Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
POLY-AMERICA, L.P. RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1990

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
POLY-AMERICA, L.P.

2000 W. MARSHALL DRIVE
GRAND PRAIRIE, TX 75051

2000 W. MARSHALL DRIVE
GRAND PRAIRIE, TX 75051

2b Employer Identification Number (EIN)
36-2809122

2c Sponsor's telephone number
972-647-4374

2d Business code (see instructions)
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.	10/13/2011	RONALD HALL
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

POLY-AMERICA, L.P.

2000 W. MARSHALL DRIVE
GRAND PRAIRIE, TX 75051

3b Administrator's EIN: 36-2809122

3c Administrator's telephone number: 972-647-4374

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	2369
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	2054
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	244
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	2298
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	2
f	Total. Add lines **6d** and **6e**	**6f**	2300
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	2299
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	38
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2J 2K 3D 3H

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
POLY-AMERICA, L.P. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
POLY-AMERICA, L.P.

D Employer Identification Number (EIN)
36-2809122

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

MERRILL LYNCH

4 WORLD FINANCIAL CENTER
250 VESEY STREET
NEW YORK, NY 10281

13-5674085

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

BANK OF AMERICA, N.A.

101 S. TRYON STREET
CHARLOTTE, NC 28280

94-1687665

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

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

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

ICD SECURITIES, INC,

7301 S.W. 57TH CT.
SUITE 420
SOUTH MIAMI, FL 33143

42-1657573

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
71	BROKERAGE	0	Yes [X] No [ ]	Yes [ ] No [X]	132994	Yes [ ] No [X]

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

INSTITUTIONAL CD'S, INC.

3920 VETERANS MEMORIAL HWY
SUITE 4
HOLBROOK, NY 11741

65-1237931

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
71	BROKERAGE	0	Yes [X] No [ ]	Yes [ ] No [X]	18019	Yes [ ] No [X]

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
POLY-AMERICA, L.P. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
POLY-AMERICA, L.P.

D Employer Identification Number (EIN)
36-2809122

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT PRESERVATION TRUST

b Name of sponsor of entity listed in (a): BANK OF AMERICA, N.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)
22-6484011-001	C	31385707

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)

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

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b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
POLY-AMERICA, L.P. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
POLY-AMERICA, L.P.

D Employer Identification Number (EIN)
36-2809122

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	793492	1041319
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3820703	4023220
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	655853	569678
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	24550561	26970440
(2) U.S. Government securities	1c(2)		1292750
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1348023	1141567
(9) Value of interest in common/collective trusts	1c(9)	30835214	31385707
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	62003846	66424681
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	62003846	66424681

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	4023220	
	(B) Participants	2a(1)(B)	3999319	
	(C) Others (including rollovers)	2a(1)(C)	4755	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		8027294
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1013873	
	(B) U.S. Government securities	2b(1)(B)	36212	
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	49227	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1099312
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-7250	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-7250
(6) Net investment gain (loss) from common/collective trusts	2b(6)		550493
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		9669849
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5249014	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		5249014
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5249014
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4420835
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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 [X] No

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

(1) Name: PSK LLP **(2)** EIN: 75-1486711

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
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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)

SCHEDULE R
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
POLY-AMERICA, L.P. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
POLY-AMERICA, L.P.

D Employer Identification Number (EIN)
36-2809122

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 75-2325823

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

---

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:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete 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):

POLY-AMERICA, L.P.
RETIREMENT PLAN

Financial Statements

Years Ended December 31, 2010 and 2009

POLY-AMERICA, L.P. RETIREMENT PLAN
Financial Statements
Years Ended December 31, 2010 and 2009

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Poly-America, L.P. Retirement Plan

We have audited the accompanying statements of net assets available for benefits of Poly-America, L.P. Retirement Plan as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Poly-America, L.P. Retirement Plan as of December 31, 2010 and 2009, and the changes in its net assets available for benefits for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule of assets (held at end of year) is presented for purposes of additional analysis and is not a required part of the basic financial statements, but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedule is the responsibility of the Plan's management. The supplemental schedule has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

PSK LLP

October 3, 2011

POLY-AMERICA, L.P. RETIREMENT PLAN

Statements of Net Assets Available for Benefits
December 31, 2010 and 2009

	2010	2009
Assets		
Investments at fair market value (Note 6)		
Money market funds	$ 111,255	$ 701,721
Certificates of deposit	26,859,185	23,848,840
U.S. Government Agency securities	1,292,750	
Common/collective trust	31,385,707	30,835,214
Total investments	59,648,897	55,385,775
Receivables		
Employers' contributions	4,023,220	3,820,703
Notes receivable from participants	1,141,567	1,348,023
Accrued interest income	569,678	655,853
Total receivables	5,734,465	5,824,579
Cash	1,041,319	793,492
Net assets available for benefits	$ 66,424,681	$ 62,003,846

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

POLY-AMERICA, L.P. RETIREMENT PLAN

Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2010 and 2009

	2010	2009
Additions to net assets attributed to:		
Investment income:		
Interest income	$ 1,600,578	$ 1,552,231
Net realized and unrealized depreciation in fair value of investments	(7,250)	(937)
Total investment income	1,593,328	1,551,294
Interest income on notes receivable from participants	49,227	60,712
Contributions:		
Employers	4,023,220	3,823,411
Participants	4,004,074	3,865,358
Total contributions	8,027,294	7,688,769
Total additions	9,669,849	9,300,775
Deductions from net assets attributed to:		
Benefit payments	5,249,014	6,950,320
Net increase	4,420,835	2,350,455
Net assets available for benefits at beginning of period	62,003,846	59,653,391
Net assets available for benefits at end of period	$ 66,424,681	$ 62,003,846

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

POLY-AMERICA, L.P. RETIREMENT PLAN
Notes to Financial Statements
December 31, 2010 and 2009

1 - Description of Plan

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

A. General - The Plan is a defined contribution 401(k) plan, covering all full-time employees of Poly-America, L.P. (the "Sponsor") and certain related companies. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and is intended to be a qualified retirement plan under the Internal Revenue Code.

B. Contributions - Participants may voluntarily contribute to the Plan up to 50 percent of their compensation, as defined by the Plan, not to exceed limits imposed by the Internal Revenue Service during the calendar year. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Annually, the Companies may elect to contribute a matching percentage of the participants' eligible contributions. During 2010 and 2009, the Companies matched an amount equal to 100 percent of each participant's contribution up to 6 percent of the participant's compensation. The employer matching contributions, net of forfeitures, were $3,247,260 and $3,085,809 in 2010 and 2009, respectively.

In addition, the Companies made a discretionary employer nonelective ("profit sharing") contribution in 2010 and 2009 equal to 1 percent of eligible participants' compensation as defined in the Plan, subject to limits imposed by Internal Revenue Service regulations. The amounts of the profit sharing contributions were $775,960 and $737,602 in 2010 and 2009, respectively.

C. Expenses of Administration of the Plan - All costs of administering the Plan are paid by the Sponsor.

D. Participant Accounts - Each participant's account is credited with the participant's contributions, an allocation of the Companies' matching and profit sharing contributions, and an allocation of Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

E. Eligibility and Vesting - Employees of the Companies may participate in the Plan provided the employee has attained age 21 and has completed one year of service.

Participants are immediately vested in their contributions plus the allocated earnings thereon. Vesting in the Employers' matching and profit sharing contribution portion of their accounts plus allocated earnings thereon is based on years of vesting service. A participant is 100 percent vested after three years of credited service for the matching and profit sharing contribution accounts. A participant becomes 100 percent vested in all accounts upon the attainment of age 65 without regard to vesting service.

F. Investment Options - The Plan offers no investment options to participants and does not allow participant directed investments.

G. Notes Receivable from Participants - Participants may borrow from their account a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their vested account balance, not to exceed the amount in their deferral account. Loans are available only for the purchase of a principal residence and are for a five-year term. The loans are secured by the balance in the participant's account and bear interest at a rate equal to the yield to maturity, plus 1 percent, on U.S. Treasury securities maturing in five years. The range of interest rates in effect for all outstanding loans at December 31, 2010 was 2.12% to 6.17%. Loan repayments, including interest, are made through payroll deductions. All interest paid is credited to the borrower's account.

Loan balances and accrued interest of terminated participants that are not repaid within thirty days of the Plan Administrator's mailing of a notice of default are treated as distributions.

POLY-AMERICA, L.P. RETIREMENT PLAN
Notes to Financial Statements
December 31, 2010 and 2009

1 - Description of Plan (Continued)

H. Payment of Benefits - Upon termination of service, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Terminated participants may allow their balances to remain in the Plan until they reach age 65 if their account balance is greater than $1,000.

I. Forfeited Accounts - Forfeitures of non-vested matching contributions are used to reduce the employer matching contributions. Forfeitures of non-vested profit sharing contributions are allocated to eligible participants based on compensation as if the forfeitures were an additional profit sharing contribution.

Forfeitures allocated in each year were:	2010	2009
Non-vested matching contributions	$ 17,586	$ 21,032
Non-vested profit sharing contributions	10,612	14,340

2 - Summary of Significant Accounting Policies

A. Basis of Accounting - The accompanying financial statements were prepared on the accrual basis of accounting.

B. New Accounting Pronouncement - In September 2010, the FASB issued Accounting Standards Update 2010-25, *Reporting Loans to Participants by Defined Contribution Pension Plans*, (ASU 2010-25). ASU 2010-25 requires participant loans to be measured at their unpaid principal balance plus any accrued unpaid interest and classified as notes receivable from participants. Previously, loans were measured at fair value and classified as investments. ASU 2010-25 is effective for fiscal years ending December 15, 2010 and is required to be applied retrospectively. Adoption of ASU 2010-25 did not change the value of participant loans from the amount previously reported as of December 31, 2009. Participant loans have been reclassified to receivables as of December 31, 2009.

C. Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results could differ from those estimates.

D. Investments Valuation and Income Recognition - The Plan's investments are stated at fair value. Interest income is recorded on the accrual basis.

E. Payment of Benefits - Benefits are recorded when paid.

F. Reclassifications - Certain amounts in the 2009 financial statements have been reclassified to conform to the 2010 presentation.

G. Subsequent Events - The Plan has evaluated subsequent events through October 3, 2011, the date the financial statements were available to be issued.

3 - Plan Restatement

The Poly-America, L.P. Retirement Plan was restated effective January 1, 2009 to comply with the provisions of The Economic Growth and Tax Relief Reconciliation Act of 2001; The Pension Protection Act of 2006; The Worker, Retiree and Employer Recovery Act of 2008; and The Heroes Earnings Assistance and Relief Tax Act of 2008. The restatement had no effect on net assets, either individually or in the aggregate.

POLY-AMERICA, L.P. RETIREMENT PLAN
Notes to Financial Statements
December 31, 2010 and 2009

4 - Plan Termination

Although they have not expressed any intent to do so, the Companies have the right under the Plan to discontinue their contributions at any time and the Sponsor may terminate the Plan subject to the provisions of ERISA. In the event of the Plan's termination, participants will become 100 percent vested in their accounts.

5 - Federal Income Tax Status

The Plan is a non-standardized prototype profit sharing plan with a cash or deferred arrangement. The Internal Revenue Service has determined and informed the prototype sponsor by a letter dated March 16, 2010, that the Plan is acceptable under section 401(a) of the Internal Revenue Code ("IRC") for use by employers for the benefit of their employees. That letter on the acceptability of the form of the Plan is not a ruling or determination as to whether an employer's plan qualifies under IRC section 401(a). However, an employer that adopts the prototype plan may rely on such letter with respect to the qualification of its plan under IRC section 401(a) as provided for in Rev. Proc. 2005-16. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax exempt.

6 - Investments

The Plan's investments are held in money market funds, certificates of deposit, a common/collective trust, and securities issued by a U.S. Government Agency and are carried at fair value.

At December 31, 2010 and 2009, the Plan's investment in a common/collective trust of $31,385,707 and $30,835,214, respectively, exceeded 5% of the Plan's net assets. All amounts classified as investments in a common/collective trust were invested in the Bank of America, N.A. Retirement Preservation Trust, (formerly Merrill Lynch Retirement Preservation Trust).

Effective October 6, 2010, the Trustee of the Bank of America, N.A. Retirement Preservation Trust approved a resolution to terminate the Trust and commence liquidation of its assets. All assets in the portfolio were converted to cash, cash equivalents and short-term, highly liquid investment securities and the Retirement Preservation Trust changed from a stable value fund to a short-term bond fund.

All certificates of deposit in excess of $250,000 qualify for FDIC insurance on a per-participant basis.

7 - 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 value of the 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.

8 - Fair Value Measurements

As required by the Fair Value Measurements topic of the Financial Accounting Standards Board *Accounting Standards Codification* ("FASB ASC"), all financial assets and liabilities are measured at fair value on a recurring basis. The topic establishes a framework for measuring fair value and enhances disclosure requirements for fair value measurements. The topic defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The topic establishes market or observable inputs as the preferred sources of values, followed by assumptions based on hypothetical transactions in the absence of market inputs. The topic establishes a hierarchy for grouping these assets and liabilities, based on the significance level of the following inputs:

POLY-AMERICA, L.P. RETIREMENT PLAN
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8 - Fair Value Measurements (continued)

Level I – Quoted prices in active markets for identical assets or liabilities.

Level II – Quoted prices in active markets for similar assets and liabilities, quoted prices for identical or similar instruments in markets that are not active and model-derived valuations whose inputs are observable or whose significant drivers are observable.

Level III – Significant inputs to the valuation model are unobservable.

The following is a listing of assets and liabilities required to be measured at fair value on a recurring basis and where they are classified within the hierarchy as of December 31, 2010 and 2009:

	Assets at Fair Value as of December 31, 2010			
	Level I	Level II	Level III	Total
Money market funds	$ 111,255	$ 0	$ 0	$ 111,255
Certificates of deposit	0	26,859,185	0	26,859,185
U.S. Government Agency securities	1,292,750	0	0	1,292,750
Common/collective trust	0	31,385,707	0	31,385,707
Total	$ 1,404,005	$ 58,244,892	$ 0	$ 59,648,897

	Assets at Fair Value as of December 31, 2009			
	Level I	Level II	Level III	Total
Money market funds	$ 701,721	$ 0	$ 0	$ 701,721
Certificates of deposit	0	23,848,840	0	23,848,840
Common/collective trust	0	30,835,214	0	30,835,214
Total	$ 701,721	$ 54,684,054	$ 0	$ 55,385,775

9 - Subsequent Events

As disclosed in Note 6 – Investments, the Bank of America, N.A. Retirement Preservation Trust was terminated and ceased to be a stable value fund. The Plan Trustee evaluated alternative stable value funds and selected the Invesco Stable Value Retirement Fund for investment. On January 31, 2011, all of the assets invested in the Bank of America, N.A. Retirement Preservation Trust were transferred to the Invesco Stable Value Retirement Fund.

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Schedule H, line 4i - Schedule of Assets (Held At End of Year)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest collateral, par, or maturity value	(d) Cost	(e) Current Value
	1st Financial Bank USA, Dakota Dunes, SD	CD, matures 5/21/2012, 2.67%, maturity value $100,000	$ 92,366	$ 92,366
	1st Financial Bank USA, Dakota Dunes, SD	CD, matures 10/5/2011, 1.98%, maturity value $100,000	96,154	96,154
	Albina Community Bank, Portland, OR	CD, matures 11/29/2013, 4.64%, maturity value $200,000	159,327	159,327
	American Chartered Bank, Schaumberg, IL	CD, matures 10/28/2013, 4.97%, maturity value $400,000	313,689	313,689
	American Eagle Bank of Chicago, Chicago, IL	CD, matures 1/18/2013, 3.37%, maturity value $100,000	89,835	89,835
	American Plus Bank, N.A., Arcadia, CA	CD, matures 2/22/2011, 2.51%, maturity value $300,000	285,386	285,386
	AuburnBank, Auburn, AL	CD, matures 2/11/2019, 4.00%, maturity value $300,000	300,000	300,000
	Aurora Bank, Wilmington, DE	Callable CD, matures 4/28/2023, 5.50%, maturity value $250,000	250,000	250,000
	Bank 1st, Albuquerque, NM	CD, matures 3/21/2011, 2.42%, maturity value $200,000	190,621	190,621
	Bank Hapoalim B.M., New York, NY	Callable CD, matures 9/7/2040, 4.00%, maturity value $350,000	350,000	350,000
	Bank Hapoalim B.M., New York, NY	Callable CD, matures 9/15/2025, 2.25% to 10.00% step up, maturity value $200,000	200,000	200,000
	Bank of America, NA, New York, NY	CD, matures 11/5/2012, 2.72%, maturity value $100,000	92,231	92,231
	Bank of America, NA, New York, NY	CD, matures 4/21/2011, 1.54%, maturity value $200,000	195,460	195,460
	Bank of America, N.A. Retirement Preservation Trust	Common / Collective Trust Fund Participation Units	31,385,707	31,385,707
	Bank of Holland, Holland, MI	CD, matures 12/23/2013, 4.52%, maturity value $200,000	160,303	160,303
	Bank of Holland, Holland, MI	CD, matures 12/18/2013, 3.59%, maturity value $100,000	86,384	86,384
	Bank of Old Monroe, Old Monroe, MO	Callable CD, matures 12/28/2017, 2.85%, maturity value $300,000	300,000	300,000
	Bank of Santa Clarita, Santa Clarita, CA	CD, matures 1/30/2013, 2.91%, maturity value $100,000	91,826	91,826
	Bank of Santa Clarita, Santa Clarita, CA	Callabe CD, matures 3/16/2020, 3.75%, maturity value $200,000	200,000	200,000
	Bankwest, Inc, Pierre, SD	Callable CD, matures 10/22/2025, 3.05%, maturity value $300,000	300,000	300,000
	Barclays Bank, Wilmington, DE	CD, matures 2/18/2015, 2.75%, maturity value $300,000	300,000	300,000
	Beach Business Bank, Manhattan Beach, CA	Callable CD, matures 2/26/2020, 3.70%, maturity value $300,000	300,000	300,000
	Benton State Bank, Benton, WI	Callable CD, matures 11/30/2035, 3.30%, maturity value $200,000	200,000	200,000
	Bonanza Valley State Bank, Booten, MN	Callable CD, matures 5/15/2024, 4.00%, maturity value $200,000	200,000	200,000
	Camden National Bank, Camden, ME	CD, matures 2/26/2015, 2.70%, maturity value $300,000	300,000	300,000
	Capital One Bank USA, N.A., Glen Allen, VA	CD, matures 5/28/2013, 4.50%, maturity value $500,000	500,000	500,000
	Capital One, N.A., McLean, VA	CD, matures 5/28/2013, 4.50%, maturity value $500,000	500,000	500,000
	Capmark Bank, Midvale, UT	CD, matures 4/8/2014, 3.50%, maturity value $300,000	300,000	300,000
	Cecil Federal Bank, Elkton, MD	CD, matures 2/22/2011, 3.52%, maturity value $100,000	90,171	90,171
	Central National Bank & Trust of End, Enid, OK	Callable CD, matures 4/28/2020, 3.85%, maturity value $200,000	200,000	200,000
	Chesapeake Bank, Kilmarnock, VA	CD, matures 5/10/2012, 2.16%, maturity value $100,000	94,789	94,789
	Citibank, NA, Las Vegas, NV	Callable CD, matures 2/26/2025, 4.50%, maturity value $500,000	500,000	500,000
	Citibank, NA, Las Vegas, NV	Callable CD, matures 3/29/2021, 3.00%, maturity value $300,000	300,000	300,000
	Cole Taylor Bank, Chicago, IL	CD, matures 7/11/2013, 5.00%, maturity value $300,000	300,000	300,000
	Community & Southern Bank, Ellijay, GA	CD, matures 10/11/2011, 1.49%, maturity value $200,000	195,352	195,352
	Community First Bank, Harrison, AR	CD, matures 3/28/2011, 3.70%, maturity value $200,000	200,000	200,000
	Crescent Bank & Trust, New Orleans, LA	CD, matures 4/06/2015, 2.74%, maturity value $100,000	87,324	87,324
	Discover Bank, Greenwood, DE	CD, matures 11/12/2013, 4.81%, maturity value $200,000	158,048	158,048
	Doral Bank, Catano, PR	CD, matures 4/30/2012, 2.30%, maturity value $200,000	200,000	200,000

Poly-America, L.P. Retirement Plan
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Schedule H, line 4i - Schedule of Assets (Held At End of Year) (Continued)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Doral Bank, Catano, PR	Callable CD, matures 5/31/2016, 3.00%, maturity value $300,000	$ 300,000	$ 300,000
	Enerbank USA, Salt Lake City, UT	CD, matures 10/15/2015, 5.00%, maturity value $300,000	300,000	300,000
	Farmers & Merchants Bank, NA, Milford, NE	Callable CD, matures 2/26/2025, 4.15%, maturity value $300,000	300,000	300,000
	Farmers Bank & Trust, Great Bend, KS	CD, matures 12/31/2013, 3.06%, maturity value $100,000	88,418	88,418
	Federal Home Loan Mortgage Corporation	Callable Medium-Term Notes due 2/25/2030, 5.00%, maturity value $500,000	500,000	498,750
	Federal Home Loan Mortgage Corporation	Callable Medium-Term Step Up Notes due 6/30/2020, 3.25% to 7.00%, maturity value $800,000	800,000	794,000
	Fidelity Bank of Florida, NA, Merritt Island, FL	CD, matures 2/6/2014, 3.49%, maturity value $200,000	168,407	168,407
	Fifth Third Bank, Cincinnati, OH	CD, matures 10/17/2011, 4.57%, maturity value $300,000	261,336	261,336
	First Bank Richmond, Richmond, IN	CD, matures 5/16/2011, 5.26%, maturity value $100,000	63,369	63,369
	First Business Bank, Madison, WI	Callable CD, matures 9/30/2020, 3.00%, maturity value $300,000	300,000	300,000
	First Chicago Bank & Trust, Itasca, IL	Callable CD, matures 6/26/2012, 3.25%, maturity value $300,000	300,000	300,000
	First Community Bank, Batesville, AR	CD, matures 5/23/2012, 2.67%, maturity value $300,000	277,098	277,098
	First National Bank of America, East Lansing, MI	CD, matures 1/10/2019, 3.90%, maturity value $200,000	200,000	200,000
	First National Bank of Las Animas, Las Animas, CO	Callable CD, matures 9/08/2020, 3.00%, maturity value $625,000	625,000	625,000
	First National Bank of Shelby, Shelby, NC	CD, matures 2/24/2015, 2.65%, maturity value $300,000	300,000	300,000
	First Trade Union SB, Boston, MA	CD, matures 2/27/2014, 3.62%, maturity value $300,000	251,024	251,024
	First Trust & Savings Bank Albany, Albany, IL	Callable CD, matures 11/04/2025, 3.10%, maturity value $500,000	500,000	500,000
	Frontier Bank, Davenport, NE	Callable CD, matures 11/15/2030, 3.15%, maturity value $300,000	300,000	300,000
	GMAC Bank, Midvale, UT	CD, matures 3/27/2014, 3.55%, maturity value $300,000	300,000	300,000
	Golden Coast Bank, Long Beach, CA	CD, matures 5/9/2011, 3.55%, maturity value $100,000	89,405	89,405
	Goldman Sachs Bank USA, New York, NY	CD, matures 11/19/2013, 5.05%, maturity value $400,000	400,000	400,000
	Harris NA, Chicago, IL	Callable CD, matures 9/22/2020, 2.00% to 7.00% step up, maturity value $500,000	500,000	500,000
	Heritage Bank, Wood River, NE	Callable CD, matures 10/29/2025, 3.05%, maturity value $600,000	600,000	600,000
	HSBC Bank USA, NA, Wilmington, DE	Callable CD, matures 4/24/2029, 4.25%, maturity value $350,000	350,000	350,000
	HSBC Bank USA, NA, Wilmington, DE	Callable CD, matures 2/16/2022, 3.25% to 8.00% step up, maturity value $200,000	200,000	200,000
	HSBC Bank USA, NA, Wilmington, DE	Callable CD, matures 9/22/2020, 6.00% until 9/22/2011, then variable rate, maturity value $500,000	500,000	500,000
	Independent Bank, Ionia, MI	Callable CD, matures 8/18/2014, 3.15%, maturity value $200,000	200,000	200,000
	Investors Bank, Waukesha, WI	CD, matures 4/06/2015, 2.74%, maturity value $400,000	349,297	349,297
	JP Morgan Chase Bank, Henderson, NV	CD, matures 6/29/2012, 5.54%, maturity value $400,000	305,264	305,264
	JP Morgan Chase Bank, NA, Columbus, OH	Callable CD, matures 9/29/2025, 6.00% until 9/29/2011, then variable rate, maturity value $200,000	200,000	200,000
	Kaw Valley State Bank, Topeka, KS	CD, matures 2/26/2015, 2.70%, maturity value $300,000	300,000	300,000
	Kennett National Bank, Kennett, MO	Callable CD, matures 11/19/2020, 2.85%, maturity value $500,000	500,000	500,000
	Landmark Bank, NA, Columbia, MO	Callable CD, matures 9/16/2020, 2.90%, maturity value $300,000	300,000	300,000
	M & I Bank FSB, Las Vegas, NV	Callable CD, matures 5/21/2029, 4.50%, maturity value $200,000	200,000	200,000
	M & T Bank, Oakfield, NY	CD, matures 10/3/2012, 4.70%, maturity value $300,000	249,556	249,556
	Machias Savings Bank, Machias, ME	Callable CD, matures 2/19/2015, 2.80%, maturity value $300,000	300,000	300,000
	Macon Bank, Inc., Franklin, NC	CD, matures 1/22/2014, 3.54%, maturity value $300,000	252,079	252,079
	Macon Bank, Inc., Franklin, NC	CD, matures 1/22/2014, 3.01%, maturity value $100,000	88,980	88,980
	Metropolitan Capital Bank, Chicago, IL	Callable CD, matures 12/01/2020, 3.00%, maturity value $300,000	300,000	300,000

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Schedule H, line 4i - Schedule of Assets (Held At End of Year) (Continued)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Mizrahi Tefahot Bank Ltd., Los Angeles, CA	Callable CD, matures 12/28/2020, 3.55%, maturity value $300,000	$ 300,000	$ 300,000
	Monona State Bank, Monona, WI	CD, matures 3/28/2012, 3.80%, maturity value $100,000	100,000	100,000
	Morton Community Bank, Morton, IL	CD, matures 4/24/2012, 5.75%, maturity value $100,000	100,000	100,000
	National Republic Bank of Chicago, Chicago, IL	CD, matures 7/11/2013, 5.00%, maturity value $300,000	300,000	300,000
	National Republic Bank of Chicago, Chicago, IL	CD, matures 2/18/2020, 3.70%, maturity value $200,000	200,000	200,000
	New Peoples Bank, Honaker, VA	CD, matures 3/20/2019, 3.90%, maturity value $200,000	200,000	200,000
	Pacific Continental Bank, Eugene, OR	Callable CD, matures 6/09/2020, 3.45%, maturity value $300,000	300,000	300,000
	Panhandle State Bank, Sandpoint, ID	Callable CD, matures 8/29/2014, 2.20%, maturity value $300,000	300,000	300,000
	Park Avenue Bank, Valdosta, GA	CD, matures 10/11/2011, 4.50%, maturity value $200,000	200,000	200,000
	Peoples Bank, Magnolia, AR	Callable CD, matures 2/26/2020, 3.70%, maturity value $300,000	300,000	300,000
	Premier Bank, Wilmette, IL	Callable CD, matures 7/24/2019, 4.00%, maturity value $300,000	300,000	300,000
	Prime Cash Trust	Money Market Fund, variable interest rate, $1 unit value	111,255	111,255
	Redding Bank of Commerce, Redding, CA	CD, matures 9/30/2011, 2.21%, maturity value $300,000	284,015	284,015
	Republic Bank, West Bountiful, UT	Callable CD, matures 3/11/2016, 3.75%, maturity value $200,000	200,000	200,000
	Riverview Community Bank, Vancouver, WA	CD, matures 2/11/2013, 3.93%, maturity value $100,000	82,570	82,570
	Safra National Bank, New York, NY	Callable CD, matures 12/28/2029, 4.50%, maturity value $100,000	100,000	100,000
	Safra National Bank, New York, NY	Callable CD, matures 11/15/2022, 2.00%, maturity value $400,000	400,000	400,000
	Sallie Mae Bank, Murray, UT	CD, matures 4/9/2014, 3.50%, maturity value $300,000	300,000	300,000
	State Bank of India, Chicago, IL	CD, matures 12/4/2013, 4.89%, maturity value $300,000	236,193	236,193
	State Bank of India, Chicago, IL	CD, matures 12/19/2013, 3.15%, maturity value $100,000	88,757	88,757
	Summit Community Bank, Inc., Moorefield, WV	Callable CD, matures 3/10/2017, 3.40%, maturity value $250,000	250,000	250,000
	Superior Bank, Birmingham, AL	Callable CD, matures 7/28/2017, 5.25%, maturity value $100,000	100,000	100,000
	Tennessee Commerce Bank, Franklin, TN	CD, matures 3/3/2011, 2.42%, maturity value $200,000	190,658	190,658
	Texas Star Bank SSB, Lott, TX	CD, matures 8/30/2012, 4.96%, maturity value $100,000	82,283	82,283
	Tower Bank & Trust Company, Fort Wayne, IN	Callable CD, matures 2/26/2019, 3.75%, maturity value $300,000	300,000	300,000
	Treynor State Bank, Treynor, IA	Callable CD, matures 6/11/2025, 3.75%, maturity value $200,000	200,000	200,000
	Uinta Bank, Mountain View, WY	CD, matures 2/6/2019, 4.00%, maturity value $100,000	100,000	100,000
	Umpqua Bank, Roseburg, OR	CD, matures 4/12/2012, 1.68%, maturity value $103,405	100,000	100,000
	Union National Bank & Trust Company, Elgin, IL	CD, matures 1/18/2011, 1.50%, maturity value $200,000	197,020	197,020
	Webster Five Cents Savings Bank, Webster, MA	Callable CD, matures 3/17/2017, 3.30%, maturity value $300,000	300,000	300,000
	Webster Five Cents Savings Bank, Webster, MA	Callable CD, matures 9/30/2020, 3.00%, maturity value $300,000	300,000	300,000
	Woodlands Commerical Bank, Salt Lake City, UT	CD, matures 8/22/2011, 1.00%, maturity value $250,000	247,511	247,511
	World's Foremost Bank, Sidney, NE	CD, matures 12/10/2013, 5.00%, maturity value $120,000	120,000	120,000
	Yadkin Valley Bank and Trust, Elkin, NC	CD, matures 3/31/2011, 2.37%, maturity value $400,000	381,679	381,679
*	Participant Loans	2.12% to 6.17%	-	1,141,567
			$ 59,656,147	$ 60,790,464

* Cost omitted for Participant Notes Receivable

See Accountants Report for Schedule of Assets