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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                   |
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| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                          |
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009 |                                                                                                                                                                                                                                                                                                                   |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan;</div><div><input checked="" type="checkbox"/> a single-employer plan;</div><div><input type="checkbox"/> a multiple-employer plan; or</div><div><input type="checkbox"/> a DFE (specify) ____</div></div>                     |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report;</div><div><input type="checkbox"/> the final return/report;</div><div><input type="checkbox"/> an amended return/report;</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months).</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                         |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558;</div><div><input type="checkbox"/> automatic extension;</div><div><input type="checkbox"/> the DFVC program;</div><div><input type="checkbox"/> special extension (enter description)</div></div>                             |

|         |                                                                                                                                                                                                        |                                                                                                                                                         |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                 |                                                                                                                                                         |
| 1a      | Name of plan<br>HILEX POLY CO 401(K) PLAN                                                                                                                                                              | 1b Three-digit plan number (PN) ▶ 001                                                                                                                   |
|         |                                                                                                                                                                                                        | 1c Effective date of plan<br>01/01/2004                                                                                                                 |
| 2a      | Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br>HILEX POLY CO., LLC<br><br>101 EAST CAROLINA AVENUE<br>HARTSVILLE, SC 29550 | 2b Employer Identification Number (EIN)<br>56-2379442<br>2c Sponsor's telephone number<br>843-857-4934<br>2d Business code (see instructions)<br>326100 |

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

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

|           |                                                   |            |                                                              |
|-----------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/11/2010 | JOYCE FOSTER                                                 |
|           | 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                      |

|                                                                                                                                                                        |                                                                                                               |
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| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>HILEX POLY CO., LLC<br><br>101 EAST CAROLINA AVENUE<br>HARTSVILLE, SC 29550 | <b>3b</b> Administrator's EIN<br>56-2379442<br><br><b>3c</b> Administrator's telephone number<br>843-857-4934 |
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|                                                                                                                                                                                                                       |                                   |
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| <b>4</b> 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:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

  

|                                                                         |          |      |
|-------------------------------------------------------------------------|----------|------|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 1288 |
|-------------------------------------------------------------------------|----------|------|

  

|                                                                                                                                                        |           |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------|
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |      |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 1092 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 0    |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 185  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 1277 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 1    |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 1278 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> | 813  |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 16   |

  

|                                                                                                                                      |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ..... | <b>7</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|

  

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

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

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> 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)

|                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2009</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009                                                                                                                                |                                                                                                                                                                                                                        |                                                |
| <b>A</b> Name of plan<br>HILEX POLY CO 401(K) PLAN                                                                                                                                                                        | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 001                                            |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>HILEX POLY CO., LLC                                                                                                                                      | <b>D</b> Employer Identification Number (EIN)<br>56-2379442                                                                                                                                                            |                                                |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| ALLIANCEBERNSTEIN L.P.                                                                                            |
| 13-4064930                                                                                                        |

|                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation |
| ARIEL DISTRIBUTORS, LLC                                                                                          |
| 20-5784407                                                                                                       |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| MBSC SECURITIES CORPORATION, DISTRI                                                                               |
| ONE BOSTON PLACE<br>24TH FLOOR<br>BOSTON, MA 02108                                                                |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| FRED ALGER & COMPANY, INCORPORATED                                                                                |
| 13-2510833                                                                                                        |

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

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FIDELITY DISTRIBUTORS CORP.

500 SALEM STREET  
MAIL ZONE 03N  
SMITHFIELD, RI 02917

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

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MFS FUND DISTRIBUTORS, INC.

04-2747644

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

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PIONEER INVESTMENT MANAGEMENT, INC

13-1961193

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

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ALLIANZ GLOBAL INVESTORS DISTRIBUTO

1345 AVENUE OF THE AMERICAS  
NEW YORK, NY 10105

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

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T. ROWE PRICE

100 EAST PRATT STREET  
BALTIMORE, MD 21202

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

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VAN KAMPEN ASSET MANAGEMENT

13-5130700

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

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VAN KAMPEN FUNDS INC.

36-2811402

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

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VICTORY CAPITAL MANAGEMENT

13-2700161

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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)

ADP BROKER-DEALER

22-3319984

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 63 60 99                      | RECORD KEEPER                                                                                            | 0                                                                             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

ADP

22-1467904

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 15 37 64 26 52 50             | RECORD KEEPER                                                                                            | 20785                                                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

STATE STREET CORPORATION

04-1867445

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 64 52 99                      | DIRECTED TRUSTEE/CUSTODIA                                                                                | 0                                                                             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 49639                                                                                                                                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

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

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

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

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

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

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| ADP BROKER-DEALER                                                   | 63 60                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ARIEL DISTRIBUTORS, LLC<br><br>20-5784407                           | ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS.<br>ANNUAL RATE 0.001 OF AVERAGE DAILY ASSETS.                                                                          |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| ADP BROKER-DEALER                                                   | 60 99                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| FRED ALGER & COMPANY, INCORPORATED<br><br>13-2510833                | ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS.<br>ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS.                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| ADP BROKER-DEALER                                                   | 60 63                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ALLIANCEBERNSTEIN L.P.<br><br>13-4064930                            | ANNUAL RATE 0.0015 OF AVERAGE DAILY ASSETS.<br>ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS.                                                                         |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|----------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ADP BROKER-DEALER                                                                      | 60 63                                   | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                    |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| MBSC SECURITIES CORPORATION, DISTRI ONE BOSTON PLACE<br>24TH FLOOR<br>BOSTON, MA 02108 |                                         | ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS.<br>ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS.                                                                         |
|                                                                                        |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| ADP BROKER-DEALER                                                                      | 60 63                                   | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                    |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| FIDELITY DISTRIBUTORS CORP. 500 SALEM STREET<br>MAIL ZONE 03N<br>SMITHFIELD, RI 02917  |                                         | ANNUAL RATE 0.0005 OF AVERAGE DAILY ASSETS.<br>ANNUAL RATE 0.005 OF AVERAGE DAILY ASSETS.                                                                          |
|                                                                                        |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| ADP BROKER-DEALER                                                                      | 60 63                                   | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                    |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| ALLIANZ GLOBAL INVESTORS DISTRIBUTO 1345 AVENUE OF THE AMERICAS<br>NEW YORK, NY 10105  |                                         | ANNUAL RATE 0.002 OF AVERAGE DAILY ASSETS.<br>ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS.                                                                          |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| ADP BROKER-DEALER                                                      | 60 63                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PIONEER INVESTMENT MANAGEMENT, INC<br><br>13-1961193                   | ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS.<br>ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS.                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2                | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| ADP BROKER-DEALER                                                      | 63                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PUTNAM RETAIL MANAGEMENT<br>ONE POST OFFICE SQUARE<br>BOSTON, MA 02109 | ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS.                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2                | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| ADP BROKER-DEALER                                                      | 60 63 99                                                                                                                                                           | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| VAN KAMPEN FUNDS INC.<br><br>36-2811402                                | ANNUAL RATE 0.0015 OF AVERAGE DAILY ASSETS.<br>ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS.<br>ANNUAL RATE 0.001 OF AVERAGE DAILY ASSETS.                           |                                           |

**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<br>(see instructions)                                                                                                                                                                                                 | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| ADP BROKER-DEALER                                                   | 60                                                                                                                                                                                                                                      | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.                                                                      |                                           |
| VICTORY CAPITAL MANAGEMENT<br><br>13-2700161                        | ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS.                                                                                                                                                                                             |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                                                                                                 | (c) Enter amount of indirect compensation |
| ADP BROKER-DEALER                                                   | 60 63                                                                                                                                                                                                                                   | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.                                                                      |                                           |
| T. ROWE PRICE<br><br>100 EAST PRATT STREET<br>BALTIMORE, MD 21202   | ANNUAL RATE 0.0015 OF AVERAGE DAILY ASSETS.<br>ANNUAL RATE 0.005 OF AVERAGE DAILY ASSETS.                                                                                                                                               |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                                                                                                 | (c) Enter amount of indirect compensation |
| ADP BROKER-DEALER                                                   | 99                                                                                                                                                                                                                                      | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.                                                                      |                                           |
| STATE STREET CORPORATION<br><br>04-1867445                          | ANNUAL RATE 0.0021 OF AVERAGE DAILY ASSETS.<br>ANNUAL RATE 0.0032 OF AVERAGE DAILY ASSETS.<br>ANNUAL RATE 0.0067 OF AVERAGE DAILY ASSETS.<br>ANNUAL RATE 0.0076 OF AVERAGE DAILY ASSETS.<br>ANNUAL RATE 0.0078 OF AVERAGE DAILY ASSETS. |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| STATE STREET CORPORATION                                            | 64 52 99                                                                                                                                                           | 49639                                     |
| (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. |                                           |
| ADP<br><br>22-1467904                                               | PERFORM A YEAR-END ALLOCATION BASED ON TOTAL \$ / TOTAL # OF PLANS AS OF 12/31 WITH EACH SSGA INVESTMENT AND APPLY .5 TO AMOUNT.                                   |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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<br>(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: MOORE BEAUSTON & WOODHAM LLP**c** Position:**d** Address:**b** EIN: 57-0966291**e** Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                   |                                                                                                                                                                                                                               |                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information<br/><br/>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br/><br/>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110<br/><br/>2009<br/><br/>This Form is Open to Public Inspection.</div>          |
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009                                                                                        |                                                                                                                                                                                                                               |                                                                                                      |
| A Name of plan<br>HILEX POLY CO 401(K) PLAN                                                                                                                                       |                                                                                                                                                                                                                               | B Three-digit plan number (PN) ▶ 001                                                                 |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>HILEX POLY CO., LLC                                                                                              |                                                                                                                                                                                                                               | D Employer Identification Number (EIN)<br>56-2379442                                                 |
| Part I                                                                                                                                                                            | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)                                                     |                                                                                                      |
| a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA LIFE SOLUTIONS INC & GR                                                                                                              |                                                                                                                                                                                                                               |                                                                                                      |
| b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO                                                                                                         |                                                                                                                                                                                                                               |                                                                                                      |
| c EIN-PN 04-0025081-053                                                                                                                                                           | d Entity code C                                                                                                                                                                                                               | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 383586  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA LIFE SOLUTIONS BALANCED                                                                                                              |                                                                                                                                                                                                                               |                                                                                                      |
| b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO                                                                                                         |                                                                                                                                                                                                                               |                                                                                                      |
| c EIN-PN 04-0025081-055                                                                                                                                                           | d Entity code C                                                                                                                                                                                                               | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 614135  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA LIFE SOLUTIONS GROWTH                                                                                                                |                                                                                                                                                                                                                               |                                                                                                      |
| b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO                                                                                                         |                                                                                                                                                                                                                               |                                                                                                      |
| c EIN-PN 04-0025081-056                                                                                                                                                           | d Entity code C                                                                                                                                                                                                               | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 469081  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S & P 500 INDEX FUND                                                                                                                 |                                                                                                                                                                                                                               |                                                                                                      |
| b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO                                                                                                         |                                                                                                                                                                                                                               |                                                                                                      |
| c EIN-PN 04-0025081-065                                                                                                                                                           | d Entity code C                                                                                                                                                                                                               | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4588210 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA STABLE VALUE FUND                                                                                                                    |                                                                                                                                                                                                                               |                                                                                                      |
| b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO                                                                                                         |                                                                                                                                                                                                                               |                                                                                                      |
| c EIN-PN 04-2675543-001                                                                                                                                                           | d Entity code C                                                                                                                                                                                                               | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8666273 |
| 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)**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

|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                      |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br>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).<br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                      | <b>2009</b>                                   |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                      | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2009 or fiscal plan year beginning <b>01/01/2009</b> and ending <b>12/31/2009</b> |                                                                    |            |
| <b>A</b> Name of plan<br><b>HILEX POLY CO 401(K) PLAN</b>                                                | <b>B</b> Three-digit plan number (PN) ►                            | <b>001</b> |
|                                                                                                          |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>HILEX POLY CO., LLC</b>              | <b>D</b> Employer Identification Number (EIN)<br><b>56-2379442</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 40198                 | 41808           |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    | 72957                 | 71730           |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | 2578482               | 1944755         |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    | 14108312              | 14721284        |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 6100151               | 9596858         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 22900100              | 26376435        |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 22900100 | 26376435 |
|-----------------------------------------------------------|-----------|----------|----------|

**Part II Income and Expense Statement**

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

**Income****a Contributions:**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 1013657    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 1674176    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 243410     |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 2931243   |

**b Earnings on investments:****(1) Interest:**

|                                                                                                      |                 |        |        |
|------------------------------------------------------------------------------------------------------|-----------------|--------|--------|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> |        |        |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |        |        |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> |        |        |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |        |        |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> | 162076 |        |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> |        |        |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |        | 162076 |

|                                                                                           |                 |        |        |
|-------------------------------------------------------------------------------------------|-----------------|--------|--------|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | <b>2b(2)(A)</b> |        |        |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> |        |        |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> | 156068 |        |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |        | 156068 |

|                 |              |  |  |
|-----------------|--------------|--|--|
| (3) Rents ..... | <b>2b(3)</b> |  |  |
|-----------------|--------------|--|--|

|                                                                                           |                 |  |   |
|-------------------------------------------------------------------------------------------|-----------------|--|---|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> |  |   |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> |  |   |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | <b>2b(4)(C)</b> |  | 0 |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 0         |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            | 1394458   |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            | 2183820   |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            | -4974     |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 6822691   |

**Expenses**

|                                                                                            |              |         |         |
|--------------------------------------------------------------------------------------------|--------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 3188054 |         |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |         |         |
| (3) Other .....                                                                            | <b>2e(3)</b> |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |         | 3188054 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |         | 137517  |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |         |         |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> |         |         |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> |         |         |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> |         |         |
| (4) Other .....                                                                            | <b>2i(4)</b> | 20785   |         |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |         | 20785   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |         | 3346356 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 3476335 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  |         |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |         |

**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: MOORE BEAUSTON & WOODHAM LLP

(2) EIN: 57-0966291

**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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

|                                                                                                                                                                                                                                                                                                                 | Yes | No | Amount |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>a</b> 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.).....                 |     | X  |        |
| <b>b</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.)..... |     | X  |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                            |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                                                                                                  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                      |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                            |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....                                                                                    |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     | X  |        |
| <b>n</b> 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. ....                                                                                                                        |     |    |        |

- 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) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

|                                                                                             |                                                                    |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>HILEX POLY CO 401(K) PLAN</u>                                   | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>HILEX POLY CO., LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>56-2379442</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>57-1198022</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> |          |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                             |                              |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year .....                                                                                                                                                                                                                                                                                 | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                             |                              |
| <b>c</b> 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).....                                                                                                                                                                                                             | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....                                                                                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                                |                                   |                                   |                               |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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(es). If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2009  
v.092308.1

**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 items 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 items 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 items 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 items 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 items 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 items 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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</b> If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers ..... | <b>16b</b> |  |

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

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

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

- 19** If the total number of participants is 1,000 or more, complete items (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 item 19(b)?  
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

***Report on Audits of Financial Statements  
and Supplemental Schedule of***

***Hilex Poly Co., L.L.C. 401 (k) Plan  
For the Years ended December 31, 2009 and 2008***

## **TABLE OF CONTENTS**

|                                                                                                                   | <b><u>Pages</u></b> |
|-------------------------------------------------------------------------------------------------------------------|---------------------|
| <b>Independent Accountants' Audit Report</b>                                                                      | <b>1</b>            |
| <b>Financial Statements:</b>                                                                                      |                     |
| Statements of Net Assets Available for Plan Benefits<br>as of December 31, 2009 and 2008                          | 2                   |
| Statements of Changes in Net Assets Available for Plan Benefits<br>for the Years ended December 31, 2009 and 2008 | 3                   |
| Notes to Financial Statements                                                                                     | 4 – 11              |
| <b>Supplemental Schedule:</b>                                                                                     |                     |
| Schedule H Line 4(i) - Schedule of Assets Held at End<br>of Year as of December 31, 2009                          | 12                  |

**Note:** The accompanying financial statement has been prepared for the purpose of filing with Form 5500. Supplemental schedules required by section 2520.13-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), other than that listed above, are omitted because of the absence of the conditions under which they are required.

To the Board of Trustees of the  
Hilex Poly Co., L.L.C. 401 (k) Plan  
Hartsville, South Carolina

We were engaged to audit the accompanying statements of net assets available for plan benefits of Hilex Poly Co., L.L.C. 401(k) Plan (the "Plan") as of December 31, 2009 and 2008, the related statements of changes in net assets available for plan benefits for the years ended December 31, 2009 and 2008, and the supplemental Schedule H, Line 4(i) – Schedule of Assets Held at Year End as of December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by JPMorgan, the trustee of the Plan for 2009 and 2008, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee, as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Moore Beauston & Woodham LLP*

Hartsville, South Carolina  
September 22, 2010



MOORE BEAUSTON WOODHAM  
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**Hilex Poly Co., L.L.C. 401(k) Plan**  
*Statements of Net Assets Available for Plan Benefits*  
*As of December 31,*

|                                                                                                                                                      | <u>2009</u>                 | <u>2008</u>                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|
| <b>Assets</b>                                                                                                                                        |                             |                             |
| Investments, at fair value:                                                                                                                          |                             |                             |
| Mutual funds                                                                                                                                         | \$ 9,596,858                | \$ 6,100,153                |
| Investments in common collective trusts                                                                                                              | 14,915,842                  | 14,148,163                  |
| Participant loans                                                                                                                                    | <u>1,944,755</u>            | <u>2,578,482</u>            |
| Total investments at fair value                                                                                                                      | \$ 26,457,455               | 22,826,798                  |
| Receivables:                                                                                                                                         |                             |                             |
| Employer's contribution                                                                                                                              | 41,808                      | 40,198                      |
| Participants' deferral contributions                                                                                                                 | <u>71,730</u>               | <u>72,957</u>               |
| Net Assets Available for Plan Benefits, at fair value                                                                                                | \$ 26,570,993               | \$ 22,939,953               |
| Adjustment to contract value from fair value for<br>interest in common/collective trust relating to<br>fully benefit-responsive investment contracts | <u>(194,558)</u>            | <u>(39,852)</u>             |
| Total Net Assets Available for benefits                                                                                                              | <u><u>\$ 26,376,435</u></u> | <u><u>\$ 22,900,101</u></u> |

*See accompanying notes and independent accountants' audit report.*

**Hilex Poly Co., L.L.C. 401 (k) Plan**  
*Statements of Changes in Net Assets Available for Plan Benefits*  
*for the Years Ended December 31,*

|                                                                                                         | 2009                        | 2008                        |
|---------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|
| Additions to net assets attributed to:                                                                  |                             |                             |
| Investment income:                                                                                      |                             |                             |
| Interest                                                                                                | \$ 162,076                  | \$ 233,865                  |
| Net (depreciation) appreciation in fair value of investments in registered investment companies         | 2,339,887                   | (4,381,729)                 |
| Net (depreciation) appreciation in fair value of investments other than registered investment companies | 1,394,458                   | (2,782,504)                 |
| Other income (loss)                                                                                     | (4,973)                     | 17,902                      |
|                                                                                                         | <u>3,891,448</u>            | <u>(6,912,466)</u>          |
| Employer contributions                                                                                  | 1,013,657                   | 1,182,641                   |
| Employee contributions                                                                                  | 1,674,176                   | 2,079,391                   |
| Rollover Contributions                                                                                  | <u>243,410</u>              | <u>127,636</u>              |
| Total net (deductions) additions from investments and contributions                                     | <u>6,822,691</u>            | <u>(3,522,798)</u>          |
| Deductions from net assets attributed to:                                                               |                             |                             |
| Payments to participants (including rollovers)                                                          | (3,188,054)                 | (7,503,527)                 |
| Deemed distributions of participant loans                                                               | (137,517)                   | (151,676)                   |
| Corrective distributions                                                                                | -                           | (36,728)                    |
| Administrative expenses                                                                                 | <u>(20,786)</u>             | <u>(47,751)</u>             |
| Total deductions from benefits and expenses                                                             | <u>(3,346,357)</u>          | <u>(7,739,682)</u>          |
| Net increase (decrease) in net assets available for Plan benefits                                       | 3,476,334                   | (11,262,480)                |
| Net assets available for Plan benefits,<br>Beginning of year                                            | <u>22,900,101</u>           | <u>34,162,581</u>           |
| Net assets available for Plan benefits,<br>End of year                                                  | <u><u>\$ 26,376,435</u></u> | <u><u>\$ 22,900,101</u></u> |

*See accompanying notes and independent accountants' audit report.*

Hilex Poly Co., L.L.C. 401(k) Plan  
*Notes to Financial Statements*  
*December 31, 2009 and 2008*

**Note 1 - Description of the Plan**

The following description of the Hilex Poly Co. 401(k) Plan (the "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 401(k) defined contribution plan covering substantially all full-time non-union employees of Hilex Poly Co., LLC and HPC (collectively, the "Company") who are at least eighteen years of age and have completed six months of qualifying service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

*Contributions* – Each year, participants may contribute up to 90% of pretax annual compensation, as defined in the Plan. Contributions are subject to certain limitations. The Company matches employee contributions up to 3% dollar-for-dollar. The Company matches contributions exceeding 3% up to a maximum of 5% at fifty cents of each employee dollar. Participants may make after-tax contributions as well as contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Plan currently offers various mutual fund investment options for participants.

The Plan also provides for Company profit sharing contributions. Profit sharing contributions are made solely at the discretion of the Company and are allocated to eligible participants in the same ratio as each eligible participant's compensation bears to the total compensation of all eligible participants. Participants eligible for an allocation of profit sharing contributions are those who have completed one year of credited service and are actively employed at the end of the plan year, as well as those participants who terminated employment during the year due to death, disability, or retirement. The Company did not make profit sharing contributions for the years ended December 31, 2009 and 2008.

*Participant Accounts* – Each participant's account is credited with the participant's contribution, the Company's matching contribution, an allocation of the Company's profit sharing contribution, if any, and charged with an allocation of administrative expenses not borne by the sponsor. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

*Vesting* – Participants are immediately vested in their voluntary contributions plus actual earnings thereon. For all company contributions received prior to January 1, 2008, vesting in the Company's contribution is vested based upon the completed years of qualifying service. A participant is one hundred percent vested after five years of credited service. Beginning January 1, 2008, the Plan adopted a "Safe Harbor" provision. Employees are immediately fully vested in all company match contributions made after January 1, 2008. Notwithstanding the foregoing, a participant shall be 100% vested in the employer's contribution upon attaining his normal retirement date, death or disability, regardless of years of service to his credit.

Hilex Poly Co., L.L.C. 401(k) Plan  
*Notes to Financial Statements*  
*December 31, 2009 and 2008(continued)*

**Note 1 - Description of the Plan (continued)**

*Forfeitures* – Forfeited balances of terminated participants' nonvested accounts may be used to reduce future employer contributions. At December 31, 2009 and 2008, unapplied forfeitures were approximately \$47,004 and \$50,193, respectively.

*Investment options* – Participants may direct contributions, in 1% increments, to any of the following investment options. Participants may change their selected investment options at any time.

Bank Common Collective Trust Funds:

|                                       |                         |
|---------------------------------------|-------------------------|
| SSGA Life Solutions Balanced Funds    | SSGA S&P 500 Index Fund |
| SSGA Life Solutions Growth Fund       | SSGA Stable Value Fund  |
| SSGA Life Solutions Income and Growth |                         |

Registered Investment Companies:

|                                        |                                         |
|----------------------------------------|-----------------------------------------|
| Pimco Total Return Fund                | Victory Diversified Stock Fund          |
| AllianceBernstein Growth Fund          | Van Kampen Comstock Fund                |
| Dreyfus Premier Midcap Stock Fund      | Pioneer Growth Opportunity Fund         |
| Fidelity advisor Value Strategies Fund | MFS Strategic Growth Fund               |
| Putnam International Equity Fund       | Alger Mid-Cap Growth Institutional Fund |
| T. Rowe Price Mid cap Value Fund       | Safeco Growth Opportunities Fund        |
| MFS Core Growth Fund                   | Ariel Fund                              |

*Participant Loans Receivable* – Participants may borrow from their fund accounts a minimum of \$500 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance, excluding employer matching and profit sharing contributions and earnings thereon. Effective January 1, 2009, no participant may have more than two loans outstanding at one time. Loan repayments will not exceed five years except that loans for purchase of real estate may be paid back over 30 years. Repayments are made through payroll deductions. The interest rate is fixed over the life of the loan. The loan interest rate is based upon a published prime interest rate plus 1%.

*Payment of Benefits* – Upon termination, retirement, death, disability, or dissolution of the Plan, the participant will generally receive distribution a single lump-sum distribution when the account balance does not exceed \$1,000. Terminated participants having accounts with balances greater than \$1,000 and less than \$5,000 may choose a lump-sum distribution or, absent an election by the participant, their accounts will be automatically rolled over into a broker serviced Individual Retirement Plan ("IRA") unaffiliated with the Plan. Terminated participants having balances greater than \$5,000 may continue as a plan participant, or may choose a lump-sum distribution, installment payments, or transfer the account to an IRA or other qualified plan.

Participants still employed may withdraw all or part of their vested account, excluding employer matching and profit sharing contributions and earnings thereon, upon furnishing proof of specific financial hardship or attainment of 59-1/2 years of age.

Hilex Poly Co., L.L.C. 401(k) Plan  
*Notes to Financial Statements*  
*December 31, 2009 and 2008(continued)*

**Note 2 - Summary of Significant Accounting Policies**

*Basis of Accounting* - The financial statements of the Plan have been prepared on an accrual method of accounting in conformity with accounting principles generally accepted in the United States of America.

As described in the Financial Accounting Standards Board (FASB) Staff Position AAG INV-1 and SOP 94-4-1, Reporting of Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Guide and Defined-Contribution Health and Welfare and Pension Plans (the FSP) investment in fully benefit-responsive investment contracts are required to be presented at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contract because contract value is the amount participants would receive if they were to initiate permitted transaction under the terms of the Plan. The Plan invests in investment contracts through a common collective trust. As required by the FSP, the accompanying Statement of Net Assets Available for Benefits present the fair value of the investments in the common/collective trust as well as the adjustment to contract value relating to the investment contracts. The accompanying Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

*Investment Valuation and Income Recognition* – The Plan's investments are stated at fair value based on quoted market prices, if available. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year end. The investments in the stable value fund are stated at contract value as determined by the issuer based on the cost of the underlying investments in guaranteed investment contracts plus accrued interest income less amounts withdrawn to pay benefits. The fair value of the stable value fund is based on discounting the related cash flows of the underlying guaranteed investment contracts based on current yields of similar instruments with comparable durations. Other investments in common collective trust are stated at redemption value as determined by the Trustee, which reflects the fair value of the investments comprising the common collective trust. Participant loans receivable are valued at outstanding cost plus accrued interest, which approximate fair value. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest is recorded on an accrual basis as earned.

*Payments of Benefits* – Benefits are recorded when paid.

*Use of Estimates* – The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

**Note 3 - 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 to terminate the Plan subject to the provisions of ERISA. Should the Plan be terminated at some future time, participants will become 100% vested in their accounts and the net assets available for Plan benefits at the termination date would be distributed to participants based on amounts that have been allocated to their respective accounts.

Hilex Poly Co., L.L.C. 401 (k) Plan  
*Notes to Financial Statements*  
*December 31, 2009 and 2008 (continued)*

**Note 4 - Investments**

The Plan's investments are held and managed by Plan's custodian and trustee, JPMorgan Chase Bank. The following table presents the fair values of those investments as of December 31, 2009 and 2008.

| Investments at Fair Value                              | <u>2009</u>                 | <u>2008</u>                 |
|--------------------------------------------------------|-----------------------------|-----------------------------|
| Shares of bank common collective trust funds:          |                             |                             |
| SSGA Life Solutions Balances Fund                      | \$ 614,135                  | \$ 558,980                  |
| SSGA Life Solutions Growth Fund                        | 469,081                     | 295,662                     |
| SSGA Life Solutions Income and Growth Fund             | 383,586                     | 246,051                     |
| SSGA S&P 500 Index Fund                                | 4,588,210 *                 | 3,842,807 *                 |
| SSGA Stable Value Fund                                 | 8,860,831 *                 | 9,204,663 *                 |
| Shares of registered investment companies:             |                             |                             |
| MFS Core Growth Fund                                   | 896,040                     | 725,335                     |
| Ariel Fund                                             | 494,175                     | 278,989                     |
| Fidelity Advisors Value Strategies Fund                | 648,995                     | 321,103                     |
| Alger Mid-Cap Growth Institutional Fund                | 922,973                     | 614,325                     |
| T. Rowe Price Mid-Cap Value Fund                       | 1,185,646                   | 583,437                     |
| PIMCO Total Return Fund                                | 1,667,947 *                 | 1,371,847 *                 |
| Victory Diversified Stock Fund                         | 1,102,466                   | 709,304                     |
| Van Kampen Comstock Fund                               | 860,647                     | 489,863                     |
| Dreyfus S&P Stars Opp Fund                             | 451,140                     | 290,390                     |
| AllianceBernstein International Growth Fund            | 1,218,407                   | 680,873                     |
| Pioneer Growth Opportunity Fund                        | <u>148,421</u>              | <u>34,687</u>               |
| <b>Total</b>                                           | 24,512,700                  | 20,248,316                  |
| <b>Participant loans at cost plus accrued interest</b> | <u>1,944,755 *</u>          | <u>2,578,482 *</u>          |
| <b>Total Investments at fair value</b>                 | <u><u>\$ 26,457,455</u></u> | <u><u>\$ 22,826,798</u></u> |

\* represents investment totaling 5% or more of the Plan assets

Hilex Poly Co., L.L.C. 401 (k) Plan  
*Notes to Financial Statements*  
*December 31, 2009 and 2008(continued)*

**Note 4 – Investments (continued)**

The Plans investments (including investments bought, sold, and held during the year) appreciated (depreciated) in value in 2009 and 2008 by \$3,734,345 and \$(7,164,233) respectively, as follows:

| Investments at fair value - quoted market prices | 2009                | 2008                  |
|--------------------------------------------------|---------------------|-----------------------|
| Mutual Funds                                     | \$ 2,339,887        | \$ (4,381,729)        |
| Common Collective trusts                         | 1,394,458           | (2,782,504)           |
| Net change in fair value of investments          | <u>\$ 3,734,345</u> | <u>\$ (7,164,233)</u> |

**Note 5 – Fair Value Measurements**

Financial Accounting Standard Board No. 157, *Fair Value Measurements*, was adopted by the Plan on January 1, 2008 and establishes a framework for measuring fair value of investments. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs consist of unobservable inputs and have the lowest priority.

The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value hierarchy under SFAS No. 157 was established to distinguish between those inputs that are observable and unobservable. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for assets and liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The levels of hierarchy are described below:

Level 1 – Unadjusted quoted prices in active markets for identical assets or liabilities. An active market for the asset is defined as a market in which transactions for the asset or liability occur with sufficient frequency and volume to provide pricing information on an ongoing basis.

Level 2 – Inputs other than quoted prices included in Level 1 that are either directly or indirectly observable for the asset as of the reporting date. These inputs are derived principally from, or corroborated by, observable market data.

Level 3 – Unobservable inputs that are supported by little, if any, market activity and are significant to the fair value of the asset as of the measurement date.

Hilex Poly Co., L.L.C. 401 (k) Plan  
*Notes to Financial Statements*  
*December 31, 2009 and 2008 (continued)*

**Note 5 – Fair Value Measurements (continued)**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008:

| <u>Description</u>          | Quoted Prices in Active Markets<br>for Identical Assets |                     | Significant Other Observable Inputs |                      | Significant Unobservable Inputs |                     |
|-----------------------------|---------------------------------------------------------|---------------------|-------------------------------------|----------------------|---------------------------------|---------------------|
|                             | <u>(Level 1)</u>                                        |                     | <u>(Level 2)</u>                    |                      | <u>(Level 3)</u>                |                     |
|                             | <u>2009</u>                                             | <u>2008</u>         | <u>2009</u>                         | <u>2008</u>          | <u>2009</u>                     | <u>2008</u>         |
| Common Collective<br>Trusts | \$ -                                                    | \$ -                | \$ 14,915,842                       | \$ 14,148,163        | \$ -                            | \$ -                |
| Mutual Funds                | 9,596,858                                               | 6,100,153           | -                                   | -                    | -                               | -                   |
| Participant Loans           | -                                                       | -                   | -                                   | -                    | 1,944,755                       | 2,578,482           |
| <b>Total</b>                | <b>\$ 9,596,858</b>                                     | <b>\$ 6,100,153</b> | <b>\$ 14,915,842</b>                | <b>\$ 14,148,163</b> | <b>\$ 1,944,755</b>             | <b>\$ 2,578,482</b> |

**Fair Value Measurements Using Significant Unobservable Inputs (Level 3)**

|                                                                                                             | <u>Participant<br/>Loans</u> |
|-------------------------------------------------------------------------------------------------------------|------------------------------|
| <u>December 31, 2009</u>                                                                                    |                              |
| Beginning balance                                                                                           | \$ 2,578,482                 |
| Total gains or losses (realized and unrealized) included in<br>changes in net assets available for benefits | —                            |
| Purchases, sales, issuances, and settlements (net)                                                          | <u>(633,727)</u>             |
| Ending balance                                                                                              | <u><u>\$ 1,944,755</u></u>   |
| <u>December 31, 2008</u>                                                                                    |                              |
| Beginning balance                                                                                           | \$ 3,113,919                 |
| Total gains or losses (realized and unrealized) included in<br>changes in net assets available for benefits | —                            |
| Purchases, sales, issuances, and settlements (net)                                                          | <u>(535,437)</u>             |
| Ending balance                                                                                              | <u><u>\$ 2,578,482</u></u>   |

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2009 and 2008 are reported in net appreciation in fair value of investments.

Hilex Poly Co., L.L.C. 401 (k) Plan  
*Notes to Financial Statements*  
*December 31, 2009 and 2008(continued)*

**Note 6 - Tax Status**

The Plan is referred to as a prototype plan of American Data Processing ("ADP"). A determination letter dated May 3, 2002 has been received from The Internal Revenue Service indicating that the prototype plan is qualified under Section 401 of the Internal Revenue Code (the "Code") and exempt from income taxation. In the opinion of the plan administrator, the Plan and its underlying trust have operated within the terms of the Plan and remains qualified under applicable provisions of the Code.

**Note 7 – Related Party Transactions**

The Company, as plan sponsor, paid certain plan administrative expenses for the years ended December 31, 2009 and 2008 including accounting and audit fees and certain other administrative expenditures. Total fees paid by the plan sponsor during 2009 and 2008 were approximately \$29,500 and \$8,500, respectively.

**Note 8— Risks and Uncertainties**

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

**Note 9 – Information Certified by Trustee**

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the Trustee, JP Morgan Chase Bank.

|                                      | <u>2009</u>  | <u>2008</u>  |
|--------------------------------------|--------------|--------------|
| Investments, at fair/contract value: |              |              |
| Mutual funds                         | \$ 9,596,858 | \$ 6,100,153 |
| Common collective trust              | 14,721,284   | 14,108,311   |
| Participant loans                    | 1,944,755    | 2,578,482    |
| Investment income (loss)             | 3,891,448    | (6,912,466)  |

**Note 10 – Subsequent Events**

Subsequent events have been evaluated through September 22, 2010, which is the date the financial statements were available to be issued.

On or about June 11, 2010, the Plan changed Trustees from JP Morgan Chase Bank to DWS Trust Company.

Hilex Poly Co., L.L.C. 401 (k) Plan  
*Notes to Financial Statements*  
*December 31, 2009 and 2008(continued)*

**Note 10 – Subsequent Events (continued)**

During the third quarter of 2010, Plan management elected to change their investment offerings to Plan participants. Plan management replaced the SSGA Stable Value Fund with the KeyBank EB Magic Fund and transferred approximately \$8,700,000 of Plan assets to this new investment offering.

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## SUPPLEMENTAL SCHEDULE

**Hilex Poly Co., L.L.C. 401 (k) Plan**  
***EIN, # 56-2379442 Plan #001***  
***Schedule of Assets Held at End of Year***  
***Form 5500, Schedule H Line 4(i)***  
***as of December 31, 2009***

| ( a ) | ( b )                                       | ( c )        | ( d ) | ( e )                |
|-------|---------------------------------------------|--------------|-------|----------------------|
|       | Identity of Issue                           | Description  | Cost  | Current Value        |
|       | SSGA Life Solutions Balances Fund           | Common Trust | **    | \$ 614,135           |
|       | SSGA Life Solutions Growth Fund             | Common Trust | **    | 469,081              |
|       | SSGA Life Solutions Income and Growth Fund  | Common Trust | **    | 383,586              |
|       | SSGA S&P 500 Index Fund                     | Common Trust | **    | 4,588,210            |
|       | SSGA Stable Value Fund                      | Common Trust | **    | 8,666,273            |
|       | MFS Core Growth Fund                        | Mutual Fund  | **    | 896,040              |
|       | Ariel Fund                                  | Mutual Fund  | **    | 494,175              |
|       | Fidelity Advisors Value Strategies Fund     | Mutual Fund  | **    | 648,995              |
|       | Alger Mid-Cap Growth Institutional Fund     | Mutual Fund  | **    | 922,973              |
|       | T. Rowe Price Mid-Cap Value Fund            | Mutual Fund  | **    | 1,185,646            |
|       | PIMCO Total Return Fund                     | Mutual Fund  | **    | 1,667,947            |
|       | Victory Diversified Stock Fund              | Mutual Fund  | **    | 1,102,466            |
|       | Van Kampen Comstock Fund                    | Mutual Fund  | **    | 860,647              |
|       | Dreyfus S&P Stars Opp Fund                  | Mutual Fund  | **    | 451,140              |
|       | AllianceBernstein International Growth Fund | Mutual Fund  | **    | 1,218,407            |
|       | Pioneer Growth Opportunity Fund             | Mutual Fund  | **    | 148,421              |
|       | Mutual Funds & Investment Contracts         |              |       | 24,318,142           |
|       | Participant loans                           | 4.25-10.50%  |       | 1,944,755            |
|       | Total investments                           |              |       | <u>\$ 26,262,897</u> |

\* Denotes party-in-interest investments.

\*\* Cost information is not required for participant-directed investments and is, therefore, not included.

*See independent accountants' audit report.*

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
AS OF: 12/31/2009

PAGE 1

Plan Name: HILEX POLY CO 401(K) PLAN  
Plan Number: 001

Employer EIN: 56-2379442  
Run Date: 05/21/2010

| (a) (b) Identity of Issue, Borrower,<br>Lessor or Similar Party | (c) Description of Investment<br>(Maturity Date, Rate of Int, Collateral, Par or Maturity Value) | (d) Cost     | (e) Current<br>Value |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------|----------------------|
| SSGA S&P 500 INDEX FUND                                         | Common / Collective Trust                                                                        | 20,882.4016  | n/a                  |
| SSGA LIFE SOLUTIONS BALANCED                                    | Common / Collective Trust                                                                        | 25,692.8061  | n/a                  |
| SSGA LIFE SOLUTIONS GROWTH                                      | Common / Collective Trust                                                                        | 19,699.8142  | n/a                  |
| SSGA LIFE SOLUTIONS INC & GR                                    | Common / Collective Trust                                                                        | 16,303.7251  | n/a                  |
| SSGA STABLE VALUE FUND                                          | Common / Collective Trust                                                                        | 765,422.1753 | n/a                  |
| ARIEL FUND                                                      | Registered Investment Company                                                                    | 12,815.7324  | n/a                  |
| PIMCO TOTAL RETURN - ADMIN                                      | Registered Investment Company                                                                    | 154,439.5729 | n/a                  |
| PIONEER GROWTH OPPORTUNITY -A                                   | Registered Investment Company                                                                    | 6,506.8531   | n/a                  |
| FIDELITY ADV VALUE STRATEGY-T                                   | Registered Investment Company                                                                    | 31,565.8939  | n/a                  |
| ALGER MID CAP GROWTH INSTL - I                                  | Registered Investment Company                                                                    | 77,365.7479  | n/a                  |
| T. ROWE PRICE MID-CAP VALUE -R                                  | Registered Investment Company                                                                    | 57,949.4470  | n/a                  |
| VICTORY DIVERSIFIED STOCK FD-A                                  | Registered Investment Company                                                                    | 78,860.2209  | n/a                  |
| VAN KAMPEN COMSTOCK FUND - A                                    | Registered Investment Company                                                                    | 62,320.5885  | n/a                  |
| DREYFUS S&P STARS OPP - A                                       | Registered Investment Company                                                                    | 24,425.5666  | n/a                  |
| MFS CORE GROWTH - A                                             | Registered Investment Company                                                                    | 57,549.1575  | n/a                  |
| ALLIANCEBER INTL GR FD - A                                      | Registered Investment Company                                                                    | 86,534.5985  | n/a                  |
| Participant Loans                                               | Interest Rates ( 4.25% to 10.50% )                                                               |              | n/a                  |
|                                                                 | TOTAL                                                                                            |              | 26,678,775.78        |

NOTE: The following is specifically for Form 5500 reporting.  
The difference between Participant Loans on this Schedule and Participant Loans reported on Form 5500 Schedule H or I is the amount of DDLs. Loan amounts shown here include DDLs, while loan amounts reported on 5500 forms do not include DDLs.

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RUN DATE: 05/21/2010

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)  
Period: 01/01/2009 through 12/31/2009

PAGE 1

Plan Name: HILEX POLY CO 401(K) PLAN  
Plan Number: 001

Employer EIN: 56-2379442

Run Date: 05/21/2010

| (a) Identity of Issue,<br>Borrower, or Similar Party | (b) Description of Investment<br>(Maturity Date, Rate of Int, Collateral, Par or Maturity Value) | (c) Cost of<br>Acquisitions | (d) Proceeds of<br>Dispositions |
|------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------|
|------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------|

NOTE: IN ACCORDANCE WITH SPECIFIC INSTRUCTIONS, ACQUISITIONS  
AND DISPOSITIONS OF CERTAIN TYPES OF ASSETS NEED NOT  
BE REPORTED. THESE INCLUDE FUNDS OF COMMON/COLLECTIVE  
TRUSTS AND REGISTERED INVESTMENT COMPANIES.

### Schedule C, Line 2(h) Formula Description

*For those service providers listed on Line 2 for which Line 2(h) has been checked “yes”:*

For a description of indirect compensation received by service providers listed on Line 2 that was disclosed as a formula, please see Line 3(e). Please note: If indirect compensation disclosed as a formula was received by a service provider from more than one source, there will be multiple Lines 3(e) for that service provider.