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

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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; include room or suite number (employer, if for a single-employer plan)

POLY-AMERICA, L.P.

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.	10/12/2014	RONALD HALL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2014	RONALD HALL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address	**3b** Administrator's EIN	
	3c Administrator's telephone number	
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:	**4b** EIN	
a Sponsor's name	**4c** PN	

5	Total number of participants at the beginning of the plan year	**5**	2649
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**	2164
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	333
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	2497
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	3
f	Total. Add lines **6d** and **6e**.	**6f**	2500
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	2498
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	34
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

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

42-1657573

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

PRUDENTIAL INSURANCE CO OF AMERICA
751 BROAD STREET
NEWARK, NJ 07102

22-1221167

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

AMERICAN GENERAL LIFE INSURANCE CO
2727-A ALLEN PARKWAY, 4-G7
HOUSTON, TX 77019

25-0598210

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

AVIVA LIFE AND ANNUITY COMPANY
7700 MILLS CIVIC PARKWAY
WEST DES MOINES, IA 50266

42-0175020

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

INVESCO NATIONAL TRUST COMPANY

1555 PEACHTREE ST., N.E.
SUITE 1100
ATLANTA, GA 30309

84-0591534

(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 disclosures 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)

(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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**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

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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: INVESCO STABLE VALUE RETIREMENT TR

b Name of sponsor of entity listed in (a): INVESCO NATIONAL TRUST COMPANY

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)
27-3868124-001	C	41767053

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

SCHEDULE H (Form 5500)

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

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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	896361	994455
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2807756	4714239
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	517317	267593
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	27534035	27576383
(2) U.S. Government securities	1c(2)	2006200	1662550
(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)	1343485	1078824
(9) Value of interest in common/collective trusts	1c(9)	41233844	41767053
(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	76338998	78061097
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	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	76338998	78061097

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)	4714239	
(B) Participants	2a(1)(B)	4682909	
(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)		9397148
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	786184	
(B) U.S. Government securities	2b(1)(B)	62219	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	24968	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		873371
(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)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	500000	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	501100	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-1100
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-342550	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-342550

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		516869
(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		10443738
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8721639	
(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)		8721639
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)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		8721639
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1722099
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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	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	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		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)

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

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

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

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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 (include any prior year accumulated funding deficiency not waived) **6a**

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

POLY-AMERICA, L.P.
RETIREMENT PLAN

Financial Statements

Years Ended December 31, 2013 and 2012

POLY-AMERICA, L.P. RETIREMENT PLAN
Financial Statements
Years Ended December 31, 2013 and 2012

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INDEPENDENT AUDITORS' REPORT

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

Report on the Financial Statements

We have audited the accompanying financial statements of Poly-America, L.P. Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on 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 from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design 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. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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, 2013 and 2012, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements 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 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. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements taken as a whole.

PSK LLP

Arlington, Texas
October 6, 2014

POLY-AMERICA, L.P. RETIREMENT PLAN

Statements of Net Assets Available for Benefits
December 31, 2013 and 2012

	2013	2012
Assets		
Investments, at fair value (Note 5)		
Money market funds	$ 298,162	$ 33,575
Certificates of deposit	27,278,221	27,500,460
U.S. Government Agency securities	1,662,550	2,006,200
Common/collective trust funds	41,767,053	41,233,844
Total investments, at fair value	71,005,986	70,774,079
Receivables		
Employers' contributions	4,714,239	2,807,756
Notes receivable from participants	1,078,824	1,343,485
Accrued interest income	267,593	517,317
Total receivables	6,060,656	4,668,558
Cash	994,455	896,361
Net assets available for benefits, at fair value	78,061,097	76,338,998
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(335,595)	(343,479)
Net assets available for benefits	$ 77,725,502	$ 75,995,519

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, 2013 and 2012

	2013	2012
Additions to net assets attributed to:		
Investment income:		
Interest income	$ 1,373,156	$ 1,561,624
Net realized and unrealized appreciation (depreciation) in fair value of investments	(343,650)	5,504
Total investment income	1,029,506	1,567,128
Interest income on notes receivable from participants	24,968	32,117
Contributions:		
Employers	4,714,239	4,406,791
Participants	4,682,909	4,412,927
Total contributions	9,397,148	8,819,718
Total additions	10,451,622	10,418,963
Deductions from net assets attributed to:		
Benefit payments	8,721,639	6,980,154
Net increase	1,729,983	3,438,809
Net assets available for benefits at beginning of period	75,995,519	72,556,710
Net assets available for benefits at end of period	$ 77,725,502	$ 75,995,519

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

POLY-AMERICA, L.P. RETIREMENT PLAN
Notes to Financial Statements
December 31, 2013 and 2012

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 2013 and 2012, 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 $3,812,435 and $3,554,867 in 2013 and 2012, respectively.

In addition, the Companies made a discretionary employer nonelective ("profit sharing") contribution in 2013 and 2012 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 $901,804 and $851,924 in 2013 and 2012, 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. Participant 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, 2013 was 1.58% to 3.80%. 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, 2013 and 2012

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:	2013	2012
Non-vested matching contributions	$ 32,415	$ 17,218
Non-vested profit sharing contributions	12,370	10,771

2 - Summary of Significant Accounting Policies

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

B. 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.

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

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts, because contract value is the amount participants would receive if they were to initiate transactions under the terms of the Plan. The Plan invests in investment contracts through a common/collective trust. The statement of net assets available for benefits presents the fair value of the investment in the common/collective trust, as well as the adjustment of the investment in the common/collective trust from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis.

The Plan's interest in the common/collective trust fund is valued based on information reported by the investment advisor using the audited financial statements of the common/collective trust at December 31, 2013.

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

E. Subsequent Events - The Plan has evaluated subsequent events through October 6, 2014, the date the financial statements were available to be issued.

POLY-AMERICA, L.P. RETIREMENT PLAN
Notes to Financial Statements
December 31, 2013 and 2012

3 - 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.

4 - 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.

5 - Investments

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

All investments in the common collective trust fund are invested in the Invesco Stable Value Retirement Fund, Class 2 ("Retirement Fund"). The Retirement Fund invests the majority of its assets in the Invesco Stable Value Trust and synthetic investment contracts (SICs). The Invesco Stable Value Trust invests principally in guaranteed investment contracts (GICs) issued by insurance companies, investment contracts issued by banks, SICs issued by banks, insurance companies, and other issuers, and securities supporting such SICs, and other similar instruments which are intended to maintain a constant net asset value.

The investment objective of the stable value fund is to seek the preservation of principal and to provide interest income reasonably obtained under the prevailing market conditions and rates.

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

The following investments as of December 31, 2013 and 2012 represent 5% or more of the Plan's net assets available for benefits:

	2013	2012
Invesco Stable Value Retirement Fund, Class 2	$ 41,767,053	$ 41,233,844

POLY-AMERICA, L.P. RETIREMENT PLAN
Notes to Financial Statements
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6 - 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.

7 - 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:

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

Level II – Observable inputs other than quoted prices included in Level I, such as quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level III – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

The following table presents a summary of the Plan's investments measured at fair value on a recurring basis and where they are classified within the hierarchy as of December 31, 2013 and 2012:

	Assets at Fair Value as of December 31, 2013			
	Level I	Level II	Level III	Total
Money market funds	$ 298,162	$ 0	$ 0	$ 298,162
Certificates of deposit	0	27,278,221	0	27,278,221
U.S. Government Agency securities	1,662,550	0	0	1,662,550
Common/collective trust fund	0	41,767,053	0	41,767,053
Total	$ 1,960,712	$ 69,045,274	$ 0	$ 71,005,986

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7 - Fair Value Measurements (Continued)

	Assets at Fair Value as of December 31, 2012			
	Level I	Level II	Level III	Total
Money market funds	$ 33,575	$ 0	$ 0	$ 33,575
Certificates of deposit	0	27,500,460	0	27,500,460
U.S. Government Agency securities	2,006,200	0	0	2,006,200
Common/collective trust fund	0	41,233,844	0	41,233,844
Total	$ 2,039,775	$ 68,734,304	$ 0	$ 70,774,079

8 - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2013 and 2012:

	2013	2012
Net assets available for benefits per the financial statements	$ 77,725,502	$ 75,995,519
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	335,595	343,479
Net assets available for benefits per the Form 5500	$ 78,061,097	$ 76,338,998

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to the Form 5500 for the years ended December 31, 2013 and 2012:

	2013	2012
Net increase in assets available for benefits per the financial statements	$ 1,729,983	$ 3,438,809
Change in adjustment from contract value to fair value for fully benefit-responsive investment contracts	(7,884)	161,950
Net increase in assets available for benefits per the Form 5500	$ 1,722,099	$ 3,600,759

Supplemental Schedule

Poly-America, L.P. Retirement Plan
Form 5500, Plan Year Ended December 31, 2013
ID# 36-2809122 Plan 001

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
	Certificates of Deposit:			
	1st Financial Bank USA, Dakota Dunes, SD	Callable CD, matures 9/09/2026, 2.85%, maturity value $250,000	$ 250,000	$ 250,000
	1st Financial Bank USA, Dakota Dunes, SD	Callable CD, matures 10/14/2025, 2.30%, maturity value $300,000	300,000	300,000
	Alpine Bank & Trust Company, Rockford, IL	Callable CD, matures 5/30/2023, 2.15%, maturity value $500,000	500,000	500,000
	American Enterprise Bank of Florida, Jacksonville, FL	Callable CD, matures 7/27/2021, 3.00%, maturity value $250,000	250,000	250,000
	Arkansas County Bank, DeWitt, AR	Callable CD, matures 12/13/2024, 2.00%, maturity value $249,000	249,000	249,000
	AuburnBank, Auburn, AL	CD, matures 2/11/2019, 4.00%, maturity value $300,000	300,000	300,000
	Bank of Holland, Holland, MI	Callable CD, matures 6/13/2022, 2.30%, maturity value $200,000	200,000	200,000
	Bank of Montecello, Montecello, WI	Callable CD, matures 9/21/2026, 3.00%, maturity value $250,000	250,000	250,000
	Bank of Oakridge, Oakridge, NC	Callable CD, matures 10/16/2020, 2.50%, maturity value $250,000	250,000	250,000
	Bank of Oklahoma, Tulsa, OK	Callable CD, matures 5/16/2022, 2.50%, maturity value $400,000	400,000	400,000
	Bank of Oklahoma, Tulsa, OK	Callable CD, matures 5/30/2028, 2.80%, maturity value $100,000	100,000	100,000
	Bank of Santa Clarita, Santa Clarita, CA	Callable CD, matures 9/09/2021, 2.75%, maturity value $250,000	250,000	250,000
	Bankwest, Inc, Pierre, SD	Callable CD, matures 10/22/2025, 3.05%, maturity value $300,000	300,000	300,000
	Bankwest, Inc, Pierre, SD	Callable CD, matures 12/14/2020, 2.00%, maturity value $200,000	200,000	200,000
	Barclays Bank, Wilmington, DE	CD, matures 2/18/2015, 2.75%, maturity value $300,000	300,000	300,000
	BMO Harris Bank, N.A., Chicago, IL	Callable CD, matures 10/26/2027, 2.00% to 9.50% step up, maturity value $500,000	500,000	500,000
	BOFI Federal Bank, San Diego, CA	Callable CD, matures 5/31/2022, 2.35%, maturity value $500,000	500,000	500,000
	Camden National Bank, Camden, ME	CD, matures 2/26/2015, 2.70%, maturity value $300,000	300,000	300,000
	Capmark Bank, Midvale, UT	CD, matures 4/8/2014, 3.50%, maturity value $300,000	300,000	300,000
	Celtic Bank, Salt Lake City, UT	Callable CD, matures 6/06/2022, 2.50%, maturity value $500,000	500,000	500,000
	Celtic Bank, Salt Lake City, UT	Callable CD, matures 7/18/2025, 2.15%, maturity value $275,000	275,000	275,000
	Central National Bank & Trust of Enid, Enid, OK	Callable CD, matures 9/28/2021, 2.50%, maturity value $250,000	250,000	250,000
	Centrix Bank & Trust, Bedford, NH	Callable CD, matures 9/06/2022, 2.20%, maturity value $275,000	275,000	275,000
	Chesapeake Bank, Kilmarnock, VA	Callable CD, matures 11/30/2032, 2.75%, maturity value $200,000	200,000	200,000
	CIT Bank, Salt Lake City, UT	Callable CD, matures 10/11/2022, 2.15%, maturity value $300,000	300,000	300,000
	CIT Bank, Salt Lake City, UT	Callable CD, matures 12/07/2022, 2.00%, maturity value $350,000	350,000	350,000
	Citibank, NA, Sioux Falls, SD	Callable CD, matures 10/31/2033, floating rate, maturity value $500,000	500,000	500,000
	Compass Bank, Birmingham, AL	Callable CD, matures 10/23/2023, 3.30%, maturity value $250,000	250,000	250,000
	Compass Bank, Birmingham, AL	Callable CD, matures 11/20/2023, 3.25%, maturity value $250,000	250,000	250,000
	Crescent Bank & Trust, New Orleans, LA	CD, matures 4/06/2015, 2.74%, maturity value $100,000	87,324	87,324
	Crescom Bank, Myrtle Beach, SC	Callable CD, matures 4/24/2023, 2.15%, maturity value $400,000	400,000	400,000
	Discover Bank, Greenwood, DE	CD, matures 5/09/2017, 1.75%, maturity value $300,000	300,000	300,000
	Eagle Bank & Trust Co, Little Rock, AR	Callable CD, matures 6/15/2023, 2.35%, maturity value $226,000	226,000	226,000
	East-West Bank, Pasadena, CA	Callable CD, matures 9/10/2037, 2.55% to 6.00% step up, maturity value $200,000	200,000	200,000
	East-West Bank, Pasadena, CA	Callable CD, matures 3/28/2033, 2.50% to 10.00% step up, 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
	Farm Bureau Bank FSB, Sparks, NV	Callable CD, matures 10/12/2018, 2.00%, maturity value $250,000	250,000	250,000
	Farmers & Merchants Bank, Milford, NE	Callable CD, matures 10/30/2037, 2.50% to 8.00% step up, maturity value $300,000	300,000	300,000
	Fidelity Bank of Florida, NA, Merritt Island, FL	CD, matures 2/6/2014, 3.49%, maturity value $200,000	168,407	168,407
	First Eagle Bank, Chicago, IL	Callable CD, matures 10/13/2020, 2.50%, maturity value $250,000	250,000	250,000
	First Federal Bank of Florida, Lake City, FL	Callable CD, matures 9/30/2025, 3.40%, maturity value $350,000	350,000	350,000
	First Merchants Bank, NA, Muncie, IN	Callable CD, matures 10/19/2022, 2.00%, maturity value $485,000	485,000	485,000
	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 America, East Lansing, MI	Callable CD, matures 11/29/2024, 2.90%, maturity value $200,000	200,000	200,000
	First National Bank of America, East Lansing, MI	Callable CD, matures 3/17/2025, 2.30%, maturity value $200,000	200,000	200,000

Poly-America, L.P. Retirement Plan
Form 5500, Plan Year Ended December 31, 2013
ID# 36-2809122 Plan 001

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
	First National Bank of Shelby, Shelby, NC	CD, matures 2/24/2015, 2.65%, maturity value $300,000	$ 300,000	$ 300,000
	First National Banking Company, Ash Flat, AR	Callable CD, matures 11/27/2023, 3.15%, maturity value $400,000	400,000	400,000
	First State Bank of Purdy, Purdy, MO	Callable CD, matures 9/14/2021, 2.75%, maturity value $250,000	250,000	250,000
	First State Bank of Purdy, Purdy, MO	Callable CD, matures 4/20/2022, 2.35%, maturity value $150,000	150,000	150,000
	First State Bank of Purdy, Purdy, MO	Callable CD, matures 12/14/2032, 2.50%, maturity value $200,000	200,000	200,000
	First Trade Union SB, Boston, MA	CD, matures 2/27/2014, 3.62%, maturity value $300,000	251,024	251,024
	Frontier Bank, Madison, NE	Callable CD, matures 11/15/2027, 2.25%, maturity value $450,000	450,000	450,000
	Gateway Bank of Florida, Daytona Beach, FL	Callable CD, matures 5/10/2025, 2.25%, maturity value $300,000	300,000	300,000
	GE Capital Bank, Salt Lake City, UT	CD, matures 7/06/2017, 1.80%, maturity value $400,000	400,000	400,000
	GE Capital Retail Bank, Draper, UT	CD, matures 5/18/2017, 1.75%, maturity value $500,000	500,000	500,000
	GMAC Bank, Midvale, UT	CD, matures 3/27/2014, 3.55%, maturity value $300,000	300,000	300,000
	Goldman Sachs Bank USA, New York, NY	Callable CD, matures 3/12/2027, 3.00%, maturity value $200,000	200,000	200,000
	Goldman Sachs Bank USA, New York, NY	Callable CD, matures 12/18/2028, 3.60%, maturity value $600,000	600,000	600,000
	Guaranty State Bank & Trust Co., Belolt, KS	Callable CD, matures 5/24/2024, 2.45%, maturity value $169,000	169,000	169,000
	Hiwatha National Bank, Hager City, WI	Callable CD, matures 5/23/2022, 2.40%, maturity value $400,000	400,000	400,000
	Horizon Bank, Waverly, NE	Callable CD, matures 4/08/2026, 3.75%, maturity value $110,000	110,000	110,000
	Horizon Bank, Waverly, NE	Callable CD, matures 6/26/2026, 2.65%, maturity value $300,000	300,000	300,000
	Horizon Bank SSB, Austin, TX	Callable CD, matures 2/26/2027, 2.65%, maturity value $150,000	150,000	150,000
	HSBC Bank USA, NA, Mclean, VA	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, Mclean, VA	Callable CD, matures 9/22/2020, 6.00% until 9/22/2011, then variable rate, maturity value $500,000	500,000	500,000
	InvestorsBank, Waukesha, WI	CD, matures 4/06/2015, 2.74%, maturity value $400,000	349,297	349,297
	JP Morgan Chase Bank, NA, Columbus, OH	Callable CD, matures 10/15/2032, 2.05% to 12.00% step up, maturity value $500,000	500,000	500,000
	JP Morgan Chase Bank, NA, Columbus, OH	Callable CD, matures 4/30/2027, floating rate, maturity value $300,000	291,110	291,110
	Kaw Valley Bank, Topeka, KS	CD, matures 2/26/2015, 2.70%, maturity value $300,000	300,000	300,000
	Keystone Bank, Auburn, AL	Callable CD, matures 11/09/2032, 2.50%, maturity value $230,000	230,000	230,000
	Landmark Bank, NA, Columbia, MO	Callable CD, matures 11/08/2023, 2.65%, maturity value $100,000	100,000	100,000
	Landmark Bank, NA, Columbia, MO	Callable CD, matures 2/16/2024, 2.35%, maturity value $200,000	200,000	200,000
	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
	Mid Missouri Bank, Springfield, MO	Callable CD, matures 3/20/2028, 2.50%, maturity value $400,000	400,000	400,000
	Miners Bank, Minersville, PA	Callable CD, matures 11/30/2023, 2.70%, maturity value $100,000	100,000	100,000
	National Republic Bank, 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
	Pender State Bank, Pender, NE	Callable CD, matures 3/27/2028, 2.40%, maturity value $400,000	400,000	400,000
	Richardson County Bank & Trust, Falls City, NE	Callable CD, matures 2/27/2025, 2.25%, maturity value $180,000	180,000	180,000
	Safra National Bank, New York, NY	Callable CD, matures 1/03/2023, 2.00%, maturity value $500,000	500,000	500,000
	Sallie Mae Bank, Murray, UT	CD, matures 4/9/2014, 3.50%, maturity value $300,000	300,000	300,000
	Sawyer Savings Bank, Saugerties, NY	Callable CD, matures 4/19/2022, 2.15%, maturity value $300,000	300,000	300,000
	Summit Community Bank, Inc., Moorefield, WV	Callable CD, matures 5/27/2022, 2.50%, maturity value $261,000	261,000	261,000
	Tower Bank & Trust Company, Fort Wayne, IN	Callable CD, matures 9/08/2021, 2.80%, maturity value $100,000	100,000	100,000
	Toyota Financial Savings Bank, Henderson, NV	Callable CD, matures 9/28/2017, 1.95%, maturity value $130,000	130,000	130,000
	Toyota Financial Savings Bank, Henderson, NV	Callable CD, matures 9/21/2021, 2.90%, maturity value $200,000	200,000	200,000
	Toyota Financial Savings Bank, Henderson, NV	Callable CD, matures 12/14/2021, 2.60%, maturity value $500,000	500,000	500,000
	Uinta Bank, Mountain View, WY	CD, matures 2/6/2019, 4.00%, maturity value $100,000	100,000	100,000
	United Community Bank, Blairsville, GA	Callable CD, matures 9/23/2027, 2.25% to 10.00% step up, maturity value $400,000	400,000	400,000
	Valley State Bank, Belle Plaine, KS	Callable CD, matures 11/14/2024, 2.20%, maturity value $500,000	500,000	500,000
	VisionBank of Iowa, West Des Moines, IA	Callable CD, matures 2/28/2028, 2.30%, maturity value $300,000	300,000	300,000

Poly-America, L.P. Retirement Plan
Form 5500, Plan Year Ended December 31, 2013
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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
	Wells Fargo Bank, NA, Sioux Falls, SD	Callable CD, matures 2/25/2026, 3.00% to 6.50% step up, maturity value $300,000	$ 300,000	$ 300,000
	Wells Fargo Bank, NA, Sioux Falls, SD	Callable CD, matures 11/08/2032, 3.00%, maturity value $200,000	200,000	200,000
	Wells Fargo Bank, NA, Sioux Falls, SD	Callable CD, matures 2/28/2033, 3.125%, maturity value $200,000	200,000	200,000
		Total Certificates of Deposit	27,278,221	27,278,221
	Common/Collective Trust Funds:			
	Invesco Stable Value Retirement Fund, Class 2	Common Collective Trust Fund Participation Units	41,431,458	41,767,053
		Total Common/Collective Trust Funds	41,431,458	41,767,053
	Other Investments:			
	BIF Government Securities Fund	Money Market Fund, variable interest rate, $1 unit value	192	192
	Prime Cash Trust	Money Market Fund, variable interest rate, $1 unit value	297,970	297,970
	Federal National Mortgage Association	Callable Bonds maturing 3/29/2027, 3.30%, maturity value $500,000	500,000	457,300
	Federal National Mortgage Association	Callable Bonds maturing 7/26/2032, 3.00%, maturity value $1,000,000	1,000,000	800,700
	Federal Home Loan Bank	Callable Bonds maturing 12/28/2032, 3.20%, maturity value $500,000	500,000	404,550
	Notes Receivable from Participants *	Interest rates of 1.58% to 3.80%	-	1,078,824
		Total Other Investments	2,298,162	3,039,536
		Total Investments	$ 71,007,841	$ 72,084,810

* Cost omitted for Notes Receivable from Participants

See Accountants Report for Schedule H, Line 4i Schedule of Assets (Held at End of Year)