Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 11/01/2011 and ending 10/31/2012

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
OUR GANG SAVINGS INCENTIVE PROGRAM

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/31/1969

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

POLLY'S INC.

173 E. FREEDOM AVENUE
ANAHEIM, CA 92801

173 E. FREEDOM AVENUE
ANAHEIM, CA 92801

2b Employer Identification Number (EIN)
95-3781318

2c Sponsor's telephone number
714-459-0041

2d Business code (see instructions)
722110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/10/2014	SHARON LEE
	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")
POLLY'S INC.

173 E. FREEDOM AVENUE
ANAHEIM, CA 92801

3b Administrator's EIN
95-3781318

3c Administrator's telephone number
714-459-0041

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**	639
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**	787
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	787
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	787
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	194
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	7
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 2G 2J 2K 2T 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)	X	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)		**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)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 11/01/2011 and ending 10/31/2012

A Name of plan
OUR GANG SAVINGS INCENTIVE PROGRAM

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
POLLY'S INC.

D Employer Identification Number (EIN)
95-3781318

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
RELIASTAR LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
35-1468921	00000	PENSION DSGN	3	11/01/2011	10/31/2012

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	691

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	
d	Total of balance and additions (add **b** and **c(6)**).			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract **e(5)** from **d**)			**7f**	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 11/01/2011 and ending 10/31/2012

A Name of plan
OUR GANG SAVINGS INCENTIVE PROGRAM

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
POLLY'S INC.

D Employer Identification Number (EIN)
95-3781318

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

FIDELITY INV. INST. OPERATIONS CO.
P.O. BOX 770002
CINCINNATI, OH 45277

04-2647786

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

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

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

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

FIDELITY INV. INST. OPERATIONS CO.

P.O. BOX 770002
CINCINNATI, OH 45277

04-2647786

(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?
64 37 65	RECORD KEEPER	6540	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [X] 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 [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INV. INST. OPER CO., INC	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.
ALLNZ NFJ DIV VAL AD BOSTON FIN	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INV. INST. OPER CO., INC	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.
NORTHERN SM CAP VAL NORTHERN TRUST	0.40%

(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

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(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 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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 11/01/2011 and ending 10/31/2012

A Name of plan
OUR GANG SAVINGS INCENTIVE PROGRAM

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
POLLY'S INC.

D Employer Identification Number (EIN)
95-3781318

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4175918	3917106
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	134029	118022
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5150641	4968857
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	8984	691
(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	9469572	9004676
	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	9469572	9004676

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)		
	(B) Participants	2a(1)(B)	256274	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		256274
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	405	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	4246	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4651
	(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)	155511	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		155511
	(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)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		332129
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		748565
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1186744	
(2) To insurance carriers for the provision of benefits	2e(2)	20157	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1206901
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)	6560	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		6560
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1213461
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-464896
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

(1) Name: MARTIN WERBELOW LLP (2) EIN: 95-1720829

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**		X	

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)

Financial Statements

OUR GANG SAVINGS INCENTIVE PLAN

For the Years Ended October 31, 2012 and 2011

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MARTIN WERBELOW LLP
CERTIFIED PUBLIC ACCOUNTANTS
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TEL: (626) 577-1440 FAX: (626) 577-1082

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Our Gang Savings Incentive Plan

We were engaged to audit the statements of net assets available for benefits of Our Gang Savings Incentive Plan (the "Plan") as of October 31, 2012 and 2011, and the related statements of changes in net assets available for benefits for the years then ended and the supplemental schedule of assets (held at end of year) as of October 31, 2012. The statements of net assets available for benefits, changes in net assets available for benefits and the supplemental schedule of net assets (held at end of year) are the responsibility of the Plan's management.

As permitted by Section 29 CFR 2520.103-8 of the Department of Labor's ("DOL's") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such 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 certain Plan investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended October 31, 2012 and 2011, 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 supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Martin Werbelow LLP

August 2, 2013

OUR GANG SAVINGS INCENTIVE PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
OCTOBER 31, 2012 AND 2011

ASSETS

	2012	2011
Investments at Fair Value		
Shares of registered investment companies	$ 8,885,963	$ 9,326,559
Insurance contracts	691	8,984
Total Investments at Fair Value	8,886,654	9,335,543
Notes Receivable from Participants	118,022	134,029
Total Assets	9,004,676	9,469,572

LIABILITIES

Liabilities	-	-
Net Assets Available for Benefits	$ 9,004,676	$ 9,469,572

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

OUR GANG SAVINGS INCENTIVE PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED OCTOBER 31, 2012 AND 2011

	2012	2011
Additions to Net Assets Attributed to:		
Investment income:		
Interest income	$ 405	$ 584
Dividend income	155,511	143,862
Net appreciation in fair value of investments	332,129	97,595
Total Investment Income	488,045	242,041
Interest Income on Notes Receivable from Participants	4,246	4,627
Participant Contributions	256,274	287,149
Total Additons	748,565	533,817
Deductions from Net Assets Attributed to:		
Benefits paid to participants	1,186,744	1,105,554
Insurance expenses	20,157	18,218
Administrative expenses	6,560	7,689
Total Deductions	1,213,461	1,131,461
Net Decrease	(464,896)	(597,644)
Net Assets Available for Benefits, Beginning of Year	9,469,572	10,067,216
Net Assets Available for Benefits, End of Year	$ 9,004,676	$ 9,469,572

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

Note 1 – Description of the Plan

The following description of Our Gang Savings Incentive Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General

The Plan, as amended, is a defined contribution plan, which was established in May 1969 to provide retirement benefits to employees of Polly's, Inc. and its subsidiaries and affiliated entities (the "Company") and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Polly's, Inc. is the Plan's sponsor (the "Sponsor"). Employees are eligible to participate in the Plan with respect to making salary reduction contributions, receiving discretionary profit sharing contributions and receiving discretionary matching employer contributions if they have completed one year of service.

Fidelity Management Trust Company ("Fidelity") is the trustee and recordkeeper of all plan assets, except for investments in insurance contracts, which are held with ReliaStar Life Insurance Company ("ReliaStar").

Contributions

Participants can elect to contribute up to 60 percent of their pre-tax annual compensation to the Plan, up to a maximum of $17,000 and $16,500 for 2012 and 2011, respectively. Additionally, participants age 50 or older by the end of the calendar year can elect to make catch-up contributions up to $5,500 for 2012 and 2011. Participants may also elect to contribute, on an after tax basis, a whole percentage of not less than one percent of eligible compensation; however, there are special Internal Revenue Code ("IRC") rules that must be satisfied and the maximum contribution allowed may be lower than the elected percentage. Any excess after-tax contributions are returned to the participant. The Company's contributions to the Plan are discretionary and determined each year by the Company's Board of Directors. Such contributions can be made in the form of a matching or profit sharing contribution. There were no contributions made by the Company for 2012 and 2011.

Participant Accounts

Separate accounts are maintained for each participant. These accounts are credited with the participant's contribution and allocations of the Company's contributions, plan earnings, and certain administrative expenses.

Notes Receivable from Participants

Participants may borrow a minimum of $1,000, up to 50% from their vested account balance, up to a maximum of $50,000. Loan terms are not to exceed five years but can be extended to ten years if the loan is used to purchase a primary residence. The loans are secured by the balance in the participant's account and bear interest at rates that range from 3.25% to 7.00% per annum, which are commensurate with local prevailing rates as determined by the Sponsor. Principal and interest are applied ratably through payroll deductions.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings on such contributions. Company discretionary matching contributions begin vesting after a participant's second year of service and are fully vested after four years of service. Company discretionary profit sharing contributions vest at 20% per year after a participant's second year of service and are fully vested after six years of credited service.

Note 1 – Description of the Plan (continued)

Payment of Benefits
A participant's plan benefits will be distributed at retirement, death, disability, or termination of employment. The entire vested account balance will be paid in a single distribution or other distribution method that participants may elect.

Forfeitures
Forfeited non-vested accounts are retained in the Plan and used first to pay plan expenses then to reduce future Company contributions.

Administrative Expenses
The Company pays some of the administrative expenses of the Plan.

Note 2 – Summary of Accounting Policies

Basis of Accounting
The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP"), except for benefits paid to participants, which are recorded when paid.

Investment Valuation and Income Recognition
Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

Insurance Contracts
Under prior Plan provisions, certain employees were eligible to purchase life insurance through the Plan. The contracts are carried at their cash surrender value, which approximates fair value, as reported to the Plan by the insurance company. The cost of the insurance and the change in cash value are reflected in each participant's individual account.

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Use of Estimates
The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Note 3 – Information Prepared and Certified by Trustee

The following information included in the accompanying financial statements was obtained from data that has been prepared and certified to be complete and accurate by Fidelity:

	2012	2011
Investments at Fair Value		
Shares of registered investment companies	$ 8,885,963	$ 9,326,559
Notes Receivable from Participants	118,022	134,029

	2012	2011
Investment Income		
Interest income	$ 405	$ 584
Dividend income	155,511	143,862
Net appreciation in fair value of investments	332,129	97,595

	2012	2011
Interest Income on Notes Receivable from Participants	$ 4,246	$ 4,627

Note 4 – Investments Representing 5% or More of Net Assets Available for Benefits

Investments that represent 5% or more of the Plan's net assets at October 31, 2012 and 2011 are as follows:

	2012
Investments at Fair Value	
Fidelity Retirement Money Market Fund	$ 3,971,106
Fidelity Freedom 2010 Fund	1,225,241
Fidelity Growth and Income	465,047

	2011
Investments at Fair Value	
Fidelity Retirement Money Market Fund	$ 4,175,918
Fidelity Freedom 2010 Fund	1,294,581
Fidelity Growth Strategies	515,549

Note 5 – Fair Value Measurements

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

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include • quoted prices for similar assets or liabilities in active markets; • quoted prices for identical or similar assets or liabilities in inactive markets; • inputs other than quoted prices that are observable for the asset or liability; • inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at October 31, 2012 and 2011.

Shares of registered investment companies: valued at the net asset value ("NAV") of shares held by the Plan at year-end. The NAV is quoted at market prices in active markets for identical assets.

Insurance contracts: valued at cash surrender value, which approximates fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Note 5 – Fair Value Measurements (continued)

The following table set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of October 31, 2012:

	Assets at Fair Value as of October 31, 2012			
	Total	**Level 1**	**Level 2**	**Level 3**
Shares of registered investment companies:				
Money market fund	$ 3,917,106	$ 3,917,106	$ -	$ -
Target date funds	1,614,765	1,614,765	-	-
Large growth & blend funds	995,431	995,431	-	-
Midcap growth & blend funds	781,858	781,858	-	-
Intermediate government funds	393,313	393,313	-	-
High yield bond funds	336,033	336,033	-	-
Foreign large blend funds	298,632	298,632	-	-
Conservative allocation funds	294,029	294,029	-	-
Moderate allocation funds	218,121	218,121	-	-
Small cap blend fund	24,515	24,515	-	-
Retirement income funds	12,160	12,160	-	-
Total shares of registered investment companies	8,885,963	8,885,963	-	-
Insurance contracts	691	-	-	691
Total assets at fair value	$ 8,885,654	$ 8,885,963	$ -	$ 691

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended October 31, 2012:

	Insurance Contracts
Balance, November 1, 2011	$ 8,984
Change in cash surrender value	(8,293)
Balance, October 31, 2012	$ 691

Note 5 – Fair Value Measurements (continued)

	Assets at Fair Value as of October 31, 2011			
	Total	**Level 1**	**Level 2**	**Level 3**
Shares of registered investment companies:				
Money market fund	$ 4,175,918	$ 4,175,918	$ -	$ -
Target date funds	1,583,132	1,583,132	-	-
Large growth & blend funds	1,105,274	1,105,274	-	-
Midcap growth & blend funds	846,823	846,823	-	-
Intermediate government funds	370,679	370,679	-	-
High yield bond funds	341,113	341,113	-	-
Foreign large blend funds	333,711	333,711	-	-
Conservative allocation funds	305,846	305,846	-	-
Moderate allocation funds	228,058	228,058	-	-
Small cap blend fund	20,149	20,149	-	-
Retirement income funds	15,856	15,856	-	-
Total shares of registered investment companies	9,326,559	9,326,559	-	-
Insurance contracts	8,984	-	-	8,984
Total assets at fair value	$ 9,335,543	$ 9,326,559	$ -	$ 8,984

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended October 31, 2011:

	Insurance Contracts
Balance, November 1, 2010	$ 11,105
Change in cash surrender value	(2,121)
Balance, October 31, 2011	$ 8,984

Note 6 – Party-in-Interest Transactions

Fidelity manages certain Plan investments. Fidelity is the trustee, custodian, and recordkeeper of the Plan and, therefore, these transactions qualify as party-in-interest transactions. ReliaStar is the carrier of insurance contracts of the Plan. Transactions with ReliaStar also qualify as party-in-interest transactions. These transactions are considered exempt under Section (3)(14) of ERISA.

Note 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 investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term that such changes could materially affect participants' account balances, and the amounts reported in the statement of net assets available for benefits.

Note 8 – Plan Termination

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan subject to provisions of ERISA. In the event of termination of the Plan, the accounts of each participant shall become fully vested.

Note 9 – Income Tax Status

The Plan obtained its most recent determination letter from the Internal Revenue Service on February 4, 1997. Although the Plan has been amended since receiving such determination letter, the plan administrator believes that the Plan is currently designed and being operated in compliance with the qualification requirements of the IRC and therefore, believes that the Plan is qualified and the related trust is tax-exempt.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not, would not be sustained upon examination by the Internal Revenue Service. The plan administrator believes the tax positions taken more likely than not, will be sustained under examination by the applicable tax authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2009.

Note 10 – Subsequent Events

The plan administrator has evaluated for subsequent events through August 2, 2013, the date the Plan's financial statements were available to be issued. No subsequent events requiring disclosure were noted.

SUPPLEMENTAL SCHEDULE

OUR GANG SAVINGS INCENTIVE PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR) OCTOBER 31, 2012
EIN# 95-3781318
Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	**Description of investment including maturity date, rate of interest, collateral, par or maturity value**	**Cost**	**Current Value**
*	Fidelity Investments	Fidelity Retirement Money Market Fund		$ 3,917,106
*	Fidelity Investments	Fidelity Freedom 2010 Fund		1,225,241
*	Fidelity Investments	Fidelity Growth and Income		465,047
*	Fidelity Investments	Fidelity Growth Strategies		414,043
*	Fidelity Investments	Fidelity Government Income Fund		393,313
*	Fidelity Investments	Fidelity Spartan 500 Index		368,924
*	Fidelity Investments	Fidelity Low PR Stock		367,815
*	Fidelity Investments	Fidelity Capital & Income		336,033
*	Fidelity Investments	Fidelity Asset Mgr 20%		294,029
*	Fidelity Investments	Fidelity Diversified International		275,535
*	Fidelity Investments	Fidelity Asset Mgr 70%		218,121
*	Fidelity Investments	Fidelity Freedom 2020 Fund		147,049
*	Fidelity Investments	Fidelity Dividend Growth		146,114
*	Fidelity Investments	Fidelity Freedom 2040 Fund		61,779
*	Fidelity Investments	Fidelity Freedom 2030 Fund		60,726
*	Fidelity Investments	Fidelity Freedom 2015 Fund		57,227
*	Fidelity Investments	Northern Sm Cap Val		24,515
*	Fidelity Investments	Allnz NFJ Dividend Val AD		23,099
*	Fidelity Investments	Fidelity Freedom 2035 Fund		13,557
*	Fidelity Investments	Fidelity Freedom 2000 Fund		12,551
*	Fidelity Investments	Fidelity Freedom Income		12,160
*	Fidelity Investments	Fidelity Freedom 2045 Fund		11,559
*	Fidelity Investments	Fidelity Value Discovery		11,275
*	Fidelity Investments	Fidelity Freedom 2050 Fund		10,225
*	Fidelity Investments	Fidelity Freedom 2005 Fund		7,760
*	Fidelity Investments	Fidelity Freedom 2025 Fund		7,089
*	Fidelity Investments	Fidelity Independence		4,071
*	ReliaStar Life Insurance Company	Insurance contracts		691
	Participant loans	Varying maturity dates, interest rate range: 3.25% to 7.00% per annum	-0-	$ 118,022

* *Indicates a party-in-interest*

OUR GANG SAVINGS INCENTIVE PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR) OCTOBER 31, 2012
EIN# 95-3781318
Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	**Description of investment including maturity date, rate of interest, collateral, par or maturity value**	**Cost**	**Current Value**
*	Fidelity Investments	Fidelity Retirement Money Market Fund		$ 3,917,106
*	Fidelity Investments	Fidelity Freedom 2010 Fund		1,225,241
*	Fidelity Investments	Fidelity Growth and Income		465,047
*	Fidelity Investments	Fidelity Growth Strategies		414,043
*	Fidelity Investments	Fidelity Government Income Fund		393,313
*	Fidelity Investments	Fidelity Spartan 500 Index		368,924
*	Fidelity Investments	Fidelity Low PR Stock		367,815
*	Fidelity Investments	Fidelity Capital & Income		336,033
*	Fidelity Investments	Fidelity Asset Mgr 20%		294,029
*	Fidelity Investments	Fidelity Diversified International		275,535
*	Fidelity Investments	Fidelity Asset Mgr 70%		218,121
*	Fidelity Investments	Fidelity Freedom 2020 Fund		147,049
*	Fidelity Investments	Fidelity Dividend Growth		146,114
*	Fidelity Investments	Fidelity Freedom 2040 Fund		61,779
*	Fidelity Investments	Fidelity Freedom 2030 Fund		60,726
*	Fidelity Investments	Fidelity Freedom 2015 Fund		57,227
*	Fidelity Investments	Northern Sm Cap Val		24,515
*	Fidelity Investments	Allnz NFJ Dividend Val AD		23,099
*	Fidelity Investments	Fidelity Freedom 2035 Fund		13,557
*	Fidelity Investments	Fidelity Freedom 2000 Fund		12,551
*	Fidelity Investments	Fidelity Freedom Income		12,160
*	Fidelity Investments	Fidelity Freedom 2045 Fund		11,559
*	Fidelity Investments	Fidelity Value Discovery		11,275
*	Fidelity Investments	Fidelity Freedom 2050 Fund		10,225
*	Fidelity Investments	Fidelity Freedom 2005 Fund		7,760
*	Fidelity Investments	Fidelity Freedom 2025 Fund		7,089
*	Fidelity Investments	Fidelity Independence		4,071
*	ReliaStar Life Insurance Company	Insurance contracts		691
	Participant loans	Varying maturity dates, interest rate range: 3.25% to 7.00% per annum	-0-	$ 118,022

* *Indicates a party-in-interest*