plan has evaluated subsequent events through July 11, 2018, the date the financial statements were available to be issued.

Reclassification

Certain items in the September 30, 2016 financial statements have been reclassified to conform to the September 30, 2017 classifications.

Recently Issued Accounting Standards

In February 2017, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2017-06, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): Employee Benefit Plan Master Trust Reporting*, which changes the presentation and disclosures for plans that participate in a master trust. Additionally, ASU 2017-06 simplifies the disclosures of 401(h) accounts in health and welfare plans. The ASU is effective for fiscal years beginning after December 15, 2018. The ASU should be applied retrospectively to each period for which financial statements are presented. Early adoption is permitted for this ASU. Plan management is currently evaluating the impact the adoption of this guidance will have on the financial statements.

POLY-BOND, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

September 30, 2017 and 2016

Note 3 – Funding Policy

The Company has agreed to make contributions to the Plan sufficient to provide the Plan with assets with which to pay pension benefits to Plan participants. The amount of the annual contribution to the Plan and the determination of the estimated accrued obligation for pension benefits are based upon various assumptions made by an independent actuary utilizing the assumptions similar to those in Note 2.

During the period ended September 30, 2016, the Company made a contribution of \$120,230, which exceeded the minimum funding requirement of ERISA. For the year ended September 30, 2017, there was no minimum funding requirement.

Note 4 – Plan Termination

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

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- Annuity benefits for participants, or their beneficiaries, who have been receiving payments for at least three years, or were eligible to retire for that three-year period and would have received benefits if they had retired. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. Government agency) up to the applicable limitations (discussed subsequently).
- All other vested benefits (that is, vested benefits not insured by the PBGC).
- All nonvested benefits.

After all liabilities have been satisfied, the Company is entitled to the balance of the trust fund, if any.

To the extent that funds are available, benefits will be paid in full in each of the previously-mentioned distribution categories. If sufficient funds are not available to pay all the benefits in a category, then benefits in that category will be paid on a pro rata basis.

Certain benefits under the Plan are insured by the 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, and the amount of benefit protection is subject to certain limitations.

POLY-BOND, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

September 30, 2017 and 2016

Note 4 – Plan Termination (Continued)

Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of the individual's monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits, should the Plan terminate at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

Note 5 – Summary of Financial Data Certified by the Trustee and Custodians

The following is a summary of the Plan's financial information as of September 30, 2017 and 2016, the year ended September 30, 2017, and the nine-month period ended September 30, 2016, included throughout the Plan's financial statements and supplemental schedules, that was prepared by or derived from information provided by the Trustee and Custodians and furnished to the Plan administrator. The Plan administrator has obtained certifications from the Trustee and Custodians that the following assets are complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information which appears throughout the financial statements and supplemental schedules related to the following assets.

<u>Net Assets Available for Benefits Held by Trustee and Custodians</u>	<u>2017</u>	<u>2016</u>
Investments at fair value	\$ 16,482,517	\$ 16,565,853
Accrued income	<u>63,506</u>	<u>50,715</u>
	<u>\$ 16,546,023</u>	<u>\$ 16,616,568</u>
 <u>Statements of Changes in Net Assets Available for Benefits</u>		
Investment income		
Net appreciation in fair value of investments	\$ 522,428	\$ 1,890,787
Interest and dividends	<u>345,162</u>	<u>383,271</u>
	<u>\$ 867,590</u>	<u>\$ 2,274,058</u>

POLY-BOND, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

September 30, 2017 and 2016

Note 6 – Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	<p>Inputs to the valuation methodology include:</p> <ul style="list-style-type: none">• Quoted prices for similar assets or liabilities in active markets;• Quoted prices for identical or similar assets or liabilities in inactive markets;• Inputs other than quoted prices that are observable for the asset or liability;• Inputs that are derived principally from or corroborated by observable market data by correlation or other means. <p>If the asset or liability has a specific (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.</p>
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's 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 relevant observable inputs and minimize the use of unobservable inputs.

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used for the year ended September 30, 2017 and for the nine-month period ended September 31, 2016.

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Corporate bonds: Valued at the closing price reported on the active market on which the individual bond securities are traded.

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

POLY-BOND, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

September 30, 2017 and 2016

Note 6 – Fair Value Measurements (Continued)

Common collective trust: Valued at the NAV of units of a common collective trust. The NAV, as provided by the Trustee and Custodians, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchased and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly manner.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2017 and September 30, 2016:

	Fair Value Measurements as of September 30, 2017			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 3,712,209	\$ 0	\$ 0	\$ 3,712,209
Berry Global, Inc. common stock	2,604,200	0	0	2,604,200
Corporate bonds	8,721,143	0	0	8,721,143
Total assets in the fair value hierarchy	<u>\$ 15,037,552</u>	<u>\$ 0</u>	<u>\$ 0</u>	15,037,552
Investments measured at NAV ^(a)				<u>1,444,965</u>
Investments at fair value				<u>\$ 16,482,517</u>

	Fair Value Measurements as of September 30, 2016			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 5,998,638	\$ 0	\$ 0	\$ 5,998,638
Berry Global, Inc. common stock	2,015,784	0	0	2,015,784
Corporate bonds	7,242,699	0	0	7,242,699
Total assets in the fair value hierarchy	<u>\$ 15,257,121</u>	<u>\$ 0</u>	<u>\$ 0</u>	15,257,121
Investments measured at NAV ^(a)				<u>1,308,732</u>
Investments at fair value				<u>\$ 16,565,853</u>

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

POLY-BOND, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

September 30, 2017 and 2016

Note 6 – Fair Value Measurements (Continued)

Investments Measured Using the NAV per Share Practical Expedient

The following table summarizes investments measured at fair value based on NAV per share as of September 30, 2017 and 2016.

<u>Investment</u>	<u>2017 Fair Value</u>	<u>2016 Fair Value</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Common collective trust ^(a)	<u>\$ 1,444,965</u>	<u>\$ 1,308,732</u>	Daily	None

(a) This fund invests primarily in investment contracts issued by insurance companies, banks, or other financial institutions, including investment contracts backed by high quality fixed income securities. Investments in this category can be redeemed immediately at the current NAV per share based on the fair value of the underlying assets. The fair value of investments in this category has been estimated using the NAV per share of the investments.

POLY-BOND, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

September 30, 2017 and 2016

Note 7 – Interest in Berry Plastics Master Trust

Certain Plan investments are in the Berry Global Master Trust (Master Trust), which was established for the investment of assets of the Plan and several other Berry Global, Inc. sponsored retirement plans. Each participating retirement plan has an undivided interest in the Master Trust. The assets of the Master Trust are held by Fifth Third Bank. Effective August 20, 2017, the Master Trust was restated to address changes in the Berry Plastics Corporation sponsored retirement plans that are included in the Master Trust.

The value of the Plan's interest in the Master Trust is based on the beginning of the year value of the Plan's interest in the Master Trust plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses. As of September 30, 2017 and 2016, the Plan's interest in net assets of the Master Trust was approximately six percent. Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based upon the amount of the time the Plan's assets were invested in the Master Trust.

The following table presents the net assets of the Master Trust as of September 30, 2017 and 2016.

	<u>2017</u>	<u>2016</u>
Mutual funds	\$ 19,647,902	\$ 8,316,799
Money market funds	6,064,095	18,221,175
Corporate and treasury bonds	130,446,166	134,644,898
Common collective trust	61,408,957	55,638,734
Common stocks	<u>51,282,413</u>	<u>39,695,213</u>
Total net assets	<u>\$ 268,849,533</u>	<u>\$ 256,516,819</u>
Plan interest in Berry Plastics Master Trust	<u>\$ 16,482,517</u>	<u>\$ 16,565,853</u>

For the year ended September 30, 2017 and for the nine-month period ended September 30, 2016, the Master Trust's investments (including investments bought and sold, as well as held during the year) appreciated as follows:

	<u>2017</u>	<u>2016</u>
Net appreciation in fair value of investments	<u>\$ 19,821,091</u>	<u>\$ 23,393,513</u>

POLY-BOND, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

September 30, 2017 and 2016

Note 7 – Interest in Berry Plastics Master Trust (Continued)

The following are the changes in net assets for the Master Trust for the year ended September 30, 2017 and nine-month period ended 2016:

	<u>2017</u>	<u>2016</u>
Changes in Net Assets:		
Net appreciation in fair value of investments	\$ 19,821,091	\$ 23,393,513
Transfers in	0	102,319,359
Interest and dividends	4,500,033	3,053,403
Other income	<u>0</u>	<u>18</u>
Net investment income	24,321,124	128,766,293
Employer contributions	5,717,000	1,090,000
Benefits paid to participants	(14,693,460)	(8,725,187)
Administrative expenses	<u>(3,011,950)</u>	<u>(588,400)</u>
Increase in net assets	<u>12,332,714</u>	<u>120,542,706</u>
Net assets		
Beginning of year	<u>256,516,819</u>	<u>135,974,113</u>
End of year	<u><u>\$ 268,849,533</u></u>	<u><u>\$ 256,516,819</u></u>

POLY-BOND, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

September 30, 2017 and 2016

Note 7 – Interest in Berry Plastics Master Trust (Continued)

The following table sets forth by level, within the fair value hierarchy, the Master Trust's fair value measurements as of September 30, 2017 and 2016:

	Fair Value Measurements as of September 30, 2017			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 19,647,902	\$ 0	\$ 0	\$ 19,647,902
Money market funds	6,064,095	0	0	6,064,095
Berry Global, Inc. common stock	51,282,413	0	0	51,282,413
Corporate and treasury bonds	130,446,166	0	0	130,446,166
Total assets in the fair value hierarchy	<u>\$ 207,440,576</u>	<u>\$ 0</u>	<u>\$ 0</u>	207,440,576
Investments measured at NAV ^(a)				<u>61,408,957</u>
Investments at fair value				<u>\$ 268,849,533</u>

	Fair Value Measurements as of September 30, 2016			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 18,221,175	\$ 0	\$ 0	\$ 18,221,175
Money market funds	8,316,799	0	0	8,316,799
Berry Global, Inc. common stock	39,695,213	0	0	39,695,213
Corporate and treasury bonds	134,644,898	0	0	134,644,898
Total assets in the fair value hierarchy	<u>\$ 200,878,085</u>	<u>\$ 0</u>	<u>\$ 0</u>	200,878,085
Investments measured at NAV ^(a)				<u>55,638,734</u>
Investments at fair value				<u>\$ 256,516,819</u>

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

POLY-BOND, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

September 30, 2017 and 2016

Note 7 – Interest in Berry Plastics Master Trust (Continued)

Investments Measured Using the NAV per Share Practical Expedient

The following table summarizes investments measured at fair value based on NAV per share as of September 30, 2016 and 2016.

	<u>2017 Fair Value</u>	<u>2016 Fair Value</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Common collective trust ^(a)	<u>\$ 61,408,957</u>	<u>\$ 55,638,734</u>	Daily	None

(a) This fund invests primarily in investment contracts issued by insurance companies, banks, or other financial institutions, including investment contracts backed by high quality fixed income securities. Investments in this category can be redeemed immediately at the current NAV per share based on the fair value of the underlying assets. The fair value of investments in this category has been estimated using the NAV per share of the investments.

Note 8 – Related Party Transactions and Party-in-Interest Transactions

Certain Plan investments including common stock of an affiliated company, and a common collective trust are managed by Fifth Third Bank. Fifth Third Bank, the Trustee as defined by the Plan, and Wells Fargo Bank and Matrix Trust Company, former Custodians of the Plan, generates transactions that qualify as party-in-interest transactions. Fees paid by the Plan for the Trustee and custodial services for the year ended September 30, 2017 and for the nine-month period ended September 30, 2016 amounted to \$13,568 and \$10,072, respectively. Fees paid to the actuary and other service providers that are also considered parties-in-interest transactions for the year ended September 30, 2017 and for the nine-month period ended September 30, 2016 amounted to \$27,790 and \$5,802, respectively.

The Company provides certain administrative services at no cost to the Plan.

Note 9 – Tax Status

The IRS has determined and informed the Company by letter dated August 20, 2015 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and; therefore, believe that the Plan is qualified and the related trust is 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 if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing authorities; however, there are currently no audits for any tax periods in progress.

POLY-BOND, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

September 30, 2017 and 2016

Note 10 – 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 the amounts reported in the statements 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.

--- SUPPLEMENTAL SCHEDULES ---

POLY-BOND, INC. RETIREMENT PLAN

PLAN SPONSOR: CHICOPEE, INC.

PLAN SPONSOR EIN: 57-1013629

PLAN NUMBER: 002

ATTACHMENT TO SCHEDULE H, PART IV, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

September 30, 2017

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
Investments at Fair Value				
	Alphabet Inc Sr Gbl Nt	Corporate Bond, Interest Rate - 3.375% through February 25, 2024	\$ 157,692	\$ 157,211
	Altera Corp Sr Nt	Corporate Bond, Interest Rate - 2.50% through November 15, 2018	151,919	151,530
	Apple Inc	Corporate Bond, Interest Rate - 2.40% through May 3, 2023	148,820	149,715
	Apple Inc SR Global NT	Corporate Bond, Interest Rate - 3.25% through February 23, 2026	152,687	154,080
	Automatic Data Processing Inc	Corporate Bond, Interest Rate - 3.375% through September 15, 2026	155,889	155,349
	Bank New York Mellon Corp	Corporate Bond, Interest Rate - 2.50% through April 15, 2021	151,191	151,500
	Bank Nova Scotia B C SR NT	Corporate Bond, Interest Rate - 2.45% through March 22, 2021	150,655	150,921
	Berkshire Hathaway Inc	Corporate Bond, Interest Rate - 2.75% through March 15, 2023	151,988	152,489
	Blackrock Inc	Corporate Bond, Interest Rate - 5.00% through December 10, 2019	161,058	160,046
	Caterpillar Financial Services Corp	Corporate Bond, Interest Rate - 3.30% through June 9, 2024	154,703	155,025
	Caterpillar Inc	Corporate Bond, Interest Rate - 3.40% through May 15, 2024	156,395	156,943
	Charles Schwab Corp	Corporate Bond, Interest Rate - 4.45% through July 22, 2020	160,042	159,837
	Chevron Corp New	Corporate Bond, Interest Rate - 1.961% through March 3, 2020	150,455	150,587
	Coca Cola Co	Corporate Bond, Interest Rate - 2.55%, through June 1, 2026	145,431	145,958
	Deere John Cap Corp Med Term NTS	Corporate Bond, Interest Rate - 2.80% through March 4, 2021	153,047	153,057
	Delaware Group Delchester High	Mutual Fund	203,308	205,787
	Disney Walt Co New MTN	Corporate Bond, Interest Rate - 2.30% through February 12, 2021	151,305	151,292
	Exxon Mobil	Corporate Bond, Interest Rate - 2.397% through March 6, 2022	150,785	151,239
	Federated Ultra Short BD-INS	Mutual Fund	1,502,197	1,502,197
	General Electric Cap Corp Medium	Corporate Bond, Interest Rate - 3.15% through September 7, 2022	155,607	155,793
	Glaxosmithkline Cap	Corporate Bond, Interest Rate - 2.85% through May 8, 2022	153,255	153,420
	Home Depot Inc SR NT	Corporate Bond, Interest Rate - 2.70% through April 1, 2023	152,186	152,301

See independent auditor's report.

POLY-BOND, INC. RETIREMENT PLAN

PLAN SPONSOR: CHICOPEE, INC.

PLAN SPONSOR EIN: 57-1013629

PLAN NUMBER: 002

ATTACHMENT TO SCHEDULE H, PART IV, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

September 30, 2017

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	HSBC USA Inc	Corporate Bond, Interest Rate - 2.35% through March 5, 2020	\$ 150,880	\$ 150,959
	IBM Corp	Corporate Bond, Interest Rate - 1.875% through August 1, 2022	146,225	146,625
	Intel Corp	Corporate Bond, Interest Rate - 3.30% through October 1, 2021	156,848	157,047
	Johnson & Johnson SR NT	Corporate Bond, Interest Rate - 2.45% through March 1, 2026	146,268	147,293
	Lilly Eli & Co SR NT	Corporate Bond, Interest Rate - 2.75% through June 1, 2025	149,840	149,710
	Mastercard Inc Nt	Corporate Bond, Interest Rate - 3.375%, through April 1, 2024	156,444	156,585
	Merck & Co Inc.	Corporate Bond, Interest Rate - 5.00% through June 30, 2019	159,375	158,529
	Microsoft Corp	Corporate Bond, Interest Rate - 2.375%, through May 1, 2023	149,389	149,859
	Novartis Capital Corp	Corporate Bond, Interest Rate - 3.40%, through May 6, 2024	156,528	157,136
	Oracle Corp	Corporate Bond, Interest Rate - 5.00% through July 8, 2019	159,775	158,463
	Oracle Corp	Corporate Bond, Interest Rate - 3.40% through July 8, 2024	156,201	156,216
	Pepsico Inc Note	Corporate Bond, Interest Rate - 2.75% through March 5, 2022	153,319	153,798
	Pfizer Inc NT	Corporate Bond, Interest Rate - 2.10% through May 15, 2019	151,348	151,301
	Phillip Morris INTL INC SR NT	Corporate Bond, Interest Rate - 2.625% through March 6, 2023	149,520	149,958
	Phillip Morris INTL INC SR NT	Corporate Bond, Interest Rate - 3.25% through November 10, 2024	152,707	152,897
	Pimco Long-Term Credit INSTL	Mutual Fund	190,230	192,285
	Praxair Inc NT	Corporate Bond, Interest Rate - 2.45%, through February 15, 2022	150,900	151,118
	Principal Short Term Income TR	Mutual Fund	1,494,284	1,495,509
	Procter & Gamble Co	Corporate Bond, Interest Rate - 3.10% through August 15, 2023	155,652	156,153
	Progressive Corp Ohio SR Note	Corporate Bond, Interest Rate - 3.75% through August 23, 2021	158,415	157,741
	Qualcomm Inc	Corporate Bond, Interest Rate - 3.00% through May 20, 2022	307,659	308,895
	Qualcomm Inc	Corporate Bond, Interest Rate - 3.45% through May 20, 2025	154,178	154,755
	Shell INTL FIN B V	Corporate Bond, Interest Rate - 2.25% through January 6, 2023	147,238	149,018
	Simon PPTY Group	Corporate Bond, Interest Rate - 2.75% through February 1, 2023	149,420	150,570

See independent auditor's report.

POLY-BOND, INC. RETIREMENT PLAN

PLAN SPONSOR: CHICOPEE, INC.

PLAN SPONSOR EIN: 57-1013629

PLAN NUMBER: 002

ATTACHMENT TO SCHEDULE H, PART IV, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

September 30, 2017

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Simon PPTY Group LP NT	Corporate Bond, Interest Rate - 4.375% through March 1, 2021	\$ 159,744	\$ 159,489
	Starbucks Corp	Corporate Bond, Interest Rate - 2.45% through June 15, 2026	144,669	144,207
	Target Corp	Corporate Bond, Interest Rate - 3.875% through July 15, 2020	158,485	157,911
	Target Corp SR Global NT	Corporate Bond, Interest Rate - 2.50% through April 15, 2026	142,320	143,661
	Total CAP INTL	Corporate Bond, Interest Rate - 2.70% through January 25, 2023	150,766	151,698
	Toyota MTR CR Corp	Corporate Bond, Interest Rate - 2.75% through May 17, 2021	152,896	153,102
	United Parcel Service	Corporate Bond, Interest Rate - 2.45% through October 1, 2022	151,522	151,447
	US BK NATL ASSN Cincinnati	Corporate Bond, Interest Rate - 2.8% through January 27, 2025 Or Option Call December 27, 2024	148,566	149,040
	Visa INC SR GLBL NT 25	Corporate Bond, Interest Rate - 3.15% through December 14, 2025	152,290	153,676
	Wal-Mart Stores Inc	Corporate Bond, Interest Rate - 3.30% through April 22, 2024	156,624	157,323
	Wells Fargo & Co	Corporate Bond, Interest Rate - 2.60% through July 22, 2020	304,230	304,212
	Wells Fargo & Co New Medium	Corporate Bond, Interest Rate - 3.55% through September 29, 2025	152,505	153,721
	Westpac Bkg Corp Sr Gbl NT	Corporate Bond, Interest Rate - 2.10% through May 13, 2021	148,627	148,737
	Federated Prime Cash Obligation Premiere	Mutual Fund	316,431	316,431
*	Berry Global Group, Inc.	Common Stock	2,620,750	2,604,200
			15,033,683	15,037,552
	Investments at Estimated Fair Value			
*	Fifth Third Equity Index	Common Trust Fund	1,383,347	1,444,965
	Investments at fair value per Form 5500		\$ 16,417,030	\$ 16,482,517
	*Party-in-interest			

See independent auditor's report.

POLY-BOND, INC. RETIREMENT PLAN

PLAN SPONSOR: CHICOPEE, INC.

PLAN SPONSOR EIN: 57-1013629

PLAN NUMBER: 002

ATTACHMENT TO SCHEDULE H, PART IV, LINE 4j

SCHEDULE OF REPORTABLE TRANSACTIONS

September 30, 2017

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Transaction Expense	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
<i>Series of transactions in excess of five percent of Plan assets</i>							
Issuer	Federated Government Obligations Premiere	\$ 586,749	\$ 0	\$ 0	\$ 586,749	\$ 586,749	\$ 0
Issuer	Federated Government Obligations Premiere	0	270,318	0	270,318	270,318	0
Issuer	Delaware Group Delchester High	0	925,000	0	933,724	925,000	(8,724)
Issuer	PIMCO Long-Term Credit Institutional	0	925,000	0	932,860	925,000	(7,860)

See independent auditor's report.

Poly-Bond, Inc. Retirement Plan
EIN: 57-1013629 Plan: 002
Attachment to the 2016 Form 5500 Schedule SB

Schedule SB, line 26 - Schedule of Active Participant Data

Attained Age	Years of Credited Service										Total Number
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	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	3	0	0	0	0	0	0	0	0	3
40-44	0	1	5	1	0	0	0	0	0	0	7
45-49	0	1	14	2	0	0	0	0	0	0	17
50-54	0	1	6	2	2	0	0	0	0	0	11
55-59	0	5	6	0	0	0	0	0	0	0	11
60-64	0	2	3	0	0	0	0	0	0	0	5
65-69	0	0	2	0	0	0	0	0	0	0	2
70 & Over	0	0	0	0	0	0	0	0	0	0	0
Total	0	13	36	5	2	0	0	0	0	0	56

Average Age:
51.14

Average Service:
7.02

of Males:
44

of Females:
12

Poly-Bond, Inc. Retirement Plan
October 1, 2016 Actuarial Valuation Report

Attachment to Schedule SB for 10-01-2016 to 09-30-2017

EIN/PN: 57-1013629/002

ACTUARIAL ASSUMPTIONS AND METHODS

Interest Rates

Target Liability (minimum contribution, based on four-month lookback, reflecting interest rate stabilization)

Segment 1	4.43% per year, compounded annually.
Segment 2	5.91% per year, compounded annually.
Segment 3	6.65% per year, compounded annually.
Effective Interest Rate	6.09% per year, compounded annually.

Target Liability (maximum contribution, based on four-month lookback)

Segment 1	1.50% per year, compounded annually.
Segment 2	3.88% per year, compounded annually.
Segment 3	4.89% per year, compounded annually.
Effective Interest Rate	4.21% per year, compounded annually.

PBGC Rates

Segment 1	1.47% per year, compounded annually.
Segment 2	3.34% per year, compounded annually.
Segment 3	4.30% per year, compounded annually.

Mortality

IRS 2016 Static Mortality Table.

Retirement Age

Active

The retirement rates are as follows:

Age	Rate
55 - 59	1.00%
60 - 61	7.00%
62	15.00%
63 - 64	10.00%
65 and over	100.00%

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

Terminated vested

Retirements are assumed to occur at age 65.

Poly-Bond, Inc. Retirement Plan
October 1, 2016 Actuarial Valuation Report

Attachment to Schedule SB for 10-01-2016 to 09-30-2017

EIN/PN: 57-1013629/002

ACTUARIAL ASSUMPTIONS AND METHODS

Withdrawal

Withdrawal rates vary with age and sex. Sample rates are shown below:

Age	Male	Female
less than 30	8.702%	10.248%
30 - 39	5.223%	8.702%
40 - 49	3.741%	4.151%
50 - 59	1.215%	3.062%
60 - 64	12.000%	12.000%
65 and over	0.000%	0.000%

Disability

Disability rates vary with age and sex. Sample rates are shown below:

Age	Male	Female
less than 40	0.085%	0.103%
40 - 49	0.176%	0.297%
50 - 59	0.639%	0.590%
60 - 64	1.552%	1.018%
65 and over	0.000%	0.000%

Expenses

The normal cost is increased by the administrative expenses expected to be paid from the trust during the year. For the year beginning October 1, 2016 this amount is \$68,000.

Marital Status

85% of male employees and 65% of female employees are assumed to be married. Wives are assumed to be three years younger than their husbands.

Form of Payment

Life Annuity.

ACTUARIAL ASSUMPTIONS AND METHODS

Actuarial Cost Method

The Pension Protection Act (PPA) requires the calculation of the Target Liability and Target Normal Cost. The Target Liability represents the present value of the benefit accumulated as of the valuation date. The present value is calculated by projecting future payments of the accrued benefit, adjusting for probability of receipt according to demographic assumptions, and discounting the payments back to the valuation date using the segment interest rates. Payments made within five years of the valuation date are discounted using the first segment rate, payments made at least five but within 20 years of the valuation date are discounted using the second segment rate, and payments made at least 20 years from the valuation date are discounted using the third segment rate. The calculation of the Target Normal Cost is identical, except that the future payment stream is based on the benefit expected to accrue during the plan year.

Asset Valuation Method

Fair Value of Assets.

Changes since the Prior Valuation

The segment rate changes for maximum funding are as follows: from 1.34% to 1.50% for the first five years, from 4.03% to 3.88% for the next 15 years and from 5.06% to 4.89% for all years thereafter.

The segment rate changes for PBGC vested liabilities are as follows: from 1.82% to 1.47% for the first five years, from 4.12% to 3.34% for the next 15 years and from 5.01% to 4.30% for all years thereafter.

Plan administrative expenses are assumed to be \$68,000, compared to \$16,918 for the prior valuation.

ACTUARIAL ASSUMPTIONS AND METHODS

Rationale for Selection of Significant Actuarial Assumptions

IRS and PBGC mortality and interest rates

The interest rate and mortality assumptions used to value the Target Liability for determining the minimum and maximum contributions, PBGC premiums, and lump sum distributions are prescribed by law and based on elections made by the Plan Sponsor.

Retirement from active employment

Because the employer does not have enough data to do a fully credible experience analysis with respect to retirement from active employment, the current assumption has been selected based on observations of recent retirements from active employment, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Retirement from terminated vested status

Because the employer does not have enough data to do a fully credible experience analysis with respect to retirement from terminated vested status, the current assumption has been selected based on observations of recent retirements from terminated vested status, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Termination of employment

Because the employer does not have enough data to do a fully credible experience analysis with respect to termination from active employment, the current assumption has been selected based on observations of recent terminations, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Disability during employment

Because the employer does not have enough data to do a fully credible experience analysis with respect to disability during active employment, the current assumption has been selected based on observations of recent disablements, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Plan expenses

Expenses paid from the plan trust are estimated by reviewing historical fees paid from the trust and adjusting for PBGC premiums and other expenditures expected to be paid in this Plan Year.

Marital status

Because the employer does not have enough data to do a fully credible experience analysis with respect to spousal information, the current assumption has been selected based on observations of recent spousal information, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Poly-Bond, Inc. Retirement Plan
October 1, 2016 Actuarial Valuation Report

Attachment to Schedule SB for 10-01-2016 to 09-30-2017

EIN/PN: 57-1013629/002

ACTUARIAL ASSUMPTIONS AND METHODS

Rationale for Selection of Significant Actuarial Assumptions

Form of payment

Because the employer does not have enough data to do a fully credible experience analysis with respect to form of payment, the current assumption has been selected based on observations of recent payment form elections, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

POLY-BOND, INC. RETIREMENT PLAN

PLAN SPONSOR: CHICOPEE, INC.

PLAN SPONSOR EIN: 57-1013629

PLAN NUMBER: 002

ATTACHMENT TO SCHEDULE H, PART IV, LINE 4j

SCHEDULE OF REPORTABLE TRANSACTIONS

September 30, 2017

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Transaction Expense	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
<i>Series of transactions in excess of five percent of Plan assets</i>							
Issuer	Federated Government Obligations Premiere	\$ 586,749	\$ 0	\$ 0	\$ 586,749	\$ 586,749	\$ 0
Issuer	Federated Government Obligations Premiere	0	270,318	0	270,318	270,318	0
Issuer	Delaware Group Delchester High	0	925,000	0	933,724	925,000	(8,724)
Issuer	PIMCO Long-Term Credit Institutional	0	925,000	0	932,860	925,000	(7,860)

See independent auditor's report.

SCHEDULE SB (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>	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 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

► **Round off amounts to nearest dollar.**

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

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

Part I Basic Information				
1 Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2016</u>				
2 Assets:				
a Market value.....			2a	16,616,569
b Actuarial value.....			2b	16,616,569
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		209	6,858,924	6,858,924
b For terminated vested participants		151	3,454,459	3,454,459
c For active participants		56	1,034,622	1,114,134
d Total		416	11,348,005	11,427,517
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	6.09%
6 Target normal cost			6	68,000

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	THOMAS GRAHAM Signature of actuary THOMAS GRAHAM Type or print name of actuary CBIZ RETIREMENT PLAN SERVICES Firm name 1845 WALNUT STREET 14TH FLOOR PHILADELPHIA PA 19103 Address of the firm	07/06/2018 Date 1705864 Most recent enrollment number 215-825-4022 Telephone number (including area code)
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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, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2016
v. 160205

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	1,271,509
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	1,271,509
10 Interest on line 9 using prior year's actual return of <u>15.53%</u>	0	197,465
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		119,505
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>6.10%</u>		7,290
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
c Total available at beginning of current plan year to add to prefunding balance.....		126,795
d Portion of (c) to be added to prefunding balance.....		0
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	1,468,974

Part III Funding Percentages

14 Funding target attainment percentage	14	132.55%
15 Adjusted funding target attainment percentage.....	15	145.40%
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	117.90%
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
Totals ▶			18(b)	0	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	0

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: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
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	68,000	
b Excess assets, if applicable, but not greater than line 31a	31b	68,000	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
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	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
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

Poly-Bond, Inc. Retirement Plan
October 1, 2016 Actuarial Valuation Report

Attachment to Schedule SB for 10-01-2016 to 09-30-2017

EIN/PN: 57-1013629/002

SUMMARY OF PRINCIPAL PLAN PROVISIONS

Original Effective Date April 1, 1998

Plan Year October 1 through September 30

Employer ID No. 57-1013629

Plan Number 002

Eligibility

Each employee is eligible to participate on his date of employment. Participation in the plan was frozen effective December 31, 1999 for Salaried employees and December 31, 2003 for Hourly employees.

Vesting Service

Total years of service with the Employer. A year of Vesting Service is credited for each plan year in which an employee works 1,000 hours.

Credited Service

A full year of Credited Service is credited for each plan year in which an employee has at least 1,000 hours. A fractional year of Credited Service is credited (as hours of service divided by 1,000) for any plan year in which an employee has less than 1,000 hours if it was the employee's year of hire, year of rehire, or year of termination of employment. Credited Service is frozen for Salaried employees as of December 31, 1999 and for Hourly employees as of December 31, 2003.

Final Average Earnings

The average of the five consecutive full plan years of compensation within the 10 consecutive full calendar years immediately preceding the date on which the benefit is determined which provides the greatest average earnings.

Accrued Benefit

The Accrued Benefit is equal to the Normal Retirement Benefit using the Final Average Earnings and years of Credited Service as of the date of termination.

Normal Retirement Date

Normal Retirement Date is the first day of the month coincident with or next following the attainment of age 65 and five years of Plan Participation.

Normal Retirement Benefit

1% of Final Average Earnings times years of Credited Service plus .5% of the excess, if any, of the Final Average Earnings over the greater of \$10,000 or 1/2 of Covered Compensation for a person attaining Social Security retirement age during the year of determination times years of Credited Service up to a maximum of 35 years. Benefits for Salaried employees were frozen as of December 31, 1999 and benefits for Hourly employees were frozen as of December 31, 2003.

SUMMARY OF PRINCIPAL PLAN PROVISIONS

Early Retirement Benefit

Upon the completion of five years of Vesting Service and the attainment of age 55, a participant may elect to retire. He may receive an immediate benefit equal to the Normal Retirement Benefit based on Credited Service and Final Average Earnings at early retirement, reduced by 5/12% for each month by which the annuity starting date precedes his Normal Retirement Date.

For participants in the Poly-Bond Pension Plan on December 31, 1993 and credited with at least one Hour of Service on or after January 1, 1994:

- (a) A Participant who is entitled to an Early Retirement Benefit shall receive the greater of the Early Retirement Pension described above or the participant's Accrued Benefit determined as of 12/31/1993 and reduced for early retirement in accordance with Section 5.3 of the Poly-Bond Pension Plan.
- (b) If a Participant has attained age 55 and the sum of the Participant's age in whole number and Credited Service equals or exceeds 85, the Accrued Benefit is determined as of the participant's Early Retirement Date with no reduction.

Delayed Retirement

A participant may continue in the employment of the Employer after his Normal Retirement Date. In such event, he will receive, at actual retirement, the greater of the actuarial equivalent of his Normal Retirement Benefit or the benefit based on Credited Service and Final Average Earnings as of actual retirement date.

Disability Retirement Benefit

A participant who becomes totally and permanently disabled with five years of Vesting Service, and who is receiving Social Security disability benefits but not any Long Term Disability benefits from the Employer, will receive his Accrued Benefit determined as of the participant's date of disability with no reduction.

Death Benefit

In the event of an active participant's death on or before the earliest retirement age, the surviving spouse shall receive a benefit based on the participant's vested Accrued Benefit as of the date of death, but payable as if the participant had separated from service on the date of death, survived to the earliest retirement age, elected a Joint & 50% Survivor Annuity, and died on the day after the earliest retirement age.

In the event of an active married participant's death after the attainment of age 55 and the completion of ten years of Credited Service, but prior to Normal Retirement Date, it will be assumed the participant had retired on the day prior to death and elected a Joint & 50% Survivor Annuity.

Poly-Bond, Inc. Retirement Plan
October 1, 2016 Actuarial Valuation Report

Attachment to Schedule SB for 10-01-2016 to 09-30-2017

EIN/PN: 57-1013629/002

SUMMARY OF PRINCIPAL PLAN PROVISIONS

Termination of Employment

Upon termination of employment after five years of Vesting Service, a participant shall have a vested interest in his Accrued Benefit, which will be payable at Normal Retirement Date. The percentage vested shall be:

<u>Years of Vesting Service</u>	<u>Vested Percent</u>
Fewer than five	0%
Five or more	100%

Normal Form of Benefit

Life annuity for non-married participants; actuarially equivalent joint and 50% survivor annuity for married participants.

Optional Forms of Benefit

The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with 50%, 75%, or 100% of the reduced benefit to be continued to the beneficiary for life after the participant's death.
- (2) A reduced benefit to be paid for 120 months certain and thereafter for life.
- (3) A reduced benefit to be paid for 240 months certain and thereafter for life. Available only to former employees of Mirafi, Inc.; Wayn-Tex Inc.; or DHJ.
- (4) Social Security leveling options.
- (5) Optional Lump Sums between \$1,000 and \$5,000.
- (6) Unlimited Lump Sums if:
 - Participant remains employed until Normal Retirement Date; or
 - Participant was hired before January 1, 1992 and terminated employment before January 1, 2001 and is not a Highly Compensated Employee and has reached Normal Retirement Age; or
 - Participant was an employee of Mirafi, Inc. and not receiving monthly benefits as of September 4, 1991.

Optional Forms of Benefit are actuarially equivalent to the Normal Form of Payment based on the UP84 Unisex Table and a 6.50% interest rate. Lump sum actuarial equivalence is based on the Applicable Mortality Table and the Applicable Interest rate as defined under IRC Section 417(e)(3). The lookback month is one month and the stability period is the calendar year containing the annuity start date.

Poly-Bond, Inc. Retirement Plan
October 1, 2016 Actuarial Valuation Report

Attachment to Schedule SB for 10-01-2016 to 09-30-2017

EIN/PN: 57-1013629/002

SUMMARY OF PRINCIPAL PLAN PROVISIONS

Cash Out of Small Pensions

Notwithstanding any other plan provision, if the Actuarial Equivalent value of a pension payable to a participant or beneficiary is less than \$1,000, the benefit will be paid out as a mandatory lump sum payment.

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan Document.

POLY-BOND, INC. RETIREMENT PLAN

PLAN SPONSOR: CHICOPEE, INC.

PLAN SPONSOR EIN: 57-1013629

PLAN NUMBER: 002

ATTACHMENT TO SCHEDULE H, PART IV, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

September 30, 2017

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
Investments at Fair Value				
	Alphabet Inc Sr Gbl Nt	Corporate Bond, Interest Rate - 3.375% through February 25, 2024	\$ 157,692	\$ 157,211
	Altera Corp Sr Nt	Corporate Bond, Interest Rate - 2.50% through November 15, 2018	151,919	151,530
	Apple Inc	Corporate Bond, Interest Rate - 2.40% through May 3, 2023	148,820	149,715
	Apple Inc SR Global NT	Corporate Bond, Interest Rate - 3.25% through February 23, 2026	152,687	154,080
	Automatic Data Processing Inc	Corporate Bond, Interest Rate - 3.375% through September 15, 2026	155,889	155,349
	Bank New York Mellon Corp	Corporate Bond, Interest Rate - 2.50% through April 15, 2021	151,191	151,500
	Bank Nova Scotia B C SR NT	Corporate Bond, Interest Rate - 2.45% through March 22, 2021	150,655	150,921
	Berkshire Hathaway Inc	Corporate Bond, Interest Rate - 2.75% through March 15, 2023	151,988	152,489
	Blackrock Inc	Corporate Bond, Interest Rate - 5.00% through December 10, 2019	161,058	160,046
	Caterpillar Financial Services Corp	Corporate Bond, Interest Rate - 3.30% through June 9, 2024	154,703	155,025
	Caterpillar Inc	Corporate Bond, Interest Rate - 3.40% through May 15, 2024	156,395	156,943
	Charles Schwab Corp	Corporate Bond, Interest Rate - 4.45% through July 22, 2020	160,042	159,837
	Chevron Corp New	Corporate Bond, Interest Rate - 1.961% through March 3, 2020	150,455	150,587
	Coca Cola Co	Corporate Bond, Interest Rate - 2.55%, through June 1, 2026	145,431	145,958
	Deere John Cap Corp Med Term NTS	Corporate Bond, Interest Rate - 2.80% through March 4, 2021	153,047	153,057
	Delaware Group Delchester High	Mutual Fund	203,308	205,787
	Disney Walt Co New MTN	Corporate Bond, Interest Rate - 2.30% through February 12, 2021	151,305	151,292
	Exxon Mobil	Corporate Bond, Interest Rate - 2.397% through March 6, 2022	150,785	151,239
	Federated Ultra Short BD-INS	Mutual Fund	1,502,197	1,502,197
	General Electric Cap Corp Medium	Corporate Bond, Interest Rate - 3.15% through September 7, 2022	155,607	155,793
	Glaxosmithkline Cap	Corporate Bond, Interest Rate - 2.85% through May 8, 2022	153,255	153,420
	Home Depot Inc SR NT	Corporate Bond, Interest Rate - 2.70% through April 1, 2023	152,186	152,301

See independent auditor's report.

POLY-BOND, INC. RETIREMENT PLAN

PLAN SPONSOR: CHICOPEE, INC.

PLAN SPONSOR EIN: 57-1013629

PLAN NUMBER: 002

ATTACHMENT TO SCHEDULE H, PART IV, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

September 30, 2017

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	HSBC USA Inc	Corporate Bond, Interest Rate - 2.35% through March 5, 2020	\$ 150,880	\$ 150,959
	IBM Corp	Corporate Bond, Interest Rate - 1.875% through August 1, 2022	146,225	146,625
	Intel Corp	Corporate Bond, Interest Rate - 3.30% through October 1, 2021	156,848	157,047
	Johnson & Johnson SR NT	Corporate Bond, Interest Rate - 2.45% through March 1, 2026	146,268	147,293
	Lilly Eli & Co SR NT	Corporate Bond, Interest Rate - 2.75% through June 1, 2025	149,840	149,710
	Mastercard Inc Nt	Corporate Bond, Interest Rate - 3.375%, through April 1, 2024	156,444	156,585
	Merck & Co Inc.	Corporate Bond, Interest Rate - 5.00% through June 30, 2019	159,375	158,529
	Microsoft Corp	Corporate Bond, Interest Rate - 2.375%, through May 1, 2023	149,389	149,859
	Novartis Capital Corp	Corporate Bond, Interest Rate - 3.40%, through May 6, 2024	156,528	157,136
	Oracle Corp	Corporate Bond, Interest Rate - 5.00% through July 8, 2019	159,775	158,463
	Oracle Corp	Corporate Bond, Interest Rate - 3.40% through July 8, 2024	156,201	156,216
	Pepsico Inc Note	Corporate Bond, Interest Rate - 2.75% through March 5, 2022	153,319	153,798
	Pfizer Inc NT	Corporate Bond, Interest Rate - 2.10% through May 15, 2019	151,348	151,301
	Phillip Morris INTL INC SR NT	Corporate Bond, Interest Rate - 2.625% through March 6, 2023	149,520	149,958
	Phillip Morris INTL INC SR NT	Corporate Bond, Interest Rate - 3.25% through November 10, 2024	152,707	152,897
	Pimco Long-Term Credit INSTL	Mutual Fund	190,230	192,285
	Praxair Inc NT	Corporate Bond, Interest Rate - 2.45%, through February 15, 2022	150,900	151,118
	Principal Short Term Income TR	Mutual Fund	1,494,284	1,495,509
	Procter & Gamble Co	Corporate Bond, Interest Rate - 3.10% through August 15, 2023	155,652	156,153
	Progressive Corp Ohio SR Note	Corporate Bond, Interest Rate - 3.75% through August 23, 2021	158,415	157,741
	Qualcomm Inc	Corporate Bond, Interest Rate - 3.00% through May 20, 2022	307,659	308,895
	Qualcomm Inc	Corporate Bond, Interest Rate - 3.45% through May 20, 2025	154,178	154,755
	Shell INTL FIN B V	Corporate Bond, Interest Rate - 2.25% through January 6, 2023	147,238	149,018
	Simon PPTY Group	Corporate Bond, Interest Rate - 2.75% through February 1, 2023	149,420	150,570

See independent auditor's report.

POLY-BOND, INC. RETIREMENT PLAN

PLAN SPONSOR: CHICOPEE, INC.

PLAN SPONSOR EIN: 57-1013629

PLAN NUMBER: 002

ATTACHMENT TO SCHEDULE H, PART IV, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

September 30, 2017

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Simon PPTY Group LP NT	Corporate Bond, Interest Rate - 4.375% through March 1, 2021	\$ 159,744	\$ 159,489
	Starbucks Corp	Corporate Bond, Interest Rate - 2.45% through June 15, 2026	144,669	144,207
	Target Corp	Corporate Bond, Interest Rate - 3.875% through July 15, 2020	158,485	157,911
	Target Corp SR Global NT	Corporate Bond, Interest Rate - 2.50% through April 15, 2026	142,320	143,661
	Total CAP INTL	Corporate Bond, Interest Rate - 2.70% through January 25, 2023	150,766	151,698
	Toyota MTR CR Corp	Corporate Bond, Interest Rate - 2.75% through May 17, 2021	152,896	153,102
	United Parcel Service	Corporate Bond, Interest Rate - 2.45% through October 1, 2022	151,522	151,447
	US BK NATL ASSN Cincinnati	Corporate Bond, Interest Rate - 2.8% through January 27, 2025 Or Option Call December 27, 2024	148,566	149,040
	Visa INC SR GLBL NT 25	Corporate Bond, Interest Rate - 3.15% through December 14, 2025	152,290	153,676
	Wal-Mart Stores Inc	Corporate Bond, Interest Rate - 3.30% through April 22, 2024	156,624	157,323
	Wells Fargo & Co	Corporate Bond, Interest Rate - 2.60% through July 22, 2020	304,230	304,212
	Wells Fargo & Co New Medium	Corporate Bond, Interest Rate - 3.55% through September 29, 2025	152,505	153,721
	Westpac Bkg Corp Sr Glbl NT	Corporate Bond, Interest Rate - 2.10% through May 13, 2021	148,627	148,737
	Federated Prime Cash Obligation Premiere	Mutual Fund	316,431	316,431
*	Berry Global Group, Inc.	Common Stock	2,620,750	2,604,200
			15,033,683	15,037,552
	Investments at Estimated Fair Value			
*	Fifth Third Equity Index	Common Trust Fund	1,383,347	1,444,965
	Investments at fair value per Form 5500		\$ 16,417,030	\$ 16,482,517
	*Party-in-interest			

See independent auditor's report.

Poly-Bond, Inc. Retirement Plan
Attachment to the 2016 Form 5500 Schedule SB
For Plan Year 10-01-2016 to 09-30-2017
EIN/PN: 57-1013629/002

Schedule SB, line 24 – Assumption Change

The assumed expenses were changed from \$16,918 to \$68,000 to reflect estimated expenses paid from the pension trust.