

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>12/01/2009</u> and ending <u>11/30/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ 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:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>MONEY PURCHASE PENSION PLAN FOR BELLEVUE IAM EMPLOYEES OF A. SCHULMAN, INC.</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>007</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>12/01/1989</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>007</u>	1c Effective date of plan <u>12/01/1989</u>	
1b Three-digit plan number (PN) ▶	<u>007</u>				
1c Effective date of plan <u>12/01/1989</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>A. SCHULMAN, INC.</u> <u>3550 WEST MARKET STREET</u> <u>AKRON, OH 44333</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-0514850</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>330-666-3751</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>326100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-0514850</u>	2c Sponsor's telephone number <u>330-666-3751</u>	2d Business code (see instructions) <u>326100</u>	
2b Employer Identification Number (EIN) <u>34-0514850</u>					
2c Sponsor's telephone number <u>330-666-3751</u>					
2d Business code (see instructions) <u>326100</u>					

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.	08/18/2011	KIM WHITEMAN
	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 and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") A. SCHULMAN, INC. 3550 WEST MARKET STREET AKRON, OH 44333	3b Administrator's EIN 34-0514850 3c Administrator's telephone number 330-666-3751
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	105
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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	68
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	17
d Subtotal. Add lines 6a , 6b , and 6c	6d	85
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	85
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	85
h Number of participants that 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	0
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2C 3D

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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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
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 12/01/2009 and ending 11/30/2010		
A Name of plan MONEY PURCHASE PENSION PLAN FOR BELLEVUE IAM EMPLOYEES OF A. SCHULMAN, INC.		B Three-digit plan number (PN) ▶ 007
C Plan sponsor's name as shown on line 2a of Form 5500 A. SCHULMAN, INC.		D Employer Identification Number (EIN) 34-0514850

Part I	Service Provider Information (see instructions)
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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)

FIFTH THIRD BANK RETIREMENT SERVICE

38 FOUNTAIN SQUARE PLAZA
CINCINNATI, OH 45263

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	38562	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

(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 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
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 12/01/2009 and ending 11/30/2010		
A Name of plan MONEY PURCHASE PENSION PLAN FOR BELLEVUE IAM EMPLOYEES OF A. SCHULMAN, INC.	B Three-digit plan number (PN) ►	007
C Plan sponsor's name as shown on line 2a of Form 5500 A. SCHULMAN, INC.	D Employer Identification Number (EIN) 34-0514850	

Part I	Asset and Liability Statement
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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	57	3
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	30250	17883
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	29596	27368
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	288589	215963
(2) U.S. Government securities	1c(2)	1187969	1088614
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1000744	919764
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2963659	3193609
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	841360	1256105
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	6342224	6719309

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	4678	9029
k Total liabilities (add all amounts in lines 1g through 1j)	1k	4678	9029

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	6337546	6710280
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	236384	
(B) Participants	2a(1)(B)		
(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)		236384

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	440	
(B) U.S. Government securities	2b(1)(B)	51425	
(C) Corporate debt instruments	2b(1)(C)	50173	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		102038

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	56818	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	22138	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		78956

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	2574035	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2680720	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-106685

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	363458	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		363458
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		97429
c Other income.....	2c		-456
d Total income. Add all income amounts in column (b) and enter total.....	2d		771124

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	355477	
(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)		355477
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)	42913	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		42913
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		398390

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		372734
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: BOBER, MARKEY, FEDOROVICH AND CO.

(2) EIN: 34-1523030

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.).....	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.).....	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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.			

- 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)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

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

For calendar plan year 2009 or fiscal plan year beginning 12/01/2009 and ending 11/30/2010

A Name of plan <u>MONEY PURCHASE PENSION PLAN FOR BELLEVUE IAM EMPLOYEES OF A. SCHULMAN, INC.</u>	B Three-digit plan number (PN) ▶ <u>007</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>A. SCHULMAN, INC.</u>	D Employer Identification Number (EIN) <u>34-0514850</u>

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	<u>0</u>
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): <u>39-6260931</u>		
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	6a	<u>236384</u>	
b Enter the amount contributed by the employer to the plan for this plan year	6b	<u>236384</u>	
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	<u>0</u>	
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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



CERTIFIED PUBLIC ACCOUNTANTS/BUSINESS ADVISORS
A PROFESSIONAL CORPORATION

AKRON | CLEVELAND

INDEPENDENT AUDITORS' REPORT

To the Participants and Administrator of the
Money Purchase Pension Plan for Bellevue I.A.M. Bargaining
Union Employees of A. Schulman, Inc.
Akron, Ohio

We were engaged to audit the financial statements and supplemental schedules of the Money Purchase Pension Plan for Bellevue I.A.M. Bargaining Union Employees of A. Schulman, Inc., (the "Plan") as of November 30, 2010 and 2009, and for the years then ended, as listed in the accompanying index. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fifth Third Bank, the Trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the Trustee as of and for the years ended November 30, 2010 and 2009 that the information provided to the Plan Administrator by the Trustee is complete and accurate.

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

BOBER, MARKEY, FEDOROVICH & COMPANY

July 25, 2011

Money Purchase Pension Plan for Bellevue IAM
Employees of A. Schulman, Inc.

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Schedule H, Line 4i - Schedule of Assets (Held at Year End)

STATEMENT OF INVESTMENTS

AS OF 11/30/10

SHARES/ PAR VALUE	SECURITY	ACCRUED INCOME	ADJUSTED PREVIOUS MARKET	MARKET VALUE	COST BASIS	UNREALIZED GAIN/LOSS
MONEY MARKET INVESTMENTS						
215,963	FIFTH THIRD INSTITUTIONAL GOVERNMENT MONEY MARKET FUND	\$35.09	\$215,963.00	\$215,963.00	\$215,963.00	
	TOTAL MONEY MARKET INVESTMENTS	\$35.09	\$215,963.00	\$215,963.00	\$215,963.00	
BONDS						
50,000	AMERICAN EXPRESS CO 03/19/08 7.000 03/19/18	700.00	55,693.50	59,257.00	52,930.50	\$3,563.50
50,000	CATERPILLAR INC 12/05/08 7.900 12/15/18	1,821.39	62,630.50	66,072.00	50,721.50	3,441.50
50,000	CISCO SYSTEMS INC 2/22/2006 5.250 2/22/2011	721.87	52,782.00	50,532.50	49,875.50	2,249.50-
100,000	COCA COLA CO NT 11/01/2007 5.35 11/15/2017	237.78	111,337.00	116,447.00	104,085.00	5,110.00
100,000	CONOCOPHILLIPS 3/4/2003 4.750 10/15/2012	606.94	108,783.00	107,526.00	106,158.00	1,257.00-
80,345.570	FG J00892 12/1/2005 6.000 1/1/2021	401.73	86,836.69	88,507.07	83,051.58	1,670.38
100,000	FREDDIE MAC 04/29/10 STEP CPN 10/29/15	186.67	100,000.00	100,820.00	100,000.00	820.00
150,000	FREDDIE MAC 7/16/2004 5.000 7/15/2014	2,833.33	168,469.50	171,141.00	151,463.42	2,671.50
100,000	FANNIE MAE 3/26/2001 5.500 3/15/2011	1,161.11	106,438.00	101,531.00	103,998.61	4,907.00-
200,000	FANNIE MAE 8/17/2006 5.250 9/15/2016	2,216.67	228,126.00	235,500.00	205,192.60	7,374.00
100,000	FREDDIE MAC 3/9/2006 5.125 4/18/2011	612.15	106,375.00	101,875.00	101,107.35	4,500.00-
175,000	FREDDIE MAC 07/23/2007 5.500 8/23/2017	2,620.14	202,289.50	208,960.50	176,466.96	6,671.00
74,949.270	FN 831059 10/1/2005 5.000 9/1/2020	312.29	80,114.77	80,279.66	74,449.27	164.89

Money Purchase Pension Plan for Bellevue IAM
Employees of A. Schulman, Inc.

EIN / PN: 34-0514850 / 007

Schedule H, Line 4i - Schedule of Assets (Held at Year End)

STATEMENT OF INVESTMENTS

AS OF 11/30/10

SHARES/ PAR VALUE	SECURITY	INCOME	PREVIOUS MARKET	MARKET VALUE	COST BASIS	UNREALIZED GAIN/LOSS
100,000	GOLDMAN SACH 04/01/08 6.150 04/01/18	\$1,025.00	\$107,935.00	\$109,537.00	\$100,791.00	\$1,602.00
100,000	IBM CORP 09/14/07 5.700 09/14/17	1,219.17	112,954.00	117,574.00	101,763.00	4,620.00
50,000	JP MORGAN CHASE & CO 11/25/2002 5.750 1/2/2013	1,189.93	54,209.50	54,289.00	47,235.00	79.50
75,000	LOWES COMPANIES 11/22/10 3.750 04/15/21	70.31	74,970.00	75,708.75	74,970.00	738.75
50,000	SBC COMMUNICATIONS 3/19/2001 6.250 3/15/2011	659.72	53,193.50	50,828.50	55,600.00	2,365.00-
100,000	WACHOVIA CORP 06/08/2007 5.75 06/15/2017	2,651.39	105,187.00	111,992.00	100,913.00	6,805.00
TOTAL BONDS		<u>\$21,247.59</u>	<u>\$1,978,324.46</u>	<u>\$2,008,377.98</u>	<u>\$1,840,772.29</u>	<u>\$30,053.52</u>
BOND FUNDS						
1,200	ISHARES IBOX \$ INVESTMENT GRADE CORPORATE BOND FUND		128,112.00	132,144.00	123,238.80	4,032.00
19,276.748	ROWE T PRICE GNMA FD SH BEN INT		190,499.34	193,153.01	180,762.31	2,653.67
5,652.388	VANGUARD GNMA FD #36		61,598.59	62,571.94	59,224.17	973.35
TOTAL BOND FUNDS			<u>\$380,209.93</u>	<u>\$387,868.95</u>	<u>\$363,225.28</u>	<u>\$7,659.02</u>
COMMON STOCK						
614	TYCO INTERNATIONAL LTD		22,056.37	23,264.46	21,745.58	1,208.09
822	AGILENT TECHNOLOGIES INC		27,116.19	28,786.44	27,116.19	1,670.25
1,083	ALCOA INC		13,559.16	14,214.38	15,574.71	655.22
392	ALEXION PHARMACEUTICALS INC		21,859.93	29,968.40	21,859.93	8,108.47
756	ALLSTATE CORP	151.20	21,956.01	22,007.16	33,649.16	51.15
966	ALTERA CORP		28,412.49	33,896.94	28,412.49	5,484.45
1,293	ALTRIA GROUP INC		24,321.33	31,032.00	27,042.78	6,710.67

Money Purchase Pension Plan for Bellevue IAM
Employees of A. Schulman, Inc.

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STATEMENT OF INVESTMENTS

Schedule H, Line 4i - Schedule of Assets (Held at Year End)

AS OF 11/30/10

SHARES/ PAR VALUE	SECURITY	ACCRUED INCOME	ADJUSTED PREVIOUS MARKET	MARKET VALUE	COST BASIS	UNREALIZED GAIN/LOSS
518	AMERICAN EXPRESS CO		\$21,975.91	\$22,387.96	\$21,975.91	\$412.05
406	AMERICAN TOWER CORP CL A		20,304.99	20,531.42	20,304.99	226.43
1,198	AMERIPRISE FINANCIAL INC		49,678.46	62,104.32	48,717.39	12,425.86
460	AMETEK INC NEW COM		25,304.95	27,218.20	25,304.95	1,913.25
578	AMGEN INC		31,974.94	30,454.82	30,961.57	1,520.12-
412	ANADARKO PETE CORP		21,154.25	26,433.92	21,154.25	5,279.67
740	ANNALY CAPITAL MANAGEMENT INC		13,623.40	13,460.60	11,285.38	162.80-
366	APACHE CORP		34,872.48	39,396.24	24,578.32	4,523.76
297	APPLE INC		61,783.05	92,411.55	32,549.12	30,628.50
260	BAIDU, INC SPONSORED ADR REPSTG ORD SHS		21,411.46	27,313.00	21,411.46	5,901.54
348	BAKER HUGHES INC		17,287.07	18,151.68	17,287.07	864.61
544	BEST BUY INC		22,654.10	23,239.68	22,033.00	585.58
649	BORG-WARNER AUTOMOTIVE INC		26,077.74	39,160.66	26,077.74	13,082.92
810	BRISTOL MYERS SQUIBB CO		22,415.02	20,444.40	22,415.02	1,970.62-
1,531	CB RICHARD ELLIS GROUP INC-A		27,442.82	29,379.89	27,442.82	1,937.07
392	CELGENE CORP		24,631.49	23,276.96	24,631.49	1,354.53-
734	CENTURYTEL INC		26,362.32	31,554.66	24,937.07	5,192.34
805	CHEVRON CORPORATION		62,618.76	65,180.85	48,003.70	2,562.09
1,200	CISCO SYSTEMS INC	\$579.60	28,080.00	22,992.00	25,919.26	5,088.00-
6,746	CITIGROUP INC		27,551.15	28,333.20	27,551.15	782.05
408	CITRIX SYS INC		26,304.83	27,103.44	26,304.83	798.61
650	COCA COLA CO	286.00	37,768.18	41,060.50	37,768.18	3,292.32

Money Purchase Pension Plan for Bellevue IAM
Employees of A. Schulman, Inc.

EIN / PN: 34-0514850 / 007

AS OF 11/30/10

Schedule H, Line 4j - Schedule of Assets (Held at Year End)

STATEMENT OF INVESTMENTS

SHARES/ PAR VALUE	SECURITY	INCOME	PREVIOUS MARKET	MARKET VALUE	COST BASIS	UNREALIZED GAIN/LOSS
412	COGNIZANT TECHNOLOGY SOLUTIONS CORP CL A		\$20,756.19	\$26,771.76	\$20,756.19	\$6,015.57
562	CONCUR TECHNOLOGIES INC		26,866.35	28,780.02	26,866.35	1,913.67
783	CONOCOPHILLIPS	\$430.65	40,556.65	47,113.11	31,142.83	6,556.46
520	COOPER COS INC		26,371.18	27,820.00	26,371.18	1,448.82
460	COSTCO WHOLESALE CORP		29,970.62	31,100.60	29,970.62	1,129.98
350	CUMMINS INC	91.88	25,788.05	33,992.00	25,788.05	8,203.95
708	DANAHER CORP		25,515.66	30,621.00	24,721.14	5,105.34
476	DEERE & CO		29,091.84	35,557.20	29,091.84	6,465.36
676	DISNEY WALT CO		20,517.93	24,680.76	19,536.19	4,162.83
1,370	DISCOVER FINANCIAL SERVICES		20,814.01	25,043.60	22,806.17	4,229.59
962	DOW CHEM CO		26,724.36	29,995.16	36,662.29	3,270.80
1,309	E M C CORP/MASS		22,612.22	28,130.41	21,043.45	5,518.19
286	EDWARDS LIFSCIENCES CORP		17,339.18	18,978.96	17,339.18	1,639.78
390	ENERGIZER HLDGS INC		22,374.97	27,452.10	23,943.85	5,077.13
374	FMC CORP		28,667.67	29,104.68	28,667.67	437.01
416	FASTENAL CO	174.72	15,425.28	22,264.32	14,900.37	6,839.04
802	FIRST ENERGY	441.10	31,933.92	28,158.22	31,080.02	3,775.70-
1,328	FOREST LABS INC COM		38,990.22	42,349.92	41,881.30	3,359.70
246	FREEPORT-MCMORAN COPPER & GOLD CL B		17,956.02	24,924.72	17,956.02	6,968.70
3,020	FRONTIER COMMUNICATIONS CORP		22,993.88	27,482.00	23,297.78	4,488.12
406	GENERAL DYNAMICS CORP		26,582.12	26,832.54	21,741.19	250.42
2,964	GENERAL ELECTRIC CO		48,315.52	46,920.12	74,767.78	1,395.40-
130	GOLDMAN SACHS GROUP	45.50	20,603.26	20,298.20	20,603.26	305.06-

Money Purchase Pension Plan for Bellevue IAM
Employees of A. Schulman, Inc.

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Schedule H, Line 4i - Schedule of Assets (Held at Year End)

STATEMENT OF INVESTMENTS

AS OF 11/30/10

SHARES/ PAR VALUE	SECURITY	ACCRUED INCOME	ADJUSTED PREVIOUS MARKET	MARKET VALUE	COST BASIS	UNREALIZED GAIN/LOSS
374	GOODRICH CORP	\$108.46	\$27,120.24	\$32,077.98	\$27,120.24	\$4,957.74
40	GOOGLE INC-CL A		23,320.00	22,228.40	19,311.55	1,091.60-
320	HEALTH CARE REIT INC COM		14,747.97	14,809.60	14,747.97	61.63
484	HEINZ H J CO		21,005.06	23,362.68	23,032.19	2,357.62
296	HEWLETT PACKARD CO		14,521.76	12,411.28	9,771.97	2,110.48-
528	HOSPIRA INC		27,951.64	29,705.28	27,951.64	1,753.64
706	HUNT J B TRANS SVCS INC COM	84.72	25,058.96	25,769.00	25,058.96	710.04
362	INTERNATIONAL BUSINESS MACHS					
2,154	JP MORGAN CHASE & CO	235.30	46,908.71	51,208.52	38,557.05	4,299.81
983	JOHNSON CTLS INC		89,186.55	80,559.60	86,679.64	8,626.95-
1,122	KRAFT FOODS INC CL A		27,659.89	35,820.52	32,796.76	8,160.63
462	LAUDER ESTEE COS INC CL A	346.50	33,171.16	33,940.50	33,171.16	769.34
826	MATTEL INC COM		17,506.40	21,343.84	18,802.13	3,837.44
992	MAXIM INTEGRATED PRODS INC COM	189.42	22,644.28	23,064.00	22,644.28	419.72
530	MCDONALDS CORP	323.30	34,510.19	41,499.00	26,705.66	6,988.81
2,331	MICROSOFT CORP	392.80	63,595.82	58,875.24	60,337.06	4,720.58-
456	MOSAIC CO		28,501.12	30,839.28	28,501.12	2,338.16
494	NYSE EURONEXT		14,531.60	13,456.08	14,531.60	1,035.52-
572	NATIONAL-OILWELL INC COM		24,942.73	35,057.88	24,942.73	10,115.15
1,456	NEW YORK CMNTY BANCORP INC		17,020.64	24,460.80	13,917.42	7,440.16
652	NEXTERA ENERGY INC	326.00	34,654.75	33,004.24	34,654.75	1,650.51-

Money Purchase Pension Plan for Bellevue IAM
Employees of A. Schulman, Inc.

STATEMENT OF INVESTMENTS

EIN / PN: 34-0514850 / 007

AS OF 11/30/10

Schedule H, Line 4i – Schedule of Assets (Held at Year End)

SHARES/ PAR VALUE	SECURITY	INCOME	PREVIOUS MARKET	MARKET VALUE	COST BASIS	UNREALIZED GAIN/LOSS
343	NIKE INC CL B		\$22,283.32	\$29,542.59	\$21,104.83	\$7,259.27
352	OCCIDENTAL PETE CORP		28,826.29	31,035.84	20,985.48	2,209.55
1,478	ORACLE CORPORATION		32,634.24	39,972.51	25,841.50	7,338.27
512	O REILLY AUTOMOTIVE INC		19,855.36	30,812.16	19,200.36	10,956.80
430	PARKER HANIFIN CORP		27,178.91	34,498.90	27,178.91	7,319.99
552	PEABODY ENERGY CORP COMMON	\$124.70	25,580.24	32,463.12	25,580.24	6,882.88
384	PROCTER & GAMBLE CO		24,021.17	23,450.88	22,827.28	570.29-
610	PRUDENTIAL FINL INC	701.50	31,039.43	30,914.80	29,947.43	124.63-
510	REINSURANCE GROUP AMER INC COM NEW		23,750.50	25,464.30	20,591.60	1,713.80
218	SALESFORCE.COM INC		20,651.68	30,349.96	20,651.68	9,698.28
320	SCHLUMBERGER LTD	67.20	23,969.68	24,748.80	23,969.68	779.12
420	STANLEY BLACK & DECKER INC		26,535.41	25,002.60	26,535.41	1,532.81-
430	STERICYCLE INC		24,461.49	31,777.00	19,272.76	7,315.51
866	SUPERVALU INC	75.78	11,976.78	7,828.64	12,608.10	4,148.14-
666	TEVA PHARMACEUTICAL INDS LTD ADR	93.31	35,942.71	33,326.64	35,942.71	2,616.07-
925	TIME WARNER INC	196.56	27,050.89	27,278.25	32,210.73	227.36
621	TRAVELERS COS INC/THE		32,548.14	33,527.79	30,959.07	979.65
1,048	US BANCORP DEL		26,333.00	24,921.44	23,598.37	1,411.56-
360	UNION PAC CORP	136.80	22,773.60	32,439.60	25,791.15	9,666.00
214	UNITED TECHNOLOGIES CORP	90.95	14,864.70	16,107.78	12,313.21	1,243.08
2,244	UNITEDHEALTH GROUP INC		68,156.88	81,950.88	77,251.07	13,794.00
228	V F CORP		16,580.16	18,896.64	12,579.50	2,316.48
1,674	VERIZON COMMUNICATIONS		49,498.86	53,584.74	47,527.89	4,085.88

Money Purchase Pension Plan for Bellevue IAM
Employees of A. Schulman, Inc.

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Schedule H, Line 4i – Schedule of Assets (Held at Year End)

STATEMENT OF INVESTMENTS

AS OF 11/30/10

SHARES/ PAR VALUE	SECURITY	ACCRUED INCOME	ADJUSTED PREVIOUS MARKET	MARKET VALUE	COST BASIS	UNREALIZED GAIN/LOSS
688	VIACOM INC-B	\$103.20	\$20,392.32	\$26,027.04	\$22,248.39	\$5,634.72
626	WABCO HLDGS INC		24,778.25	31,112.20	24,778.25	6,333.95
1,662	WELLS FARGO & COMPANY	83.10	45,582.50	45,223.02	47,316.83	359.48-
884	WILLIAMS-SONOMA INC		27,956.60	29,410.68	27,956.60	1,454.08
512	WISCONSIN ENERGY CORP COM	204.80	28,088.46	30,832.64	28,088.46	2,744.18
2,952	XEROX CORP COM		29,372.19	33,829.92	29,372.19	4,457.73
TOTAL COMMON STOCK		<u>\$6,085.05</u>	<u>\$2,860,204.64</u>	<u>\$3,193,609.25</u>	<u>\$2,792,404.50</u>	<u>\$333,404.61</u>
EQUITY FUNDS						
7,501.745	ARTISAN FDS INC INTL FD FUND # 661		153,226.55	155,736.23	199,226.23	2,509.68
4,718.618	DODGE & COX INTL STOCK FUND		152,493.49	158,262.45	186,353.36	5,768.96
21,457.194	FIFTH THIRD MICRO CAP VALUE FUND INSTL SHS		71,023.31	91,193.07	123,494.45	20,169.76
23,454.936	FIFTH THIRD SMALL CAP GROWTH FD INSTL SHS		149,642.49	190,454.08	280,647.53	40,811.59
3,000	ISHARES TR MSCI EMERGING MKTS INDEX FD		124,318.40	134,340.00	126,028.86	10,021.60
1,300	ISHARES RUSSELL MIDCAP VALUE INDEX FD		52,583.70	54,782.00	52,583.70	2,198.30
1,457.443	T ROWE PRICE MID-CAP GROWTH FUND #64		75,000.00	83,467.76	75,000.00	8,467.76
TOTAL EQUITY FUNDS			<u>\$778,287.94</u>	<u>\$868,235.59</u>	<u>\$1,043,334.13</u>	<u>\$89,947.65</u>

Money Purchase Pension Plan for Bellevue IAM
Employees of A. Schulman, Inc.

EIN / PN: 34-0514850 / 007

Schedule H, Line 4i - Schedule of Assets (Held at Year End)

STATEMENT OF INVESTMENTS

AS OF 11/30/10

SHARES/ PAR VALUE	SECURITY	INCOME	PREVIOUS MARKET	MARKET VALUE	COST BASIS	UNREALIZED GAIN/LOSS
TOTAL PRINCIPAL AND INCOME ASSETS		\$27,367.73	\$6,212,989.97	\$6,674,054.77	\$6,255,699.20	\$461,064.80
PRINCIPAL CASH				\$2.66	\$2.66	
TOTAL PRINCIPAL CASH & ASSETS				\$6,674,057.43	\$6,255,701.86	
INCOME CASH						

Plan Name: Money Purchase Pension Plan for Bellevue IAM Employees of A. Schulman, Inc.

Plan EIN/PN: 34-0514850 / 007

Plan Year End: 11/30/2010

Schedule H, line 4j - Schedule of Reportable Transactions

(a) Identity of party involved	(b) Description of asset including rate of interest and maturity in case of a loan	(c) Purchase Price	(d) Selling Price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
1 Fifth Third Bank	Government Money Market Fund	1,084,928				1,084,928	1,084,928	
2 Fifth Third Bank	Government Money Market Fund		1,157,554			1,157,554	1,157,554	

* Transactions reported may represent a series of related transaction

MONEY PURCHASE PENSION PLAN FOR BELLEVUE I.A.M.
BARGAINING UNION EMPLOYEES OF A. SCHULMAN, INC.
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
November 30, 2010 and 2009

	<u>2010</u>	<u>2009</u>
ASSETS		
Investments at fair value:		
Money market fund	\$ 215,963	\$ 288,589
U. S. Government bonds	1,088,614	1,187,969
Corporate debt obligations	919,764	1,000,744
Common stock	3,193,609	2,963,659
Mutual funds	<u>1,256,105</u>	<u>841,360</u>
Total investments	6,674,055	6,282,321
Receivables:		
Employer contribution	17,883	30,250
Interest and dividend income	27,368	29,596
Cash - non-interest bearing	<u>3</u>	<u>57</u>
TOTAL ASSETS	6,719,309	6,342,224
LIABILITIES		
Trustee fee payable	<u>9,029</u>	<u>4,678</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 6,710,280</u></u>	<u><u>\$ 6,337,546</u></u>

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

MONEY PURCHASE PENSION PLAN FOR BELLEVUE I.A.M.
BARGAINING UNION EMPLOYEES OF A. SCHULMAN, INC.
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended November 30, 2010 and 2009

	<u>2010</u>	<u>2009</u>
INCREASE IN ASSETS:		
Contributions from A. Schulman, Inc.	\$ 236,384	\$ 267,920
Interest income	114,906	126,708
Dividend income	64,231	77,838
Net appreciation of fair value of investments	<u>355,603</u>	<u>905,247</u>
	771,124	1,377,713
DECREASE IN ASSETS:		
Benefits paid to participants or their beneficiaries	355,477	463,858
Trustee fees	<u>42,913</u>	<u>31,348</u>
	398,390	495,206
Net increase in net assets during the year	372,734	882,507
NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR	<u>6,337,546</u>	<u>5,455,039</u>
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	<u>\$ 6,710,280</u>	<u>\$ 6,337,546</u>

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

MONEY PURCHASE PENSION PLAN FOR BELLEVUE I.A.M.
BARGAINING UNION EMPLOYEES OF A. SCHULMAN, INC.
NOTES TO THE FINANCIAL STATEMENTS
November 30, 2010 and 2009

NOTE 1 – DESCRIPTION OF THE PLAN

The following brief description of the Money Purchase Pension Plan for Bellevue I.A.M. Bargaining Union Employees of A. Schulman, Inc. (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information. The Plan is a non-contributory defined contribution plan maintained in accordance with the collective bargaining agreement between the Bellevue I.A.M. Union and A. Schulman, Inc. (the "Company"). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Fifth Third Bank serves as Trustee and receives all contributions. The Trustee is solely responsible for the execution and custody of all investments and is responsible to stay within the investment guidelines as established by the Plan Administrator and advisory committee within the Plan agreement. All investments are non-participant directed.

Eligibility

Employees are eligible to participate in the Plan after two months following their date of hire.

Contributions

The Plan benefits employees of the Company who are covered by the labor agreement between the Bellevue I.A.M. Union and A. Schulman, Inc. The Company contributes an amount for each hour worked or for which participants are off work due to paid vacations and holidays. The Company contributed \$2.10 per hour for the plan year ended November 30, 2009. Effective January 4, 2010, the Company increased its contribution rate to \$2.20 per hour. The Trustee allocates these contributions to the individual participant accounts. Allocation of contributions may not exceed certain limits imposed by the Internal Revenue Service ("IRS").

Vesting

For the Plan year ending November 30, 2009, full vesting of participant's benefits occurs after the participant has completed five years of service. Effective December 1, 2009, the Plan adopted a three year vesting schedule for participants that work one hour after December 1, 2009. Participants that are terminated or laid-off prior to December 1, 2009, and never return to work, remain under the five year vesting rules.

Forfeitures

At the end of the Plan year, after a participant incurs five consecutive one year breaks in service, the Plan will forfeit and reallocate the non-vested portion of the participant account to the remaining participant accounts. Effective January 1, 2010, after a participant terminates employment, the Plan will forfeit and reallocate the non-vested portion of the participant account to the remaining participant accounts on the last day of the Plan year. Income earned by the Plan's assets is allocated to participants by the Trustee based upon their balances in relation to the total Plan balance at the end of the fiscal year.

MONEY PURCHASE PENSION PLAN FOR BELLEVUE I.A.M.
BARGAINING UNION EMPLOYEES OF A. SCHULMAN, INC.
NOTES TO THE FINANCIAL STATEMENTS
November 30, 2010 and 2009

Payments of Benefits

The Trustee determines the amount of benefits to be paid in accordance with the terms of the Plan and makes benefit payments directly to eligible participants and beneficiaries. Mandatory payouts are required to commence no later than April 1 of the calendar year following the calendar year when a participant attains the age of 70 - 1/2.

Administrative Charges

Fees and expenses related to the operation of the Plan are charged by the Trustee to the Plan. Other administrative expenses of the Plan are paid by the Company.

Termination

The Company presently intends to continue the Plan; however, it reserves the right to discontinue the Plan, subject to future collective bargaining agreements. In the event of termination, all participants would be fully vested and, after payment of any liabilities of the Plan, the amounts allocated to the individual participant's accounts would be paid to them.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accounts of the Plan are maintained on an accrual basis.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates of assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions from assets during the reporting period. Actual results could differ from those estimates.

Valuation of Investments and Income Recognition

The Plan's investments are stated at fair value at November 30, 2010 and 2009, and are measured in accordance with the Fair Value Measurements Topic of the Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC"). Fair value estimates are made at a specific point in time based on relevant market information about the financial instrument. These estimates are subjective in nature and involve uncertainties and matters of significant judgment and, therefore, cannot be determined with precision. Changes in assumptions could significantly affect the estimates.

During 2010, the FASB amended the Fair Value Measurements and Disclosures Topic of the FASB ASC to require additional disclosures about: 1) transfers of Level 1 and Level 2 fair value measurements, including the reason for transfers; 2) purchases, sales, issuances and settlements in the roll forward of activity in

MONEY PURCHASE PENSION PLAN FOR BELLEVUE I.A.M.
BARGAINING UNION EMPLOYEES OF A. SCHULMAN, INC.
NOTES TO THE FINANCIAL STATEMENTS
November 30, 2010 and 2009

Level 3 fair value measurements; 3) additional disaggregation to include fair value measurement disclosures for each class of assets and liabilities; and 4) disclosure of inputs and valuation techniques used to measure fair value for both recurring and nonrecurring fair value measurements.

The amendment is effective for fiscal years beginning after December 15, 2009, except for the disclosures about purchases, sales, issuances and settlements in the roll forward of activity in Level 3 fair value measurements, which is effective for fiscal years beginning after December 15, 2010. The Plan does not expect this standard to have a material effect upon its financial statements.

Investment income consists of interest and dividend income. The net appreciation in the fair value of investments consists of realized gains or losses and the unrealized appreciation on those investments. Dividend and interest income is recognized on the ex-dividend date. Purchases and sales of securities are recorded on a trade-date basis. Realized gains and losses from security transactions are reported based on historical cost.

Payment of Benefits

Benefits are recorded when paid.

Reclassification

Certain amounts in the November 30, 2009 financial statements have been reclassified to conform to the November 30, 2010 presentation.

Subsequent Events

The Plan has evaluated subsequent events through July 25, 2011, the date the financial statements were available to be issued.

NOTE 3 – INVESTMENTS

As of November 30, 2010 and 2009 there were no investments held by the Plan that represented 5 percent or more of the Plan's net assets.

During the Plan year, the Plan's investments, including gains and losses on investments bought and sold, as well as held during the year, appreciated in value as follows:

MONEY PURCHASE PENSION PLAN FOR BELLEVUE I.A.M.
BARGAINING UNION EMPLOYEES OF A. SCHULMAN, INC.
NOTES TO THE FINANCIAL STATEMENTS
November 30, 2010 and 2009

	2010	2009
U.S. Government bonds	\$ 5,530	\$ 51,271
Corporate debt obligations	20,089	131,153
Common stock	233,044	586,394
Mutual funds:		
U.S. equity funds	71,849	54,797
International equity funds	18,300	61,443
Corporate bond funds	5,391	20,189
	<u>\$ 354,203</u>	<u>\$ 905,247</u>

Fair value is a market-based measurement that is determined based on assumptions that market participants would use in pricing an asset or liability. As a basis for considering such assumptions, the Plan uses a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value as follows:

- Level 1 – Observable inputs such as quoted prices in active markets;
- Level 2 – Inputs, other than the quoted prices in active markets, that are observable either directly or indirectly; and
- Level 3 – Unobservable inputs in which there is little or no market data, which require the reporting entity to develop its own assumptions

The classification of fair value measurements within the hierarchy is based upon the lowest level of input that is significant to the measurement. Valuation methodologies used for assets and liabilities measured at fair value as of November 30, 2010 and 2009 are as follows:

- Money market funds are valued based on the underlying investments which are traded on an active market.
- Common stocks, U.S. Government bonds, corporate debt obligations and mutual funds are valued at the closing price reported on active markets on which the individual securities are traded.

The following table sets forth, by level within the fair value hierarchy, the Plan's assets at fair value as of November 30:

MONEY PURCHASE PENSION PLAN FOR BELLEVUE I.A.M.
BARGAINING UNION EMPLOYEES OF A. SCHULMAN, INC.
NOTES TO THE FINANCIAL STATEMENTS
November 30, 2010 and 2009

	2010			
	Level 1	Level 2	Level 3	Total
Assets measured at fair value:				
Money market fund	\$ -	\$ 215,963	\$ -	\$ 215,963
U.S. Government bonds	1,088,614	-	-	1,088,614
Corporate debt obligations	919,764	-	-	919,764
Common stock				
Chemicals	89,939	-	-	89,939
Industrial	438,490	-	-	438,490
Aerospace	75,018	-	-	75,018
Distributors	22,264	-	-	22,264
Commercial services	31,777	-	-	31,777
Auto components	74,981	-	-	74,981
Hotel and restaurants	41,499	-	-	41,499
Leisure	21,344	-	-	21,344
Household durables	25,003	-	-	25,003
Media	77,986	-	-	77,986
Retail	131,902	-	-	131,902
Personal and household products	85,516	-	-	85,516
Food and beverages	168,325	-	-	168,325
Oil and gas	241,623	-	-	241,623
Healthcare	158,455	-	-	158,455
Biotechnology	83,700	-	-	83,700
Pharmaceuticals	96,121	-	-	96,121
Consumer finance	142,037	-	-	142,037
Insurance	111,914	-	-	111,914
Financial services	233,062	-	-	233,062
Real estate	29,380	-	-	29,380
Communications	213,105	-	-	213,105
Software	234,622	-	-	234,622
Computers and equipment	246,778	-	-	246,778
IT services	26,772	-	-	26,772
Utilities	91,995	-	-	91,995
Mutual funds				
U.S. equity funds	419,897	-	-	419,897
International equity funds	448,339	-	-	448,339
Corporate bond funds	387,869	-	-	387,869
Total assets measured at fair value	<u>\$ 6,458,091</u>	<u>\$ 215,963</u>	<u>\$ -</u>	<u>\$ 6,674,054</u>

MONEY PURCHASE PENSION PLAN FOR BELLEVUE I.A.M.
BARGAINING UNION EMPLOYEES OF A. SCHULMAN, INC.
NOTES TO THE FINANCIAL STATEMENTS
November 30, 2010 and 2009

	2009			
	Level 1	Level 2	Level 3	Total
Assets measured at fair value:				
Money market fund	\$ -	\$ 288,589	\$ -	\$ 288,589
U.S. Government bonds	1,187,969	-	-	1,187,969
Corporate debt obligations	1,000,744	-	-	1,000,744
Common stock	2,963,659	-	-	2,963,659
Mutual funds				
U.S. equity funds	222,964	-	-	222,964
International equity funds	209,982	-	-	209,982
Corporate bond funds	408,414	-	-	408,414
Total assets measured at fair value	<u>\$ 5,993,732</u>	<u>\$ 288,589</u>	<u>\$ -</u>	<u>\$ 6,282,321</u>

NOTE 4 – FINANCIAL DATA CERTIFIED BY FIFTH THIRD BANK

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, all investment information is certified as complete and accurate or derived from information certified as complete and accurate by Fifth Third Bank.

NOTE 5 – PARTY-IN-INTEREST TRANSACTIONS

The Trustee serves as fund manager of all available investment options. Fees paid or accrued to the Trustee for the years ended November 30, 2010 and 2009 were \$41,513 and \$31,348, respectively.

NOTE 6 – TAX STATUS

The Plan obtained its latest determination letter on March 31, 2008, in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code.

As required by the Income Taxes Topic of the FASB ASC, the Plan adopted the standards related to Accounting for Uncertainty in Income Taxes, on December 1, 2009. The implementation of this standard did not have a material impact on the Plan's financial statements. The standard requires Plan

MONEY PURCHASE PENSION PLAN FOR BELLEVUE I.A.M.
BARGAINING UNION EMPLOYEES OF A. SCHULMAN, INC.
NOTES TO THE FINANCIAL STATEMENTS
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management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of November 30, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2006.

NOTE 7 – RISKS AND UNCERTAINTIES

The various investment options are in stocks and bonds of publicly traded companies, U.S. Government obligations, and money market funds, as well as professionally managed mutual funds. Such investments are exposed to various risks such as interest rate, market and credit. Due to the level of risk associated with such investments and the level of uncertainty related to changes in the value of such investments, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits and the statement of changes in net assets available for benefits.