

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2010
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</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 PLASTIC ENTERPRISES CO., INC. EMPLOYEE STOCK OWNERSHIP PLAN AND PROFIT SHARING PLAN	<table border="1"> <tr> <td>1b Three-digit plan number (PN) ►</td> <td>002</td> </tr> <tr> <td>1c Effective date of plan</td> <td>01/01/1984</td> </tr> </table>	1b Three-digit plan number (PN) ►	002	1c Effective date of plan	01/01/1984		
1b Three-digit plan number (PN) ►	002						
1c Effective date of plan	01/01/1984						
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) PLASTIC ENTERPRISES CO., INC. PO BOX 248 LEES SUMMIT, MO 64082-0000	<table border="1"> <tr> <td>2b Employer Identification Number (EIN)</td> <td>43-1013354</td> </tr> <tr> <td>2c Sponsor's telephone number</td> <td>816-246-8200</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td>326100</td> </tr> </table>	2b Employer Identification Number (EIN)	43-1013354	2c Sponsor's telephone number	816-246-8200	2d Business code (see instructions)	326100
2b Employer Identification Number (EIN)	43-1013354						
2c Sponsor's telephone number	816-246-8200						
2d Business code (see instructions)	326100						

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2011	S PETERS
	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 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") PLASTIC ENTERPRISES CO., INC. PO BOX 248 LEES SUMMIT, MO 64082-0000	3b Administrator's EIN 43-1013354 3c Administrator's telephone number 816-246-8200
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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	
5 Total number of participants at the beginning of the plan year	5	293
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	223
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	65
d Subtotal. Add lines 6a , 6b , and 6c	6d	288
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	288
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	243
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	

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

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) ☒ ¹ **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☒ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan PLASTIC ENTERPRISES CO., INC. EMPLOYEE STOCK OWNERSHIP PLAN AND PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500. PLASTIC ENTERPRISES CO., INC.	D Employer Identification Number (EIN) 43-1013354	

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

(a) Name of insurance carrier

JOHN HANCOCK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	35762	224	01/01/2010	12/31/2010

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
7381	1085

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

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

UBS FINANCIAL SERVICES
700 WEST 47TH STREET, 5TH FLOOR
KANSAS CITY, MO 64112

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7381			3

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

BKD, LLP
1201 WALNUT STREET, SUITE 1700
KANSAS CITY, MO 64106-2246

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	1085		5

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

Schedule A (Form 5500) 2010
v.092308.1

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	2890838

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	
Specify nature of costs ▶		

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.		OMB No. 1210-0110
			2010
			This Form is Open to Public Inspection.

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

A Name of plan PLASTIC ENTERPRISES CO., INC. EMPLOYEE STOCK OWNERSHIP PLAN AND PROFIT SHARING PLAN	B Three-digit plan number (PN) <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 PLASTIC ENTERPRISES CO., INC.	D Employer Identification Number (EIN) 43-1013354

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 JOHN HANCOCK LIFE INSURANCE COMPANY 01-0233346
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(b) Enter name and EIN or address of person who provided you disclosure 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)

(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 ☐

(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

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:

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>	<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan PLASTIC ENTERPRISES CO., INC. EMPLOYEE STOCK OWNERSHIP PLAN AND PROFIT SHARING PLAN		B Three-digit plan number (PN) ► 002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 PLASTIC ENTERPRISES CO., INC.		D Employer Identification Number (EIN) 43-1013354
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING AT 2035		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28662
a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING AT 2045		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27087
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE CONSERVATIVE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 74542
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE MODERATE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 246199
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE BALANCED		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 966304
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 231743
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE AGGRESSIVE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 143424
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN BALANCED FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31268

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESTMENT COMPANY OF AMERICA			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25450

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK GLOBAL ALLOCATION			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4652

a Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON MUTUAL INVESTORS			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19889

a Name of MTIA, CCT, PSA, or 103-12 IE: THE GROWTH FUND OF AMERICA			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 131420

a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON WORLD			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1168

a Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL INVESTORS			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1878

a Name of MTIA, CCT, PSA, or 103-12 IE: EUROPACIFIC GROWTH FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 88235

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE HEALTH SCI			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5209

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY VISTA			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 81354

a Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 80805

a Name of MTIA, CCT, PSA, or 103-12 IE: STRATEGIC INCOME OPP FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 79172

a Name of MTIA, CCT, PSA, or 103-12 IE: STRATEGIC BOND FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: ACTIVE BOND FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4534

a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. HIGH YIELD BOND FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12400

a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 108

a Name of MTIA, CCT, PSA, or 103-12 IE: CORE BOND FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4582

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESTMENT QUAL BOND FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 89

a Name of MTIA, CCT, PSA, or 103-12 IE: WAMCO U.S. GOVERNMENT SEC FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL RETURN FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46944

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1617
a Name of MTIA, CCT, PSA, or 103-12 IE: SCIENCE & TECHNOLOGY FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5378
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL OPPTS FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6016
a Name of MTIA, CCT, PSA, or 103-12 IE: NATURAL RESOURCES FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21545
a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING AT 2030		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 952
a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING AT 2040		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48638
a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT TERM FEDERAL		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16718
a Name of MTIA, CCT, PSA, or 103-12 IE: DAVIS NEW YORK VENTURE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8402
a Name of MTIA, CCT, PSA, or 103-12 IE: MID VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5362
a Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5453

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2766

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL COMPANY VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 80542

a Name of MTIA, CCT, PSA, or 103-12 IE: REAL EST SECURITIES FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6013

a Name of MTIA, CCT, PSA, or 103-12 IE: ALL CAP GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL CORE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: INTL EQUITY INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1477

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP STOCK FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 215

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2443

a Name of MTIA, CCT, PSA, or 103-12 IE: FINANCIAL SERVICES FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: REAL RETURN BOND FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18894

a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL BOND FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14656

a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55557

a Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY INCOME FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 122380

a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2844

a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL APPRECIATION FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49076

a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK MARKET INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1927

a Name of MTIA, CCT, PSA, or 103-12 IE: UTILITIES FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22942

a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51907

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan PLASTIC ENTERPRISES CO., INC. EMPLOYEE STOCK OWNERSHIP PLAN AND PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 PLASTIC ENTERPRISES CO., INC.	D Employer Identification Number (EIN) 43-1013354	

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	1554	255
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	304410	122943
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	918	
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)		
(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)	3083707	4037729
(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)	18128000	30529200
(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	21518589	34690127

Liabilities

g Benefit claims payable	1g	537	537
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	648	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1185	537

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	21517404	34689590
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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)	412678	
(B) Participants	2a(1)(B)	207075	
(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)		619753

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)		
(F) Other	2b(1)(F)	218	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		218

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
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(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

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	12401200	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		12401200
(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)		431660
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		13452831

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	280545	
(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)		280545
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)	100	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		100
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		280645

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		13172186
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: RUBINBROWN LLP

(2) EIN: 43-0765316

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		1000000
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)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.

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

A Name of plan <u>PLASTIC ENTERPRISES CO., INC. EMPLOYEE STOCK OWNERSHIP PLAN AND PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PLASTIC ENTERPRISES CO., INC.</u>	D Employer Identification Number (EIN) <u>43-1013354</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>43-1352306</u> <u>01-0233346</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		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

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

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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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) 2010
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): _____

PLASTIC ENTERPRISES CO., INC.
EMPLOYEE STOCK OWNERSHIP PLAN
AND PROFIT SHARING PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2010

Index

Page

Independent Auditors' Report.....	1
--	----------

Financial Statements

Statement Of Net Assets Available For Benefits.....	2
---	---

Statement Of Changes In Net Assets Available For Benefits	3
--	---

Notes To Financial Statements.....	4 - 16
------------------------------------	--------

Supplemental Schedule

Schedule Of Assets Held At End Of Year.....	17 - 20
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Independent Auditors' Report

The Plan Administrator
Plastic Enterprises Co., Inc.
Employee Stock Ownership Plan and
Profit Sharing Plan
Lee's Summit, Missouri

We were engaged to audit the financial statements and supplemental schedule of the Plastic Enterprises Co., Inc. Employee Stock Ownership Plan and Profit Sharing Plan (the Plan) as of December 31, 2010 and 2009, and for the years then ended, as listed in the accompanying index. These financial statements and supplemental schedule 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 3, which was certified by John Hancock Life Insurance Company (John Hancock), the Custodian, except for comparing such information with the related information in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that John Hancock holds certain Plan investment assets and executes investment transactions. The Plan Administrator has obtained a certification from John Hancock as of December 31, 2010 and 2009 and for the years then ended, that the information provided to the Plan Administrator by John Hancock is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by John Hancock, 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.

RubinBrown LLP

Overland Park, Kansas
October 7, 2010

**PLASTIC ENTERPRISES CO., INC. EMPLOYEE
STOCK OWNERSHIP PLAN AND PROFIT SHARING PLAN**

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2010	2009
Assets		
Investments - At Fair Value		
Participant Directed		
Pooled separate accounts	\$ 2,890,838	\$ 2,404,209
Nonparticipant Directed		
Plastic Enterprises Co., Inc. common stock	30,529,200	18,128,000
Mutual funds	1,146,892	680,674
Total Investments	34,566,930	21,212,883
 Employer Contributions Receivable	 122,944	 304,679
 Cash	 253	 379
 Total Assets	 34,690,127	 21,517,941
 Liabilities		
Accounts payable	537	537
 Net Assets Available For Benefits	 \$ 34,689,590	 \$ 21,517,404

**PLASTIC ENTERPRISES CO., INC. EMPLOYEE
STOCK OWNERSHIP PLAN AND PROFIT SHARING PLAN**

**STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS**

	For The Years Ended December 31,	
	2010	2009
Additions To Net Assets Attributed To:		
Contributions		
Participant contributions	\$ 207,076	\$ 217,477
Employer contributions	412,678	576,266
Rollovers	—	3,284
Total Contributions	619,754	797,027
Deductions From Net Assets Attributed To:		
Benefits paid directly to participants	280,545	271,966
Administrative expenses	100	120
Total Deductions	280,645	272,086
Investment Income:		
Participant Directed		
Net appreciation in fair value of pooled separate accounts	322,461	531,425
Nonparticipant Directed		
Interest and dividends	29,025	19,640
Net appreciation in fair value of mutual funds	80,391	83,193
Net appreciation in fair value of Plastic Enterprises Co., Inc. common stock	12,401,200	10,744,960
Net Investment Income	12,833,077	11,379,218
Net Increase	13,172,186	11,904,159
Net Assets Available For Benefits - Beginning Of Year	21,517,404	9,613,245
Net Assets Available For Benefits - End Of Year	\$ 34,689,590	\$ 21,517,404

PLASTIC ENTERPRISES CO., INC. EMPLOYEE STOCK OWNERSHIP PLAN AND PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2010 And 2009

1. Description Of The Plan

The following description of the Plastic Enterprises Co., Inc. Employee Stock Ownership Plan and Profit Sharing Plan (the Plan) is provided for general information only. Plan participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan that provides retirement benefits for eligible employees of Plastic Enterprises Co., Inc. (the Employer). The Employer established the Plan effective January 1, 1984. On December 31, 2003, the Amended and Restated Profit Sharing Plan for Employees of Plastic Enterprises Co., Inc. was merged into the Plastic Enterprises Co., Inc. Employee Stock Ownership Plan and renamed the Plastic Enterprises Co., Inc. Employee Stock Ownership Plan and Profit Sharing Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan is administered by a Benefit Committee consisting of one or more members appointed by the Board of Directors of the Employer.

Employees may begin participation in the 401(k) salary deferral portions of the Plan as of the first day of the calendar quarter following the first day of employment.

Employees who have completed one year of service, as defined by the Plan, are eligible to participate in the Employer safe harbor 401(k) contributions, and the Employee Stock Ownership (ESOP) and profit sharing portions of the Plan. Employees begin participation as of the January 1 or July 1 next following completion of the service conditions. Prior to January 1, 2005, six months of service, as defined by the Plan, was required for participation in the ESOP and profit sharing portions of the Plan.

Contributions

Eligible employees may elect to defer up to 50% of their annual compensation, as defined by the Plan. Participants may also contribute amounts representing distributions from other qualified plans.

PLASTIC ENTERPRISES CO., INC. EMPLOYEE STOCK OWNERSHIP PLAN AND PROFIT SHARING PLAN

Notes To Financial Statements (*Continued*)

The Plan includes 401(k) safe harbor provisions. Under these provisions, the Employer makes required contributions equal to 3% of compensation for each eligible employee. The safe harbor contributions for 2010 and 2009 were \$244,161 and \$226,386, respectively.

The Board of Directors of the Employer may also elect to make discretionary contributions to the ESOP and profit sharing portions of the Plan, which are allocated based on eligible compensation, as defined in the Plan. Discretionary ESOP contributions for 2010 and 2009 were \$168,517 and \$349,880, respectively. There were no profit sharing contributions in 2010 and 2009. Participants who are not employed on the last working day of a Plan year are not eligible for an allocation of Employer ESOP and profit sharing contributions for that Plan year.

The ESOP contribution may be in cash, Employer stock or other property as determined by the Board of Directors. A cash contribution may be required if any obligation incurred to purchase Employer stock is due within one year of the contribution.

Investments

The trustees of the Plan, upon written direction from the Benefit Committee, may invest all or part of the ESOP portion of the Trust assets in Employer stock at a price not to exceed fair value. The Trust may also hold funds in cash, or invest in savings accounts, insurance policies on the life of any employee or shareholder of the Employer, certificates of deposit, short term securities, stocks, bonds, mutual funds, common trust funds, or other investments. The investments are held in a Trust established under the Plan.

Participants may direct their deferrals, rollover and Employer profit sharing contributions into various investment options maintained by John Hancock Life Insurance Company (John Hancock).

Diversification

Diversification is offered to participants close to retirement so that they may have the opportunity to move part of the value of their investment in Employer stock into investments which are more diversified. Participants who are at least age 55 with at least 10 years of participation in the Plan may elect to diversify a portion of their account. Diversification is offered to each eligible participant over a six-year period. In each of the first five years, a participant may diversify up to 25% of the number of post-1986 shares allocated to his or her account, less any shares previously diversified. In the sixth year, the percentage changes to 50%.

PLASTIC ENTERPRISES CO., INC. EMPLOYEE STOCK OWNERSHIP PLAN AND PROFIT SHARING PLAN

Notes To Financial Statements (*Continued*)

Participant Accounts

An ESOP stock account and another investment account are maintained for each participant for the ESOP portion of the Trust assets. Annually an allocation is made to each participant's Employer stock account for the participant's allocable share of (a) Employer stock purchased and paid for by the Plan or contributed in kind to the Plan, (b) forfeitures of Employer stock, and (c) stock dividends of Employer stock. Employer stock acquired in a transaction in which the Plan incurs a debt obligation is held in an unallocated account. As the cash ESOP contributions or cash dividends of Employer stock are used for the repayment of debt principal and interest, an appropriate percentage of stock will be allocated to each eligible participant's Employer stock account in accordance with applicable regulations under the Internal Revenue Code (the Code). Annually an allocation is made to each participant's other investment account for the participant's allocable share of (a) the net income or loss of the Plan, (b) cash dividends on Employer stock, (c) forfeitures in other than Employer stock and (d) cash payments for the acquisition of Employer stock other than Employer stock acquired in a transaction in which the Plan incurs a debt obligation.

Each participant's account is also credited with the participant's contributions, the Employer's safe harbor and profit sharing contributions, forfeitures, and an allocation of Plan earnings. Allocations are based on participant compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Payment Of Benefits

Upon termination of service due to death, disability, retirement or other termination of employment, a participant's benefit can be distributed in a lump sum, and in substantially equal annual payments over a period not to exceed certain life expectancies, as defined by the Plan. Certain distributions of accounts less than \$5,000 are limited to a lump sum form of distribution. For the ESOP portion, distributions are made in cash, or if a participant elects, in the form of Employer stock.

PLASTIC ENTERPRISES CO., INC. EMPLOYEE STOCK OWNERSHIP PLAN AND PROFIT SHARING PLAN

Notes To Financial Statements (*Continued*)

Vesting

Vesting in the Employer ESOP and profit sharing discretionary contributions plus earnings thereon is based on years of service as follows:

Years Of Service	Vesting Percentage
2 years or more	20%
3 years	40%
4 years	60%
5 years	80%
6 years	100%

Participants are immediately 100% vested in their contributions, and Employer safe harbor contributions. A participant is 100% vested upon termination due to death, disability or retirement, as defined by the Plan. Forfeited balances of terminated participants' nonvested accounts are reallocated to participants in the same manner as Employer contributions.

Forfeitures

Forfeitures of nonvested participant balances are reallocated to active participants who meet the eligibility requirements for the Employer ESOP and profit sharing contributions. At December 31, 2010 and 2009, unallocated forfeited nonvested accounts total \$253 and \$379, respectively.

Administrative Expenses

All significant expenses for Plan administration are paid by the Employer.

Voting Rights

All Employer stock held by the Trust shall be voted by the Trustees in accordance with instructions from the Benefit Committee. A participant is entitled to exercise voting rights attributable to the shares allocated to the participant's ESOP account with respect to any vote required for the approval or disapproval of any corporate merger or consolidation, recapitalization, reclassification, liquidation, dissolution, sale of substantially all the assets of a trade or business, or other similar transaction.

PLASTIC ENTERPRISES CO., INC. EMPLOYEE STOCK OWNERSHIP PLAN AND PROFIT SHARING PLAN

Notes To Financial Statements (*Continued*)

2. Summary Of Significant Accounting Policies

Basis Of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Estimates And Assumptions

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

Investment Valuation And Income Recognition

The Plan's investments are stated 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. See Note 5 for a discussion of fair value measurements.

Net appreciation represents the difference between the aggregate fair value of investments at year end and the values at the beginning of the year, and includes any realized gains and losses in shares that were bought and sold during the year.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded as earned on the accrual basis.

Risks And Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

Payment Of Benefits

Benefits are recorded when paid.

PLASTIC ENTERPRISES CO., INC. EMPLOYEE STOCK OWNERSHIP PLAN AND PROFIT SHARING PLAN

Notes To Financial Statements (*Continued*)

3. Participant Directed Investments

John Hancock holds the Plan's participant directed investments under a flexible investment group annuity contract which provides for pooled separate investment accounts where the underlying investments are mutual funds.

Financial information related to the assets and earnings from the annuity contract is included in the accompanying financial statements and is based on information provided by John Hancock. This information, which has not been audited by the Plan's auditors, has been certified as complete and accurate by John Hancock.

The Plan's investments in pooled separate accounts that represent 5% or more of the Plan's net assets available for benefits at the beginning of the respective Plan years are as follows:

	December 31,	
	2010	2009
Pooled separate accounts		
JH Lifestyle Fund - Balanced Fund Portfolio	\$ ***	\$ 812,509

*** Investment did not meet the 5% threshold in the Plan year.

4. Nonparticipant Directed Investments

At December 31, 2010 and 2009, the Plan has investments, which are nonparticipant directed, in mutual funds and common stock of the Employer.

The Plan's nonparticipant directed investments that represent 5% or more of the Plan's net assets available for benefits at the beginning of the respective Plan years are as follows:

	December 31,	
	2010	2009
Nonparticipant Directed		
Plastic Enterprises Co., Inc. common stock	\$ 30,529,200	\$ 18,128,000

PLASTIC ENTERPRISES CO., INC. EMPLOYEE STOCK OWNERSHIP PLAN AND PROFIT SHARING PLAN

Notes To Financial Statements (*Continued*)

5. Fair Value Measurements

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

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

PLASTIC ENTERPRISES CO., INC. EMPLOYEE STOCK OWNERSHIP PLAN AND PROFIT SHARING PLAN

Notes To Financial Statements (*Continued*)

Following is a description of the valuation methodologies used for assets measured at fair value:

Plastic Enterprises Co., Inc. Common Stock

The common stock of the Employer is stated at fair value as determined by an annual independent appraisal.

Pooled Separate Accounts

Pooled separate accounts are valued at the net asset value (NAV) of units held by the Plan at year end. The NAV is determined by dividing the net assets, at fair value, of the fund by the number of units outstanding on the day of valuation. Pooled separate accounts are comprised, primarily, of shares of registered investment companies held through sub-accounts of a separate account of an insurance company. The Plan has concluded that the NAV as adjusted (for mutual fund dividends, mutual fund splits and administrative maintenance charges and other items) and reported by the insurance company approximates fair value of the investments. The investments are redeemable daily at the adjusted NAV under agreements with the insurance company. However, it is possible that the redemptions rights may be restricted or eliminated in the future. Due to the nature of the investments, changes in the market conditions, liquidity requirements, and the economic environment may significantly affect the NAV of the registered investment companies and, consequently, the fair value of the Plan's investments.

Mutual Funds

Mutual funds are valued at the NAV of shares held by the Plan at year end.

The methods described above may produce fair value calculations that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.

**PLASTIC ENTERPRISES CO., INC. EMPLOYEE STOCK
OWNERSHIP PLAN AND PROFIT SHARING PLAN**

Notes To Financial Statements (*Continued*)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010:

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 1,146,892	\$ —	\$ —	\$ 1,146,892
Pooled separate accounts				
Money market (a)	—	80,805	—	80,805
Target date (b)	—	105,339	—	105,339
Small blend (c)	—	80,542	—	80,542
Conservative (d)	—	320,741	—	320,741
Moderate allocation (e)	—	997,572	—	997,572
Foreign large blend (f)	—	88,235	—	88,235
Large growth (g)	—	180,497	—	180,497
Large blend (h)	—	460,895	—	460,895
Large value (i)	—	194,177	—	194,177
Mid cap growth (j)	—	81,354	—	81,354
Multisector bond (k)	—	79,172	—	79,172
Intermediate term bond (l)	—	56,149	—	56,149
Other	—	165,361	—	165,361
Plastic Enterprises Co., Inc. common stock	—	—	30,529,200	30,529,200
Total assets at fair value	\$ 1,146,892	\$ 2,890,838	\$ 30,529,200	\$ 34,566,930

**PLASTIC ENTERPRISES CO., INC. EMPLOYEE STOCK
OWNERSHIP PLAN AND PROFIT SHARING PLAN**

Notes To Financial Statements (*Continued*)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009:

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 680,674	\$ —	\$ —	\$ 680,674
Pooled separate accounts				
Money market (a)	—	82,950	—	82,950
Target date (b)	—	32,239	—	32,239
Small blend (c)	—	66,673	—	66,673
Conservative (d)	—	248,093	—	248,093
Moderate allocation (e)	—	831,854	—	831,854
Foreign large blend (f)	—	83,896	—	83,896
Large growth (g)	—	160,250	—	160,250
Large blend (h)	—	439,314	—	439,314
Large value (i)	—	176,811	—	176,811
Mid cap growth (j)	—	66,475	—	66,475
Multisector bond (k)	—	68,478	—	68,478
Intermediate term bond (l)	—	58,107	—	58,107
Intermediate government (m)	—	13,686	—	13,686
Other	—	75,383	—	75,383
Plastic Enterprises Co., Inc. common stock	—	—	18,128,000	18,128,000
Total assets at fair value	\$ 680,674	\$ 2,404,209	\$ 18,128,000	\$ 21,212,883

- (a) Money market funds include high-quality short-term money market instruments that present minimal credit risk. The investment objective is current income while preserving assets and maintaining liquidity and investment quality.
- (b) Target date funds include investment allocation strategies that increase allocation of fixed income funds and reduces allocation to stock funds as it nears its target date.
- (c) Small blend funds favor companies at the smaller end of the market-capitalization range, and are flexible in the types of small caps they buy. Some aim to own an array of value and growth stocks while others employ a discipline that leads to holdings with valuations and growth rates close to the small-cap averages.
- (d) Conservative allocation funds seek to provide both capital appreciation and income by investing in three major areas: stocks, bonds, and cash. These funds tend to hold smaller positions in stocks than moderate-allocation funds. These funds typically have 20% to 50% of assets in equities and 50% to 80% of assets in fixed income and cash.

PLASTIC ENTERPRISES CO., INC. EMPLOYEE STOCK OWNERSHIP PLAN AND PROFIT SHARING PLAN

Notes To Financial Statements (*Continued*)

- (e) Moderate allocation funds seek to provide both capital appreciation and income by investing in three major areas: stocks, bonds, and cash. These funds tend to hold larger positions in stocks than conservative-allocation funds. These funds typically have 50% to 70% of assets in equities and the remainder in fixed income and cash.
- (f) Foreign large blend funds invest in a variety of big international stocks. Most of these funds divide their assets among a dozen or more developed markets, including Japan, Britain, France, and Germany. They tend to invest the rest in emerging markets such as Hong Kong, Brazil, Mexico and Thailand. These funds typically will have less than 20% of assets invested in U.S. stocks.
- (g) Large growth funds invest in large companies that are projected to grow faster than other large-cap stocks. Most of these funds focus on companies in rapidly expanding industries.
- (h) Large blend funds have portfolios that are fairly representative of the overall stock market in both size, growth rates, and price. They tend to invest across the spectrum of U.S. industries and owing to their broad exposure, the funds' returns are often similar to those of the S&P 500 Index.
- (i) Large value funds focus on large companies that are less expensive or growing more slowly than other large-cap stocks. These funds often feature investments in energy, financial, or manufacturing sectors.
- (j) Mid-cap growth funds invest in stocks of all sizes, thus leading to a mid-cap profile, but others focus on midsize companies. Mid-cap growth funds target companies that are projected to grow faster than other mid-cap stocks, therefore commanding relatively higher prices. Many of these stocks are found in the volatile technology, health-care, and services sectors.
- (k) Multisector bond funds are generally more diversified than other types of bond funds. These funds typically divide their assets among U.S. government bonds, foreign government bonds, foreign corporate bonds, and domestic corporate bonds, including high-yield issues. Some of these funds go even further and invest in municipal bonds and exotic mortgage-backed securities. By spreading assets across many different markets, these funds seek higher yields without taking on undue risk.
- (l) Intermediate term bond funds have average durations that are greater than 3.5 years and less than six years. Most of the funds rotate among a variety of sectors in the bond market, based upon which appear to offer better values. Whatever types of bonds they hold, these funds are less sensitive to interest rates, and therefore less volatile, than funds that have longer durations.

PLASTIC ENTERPRISES CO., INC. EMPLOYEE STOCK OWNERSHIP PLAN AND PROFIT SHARING PLAN

Notes To Financial Statements (*Continued*)

- (m) Intermediate government funds concentrate on bonds backed by the U.S. government or by government-linked agencies. This backing minimizes the credit risk of these funds, as the U.S. government is unlikely to default on its debt. These funds have, on average, durations between 3.5 and 6 years. Consequently, the groups' performance, and its level of volatility, tends to fall between that of the short government and long government bond categories.

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2010 and 2009.

	Plastic Enterprises Co., Inc. Common Stock
Balance - January 1, 2009	\$ 7,383,040
Unrealized gains	<u>10,744,960</u>
Balance - December 31, 2009	18,128,000
Unrealized gains	<u>12,401,200</u>
Balance - December 31, 2010	<u><u>\$ 30,529,200</u></u>

There have been no changes in the methodologies used at December 31, 2010 or 2009.

6. Plan Termination

The Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

PLASTIC ENTERPRISES CO., INC. EMPLOYEE STOCK OWNERSHIP PLAN AND PROFIT SHARING PLAN

Notes To Financial Statements (*Continued*)

7. Income Tax Status

The Plan is designed to be in accordance with applicable sections of the Code such that the Plan and the related trust are exempt from taxation. The Plan Sponsor has applied to the Internal Revenue Service (IRS) for a determination letter which would confirm this qualification as of December 31, 2010 but has not received a response as of the date of report issuance. Management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code and expects the Plan to receive a favorable letter of determination regarding its qualification as tax-exempt from the IRS.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan's federal tax returns for tax years 2007 and later remain subject to examination by taxing authorities.

8. Transactions With Party-In-Interest

Certain Plan investments are units of pooled separate accounts managed by John Hancock. John Hancock is the Custodian and recordkeeper as defined by the Plan and qualifies as a party-in-interest.

9. Subsequent Events

Management has evaluated subsequent events through October 7, 2011, the date which the financial statements were available for issue.

On February 4, 2011, 100% of the Employer's outstanding shares, including all of the Employer shares held in the Plan, were acquired by an unrelated third party. On this same date, the Plan ceased to invest in Employer stock, and the employee stock ownership plan provisions ceased to apply. The Plan document was fully amended and restated, effective February 4, 2011, and renamed the Plastic Enterprises Co., Inc. Profit Sharing Plan.

Supplemental Schedule

PLASTIC ENTERPRISES CO., INC. EMPLOYEE STOCK OWNERSHIP PLAN AND PROFIT SHARING PLAN

E.I.N. 43-1013354 PLAN NUMBER: 002
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2010
Page 1 Of 4

(a)	(b) Identity Of Issuer, Borrower, Lessor Or Similar Party	(c) Description Of Investment	(d) Cost**	(e) Current Value
Participant Directed:				
Pooled Separate Accounts				
*	John Hancock USA	JH Lifecycle Fund - 2035 Portfolio Pooled Separate Account - 2,687.63 units	\$	28,662
*	John Hancock USA	JH Lifecycle Fund - 2045 Portfolio Pooled Separate Account - 2,542.97 units		27,087
*	John Hancock USA	JH Lifecycle Fund - 2040 Portfolio Pooled Separate Account - 4,565.89 units		48,638
*	John Hancock USA	JH Lifecycle Fund - 2030 Portfolio Pooled Separate Account - 89.99 units		952
*	John Hancock USA	JH Lifestyle Fund - Conservative Portfolio Pooled Separate Account - 1,926.53 units		74,542
*	John Hancock USA	JH Lifestyle Fund - Moderate Portfolio Pooled Separate Account - 6,703.39 units		246,199
*	John Hancock USA	JH Lifestyle Fund - Balanced Portfolio Pooled Separate Account - 27,595.46 units		966,304
*	John Hancock USA	JH Lifestyle Fund - Growth Portfolio Pooled Separate Account - 6,980.45 units		231,743
*	John Hancock USA	JH Lifestyle Fund - Aggressive Portfolio Pooled Separate Account - 4,725.48 units		143,424
*	John Hancock USA	JH American Funds American Balanced Fund Pooled Separate Account - 1,371.73 units		31,268
*	John Hancock USA	JH American Funds Washington Mutual Investors Pooled Separate Account - 566.43 units		19,889
*	John Hancock USA	JH American Funds Investment Company of America Pooled Separate Account - 686.96 units		25,450
*	John Hancock USA	JH American Funds BlackRock Global Allocation Pooled Separate Account - 223.56 units		4,652
*	John Hancock USA	JH American Funds Growth Fund of America Pooled Separate Account - 3,896.89 units		131,420
*	John Hancock USA	JH American Funds EuroPacific Growth Fund Pooled Separate Account - 1,609.04 units		88,235
*	John Hancock USA	American Century Vista Fund Pooled Separate Account - 2,171.43 units		81,354
*	John Hancock USA	Money Market Fund Pooled Separate Account - 6,488.53 units		80,805
*	John Hancock USA	Active Bond Fund (VS) Pooled Separate Account - 227.39 units		4,534

PLASTIC ENTERPRISES CO., INC. EMPLOYEE STOCK OWNERSHIP PLAN AND PROFIT SHARING PLAN

E.I.N. 43-1013354 PLAN NUMBER: 002
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2010
Page 2 Of 4

(a)	(b)	(c)	(d)	(e)
Identity Of Issuer, Borrower, Lessor Or Similar Party	Description Of Investment	Cost**	Current Value	
Participant Directed (Continued):				
Pooled Separate Accounts (Continued)				
*	John Hancock USA	T. Rowe Price Health Science Fund Separate Account - 144.89 units	\$	5,209
*	John Hancock USA	Core Bond Fund Pooled Separate Account - 275.80 units		4,582
*	John Hancock USA	Real Return Bond Fund Pooled Separate Account - 1,005.77 units		18,894
*	John Hancock USA	Total Return Fund (VS) Pooled Separate Account - 1,848.40 units		46,944
*	John Hancock USA	Investment Qual Bond Fund Pooled Separate Account - 4.10 units		89
*	John Hancock USA	Global Bond Fund (VS) Pooled Separate Account - 648.31 units		14,656
*	John Hancock USA	U.S. High Yield Bond Fund Pooled Separate Account - 670.11 units		12,400
*	John Hancock USA	High Yield Fund (VS) Pooled Separate Account - 4.24 units		108
*	John Hancock USA	Templeton World Fund Separate Account - 32.84 units		1,168
*	John Hancock USA	Equity Income Fund (VS) Pooled Separate Account - 3,880.29 units		122,380
*	John Hancock USA	Large Cap Fund Pooled Separate Account - 199.54 units		2,844
*	John Hancock USA	Mid Value Fund Pooled Separate Account - 325.55 units		5,362
*	John Hancock USA	500 Index Fund Pooled Separate Account - 80.34 units		55,557
*	John Hancock USA	Real Estate Securities Fund (VS) Pooled Separate Account - 125.93 units		6,013
*	John Hancock USA	Utilities Fund (VS) Pooled Separate Account - 1,047.94 units		22,942
*	John Hancock USA	Large Cap Value Fund (VS) Pooled Separate Account - 2,572.13 units		51,907
*	John Hancock USA	Fundamental Investors Separate Account - 49.48 units		1,878

PLASTIC ENTERPRISES CO., INC. EMPLOYEE STOCK OWNERSHIP PLAN AND PROFIT SHARING PLAN

E.I.N. 43-1013354 PLAN NUMBER: 002
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2010
Page 3 Of 4

(a)	(b)	(c)	(d)	(e)
Identity Of Issuer, Borrower, Lessor Or Similar Party	Description Of Investment	Cost**	Current Value	
Participant Directed (Continued):				
Pooled Separate Accounts (Continued)				
*	John Hancock USA	Small Company Value Fund Pooled Separate Account - 2,786.53 units	\$	80,542
*	John Hancock USA	Blue Chip Growth Fund Pooled Separate Account - 224.70 units		5,453
*	John Hancock USA	Total Stock Market Index Fund Pooled Separate Account - 144.02 units		1,927
*	John Hancock USA	Capital Appreciation Fund Pooled Separate Account - 4,458.38 units		49,076
*	John Hancock USA	Mid Cap Index Fund Pooled Separate Account - 113.98 units		2,766
*	John Hancock USA	Short-Term Federal Bond Fund Pooled Separate Account - 831.66 units		16,718
*	John Hancock USA	International Value Fund (VS) Pooled Separate Account - 120.12 units		2,443
*	John Hancock USA	International Equity Index Fund (VS) Pooled Separate Account - 93.02 units		1,477
*	John Hancock USA	International Opportunities Fund Pooled Separate Account - 342.79 units		6,016
*	John Hancock USA	Natural Resources Fund (VS) Pooled Separate Account - 445.97 units		21,545
*	John Hancock USA	Mid Cap Stock Fund (VS) Pooled Separate Account - 11.06 units		215
*	John Hancock USA	Small Cap Index (VS) Pooled Separate Account - 82.94 units		1,617
*	John Hancock USA	Strategic Income Fund Separate Account - 3,944.20 units		79,172
*	John Hancock USA	Davis New York Venture Fund Pooled Separate Account - 294.39 units		8,402
*	John Hancock USA	Science & Technology Fund (VS) Pooled Separate Account - 277.11 units		5,378
				2,890,838

PLASTIC ENTERPRISES CO., INC. EMPLOYEE STOCK OWNERSHIP PLAN AND PROFIT SHARING PLAN

E.I.N. 43-1013354 PLAN NUMBER: 002
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2010
Page 4 Of 4

(a)	(b)	(c)	(d)	(e)
Identity Of Issuer, Borrower, Lessor Or Similar Party	Description Of Investment	Cost**	Current Value	
Nonparticipant Directed:				
*	Plastic Enterprises Co., Inc.	Employer common stock - 16,480 shares	\$ 824,000	\$ 30,529,200
	American Funds	Intermediate Bond Fund of America Class A Mutual fund - 5,177.85 shares	67,543	69,538
	American Funds	Investment Company of America Class A Mutual fund - 3,426.44 shares	92,895	96,488
	American Funds	Growth Fund of America Class A Mutual fund - 2,464.35 shares	61,982	75,015
	American Funds	AMCAP Fund Class A Mutual fund - 3,212.35 shares	53,113	60,489
	American Funds	American Mutual Fund Class A Mutual fund - 4,270.22 shares	30,696	108,122
	American Funds	Capital World Bond Fund Class A Mutual fund - 2,986.72 shares	60,636	60,989
	American Funds	Bond Fund of America Class A Mutual fund - 11,070.56 shares	125,494	134,950
	American Funds	American Balanced Fund Class A Mutual fund - 14,697.35 shares	238,792	263,523
	American Funds	Capital Income Builder Fund Class A Mutual fund - 2,414.21 shares	121,705	120,493
	American Funds	Income Fund of America Class A Mutual fund - 5,189.13 shares	85,139	85,880
	American Funds	Euro Pacific Growth Fund Class A Mutual fund - 780.79 shares	30,696	32,301
	American Funds	Washington Mutual Investors Fund Class A Mutual fund - 1,437.03 shares	33,768	39,102
	American Funds	Money Market Class A Mutual fund - 1.26 shares	1	1
			1,002,460	1,146,892
				<u>\$ 34,566,930</u>

* Represents a party-in-interest transaction allowable under ERISA regulations.

** Cost information is not required for participant directed investments.

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4i.

PLASTIC ENTERPRISES CO., INC. EMPLOYEE STOCK OWNERSHIP PLAN AND PROFIT SHARING PLAN

E.I.N. 43-1013354 PLAN NUMBER: 002
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2010
Page 1 Of 4

(a)	(b) Identity Of Issuer, Borrower, Lessor Or Similar Party	(c) Description Of Investment	(d) Cost**	(e) Current Value
Participant Directed:				
Pooled Separate Accounts				
*	John Hancock USA	JH Lifecycle Fund - 2035 Portfolio Pooled Separate Account - 2,687.63 units	\$	28,662
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*	John Hancock USA	JH Lifecycle Fund - 2040 Portfolio Pooled Separate Account - 4,565.89 units		48,638
*	John Hancock USA	JH Lifecycle Fund - 2030 Portfolio Pooled Separate Account - 89.99 units		952
*	John Hancock USA	JH Lifestyle Fund - Conservative Portfolio Pooled Separate Account - 1,926.53 units		74,542
*	John Hancock USA	JH Lifestyle Fund - Moderate Portfolio Pooled Separate Account - 6,703.39 units		246,199
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PLASTIC ENTERPRISES CO., INC. EMPLOYEE STOCK OWNERSHIP PLAN AND PROFIT SHARING PLAN

E.I.N. 43-1013354 PLAN NUMBER: 002
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2010
Page 2 Of 4

(a)	(b)	(c)	(d)	(e)
Identity Of Issuer, Borrower, Lessor Or Similar Party	Description Of Investment	Cost**	Current Value	
Participant Directed (Continued):				
Pooled Separate Accounts (Continued)				
*	John Hancock USA	T. Rowe Price Health Science Fund Separate Account - 144.89 units	\$	5,209
*	John Hancock USA	Core Bond Fund Pooled Separate Account - 275.80 units		4,582
*	John Hancock USA	Real Return Bond Fund Pooled Separate Account - 1,005.77 units		18,894
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PLASTIC ENTERPRISES CO., INC. EMPLOYEE STOCK OWNERSHIP PLAN AND PROFIT SHARING PLAN

E.I.N. 43-1013354 PLAN NUMBER: 002
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2010
Page 3 Of 4

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E.I.N. 43-1013354 PLAN NUMBER: 002
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Page 4 Of 4

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	American Funds	Investment Company of America Class A Mutual fund - 3,426.44 shares	92,895	96,488
	American Funds	Growth Fund of America Class A Mutual fund - 2,464.35 shares	61,982	75,015
	American Funds	AMCAP Fund Class A Mutual fund - 3,212.35 shares	53,113	60,489
	American Funds	American Mutual Fund Class A Mutual fund - 4,270.22 shares	30,696	108,122
	American Funds	Capital World Bond Fund Class A Mutual fund - 2,986.72 shares	60,636	60,989
	American Funds	Bond Fund of America Class A Mutual fund - 11,070.56 shares	125,494	134,950
	American Funds	American Balanced Fund Class A Mutual fund - 14,697.35 shares	238,792	263,523
	American Funds	Capital Income Builder Fund Class A Mutual fund - 2,414.21 shares	121,705	120,493
	American Funds	Income Fund of America Class A Mutual fund - 5,189.13 shares	85,139	85,880
	American Funds	Euro Pacific Growth Fund Class A Mutual fund - 780.79 shares	30,696	32,301
	American Funds	Washington Mutual Investors Fund Class A Mutual fund - 1,437.03 shares	33,768	39,102
	American Funds	Money Market Class A Mutual fund - 1.26 shares	1	1
			1,002,460	1,146,892
				<u>\$ 34,566,930</u>

* Represents a party-in-interest transaction allowable under ERISA regulations.

** Cost information is not required for participant directed investments.

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4i.