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 01/01/2010 and ending 12/31/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
COPE PLASTICS, INC. PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1985

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
COPE PLASTICS, INC.

PO BOX 7190
SHAWNEE MISSION, KS 66207

2b Employer Identification Number (EIN) 37-0774093

2c Sponsor's telephone number 913-648-5526

2d Business code (see instructions) 326100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2011	JOHN F. THEEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2011	PATSY J. SAALE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
COPE PLASTICS, INC.

PO BOX 7190
SHAWNEE MISSION, KS 66207

3b Administrator's EIN
37-0774093

3c Administrator's telephone number
913-648-5526

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**	341
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**	329
b	Retired or separated participants receiving benefits	**6b**	2
c	Other retired or separated participants entitled to future benefits	**6c**	16
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	347
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	347
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	265
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	10
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:
4B

9a Plan funding arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	2	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**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

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

A Name of plan
COPE PLASTICS, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
COPE PLASTICS, INC.

D Employer Identification Number (EIN)
37-0774093

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

1 Coverage Information:

(a) Name of insurance carrier
UNION CENTRAL LIFE INSURANCE CO

(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
31-0472910	80837	E730411	265	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
24384	6096

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
CURRINDER, CALVIN L.
641 CEPI DR.
CHESTERFIELD, MO 63005

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12192			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
WENTZ, R. DAVID
4801 W 110TH ST
SUITE 200
OVERLAND PARK, KS 66211

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6096			3

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

WENTZ, DAVID B.

4801 W 110TH ST
SUITE 200
OVERLAND PARK, KS 66211

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
6096			3

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

TAX FAVORED BENEFITS, INC.

PO BOX 7190
OVERLAND PARK, KS 66207

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	3048	SERVICE FEE	5

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

CARRILLON GROUP, INC.

641 CEPI DRIVE
CHESTERFIELD, MO 63005

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	3048	SERVICE FEE	5

(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	1861219
5	Current value of plan's interest under this contract in separate accounts at year end	5	11988824

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	1764017
c	Additions: (1) Contributions deposited during the year	7c(1)	74035		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	60099		
	(4) Transferred from separate account	7c(4)	97825		
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	231959
d	Total of balance and additions (add **b** and **c(6)**)			7d	1995976
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	87157		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	46097		
	(4) Other (specify below)	7e(4)	1503		
	▶ MARKET VALUE ADJUSTMENT INSURANCE PREMIUMS				
	(5) Total deductions			7e(5)	134757
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	1861219

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 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

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

A Name of plan
COPE PLASTICS, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
COPE PLASTICS, INC.

D Employer Identification Number (EIN)
37-0774093

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

1 Coverage Information:

(a) Name of insurance carrier
UNION CENTRAL LIFE INSURANCE CO

(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
31-0472910	80837	P2322	17	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
0	0

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

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

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

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

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

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

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

(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	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ TABLES PREVIOUSLY PROVIDED

b	Premiums paid to carrier	6b	9228
c	Premiums due but unpaid at the end of the year	6c	0
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) ▶ INDIVIDUAL POLICIES, PLAN OWNS

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** [X] 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 [X] No

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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	**B** Three-digit plan number (PN) ▶	
COPE PLASTICS, INC. PROFIT SHARING PLAN		001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
COPE PLASTICS, INC.	37-0774093

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

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

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

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

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

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

UNION CENTRAL LIFE INSURANCE CO
1876 WAYCROSS
CINCINNATI, OH 45240

(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?
15	RECORDKEEPER	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
COPE PLASTICS, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
COPE PLASTICS, INC.

D Employer Identification Number (EIN)
37-0774093

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: UCL MUTUAL FUND SEPARATE ACCT III

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INS CO

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)
31-0472910-010	P	750370

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEPARATE ACCT IV

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INS CO

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)
31-0472910-011	P	1924450

a Name of MTIA, CCT, PSA, or 103-12 IE: SUMMIT SHORT TERM GOVT SEPARATE AC

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INS CO

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)
31-0472910-012	P	113452

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEPARATE ACCT V

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INS CO

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)
31-0472910-013	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEPARATE ACCT VII

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INS CO

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)
31-0472910-015	P	167600

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEPARATE ACCT VIII

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INS CO

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)
31-0472910-016	P	422733

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEPARATE ACCT XI

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INS CO

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)
31-0472910-022	P	362673

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEPARATE ACCT XII

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INS CO

c EIN-PN 31-0472910-023	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 152855

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEPARATE ACCT XIV

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INS CO

c EIN-PN 31-0472910-025	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 81542

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUT FUND SEPARATE ACCT XV

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INS CO

c EIN-PN 31-0472910-026	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 140219

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUT FUND SEPARATE ACCT XXIII

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INS CO

c EIN-PN 31-0472910-034	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 518602

a Name of MTIA, CCT, PSA, or 103-12 IE: SUMMIT BALANCED INDEX SEP ACCT

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INS CO

c EIN-PN 31-0472910-036	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 63860

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUT FUND SEPARATE ACCT XXI

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INS CO

c EIN-PN 31-0472910-037	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71535

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUT FUND SEPARATE ACCT XLI

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INS CO

c EIN-PN 31-0472910-041	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11237

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEPARATE ACCT

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INS CO

c EIN-PN 31-0472910-046	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 255248

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUT FUND SEPARATE ACCT XLVII

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INS CO

c EIN-PN 31-0472910-047	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55147

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUT FUND SEPARATE ACCT L

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INS CO

c EIN-PN 31-0472910-050	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 104045

a Name of MTIA, CCT, PSA, or 103-12 IE:	UCL MUT FUND SEPARATE ACCT LI		
b Name of sponsor of entity listed in (a):	UNION CENTRAL LIFE INS CO		
c EIN-PN 31-0472910-051	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	332514
a Name of MTIA, CCT, PSA, or 103-12 IE:	UCL MUT FUND SEPARATE ACCT LIX		
b Name of sponsor of entity listed in (a):	UNION CENTRAL LIFE INS CO		
c EIN-PN 31-0472910-059	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	222676
a Name of MTIA, CCT, PSA, or 103-12 IE:	UCL MUT FUND SEPARATE ACCT LX		
b Name of sponsor of entity listed in (a):	UNION CENTRAL LIFE INS CO		
c EIN-PN 31-0472910-060	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	781437
a Name of MTIA, CCT, PSA, or 103-12 IE:	UCL MUT FUND SEPARATE ACCT LXI		
b Name of sponsor of entity listed in (a):	UNION CENTRAL LIFE INS CO		
c EIN-PN 31-0472910-061	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	459009
a Name of MTIA, CCT, PSA, or 103-12 IE:	UCL MUTUAL FUND SEPARATE ACCT LXII		
b Name of sponsor of entity listed in (a):	UNION CENTRAL LIFE INS CO		
c EIN-PN 31-0472910-062	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	173778
a Name of MTIA, CCT, PSA, or 103-12 IE:	UCL MUT FUND SEPARATE ACCT LXV		
b Name of sponsor of entity listed in (a):	UNION CENTRAL LIFE INS CO		
c EIN-PN 31-0472910-065	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	32989
a Name of MTIA, CCT, PSA, or 103-12 IE:	UCL MUT FUND SEPARATE ACCT LXVII		
b Name of sponsor of entity listed in (a):	UNION CENTRAL LIFE INS CO		
c EIN-PN 31-0472910-067	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	381113
a Name of MTIA, CCT, PSA, or 103-12 IE:	UCL MUT FUND SEPARATE ACCT LXXIII		
b Name of sponsor of entity listed in (a):	UNION CENTRAL LIFE INS CO		
c EIN-PN 31-0472910-073	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	20297
a Name of MTIA, CCT, PSA, or 103-12 IE:	UCL MUT FUND SEPARATE ACCT LXXV		
b Name of sponsor of entity listed in (a):	UNION CENTRAL LIFE INS CO		
c EIN-PN 31-0472910-075	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1008850
a Name of MTIA, CCT, PSA, or 103-12 IE:	UCL MUT FUND SEPARATE ACCT LXXVII		
b Name of sponsor of entity listed in (a):	UNION CENTRAL LIFE INS CO		
c EIN-PN 31-0472910-077	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	99461

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUT FUND SEPARATE ACCT LXXXVI

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INS CO

c EIN-PN 31-0472910-086	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 542996

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUT FUND SEPARATE ACCT XCIII

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INS CO

c EIN-PN 31-0472910-093	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 908570

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEPARTATE ACCT XCV

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INS CO

c EIN-PN 31-0472910-095	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 115714

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUT FUND SEPARATE ACCT XCVI

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INS CO

c EIN-PN 31-0472910-096	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6723

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUT FUND SEPARATE ACCT XCVII

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INS CO

c EIN-PN 31-0472910-097	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 111802

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUT FUND SEPARATE ACCT CII

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INS CO

c EIN-PN 31-0472910-102	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1458663

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUT FUND SEPARATE ACCT CIV

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INS CO

c EIN-PN 31-0472910-104	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 136664

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
COPE PLASTICS, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COPE PLASTICS, INC.

D Employer Identification Number (EIN)
37-0774093

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	10120439	11988824
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1764017	1861219
(15) Other	1c(15)	210073	218235

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	12094529	14068278
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	12094529	14068278

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	95955	
	(B) Participants	2a(1)(B)	657328	
	(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)		753283
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)	60099	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		60099
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(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)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1570048
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		11453
d Total income. Add all **income** amounts in column (b) and enter total	2d		2394883
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	411691	
(2) To insurance carriers for the provision of benefits	2e(2)	9228	
(3) Other	2e(3)	15	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		420934
f Corrective distributions (see instructions)	2f		200
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		421134
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1973749
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: RICK & SHANNAHAN, CPAS (2) EIN: 43-1110862

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		600000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

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

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
COPE PLASTICS, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COPE PLASTICS, INC.

D Employer Identification Number (EIN)
37-0774093

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 31-0472910

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **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**

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

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):

COPE PLASTICS, INC. PROFIT SHARING PLAN

ACCOUNTANTS' REPORT AND FINANCIAL STATEMENTS

DECEMBER 31, 2010 AND 2009

RICK & SHANNAHAN
Certified Public Accountants
A Professional Corporation
ST. LOUIS, MISSOURI

COPE PLASTICS, INC. PROFIT SHARING PLAN

ACCOUNTANTS' REPORT AND FINANCIAL STATEMENTS

DECEMBER 31, 2010 AND 2009

COPE PLASTICS, INC. PROFIT SHARING PLAN
DECEMBER 31, 2010 AND 2009

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Rick & Shannahan
Certified Public Accountants
A Professional Corporation
3660 South Geyer Rd. Suite 150
St. Louis, Missouri 63127
(314) 822-7780 • Fax (314) 822-8853

INDEPENDENT ACCOUNTANTS' REPORT

Board of Trustees
Cope Plastics, Inc. Profit Sharing Plan
4441 Industrial Drive
Godfrey, Illinois 62002

We were engaged to audit the accompanying statements of net assets available for plan benefits of Cope Plastics, Inc. Profit Sharing Plan as of December 31, 2010 and 2009, and the related statements of changes in net assets available for plan benefits and the accompanying supplemental schedules for the years then ended. These financial statements are the responsibility of the Plan's management.

As permitted by Section 29 CFR 2520.103-8 of the Department of Labor 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, auditing procedures on the information summarized in Note 4, which was certified by The Union Central Life Insurance Company, the asset custodian of the Plan, except for comparing that information with related information included in the financial statements and supplemental schedules. The Plan administrator informed us that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian that the information provided to the Plan administrator by the custodian as of and for the years ended December 31, 2010 and 2009 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 schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the asset custodian, have been audited by us in accordance with generally accepted auditing standards 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.

Rick & Shannahan

RICK & SHANNAHAN
Certified Public Accountants

St. Louis, Missouri
September 23, 2011

MEMBER AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

COPE PLASTICS, INC. PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2010 AND 2009

	2010	2009
ASSETS		
Investments, at fair value (Note 3 and 4)		
Investment funds	$ 13,850,043	$ 11,884,456
Cash surrender value of life insurance	218,235	210,073
	14,068,278	12,094,529
Receivables		
Employees' contribution	23,609	23,355
Employer's contribution	10,120	-
	33,729	23,355
Total Assets	14,102,007	12,117,884
LIABILITIES		
Total Liabilities	-	-
NET ASSETS REFLECTING INVESTMENTS AT FAIR VALUE	14,102,007	12,117,884
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 14,102,007	$ 12,117,884

See Notes To Financial Statements

COPE PLASTICS, INC. PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
YEARS ENDED DECEMBER 31, 2010 AND 2009

	2010	2009
ADDITIONS		
Investment Income		
Net appreciation in fair value of investments (Note 4)	$ 1,570,047	$ 2,111,983
Interest	60,099	56,119
	1,630,146	2,168,102
Contributions		
Employees	657,582	738,314
Employer	106,075	116,675
	763,657	854,989
Other Income (Loss)	11,454	(615)
Total additions	2,405,257	3,022,476
DEDUCTIONS		
Benefits paid to participants	411,891	528,271
Administrative fees	15	4,749
Insurance premiums paid	9,228	9,228
Total deductions	421,134	542,248
NET INCREASE	1,984,123	2,480,228
NET ASSETS AVAILABLE FOR PLAN BENEFITS, BEGINNING OF YEAR	12,117,884	9,637,656
NET ASSETS AVAILABLE FOR PLAN BENEFITS, END OF YEAR	$ 14,102,007	$ 12,117,884

See Notes To Financial Statements

COPE PLASTICS, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Valuation of Investments

The Plan's investments are stated at fair value based on quoted redemption values provided by The Union Central Life Insurance Company on the last business day of the plan year.

Cash surrender value of life insurance is stated at estimated fair value as determined by The Union Central Life Insurance Company.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Income Tax Status

The Internal Revenue Service has ruled, in the Plan's latest determination letter dated February 24, 1995, that the Plan qualifies under Section 401 (a) of the Internal Revenue Code (IRC) and is, therefore, not subject to tax under present income tax law. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision has been included in the Plan's financial statements.

Risk 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 statement of net assets available for benefits.

Date of Management's Review

Subsequent events were evaluated through September 23, 2011, which is the date the financial statements were available to be issued.

NOTE 2: DESCRIPTION OF THE PLAN

The Plan is a defined contribution 401(k) plan covering all employees of the Company electing to participate. An employee becomes eligible to participate after completing six months of service, provided that they worked at least 1 hour during the plan year, and have attained the age of 21. The Plan is subject to ERISA.

COPE PLASTICS, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

NOTE 2: DESCRIPTION OF THE PLAN, Continued

The Company contributions are discretionary as determined by the Company's Board of Directors. The Company matches 50% of employee salary deferred contributions for each participant up to 6% of compensation. Each participant may elect to contribute up to a maximum of 15% of compensation, not to exceed the federal statutory limits. For the Plan year ending December 31, 2010, the Company matched employee contributions for the period August 14, 2010 thru December 31, 2010. For the Plan year ending December 31, 2009, the Company matched employee contributions during the period January 1, 2009 thru April 30, 2009.

Separate participant accounts are maintained in an Investment Fund held under The Union Central Life's Allocated Group Annuity Policy. Participants designate to which investment alternative, as offered by the Plan, their contributions are to be allocated.

Employees are immediately vested in their voluntary contributions plus their contributions' earnings. Vesting in the remainder of their accounts is based on years of continuous service. An employee is fully vested after 6 years of continuous service.

Upon termination of service, an employee may elect to receive a lump-sum amount equal to the value of their account or apply the funds in their account to purchase a guaranteed annuity. At December 31, 2010 and 2009, plan assets included $976,057 and $714,492 respectively, allocated to terminated participants.

At December 31, 2010 forfeited account balances totaled $15,351. These account balances will be used to pay administration fees and reduce future employer contributions.

Although it has not expressed an intention to do so, the Company has the right to terminate the Plan, subject to the provisions of ERISA. In the event of plan termination, employees become 100 percent vested in their accounts.

The foregoing description of the Plan provides only general information. Employees should refer to the pamphlet "Summary Plan Description" for a more complete description of the Plan's provisions. Copies of the pamphlet are available from the Plan Administrator.

NOTE 3: FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies and assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

COPE PLASTICS, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

NOTE 3: FAIR VALUE MEASUREMENTS, Continued

	Assets at Fair Value as of December 31, 2010		
	Total	(Level 1)	(Level 3)
Mutual Funds			
Balanced funds	$ 358,071	$ 358,071	$ -
Bond funds	809,303	809,303	-
Growth funds	8,806,804	8,806,804	-
Index funds	881,274	881,274	-
International funds	908,571	908,571	-
Money market funds	1,997,884	1,997,884	-
Other funds	88,136	88,136	-
Cash surrender value of life insurance	218,235	-	218,235
	$ 14,068,278	$ 13,850,043	$ 218,235

	Assets at Fair Value as of December 31, 2009		
	Total	(Level 1)	(Level 3)
Mutual Funds			
Balanced funds	$ 282,583	$ 282,583	$ -
Bond funds	882,117	882,117	-
Growth funds	7,227,843	7,227,843	-
Index funds	645,198	645,198	-
International funds	812,101	812,101	-
Money market funds	1,978,733	1,978,733	-
Other funds	55,881	55,881	-
Cash surrender value of life insurance	210,073	-	210,073
	$ 12,094,529	$ 11,884,456	$ 210,073

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of investment funds is based on quoted net asset values of the shares held by the Plan at year end.

COPE PLASTICS, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

NOTE 3: FAIR VALUE MEASUREMENTS, Continued

Level 3 Fair Value Measurements

Cash surrender values are provided by the Union Central Life Insurance Company. The value approximates the fair value of these policies. The values assigned to the individual policies, which are not actively traded on any exchange, are not observable and are considered within Level 3 of the valuation hierarchy.

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

	2010	2009
Cash surrender value of life insurance		
Beginning balance	$ 210,073	$ 210,688
Issuances and settlements (net)	8,162	(615)
Ending balance	$ 218,235	$ 210,073

NOTE 4: INVESTMENTS

The following information included in the accompanying financial statements and supplemental schedules, except for cash surrender value life insurance, was obtained from data that has been prepared and certified to as complete and accurate by the asset custodian of the Plan.

	2010	2009
Individual investments representing more than 5% of the plan assets		
Neuberger Berman - Genesis	$ 1,924,450	$ 1,538,094
Deposit Account	1,861,219	1,764,017
Calvert Large Cap Value	1,458,663	1,253,295
Fidelity VIP Contrafund	1,008,850	855,825
Thornburg International Value	908,570	706,487
T. Rowe Price Retirement 2020	781,437	671,421
Neuberger Berman - Guardian	750,370	604,259
Individual investments representing less than 5% of the plan assets	5,156,484	4,491,058
	13,850,043	11,884,456
Cash surrender value of life insurance	218,235	210,073
	$ 14,068,278	$ 12,094,529

COPE PLASTICS, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

NOTE 4: INVESTMENTS, Continued

During 2010 and 2009, the Plan's investments in mutual funds appreciated in fair value by $1,570,047 and $2,111,983 respectively.

During 2010 and 2009, the Plan's investments in the Union Central Life Insurance Deposit Account earned interest income in the amount of $60,099 and $56,119 respectively.

NOTE 5: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2010 and 2009 to Form 5500.

	2010	2009
Net assets available for plan benefits per financial statements	$ 14,102,007	$ 12,117,884
Receivables: employee contributions	(23,609)	(23,355)
Receivables: employer contributions	(10,120)	-
Net assets available for plan benefits per Form 5500	$ 14,068,278	$ 12,094,529

The following is a reconciliation of contributions from employees and employer per the financial statements at December 31, 2010 and 2009 to Form 5500.

Contributions from employees per financial statements	$ 657,582	$ 738,314
Receivables: employee contributions	(254)	(13,314)
Contributions from employees per Form 5500	$ 657,328	$ 725,000
Contributions from employer per financial statements	$ 106,075	$ 116,675
Receivables: employer contributions	(10,120)	-
Contributions from employer per Form 5500	$ 95,955	$ 116,675

The difference in employee contributions are for amounts withheld from employees' funds but not received by the Plan unitl after year end. The employer contributions are also for amounts not received by the Plan until after year end.

SUPPLEMENTARY INFORMATION

COPE PLASTICS, INC. PROFIT SHARING PLAN
ASSETS HELD FOR INVESTMENT
DECEMBER 31, 2010

	Fair Value
Fair value as determined by quoted market price:	
Union Central Life Insurance Co.:	
Neuberger Berman - Genesis	$ 1,924,450
Deposit Account	1,861,219
Calvert Large Cap Value	1,458,663
Fidelity VIP Contrafund	1,008,850
Thornburg International Value	908,570
T. Rowe Price Retirement 2020	781,437
Neuberger Berman - Guardian	750,370
Pimco Total Return	542,996
Calvert VP S&P Midcap 400	518,602
T. Rowe Price Retirement 2030	459,009
MFS VIT Growth Series	422,733
Neuberger Berman - Regency	381,113
Calvert VP S&P 500 Index	362,673
T. Rowe Price Equity Inc	332,514
Invesco Dynamics	255,248
T. Rowe Price Retirement 2010	222,676
T. Rowe Price Retirement 2040	173,778
MFS VIT Investors Trust	167,600
Calvert High Yield	152,855
Neuberger Berman - Socially Responsive	140,219
Calvert Cash Reserves Prime Fund	136,664
Calvert VP Lifestyle Aggressive	115,714
Calvert S/T Gov't Securities	113,452
Calvert VP Lifestyle Moderate	111,802
T. Rowe Price Blue Chip	104,045
American Century Heritage	99,461
FTVIPT Templeton Growth Securities	81,542
MFS VIT Total Return Series	71,535
Calvert VP Balanced Index	63,860
MS IF US Real Estate	55,147
Royce Total Return	32,989
Fidelity Advisors Small Cap	20,297
Marisco Focus	11,237
Calvert VP Lifestyle Conservative	6,723
	13,850,043
Fair value as estimated by	
Union Central Life Insurance Co.:	
Cash surrender value of life insurance policies issued by Union Central Life	218,235
	$ 14,068,278

COPE PLASTICS, INC. PROFIT SHARING PLAN
TRANSACTIONS OR SERIES OF TRANSACTIONS IN EXCESS
OF 5 PERCENT OF CURRENT VALUE OF PLAN ASSETS
YEAR ENDED DECEMBER 31, 2010

NO REPORTABLE TRANSACTIONS

Schedule H, Part IV, Item 4i - Schedule of Assets Held for Investment Purpose
Plan Year End: 2010
The following is a list of assets by the Plan as of 12/31/2010

COPE PLASTICS INC PRFT SHRG PLN

Plan # 001
Plan EIN: 370774093

Fund Summary

Fund Name	Tax-Id	Beginning Balance 01/01/2010	Ending Balance 12/31/2010	Ending Number of Units	Ending Unit Price	Separate Account Name
Deposit Account - 11	N/A	1,764,016.81	1,861,218.93	N/A	N/A	N/A
Neuberger Berman Genesis, Investor Class - AE	31-0472910-011	1,538,093.36	1,924,449.59	261,455.9047	7.360513	UCL MUTUAL FUND SEP ACCT IV
Neuberger Berman Socially Responsive, Trust Class - AF	31-0472910-026	100,166.34	140,218.71	67,224.6790	2.085822	UCL MUTUAL FUND SEP ACCT XV
MFS VIT Total Return Series, Initial Class - AV	31-0472910-037	65,211.77	71,535.36	47,733.4577	1.498642	UCL MUTUAL FUND SEP ACCT XXI
Neuberger Berman Guardian, Investor Class - AW	31-0472910-010	604,259.11	750,370.18	243,034.6399	3.087503	UCL MUTUAL FUND SEP ACCT III
Invesco Dynamics, Investor Class - A4	31-0472910-046	190,705.45	255,247.52	238,795.6899	1.068895	UCL MUTUAL FUND SEP ACCT XLVI
DWS International VIP, Class A - A5	31-0472910-013	105,613.88	0.00	N/A	N/A	UCL MUTUAL FUND SEP ACCT V
MFS VIT Growth Series, Initial Class - A6	31-0472910-016	377,771.29	422,732.51	186,455.9299	2.267198	UCL MUTUAL FUND SEP ACCT VIII
MFS VIT Investors Trust Series, Initial Class - A8	31-0472910-015	146,441.50	167,600.38	76,319.2972	2.196042	UCL MUTUAL FUND SEP ACCT VII
Fidelity Advisor Small Cap, Class A - BA	31-0472910-073	16,011.57	20,297.15	16,539.4891	1.227193	UCL MUTUAL FUND SEP ACCT LXXIII
Marsico Focus - BD	31-0472910-041	8,719.02	11,237.26	12,966.6893	0.866625	UCL MUTUAL FUND SEP ACCT XLI
Morgan Stanley IF US Real Estate, Class P - BI	31-0472910-047	32,090.76	55,146.90	19,170.3214	2.876681	UCL MUTUAL FUND SEP ACCT XLVII

Fund Name	Tax-Id	Beginning Balance 01/01/2010	Ending Balance 12/31/2010	Ending Number of Units	Ending Unit Price	Separate Account Name
Neuberger Berman Regency, Trust Class - BJ	31-0472910-067	303,597.32	381,113.08	318,858.7706	1.195241	UCL MUTUAL FUND SEP ACCT LXVII
Royce Total Return, Service Class - BO	31-0472910-065	23,790.11	32,989.05	23,789.0603	1.386732	UCL MUTUAL FUND SEP ACCT LXV
Calvert VP Balanced Index - BR	31-0472910-036	58,037.97	63,859.59	22,803.1430	2.800473	SUMMIT BALANCED INDEX SEP ACCT
Calvert High Yield, Class I - BV	31-0472910-023	213,919.17	152,854.53	85,742.7924	1.782710	UCL MUTUAL FUND SEP ACCT XII
T. Rowe Equity Income, Advisor Class - CB	31-0472910-051	247,692.47	332,513.95	253,349.7507	1.312470	UCL MUTUAL FUND SEP ACCT LI
Fidelity VIP Contrafund, Service Class 2 - CF	31-0472910-075	855,824.76	1,008,849.94	941,925.2128	1.071051	UCL MUTUAL FUND SEP ACCT LXXV
Calvert VP Lifestyle Moderate - CH	31-0472910-097	96,756.43	111,802.27	2,237.2863	49.972266	UCL MUTUAL FUND SEP ACCT XCVII
Calvert VP Lifestyle Conservative - CI	31-0472910-096	8,675.92	6,722.82	125.8039	53.438854	UCL MUTUAL FUND SEP ACCT XCVI
Calvert VP Lifestyle Aggressive - CJ	31-0472910-095	104,024.96	115,714.07	2,346.7682	49.307840	UCL MUTUAL FUND SEP ACCT XCV
Thornburg International Value Fund, R4 - CQ	31-0472910-093	706,486.83	908,570.49	32,686.2343	27.796732	UCL MUTUAL FUND SEP ACCT XCIII
Calvert Large Cap Value Fund, Class Y - CT	31-0472910-102	1,253,294.75	1,458,663.14	1,040,407.0312	1.402012	UCL MUTUAL FUND SEP ACCT CII
Calvert Cash Reserves Institutional Prime Fund - CV	31-0472910-104	214,715.73	136,664.42	138,589.1446	0.986112	UCL MUTUAL FUND SEP ACCT CIV
Calvert VP S&P 500 Index - C1	31-0472910-022	269,723.33	362,672.52	167,862.1362	2.160538	UCL MUTUAL FUND SEP ACCT XI
Calvert VP S&P MidCap 400 Index - C2	31-0472910-034	375,474.61	518,601.53	244,301.7393	2.122791	UCL MUTUAL FUND SEP ACCT XXIII
Calvert Short Term Government, Class I - C3	31-0472910-012	184,717.92	113,452.25	58,674.6514	1.933582	SUMMIT SHORT TERM SEP ACCT
FTVIPT Templeton Growth Securities, Class 2 - C7	31-0472910-025	79,049.05	81,541.84	46,459.3303	1.755123	UCL MUTUAL FUND SEP ACCT XIV
T. Rowe Blue Chip Growth, Advisor Class - C9	31-0472910-050	76,388.66	104,044.59	90,283.7210	1.152418	UCL MUTUAL FUND SEP ACCT L
T. Rowe Price Retirement 2010, Advisor Class - 21	31-0472910-059	159,333.61	222,676.33	166,487.5989	1.337495	UCL MUTUAL FUND SEP ACCT LIX
T. Rowe Price Retirement 2020, Advisor Class - 22	31-0472910-060	671,420.71	781,437.08	581,783.5238	1.343175	UCL MUTUAL FUND SEP ACCT LX
T. Rowe Price Retirement 2030, Advisor Class - 23	31-0472910-061	360,614.53	459,008.53	341,463.7339	1.344238	UCL MUTUAL FUND SEP ACCT LXI
American Century Heritage, Investor Class - 39	31-0472910-077	27,555.24	99,461.31	65,751.2845	1.512690	UCL MUTUAL FUND SEP ACCT LXXVII

Fund Name	Tax-Id	Beginning Balance 01/01/2010	Ending Balance 12/31/2010	Ending Number of Units	Ending Unit Price	Separate Account Name
PIMCO Total Return, Administrative Class - 78	31-0472910-086	483,480.16	542,996.47	399,474.1877	1.359278	UCL MUTUAL FUND SEP ACCT LXXXVI
T. Rowe Price Retirement 2040, Advisor Class - 88	31-0472910-062	160,781.03	173,778.32	129,991.0849	1.336848	UCL MUTUAL FUND SEP ACCT LXII
Cash Value of Insurance Policies	N/A	210,073.00	218,235.00	N/A	N/A	N/A
Grand Total		**$12,094,529.13**	**$14,068,277.61**			

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 01/01/2010 and ending 12/31/2010

A This return/report is for: [ ] a multiemployer plan; [ ] a multiple-employer plan; or
[X] a single-employer plan; [ ] a DFE (specify) ____

B This return/report is: [ ] the first return/report; [ ] the final return/report;
[ ] an amended return/report; [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. ▶ [ ]

D Check box if filing under: [X] Form 5558; [ ] automatic extension; [ ] the DFVC program;
[ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan COPE PLASTICS, INC. PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1985

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
COPE PLASTICS, INC.

PO BOX 7190

SHAWNEE MISSION KS 66207

2b Employer Identification Number (EIN) 37-0774093

2c Sponsor's telephone number (913)648-5526

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	[signature]	10/10/11	JOHN F. THEEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	[signature]	10/10/11	JOHN F. THEEN, CFO ~~PATSY J. GAALE~~
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SAME	**3b** Administrator's EIN **3c** Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: **a** Sponsor's name		**4b** EIN **4c** PN

5	Total number of participants at the beginning of the plan year	**5**	341
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**	329
b	Retired or separated participants receiving benefits	**6b**	2
c	Other retired or separated participants entitled to future benefits	**6c**	16
d	Subtotal. Add lines **6a, 6b,** and **6c**	**6d**	347
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	347
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	265
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	10
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 2T 3D

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

4B

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

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules		**b General Schedules**		
(1)	[X] **R** (Retirement Plan Information)	(1)	[X]	**H** (Financial Information)
(2)	[ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2)	[ ]	**I** (Financial Information – Small Plan)
		(3)	[X] 2	**A** (Insurance Information)
		(4)	[X]	**C** (Service Provider Information)
(3)	[ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5)	[X]	**D** (DFE/Participating Plan Information)
		(6)	[ ]	**G** (Financial Transaction Schedules)