Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ **Complete all entries in accordance with the instructions to the Form 5500.**	**2022** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [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)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
TENCATE GRASS RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 08/01/2021

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
POLYLOOM CORP OF AMERICA D/B/A TENCATE GRASS

1131 BROADWAY STREET
DAYTON, TN 37321

2b Employer Identification Number (EIN) 62-1137748

2c Plan Sponsor's telephone number 423-847-8401

2d Business code (see instructions) 339900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2023	GARY HALL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	563
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	459
a(2) Total number of active participants at the end of the plan year	**6a(2)**	443
b Retired or separated participants receiving benefits	**6b**	2
c Other retired or separated participants entitled to future benefits	**6c**	77
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	522
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	522
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	501
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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 2F 2G 2J 2K 2S 2T 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)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2022
Department of Labor Employee Benefits Security Administration	▶ **File as an attachment to Form 5500.**	**This Form is Open to Public Inspection.**
Pension Benefit Guaranty Corporation		

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
TENCATE GRASS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
POLYLOOM CORP OF AMERICA D/B/A TENCATE GRASS

D Employer Identification Number (EIN)
62-1137748

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).. . . . . ☐ Yes ☒ No

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

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

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

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

MATRIX TRUST COMPANY

75-3182674

(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?
19 21 25 62	NONE	18369	Yes [X] No [ ]	Yes [X] No [ ]	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 [ ]

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
MATRIX TRUST COMPANY	19 21 25 62	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.
ONEAMERICA RETIREMENT SERVICES LLC 46-5378846	ONEAMERICA HAS AN AGREEMENT WITH MATRIX TO PAY $750 ANNUAL TRUST & CUSTODY FEE PLUS 2 BASIS POINTS ON MARKET VALUE ANNUALIZED MONTHLY

(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)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan TENCATE GRASS RETIREMENT PLAN	**B** Three-digit plan number (PN) ▶ 002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 POLYLOOM CORP OF AMERICA D/B/A TENCATE GRASS	**D** Employer Identification Number (EIN) 62-1137748

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: FEDERATED CAPITAL PRESERVATION FUND

b Name of sponsor of entity listed in (a): FEDERATED INVESTORS 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)
22-2712853-001	C	0

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)

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

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b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

SCHEDULE H (Form 5500)	Financial 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), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2022** **This Form is Open to Public Inspection**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
TENCATE GRASS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
POLYLOOM CORP OF AMERICA D/B/A TENCATE GRASS

D Employer Identification Number (EIN)
62-1137748

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	13786	13177
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	10746	13074
(2) Participant contributions	1b(2)	15722	7
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	494095	503919
(9) Value of interest in common/collective trusts	1c(9)	175620	0
(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)	16048253	14717793
(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	16758222	15247970
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	16758222	15247970

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)	1127605	
(B) Participants	2a(1)(B)	1723876	
(C) Others (including rollovers)	2a(1)(C)	283847	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3135328
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	25936	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		25936
(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)	498412	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		498412
(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)		0
(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		795
(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)		-3479191
c Other income	2c		-4227
d Total income. Add all **income** amounts in column (b) and enter total	2d		177053
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1668936	
(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)		1668936
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)	18369	
(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)		18369
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1687305
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1510252
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] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: MERSERAU, LAZENBY & ROCKAS, LLC **(2)** EIN: 58-2115374

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		13133

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)	Retirement Plan 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 sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
TENCATE GRASS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
POLYLOOM CORP OF AMERICA D/B/A TENCATE GRASS

D Employer Identification Number (EIN)
62-1137748

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** 0

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): 75-3182674 _____

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 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 (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**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):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

TENCATE GRASS RETIREMENT PLAN

FINANCIAL STATEMENTS

INDEPENDENT AUDITORS' REPORT

AND

SUPPLEMENTAL SCHEDULES

For the year ended December 31, 2022 and for the period from August 1, 2021 (commencement of Plan operations) through December 31, 2021

MLR Mersereau, Lazenby & Rockas, LLC
Certified Public Accountants
Principled | Personal | Professional

TENCATE GRASS RETIREMENT PLAN

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MLR
Mersereau, Lazenby & Rockas, LLC
Certified Public Accountants
Laura E. Rockas, CPA, CFP®
Lois S. Lazenby, CPA, CFP®
Steven O. Wykoff, CFP®
Joel R. Mulkey, CPA

3469 Lawrenceville-Suwanee Rd., Suite B • Suwanee, GA 30024
Tel 770.614.6800 • Fax 770.614.5432 • www.CPAMLR.com

INDEPENDENT AUDITORS' REPORT

Plan Administrator
TenCate Grass Retirement Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of the TenCate Grass Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the year ended December 31, 2022 and for the period from August 1, 2021 (commencement of Plan operations) through December 31, 2021, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from a qualified institution as of and for the year ended December 31, 2022 and for the year ended December 31, 2021 and for the period from August 1, 2021 through December 31, 2021, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audits of the Financial Statements section

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of the TenCate Grass Retirement Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the TenCate Grass Retirement Plan's ability to continue as a going concern for one year after the date that the financial statements are issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audits of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 TenCate Grass Retirement Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the TenCate Grass Retirement Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules (1) Schedule H, line 4a - Schedule of Delinquent Participant Contributions, (2) and (3) Schedules H, line 4i - Schedules of Assets (Held at End of Year) as of December 31, 2022 and 2021 - are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to 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 GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Mersereau, Lazenby & Rockas, LLC

Mersereau, Lazenby & Rockas, LLC
Suwanee, GA
October 12, 2023

TENCATE GRASS RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2022 and 2021

	2022	2021
ASSETS		
Non interest-bearing cash	$ 13,177	$ 13,786
Investments, at fair value (Note 3)		
Mutual funds	14,717,793	16,048,253
Collective investment fund	-	175,620
Total investments at fair value	14,717,793	16,223,873
Receivables		
Notes receivable from participants	506,519	522,057
Employer contributions receivable	13,074	10,746
Participant contributions receivable	7	15,722
Total receivables	519,600	548,525
TOTAL ASSETS	15,250,570	16,786,184
LIABILITIES		
TOTAL LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 15,250,570	$ 16,786,184

See auditors' report and accompanying notes to financial statements

TENCATE GRASS RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the year ended December 31, 2022 and for the period from
August 1, 2021 (commencement of Plan operations) through December 31, 2021

	2022	2021
INCREASES (DECREASES) TO NET ASSETS ATTRIBUTED TO		
Investment income (loss)		
Interest income - participant loans	$ 25,936	$ 8,797
Dividend income	498,412	422,720
Net (depreciation) appreciation in fair value of investments	(3,478,396)	181,724
Total investment (loss) income	(2,954,048)	613,241
Contributions		
Employer contributions	1,127,605	471,090
Participants' contributions	1,723,876	688,973
Rollover contributions	283,847	73,046
Total contributions	3,135,328	1,233,109
Other (losses) additions	(4,227)	14,446
TOTAL INCREASES	177,053	1,860,796
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefit and withdrawals paid to participants	1,694,298	1,461,670
Administrative expenses	18,369	4,020
TOTAL DEDUCTIONS	1,712,667	1,465,690
NET (DECREASE) INCREASE IN NET ASSETS	(1,535,614)	395,106
Transfer from TenCate USA Savings Plan (Note 1)	-	16,391,078
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	16,786,184	-
End of year	$ 15,250,570	$ 16,786,184

See auditors' report and accompanying notes to financial statements

NOTE 1: PLAN DESCRIPTION

The following description of the TenCate Grass Retirement Plan (the "Plan") provides only general information. For a more complete description, refer to the Plan document which is available from the Plan administrator.

General

The Plan is a defined contribution plan covering substantially all employees of Polyloom Corp of America dba TenCate Grass and participating employers in the controlled group (the "Sponsor" or the "Company"). The Plan was formed in August 2021 when the Company's ownership changed, ceased its participation in a former plan (the TenCate USA Savings Plan), and subsequently established the Plan with the effective date of August 1, 2021. As a result, the accounts of participants employed by the Company were transferred to the new Plan. The Sponsor serves as the Plan administrator. Employees become eligible participants of the Plan upon their completion of three months of service with the Company (as defined).

Contributions

Participants may contribute to the Plan from 1% to 100% of their compensation or up to the allowable Internal Revenue Service ("IRS") maximum - whichever is lower. Participants reaching age 50 or older during the calendar year may also make additional catch up contributions up to the allowable IRS maximum. The Plan also includes an automatic deferral feature whereby a participant is treated as electing to defer 5% of eligible compensation unless the participant made an affirmative election otherwise. Matching contributions are equal to 100% of up to 3% of participant compensation and 50% of up to the next 2% of participant compensation.

Both participant and Company matching contributions are remitted to the Plan trustee and allocated to the investment fund(s) elected by the participants.

Participant Accounts and Investments

A separate account is maintained for each participant. The account balance of each participant is adjusted daily for contributions and investment income transactions. Plan participants may elect to place contributions in the investment accounts listed in the supplemental schedules.

Vesting

Participants are immediately vested in their voluntary contributions, Plan earnings, and the Company's matching contributions. Participants are vested in Company nonelective contributions, if any, on a six-year graded schedule.

Forfeitures

Forfeitures result from unvested balances from former participants. Forfeited amounts may be used to pay the Plan's administrative expenses. At December 31, 2022 and 2021, the forfeiture account balance was $45,061 and $64, respectively.

Termination

While the Company has not expressed any intention to terminate the Plan, it may do so at any time, subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). If the Plan is terminated, each participant shall receive a payment equal to the value of his or her account.

NOTE 1: PLAN DESCRIPTION (continued)

Withdrawals and Benefit Payments

Withdrawals of any portion of a participant's account prior to his or her termination of employment may be made only after the participant attains the normal retirement age of age 65, upon a participant becoming disabled, as a qualified reservist distribution, or in the event of a financial hardship as determined by the Plan administrator, and as specified by the Plan.

Upon death, retirement, or termination of employment, the balance in the participant's account will be paid to the participant or the participant's beneficiaries in accordance with the distribution option elected.

Participant Loans

In accordance with the Plan, participants may borrow funds from their individual accounts, subject to certain limitations. Participants may borrow up to 50% of their account balance, except that total borrowings may not exceed $50,000 for any participant. The minimum permissible loan amount is $1,000. The term for repaying such loans shall be level payments over a period of at least 1 year but no more than 5 years, except for loans used to purchase a principal residence, for which the repayment period may be extended over a reasonable amount of time but is not to exceed 10 years. Such loans bear interest at the Prime rate plus 1%. Interest and principal paid by participants are deposited to their individual accounts.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Financial Statement Presentation

These financial statements include the year ended December 31, 2022 and the period August 1, 2021 (commencement of Plan operations) through December 31, 2021. The Plan elected to defer the filing of its financial statements with its Form 5500 for the period from August 1, 2021 through December 31, 2021, as permitted by 29 CFR 2520.104-50, since the Plan year ended December 31, 2021 was a short year of seven months or less. Accordingly, the Plan has included statements of net assets available for benefits as of December 31, 2022 and 2021, along with statements of changes in net assets available for benefits for the year ended December 31, 2022 and the period August 1, 2021 through December 31, 2021, as required by DOL regulations when such election is made.

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("US GAAP").

Use of Estimates

The preparation of the financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the custodians.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investment Valuation and Income Recognition (continued)

See Note 3 for discussion of fair value measurements. Fully benefit-responsive investment contracts are valued at contract value. Contract value represents contributions made under the contract, plus interest at the contract rate, less participant withdrawals and administrative expenses. See Note 4 for further details. Purchases and sales of investments are recorded on a trade date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are recorded at their unpaid balance. According to the Plan document and the Plan's loan policy, when conditions of default arise, such as missed payments or broken terms under the promissory note, the participant is given a period of time to cure the default. If default is not cured in a timely manner, the loan is offset or deemed distributed and reported to the IRS. Offset loans satisfy the repayment obligation but are only available when a participant is eligible for a distribution. Accordingly, offset loans are reported as distributed and removed from the statement of net assets available for benefits. When distributions are not available, defaulted loans are deemed distributed, which does not remove the participant's repayment obligations. Accordingly, the deemed loan balances of active participants are included in the notes receivable in the statements of net assets available for benefits. The notes receivable balance includes $2,600 and $27,362 of deemed distributed loans as of December 31, 2022 and 2021, respectively.

Payments of Benefits

Benefits are recorded when paid.

Plan Expenses

Certain expenses for Plan administration (participant recordkeeping, statements, and reporting platforms), education and communication, legal and compliance services, and trustee services are paid to OneAmerica Retirement Services, LLC and Matrix Trust Company by the Plan Sponsor according to an asset-based service fee. Such expenses are not included in the statement of changes in net assets available for benefits. Investment management fees are paid from the various investment fund earnings based on disclosed expense ratios. Transaction-specific fees, such as for distributions and loans, are deducted directly from participant accounts. Distribution and loan processing fees were $18,369 and $4,020 for the year ended December 31, 2022 and the period from August 1, 2021 through December 31, 2021, respectively.

NOTE 3: FAIR VALUE MEASUREMENTS

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. US GAAP establishes a hierarchy of inputs to valuation of that price using three levels described below:

Level 1 - Observable inputs such as quoted prices in active markets.

Level 2 - Directly or indirectly observable inputs other than quoted prices in active markets

Level 3 - Unobservable inputs about which little or no market data exists, therefore requiring an entity to develop its own assumptions.

NOTE 3: FAIR VALUE MEASUREMENTS (continued)

The hierarchy gives the highest priority to Level 1 inputs and the lowest to Level 3 inputs. Accordingly, the degree of judgement exercised in determining fair value is greatest for Level 3 assets. The Plan measures assets at fair value on a recurring basis, and does not have any liabilities measured at fair value. Additionally, there are no assets or liabilities measured at fair value on a nonrecurring basis.

The 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 December 31, 2022 and 2021.

> *Mutual funds* - Mutual funds are publicly traded investments and are valued at the daily closing price reported on the active market on which the funds are traded.
>
> *Collective investment fund* - The investment in a public investment vehicle is valued using the NAV provided the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding.

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.

The following sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022 and 2021:

	December 31, 2022			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 14,717,793	$ -	$ -	$ 14,717,793
	$ 14,717,793	$ -	$ -	$ 14,717,793
Investments measured at NAV*				-
Investments at fair value				$ 14,717,793

	December 31, 2021			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 16,048,253	$ -	$ -	$ 16,048,253
	$ 16,048,253	$ -	$ -	$ 16,048,253
Investments measured at NAV*				175,620
Investments at fair value				$ 16,223,873

*In accordance with US GAAP (and ASU 2015-07), certain investments that were measured at NAV per share or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

NOTE 3: FAIR VALUE MEASUREMENTS (continued)

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2022 and 2021. The investments in the Plan are participant directed. There are no redemption restrictions on participant-initiated transactions. Sponsor initiated transactions (such as terminating the Plan, or removing the investment option) may require 12-month notice; however, investment trustee may waive or reduce the restriction period in its sole discretion.

	Fair Value at December 31,				
	2022	2021	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective investment fund	$ -	$ 175,620	None	Daily	Daily

NOTE 4: 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 at December 31, 2022 and 2021:

	2022	2021
Net assets available for benefits per the financial statements	$ 15,250,570	$ 16,786,184
Participant loans - deemed distributions (defaulted loan balance)	(2,600)	(27,962)
Net assets available for benefits per Form 5500	$ 15,247,970	$ 16,758,222

The following is a reconciliation of changes in net assets available for benefits per the financial statements to Form 5500 for the year ended December 31, 2022 and the period from August 1, 2021 to December 31, 2021:

	2022	2021
Total change in net assets available for benefits per the financial statements	$ (1,535,614)	$ 395,106
Deemed distributions of participant loans - current year	-	(25,362)
Deemed distributions of participant loans - prior years	25,362	(2,600)
Total net (loss) income per Form 5500	$ (1,510,252)	$ 367,144

NOTE 5: PARTIES IN INTEREST

The Plan used the services of Matrix Trust Company (trustee and custodian), One America Retirement Services LLC (recordkeeping, and participant services), Gallagher Benefits Services, Inc. (benefits advisor), and Mersereau, Lazenby & Rockas, LLC (Plan auditor), which are parties in interest with respect to the Plan. Transactions with these service providers are not considered prohibited transactions under the IRC and are not prohibited by ERISA. Substantially all of the Plan's administrative costs are paid by the Sponsor.

NOTE 6: INCOME TAX STATUS

The Plan operates under a non-standardized adoption agreement in conjunction with a volume submitter 401(k) profit sharing plan sponsored by OneAmerica Financial Partners, Inc. The Plan relies on the volume submitter practitioner's favorable opinion letter dated August 19, 2020 that the Plan document is a qualified plan under 401(a) of the Internal Revenue Code ("IRC"). The Plan administrator and the Plan's advisors believe that the Plan is designed and is currently being operated in compliance with applicable requirements of the IRC. Accordingly, the Plan is not subject to tax under present income tax law. The Plan files form 5500 Annual Return/Report of Employee Benefit Plan.

US 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 a federal or state tax jurisdiction. Plan management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022 and 2021, there were no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 7: INFORMATION CERTIFIED BY TRUSTEES OF THE PLAN

As of December 31, 2022 and 2021, and for the year ended December 31, 2022 and the period from August 1, 2021 through December 31, 2021, the Plan administrator elected, as permitted by Section 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, to have financial information certified by the trustee, Matrix Trust Company. The following information was certified by the trustee as being complete and accurate and not subjected to normal audit procedures:

a. Statements of Net Assets Available for Benefits – notes receivable from participants (participant loans) at amortized cost, and all other investments at fair value.

b. Statements of Changes in Net Assets Available for Benefits - Interest and dividend investment income, interest income on participant loans, net appreciation (depreciation) in fair value of investment accounts.

c. Schedules H, Line 4i - Supplemental Schedule of Assets (Held at End of Year) as of December 31, 2022 and 2021.

NOTE 8: RISKS AND UNCERTAINTIES

COVID-19 effects continue to pose an uncertain threat to financial conditions within the overall marketplace; however, this threat has become a routine consideration of management. a national emergency relating to the disease.

NOTE 9: SUBSEQUENT EVENTS

The Plan administrator has evaluated subsequent events through October 12, 2023, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

Attachment to 2022 Form 5500
Schedule I, line 10a – Schedule of Delinquent Participant Contributions

Plan Name TENCATE GRASS RETIREMENT PLAN **EIN**: 62-1137748
Plan Sponsor's Name POLYLOOM CORP OF AMERICA D/B/A TENCATE GRASS PN: 002

	Total that Constitute Nonexempt Prohibited Transactions	

Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Totally Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are Included: X				$13,133

Assets Held at End of Year

TenCate Grass Retirement Plan
Schedule H Part IV 4i

Tax Number: 621137748 **PN: 002**
As of December 31, 2022

(a)	(b)	(c)	(d)	(e)
	IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	QUANTITY	DESCRIPTION OF INVESTMENT including maturity date, rate of interest, collateral, par or maturity value	COST	CURRENT VALUE
	ASSETS				
	GENERAL INVESTMENTS				
	Participant Loans				
	Master Participant Loan	503,919.23	Interest Rates 4.25% - 8.00%	503,919.23	503,919.23
	TotalParticipant Loans			503,919.23	503,919.23
	Value of Interest in Registered Investment Companies				
	Allspring Special Small Cap Value Fund R6	2,977.606	Allspring Special Small Cap Value Fun	126,794.16	105,794.34
	American Funds New Perspective R6	7,362.006	American Funds New Perspective R6	464,233.95	348,370.12
	BlackRock Mid Cap Gr Iva	2,605.076	BlackRock Mid Cap Gr Iva	86,002.54	66,507.59
	Fidelity® Mid-Cap Stock	5,084.075	Fidelity® Mid-Cap Stock	208,585.58	190,449.45
	MFS® Mid Cap Value R6	361.665	MFS® Mid Cap Value R6	11,085.52	10,170.02
	PGIM Global Total Return Cl R6	73.783	PGIM Global Total Return Cl R6	349.95	370.39
	The Hartford International Opportunities Fund R5	2,158.744	The Hartford International Opportunit	41,554.46	35,122.76
	Vanguard 500 Index Admiral	1,261.153	Vanguard 500 Index Admiral	546,179.28	446,586.89
	Vanguard Balanced Index Adm	29,786.441	Vanguard Balanced Index Adm	1,440,608.15	1,181,032.39
	Vanguard Explorer Adm	2,857.191	Vanguard Explorer Adm	324,822.33	248,232.75
	Vanguard Extended Market Index Admiral	1,786.789	Vanguard Extended Market Index Admira	237,658.74	180,197.67
	Vanguard Growth Index Admiral	9,007.161	Vanguard Growth Index Admiral	1,460,234.11	988,265.70
	Vanguard Interm-Term Bond Index Adm	21,979.168	Vanguard Interm-Term Bond Index Adm	256,552.63	221,550.01
	Vanguard Mid Cap Index Admiral	744.001	Vanguard Mid Cap Index Admiral	225,911.40	187,837.93
	Vanguard Strategic Equity Inv	4,540.481	Vanguard Strategic Equity Inv	169,481.41	138,893.31
	Vanguard Target Retirement 2020 Inv	1,345.360	Vanguard Target Retirement 2020 Inv	39,182.35	34,118.33
	Vanguard Target Retirement 2025 Inv	70,299.135	Vanguard Target Retirement 2025 Inv	1,344,478.82	1,172,589.57
	Vanguard Target Retirement 2030 Inv	33,892.759	Vanguard Target Retirement 2030 Inv	1,214,369.18	1,063,215.85
	Vanguard Target Retirement 2035 Inv	75,595.669	Vanguard Target Retirement 2035 Inv	1,669,430.93	1,462,776.20
	Vanguard Target Retirement 2040 Inv	26,106.394	Vanguard Target Retirement 2040 Inv	1,015,119.93	887,617.40
	Vanguard Target Retirement 2045 Inv	66,425.169	Vanguard Target Retirement 2045 Inv	1,733,664.86	1,515,822.36
	Vanguard Target Retirement 2050 Inv	25,546.571	Vanguard Target Retirement 2050 Inv	1,105,931.71	965,660.38
	Vanguard Target Retirement 2055 Inv	24,085.252	Vanguard Target Retirement 2055 Inv	1,155,064.94	1,015,675.08
	Vanguard Target Retirement 2060 Inv	15,840.074	Vanguard Target Retirement 2060 Inv	690,213.17	615,070.07
	Vanguard Target Retirement 2065 Inv	8,845.030	Vanguard Target Retirement 2065 Inv	246,336.83	225,017.56
	Vanguard Target Retirement Income Inv	27,599.166	Vanguard Target Retirement Income Inv	352,005.12	337,813.79
	Vanguard Total Intl Stock Index Admiral	3,272.217	Vanguard Total Intl Stock Index Admir	108,611.07	91,163.97
	Vanguard Treasury Money Market Investor	664,038.610	Vanguard Treasury Money Market Invest	664,038.61	664,038.61
	Vanguard Windsor™ II Admiral™	4,804.717	Vanguard Windsor™ II Admiral™	385,134.25	317,832.03
	TotalValue of Interest in Registered Investment Companies			17,323,635.95	14,717,792.54

(a)	(b)		(c)	(d)	(e)
	IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	QUANTITY	DESCRIPTION OF INVESTMENT including maturity date, rate of interest, collateral, par or maturity value	COST	CURRENT VALUE
	Participant Loans				
	Master Participant Loan	494,094.92	Master Participant Loan Interest rate range 4.25% -6.50%	494,094.92	494,094.92
	Value of Interest in Common / Collective Trusts				
	Federated Hermes Capital Preservation Instl	17,562.025	Federated Hermes Capital Preservation	175,620.25	175,620.25
	Value of Interest in Registered Investment Companies				
	Allspring Special Small Cap Value Fund R6	2,352.102	Allspring Special Small Cap Value Fun	103,511.51	102,880.94
	American Funds New Perspective R6	6,107.115	American Funds New Perspective R6	417,946.44	405,817.79
	Eaton Vance Atlanta Capital SMID-Cap R6	1,752.532	Eaton Vance Atlanta Capital SMID-Cap	75,882.47	72,905.33
	Fidelity® Mid-Cap Stock	3,851.724	Fidelity® Mid-Cap Stock	161,380.41	162,465.72
	The Hartford International Opportunities Fund R5	2,001.437	The Hartford International Opportunit	43,698.16	40,068.77
	Vanguard 500 Index Admiral	1,339.265	Vanguard 500 Index Admiral	548,046.49	589,048.92
	Vanguard Balanced Index Adm	27,301.984	Vanguard Balanced Index Adm	1,321,998.50	1,338,343.26
	Vanguard Explorer Adm	2,670.589	Vanguard Explorer Adm	354,853.06	317,960.33
	Vanguard Extended Market Index Admiral	1,444.122	Vanguard Extended Market Index Admira	204,171.52	200,299.72
	Vanguard Growth Index Admiral	8,621.968	Vanguard Growth Index Admiral	1,312,619.12	1,423,918.02
	Vanguard Instl Trgt Retire 2015 Instl (vtxv.x 2/11/22)	13,074.427	Vanguard Instl Trgt Retire 2015 Instl	336,486.91	322,415.37
	Vanguard Instl Trgt Retire 2020 Instl (vtwn.x 2/11/22)	10,815.029	Vanguard Instl Trgt Retire 2020 Instl	302,758.73	295,358.44
	Vanguard Instl Trgt Retire 2025 Instl (vttv.x 2/11/22)	44,753.520	Vanguard Instl Trgt Retire 2025 Instl	1,325,640.03	1,313,963.35
	Vanguard Instl Trgt Retire 2030 Instl (vthr.x 2/11/22)	46,965.487	Vanguard Instl Trgt Retire 2030 Instl	1,440,325.83	1,439,961.83
	Vanguard Instl Trgt Retire 2035 Instl (vtth.x 2/11/22)	47,920.659	Vanguard Instl Trgt Retire 2035 Instl	1,516,993.35	1,523,397.75
	Vanguard Instl Trgt Retire 2040 Instl (vfor.x 2/11/22)	26,256.231	Vanguard Instl Trgt Retire 2040 Instl	857,732.05	866,193.06
	Vanguard Instl Trgt Retire 2045 Instl (vtiv.x 2/11/22)	46,473.058	Vanguard Instl Trgt Retire 2045 Instl	1,561,507.10	1,583,337.09
	Vanguard Instl Trgt Retire 2050 Instl (vfif.x 2/11/22)	32,301.745	Vanguard Instl Trgt Retire 2050 Instl	1,090,700.72	1,106,657.78
	Vanguard Instl Trgt Retire 2055 Instl (vffv.x 2/11/22)	31,628.181	Vanguard Instl Trgt Retire 2055 Instl	1,069,732.56	1,086,428.02
	Vanguard Instl Trgt Retire 2060 Instl (vtts.x 2/11/22)	15,902.826	Vanguard Instl Trgt Retire 2060 Instl	540,115.79	548,488.47
	Vanguard Instl Trgt Retire 2065 Instl (vlxv.x 2/11/22)	5,217.561	Vanguard Instl Trgt Retire 2065 Instl	162,588.43	164,979.28
	Vanguard Instl Trgt Retire Inc Instl (vtin.x 2/11/22)	791.441	Vanguard Instl Trgt Retire Inc Instl	20,000.26	19,564.42
	Vanguard Interm-Term Bond Index Adm	20,639.430	Vanguard Interm-Term Bond Index Adm	255,290.24	245,402.82
	Vanguard Mid Cap Index Admiral	526.088	Vanguard Mid Cap Index Admiral	156,925.46	165,959.72
	Vanguard Strategic Equity Inv	3,463.394	Vanguard Strategic Equity Inv	149,083.89	134,275.79
	Vanguard Total Intl Stock Index Admiral	3,982.021	Vanguard Total Intl Stock Index Admir	139,259.48	136,185.12
	Vanguard Treasury Money Market Investor	102,094.230	Vanguard Treasury Money Market Invest	102,094.23	102,094.23
	Vanguard Windsor™ II Admiral™	4,151.473	Vanguard Windsor™ II Admiral™	340,639.79	339,881.09

Attachment to 2022 Form 5500
Schedule H, line 4a – Schedule of Delinquent Participant Contributions

Plan Name TENCATE GRASS RETIREMENT PLAN **EIN**: 62-1137748
Plan Sponsor's Name POLYLOOM CORP OF AMERICA D/B/A TENCATE GRASS PN: 002

	Total that Constitute Nonexempt Prohibited Transactions	

Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Totally Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are Included: X				$13,133

Assets Held at End of Year

TenCate Grass Retirement Plan

Schedule H Part IV 4i

Tax Number: 621137748 PN: 002

As of December 31, 2022

(a)	(b)	(c)	(d)	(e)
	IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	**QUANTITY**	**DESCRIPTION OF INVESTMENT including maturity date, rate of interest, collateral, par or maturity value**	**COST**	**CURRENT VALUE**
ASSETS					
GENERAL INVESTMENTS					
	Participant Loans				
	Master Participant Loan	503,919.23	Interest Rates 4.25% - 8.00%	503,919.23	503,919.23
	TotalParticipant Loans			**503,919.23**	**503,919.23**
	Value of Interest in Registered Investment Companies				
	Allspring Special Small Cap Value Fund R6	2,977.606	Allspring Special Small Cap Value Fun	126,794.16	105,794.34
	American Funds New Perspective R6	7,362.006	American Funds New Perspective R6	464,233.95	348,370.12
	BlackRock Mid Cap Gr Iva	2,605.076	BlackRock Mid Cap Gr Iva	86,002.54	66,507.59
	Fidelity® Mid-Cap Stock	5,084.075	Fidelity® Mid-Cap Stock	208,585.58	190,449.45
	MFS® Mid Cap Value R6	361.665	MFS® Mid Cap Value R6	11,085.52	10,170.02
	PGIM Global Total Return Cl R6	73.783	PGIM Global Total Return Cl R6	349.95	370.39
	The Hartford International Opportunities Fund R5	2,158.744	The Hartford International Opportunit	41,554.46	35,122.76
	Vanguard 500 Index Admiral	1,261.153	Vanguard 500 Index Admiral	546,179.28	446,586.89
	Vanguard Balanced Index Adm	29,786.441	Vanguard Balanced Index Adm	1,440,608.15	1,181,032.39
	Vanguard Explorer Adm	2,857.191	Vanguard Explorer Adm	324,822.33	248,232.75
	Vanguard Extended Market Index Admiral	1,786.789	Vanguard Extended Market Index Admira	237,658.74	180,197.67
	Vanguard Growth Index Admiral	9,007.161	Vanguard Growth Index Admiral	1,460,234.11	988,265.70
	Vanguard Interm-Term Bond Index Adm	21,979.168	Vanguard Interm-Term Bond Index Adm	256,552.63	221,550.01
	Vanguard Mid Cap Index Admiral	744.001	Vanguard Mid Cap Index Admiral	225,911.40	187,837.93
	Vanguard Strategic Equity Inv	4,540.481	Vanguard Strategic Equity Inv	169,481.41	138,893.31
	Vanguard Target Retirement 2020 Inv	1,345.360	Vanguard Target Retirement 2020 Inv	39,182.35	34,118.33
	Vanguard Target Retirement 2025 Inv	70,299.135	Vanguard Target Retirement 2025 Inv	1,344,478.82	1,172,589.57
	Vanguard Target Retirement 2030 Inv	33,892.759	Vanguard Target Retirement 2030 Inv	1,214,369.18	1,063,215.85
	Vanguard Target Retirement 2035 Inv	75,595.669	Vanguard Target Retirement 2035 Inv	1,669,430.93	1,462,776.20
	Vanguard Target Retirement 2040 Inv	26,106.394	Vanguard Target Retirement 2040 Inv	1,015,119.93	887,617.40
	Vanguard Target Retirement 2045 Inv	66,425.169	Vanguard Target Retirement 2045 Inv	1,733,664.86	1,515,822.36
	Vanguard Target Retirement 2050 Inv	25,546.571	Vanguard Target Retirement 2050 Inv	1,105,931.71	965,660.38
	Vanguard Target Retirement 2055 Inv	24,085.252	Vanguard Target Retirement 2055 Inv	1,155,064.94	1,015,675.08
	Vanguard Target Retirement 2060 Inv	15,840.074	Vanguard Target Retirement 2060 Inv	690,213.17	615,070.07
	Vanguard Target Retirement 2065 Inv	8,845.030	Vanguard Target Retirement 2065 Inv	246,336.83	225,017.56
	Vanguard Target Retirement Income Inv	27,599.166	Vanguard Target Retirement Income Inv	352,005.12	337,813.79
	Vanguard Total Intl Stock Index Admiral	3,272.217	Vanguard Total Intl Stock Index Admir	108,611.07	91,163.97
	Vanguard Treasury Money Market Investor	664,038.610	Vanguard Treasury Money Market Invest	664,038.61	664,038.61
	Vanguard Windsor™ II Admiral™	4,804.717	Vanguard Windsor™ II Admiral™	385,134.25	317,832.03
	TotalValue of Interest in Registered Investment Companies			**17,323,635.95**	**14,717,792.54**