# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

**2011**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

**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
SIPLAST INC 401(K) SALARY REDUCTION PLAN AND TRUST

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 01/01/1986

**2a** Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

SIPLAST, INC.

1000 E ROCHELLE BLVD
IRVING, TX 75062-3940

**2b** Employer Identification Number (EIN) 74-2025584

**2c** Sponsor's telephone number 469-995-2245

**2d** Business code (see instructions) 339900

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/10/2012 | JAMES MOLLENHOFF |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/10/2012 | JAMES MOLLENHOFF |
| | **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")
SIPLAST, INC.

1000 E ROCHELLE BLVD
IRVING, TX 75062-3940

**3b** Administrator's EIN
74-2025584

**3c** Administrator's telephone number
469-995-2245

**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** | 155 |
| **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** | 137 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 18 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 155 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 155 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 142 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

**9a** Plan funding arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | 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 | 1 | **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

**2011**

**This Form is Open to Public Inspection**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

**A** Name of plan
SIPLAST INC 401(K) SALARY REDUCTION PLAN AND TRUST

**B** Three-digit plan number (PN) ▶ 002

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

**D** Employer Identification Number (EIN)
74-2025584

**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
LINCOLN NATIONAL LIFE INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 35-0472300 | 65676 | GP 68103 | 142 | 01/01/2011 | 12/31/2011 |

**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 |
|---|---|
| 15638 | 16496 |

**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

LPL FINANCIAL CORPORATION
9785 TOWNE CENTER DRIVE
SAN DIEGO, CA 92121

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 15638 | 16496 | MARKETING ALLOWANCE NON-MONETARY COMPENSATION TO SALES REP | 4 |

**(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 | 13511297 |

**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 ▶ GROUP VARIABLE ANNUITY W/GUAR FUND

| | | | | | |
|---|---|---|---|---|---|
| **b** | Balance at the end of the previous year | | | 7b | 1126457 |
| **c** | Additions: (1) Contributions deposited during the year | 7c(1) | 71014 | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 60521 | | |
| | (4) Transferred from separate account | 7c(4) | 772297 | | |
| | (5) Other (specify below) ▶ | 7c(5) | | | |
| | (6) Total additions | | | 7c(6) | 903832 |
| **d** | Total of balance and additions (add **b** and **c(6)**). | | | 7d | 2030289 |
| **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) | 149084 | | |
| | (4) Other (specify below) ▶ CORRECTIVES | 7e(4) | 232 | | |
| | (5) Total deductions | | | 7e(5) | 149316 |
| **f** | Balance at the end of the current year (subtract **e(5)** from **d**) | | | 7f | 1880973 |

## 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 organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

**a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

**e** ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

**i** ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

**m** ☐ Other (specify) ▶

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. | | | **10b** | |

Specify nature of costs ▶

## Part IV Provision of Information

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

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

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2011**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

**A** Name of plan
SIPLAST INC 401(K) SALARY REDUCTION PLAN AND TRUST

**B** Three-digit plan number (PN) ▶ 002

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

**D** Employer Identification Number (EIN)
74-2025584

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

LINCOLN NATIONAL CORPORATION

35-1140070

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

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

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

STADION MONEY MANAGEMENT

58-2099805

| (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? |
|---|---|---|---|---|---|---|
| 26 | SERVICE PROVIDER | 79644 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

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

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

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

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

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

OMB No. 1210-0110

**2011**

**This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

**A** Name of plan
SIPLAST INC 401(K) SALARY REDUCTION PLAN AND TRUST

**B** Three-digit plan number (PN) ▶ 002

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

**D** Employer Identification Number (EIN)
74-2025584

**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: LNL SA12 GOV'T/CORPORATE BOND

**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE 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) |
|---|---|---|
| 35-1140070-112 | P | 335221 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA14 SHORT TERM

**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE 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) |
|---|---|---|
| 35-1140070-114 | P | 965270 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA17 MEDIUM CAP EQUITY

**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE 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) |
|---|---|---|
| 35-1140070-117 | P | 32984 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA19 LVIP VANGUARD DOMESTIC EQ

**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE 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) |
|---|---|---|
| 35-1140070-119 | P | 30910 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA20 HIGH YIELD

**b** Name of sponsor of entity listed in (a): 35-1140070

| **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) |
|---|---|---|
| 35-1140070-120 | P | 185477 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA21 BALANCED

**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE 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) |
|---|---|---|
| 35-1140070-121 | P | 15604 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA22 INTERNATIONAL EQUITY

**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE 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) |
|---|---|---|
| 35-1140070-122 | P | 4956 |

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA23 LARGE CAP EQUITY | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-123 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 9998 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA24 SMALL CAP EQUITY | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-124 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 63486 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA27 LVIP SSGA S & P 500 INDEX | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-127 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1235786 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA28 VALUE EQUITY | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-128 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 20649 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA29 LVIP T.ROWE GROWTH STOCK | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-129 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 23814 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA30 CONSERVATIVE BALANCED | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-130 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA31 AB GLOBAL THEMATIC | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-131 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 5725 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA32 AGGRESSIVE BALANCED | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-132 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 3233 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA33 LVIP DEL SOCIAL AWARENESS | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-133 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA34 AMER FUNDS NEW PERSP | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-134 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 16701 |

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|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA35 FIDELITY VIP CONTRAFUND | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-135 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 97283 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA36 LVIP SSGA SMALL-CAP INDEX | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-136 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 421561 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA1C AMERFUNDS AMER HIGH-INC | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-716 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 659 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA38 LVIP MID-CAP VALUE | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO. | | | |
| **c** EIN-PN 35-1140070-138 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 17742 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA39 AB SMALL MID CAP VALUE | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIOANL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-139 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 36963 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA46 AMERFUNDS SMALLCAP WORLD | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-146 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 25300 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA48 AMERFUNDS GROWTH AMERICA | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-148 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 662 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA49 AMERFUNDS INVEST CO AMER | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-149 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 24707 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA54 AMERFUNDS EUROPAC GROWTH | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-154 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 36382 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA55 COHEN & STEERS GBL REIT | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-155 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 14972 |

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|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA56 DELAWARE VIP SMCAP VALUE | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-156 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 49043 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA57 FIDELITY VIP EQUITY INCOME | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-157 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 87183 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA58 FIDELITY VIP GROWTH | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-158 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 61481 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA59 LVIP VANGUARD INTL EQUITY | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-159 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 41485 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA61 DELAWARE VIP VALUE | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO. | | | |
| **c** EIN-PN 35-1140070-161 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 11328 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA62 LVIP TEMPLETON GROWTH | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-162 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 56074 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA63 WF ADVANTAGE DISCOVERY | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-163 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 69877 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA64 JANUS ASPEN ENTERPRISE | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-164 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 11603 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA65 MFS VIT EMERGING GROWTH | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-165 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 29165 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA67 MFS VIT UTILITIES SERIES | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-167 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 64585 |

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|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA70 JANUS ASPEN JANUS | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-170 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 4617 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA76 BLACKROCK MID-CAP GRW EQ | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-176 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1708 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA77 BLACKROCK ENERGY RESOURCES | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-177 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 137272 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA80 BLACKROCK LARGE CAP VALUE | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-180 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 69142 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA81 BLACKRROCK CAPITAL APP | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-181 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 27336 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA83 BLACKROCK MID-CAP VALUE | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-183 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 23694 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA84 FIDELITY VIP MID CAP | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-184 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1627 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA86 TEMP GLBAL BND SECURITIES | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-186 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 115131 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA87 DEL LTD-TERM DIV INCOME | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-187 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA92 AC VP INFLATION PROTECT | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-192 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 339018 |

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA93 DEL VIP DIVERSIFIED INCOME | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-193 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 93078 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA94 DEL VIP EMERGING MARKETS | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-194 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 46576 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA96 LVIP DEL FNDTN MODERATALL | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-196 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL9 SSGA RUSS LC GR LX NON-LN | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-712 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 457509 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SATM STADION MANAGED MODERATE | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-706 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 3186090 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SATG STADION MANAGED GROWTH | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-707 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1192800 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL5 LVIP SSGA INTERNAT'L INDX | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-708 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 822950 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL6 LVIP SSGA BOND INDEX | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-709 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1297072 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL8 SSGA RUSS LC VI LX NON-LN | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-711 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 624785 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SALA SSGE S&P MIDCP IDX NON-LN | | | |
| **b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO | | | |
| **c** EIN-PN 35-1140070-713 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 455382 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SALB SSGA RUSS SC VI IX NON-LN

**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

| **c** EIN-PN 35-1140070-714 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 112516 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SALC SSGA RUSS SC GR IX NON-LN

**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

| **c** EIN-PN 35-1140070-715 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 116674 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA1E AMERFUNDS BOND AMERICA

**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

| **c** EIN-PN 35-1140070-717 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59718 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL7 LVIP DELAWARE SPECIAL OPP

**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

| **c** EIN-PN 35-1140070-710 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52188 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA1X LVIP BAR GR

**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

| **c** EIN-PN 35-1140070-718 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52492 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SATC STADION MGD CONSERVATIVE

**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

| **c** EIN-PN 35-1140070-705 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 114053 |
|---|---|---|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Financial Information

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

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

OMB No. 1210-0110

**2011**

**This Form is Open to Public Inspection**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

**A** Name of plan
SIPLAST INC 401(K) SALARY REDUCTION PLAN AND TRUST

**B** Three-digit plan number (PN) ▶ 002

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

**D** Employer Identification Number (EIN)
74-2025584

## 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) | 270458 | 282672 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 14178701 | 13511297 |
| **(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) | 1126457 | 1880973 |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 15575616 | 15674942 |
| | **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 | 15575616 | 15674942 |

## 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) | 248826 | |
| | **(B)** Participants | 2a(1)(B) | 906381 | |
| | **(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) | | 1155207 |
| **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) | 12402 | |
| | **(F)** Other | 2b(1)(F) | 60521 | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 72923 |
| | **(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) | | -684508 |
| (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 | | -13191 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 530431 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 341848 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 341848 |
| f Corrective distributions (see instructions) | 2f | | 8825 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 788 |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 79644 | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 79644 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 431105 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 99326 |
| 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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

**(1)** Name: SUTTON FROST CARY, LLP **(2)** EIN: 75-2593210

**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

**2011**

**This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

**A** Name of plan
SIPLAST INC 401(K) SALARY REDUCTION PLAN AND TRUST

**B** Three-digit plan number (PN) ▶ 002

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

**D** Employer Identification Number (EIN)
74-2025584

## 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): 35-1140070

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

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

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

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

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

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

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

**6** **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... **6a**

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

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

# SIPLAST, INC.
# 401(K) SALARY REDUCTION PLAN AND TRUST

FINANCIAL STATEMENTS
WITH SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2011 AND 2010

AND

REPORT OF INDEPENDENT AUDITORS

# SIPLAST, INC. 401(K) SALARY REDUCTION PLAN AND TRUST

FINANCIAL STATEMENTS WITH SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2011 AND 2010

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Sutton Frost Cary LLP
A Limited Liability Partnership
Certified Public Accountants and Consultants

# REPORT OF INDEPENDENT AUDITORS

To the Fiduciary Committee of
SIPLAST, INC. 401(K) SALARY REDUCTION PLAN AND TRUST

We were engaged to audit the financial statements of the SIPLAST, INC. 401(K) SALARY REDUCTION PLAN AND TRUST ("Plan") as of December 31, 2011 and 2010 and for the year ended December 31, 2011, and the supplemental schedule as of December 31, 2011, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR Sections 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Lincoln National Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of December 31, 2011 and 2010 and for the year ended December 31, 2011 that the information provided to the Plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with U.S. generally accepted auditing standards 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.

Sutton Frost Cary

A Limited Liability Partnership

July 11, 2012
Arlington, Texas

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# SIPLAST, INC. 401(K) SALARY REDUCTION PLAN AND TRUST

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

## DECEMBER 31, 2011 AND 2010

| | 2011 | 2010 |
|---|---|---|
| Investments, at fair value: | | |
| Lincoln National Life Insurance Company Investment Contract: | | |
| Pooled separate accounts | $ 13,511,297 | $ 14,178,701 |
| Guaranteed account | 1,880,973 | 1,126,457 |
| Total investments | 15,392,270 | 15,305,158 |
| Notes receivable from participants | 282,672 | 270,458 |
| Net assets available for benefits | $ 15,674,942 | $ 15,575,616 |

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

# SIPLAST, INC. 401(K) SALARY REDUCTION PLAN AND TRUST

## STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

## FOR THE YEAR ENDED DECEMBER 31, 2011

| | | |
|---|---|---|
| Additions to net assets attributed to: | | |
| Interest | $ | 72,922 |
| Contributions: | | |
| Employer contributions | | 248,826 |
| Participant contributions | | 906,381 |
| Total additions | | 1,228,129 |
| Deductions from net assets attributed to: | | |
| Benefits paid to participants | | 364,651 |
| Net depreciation in fair value of investments | | 684,508 |
| Administrative expenses | | 79,644 |
| Total deductions | | 1,128,803 |
| Net increase in net assets available for benefits | | 99,326 |
| Net assets available for benefits: | | |
| Beginning of year | | 15,575,616 |
| End of year | $ | 15,674,942 |

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

## 1 - DESCRIPTION OF PLAN

### GENERAL

SIPLAST, INC. 401(K) SALARY REDUCTION PLAN AND TRUST (the "Plan") was established January 1, 1986, for eligible employees of Siplast, Inc. (the "Company"). The Plan is a defined contribution plan designed to comply with the Employee Retirement Income Security Act of 1974 ("ERISA"). Lincoln National Life Insurance Company ("Lincoln") (the "Custodian") acts as custodian for the Plan pursuant to an agreement between the Custodian and the Company. The following descriptions provide only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

### CONTRIBUTIONS

Employees of the Company age 18 or older may contribute up to 80% of pretax annual compensation, as defined in the Plan, limited to the maximum amount permitted under the applicable Internal Revenue Code ("IRC") regulations. Each participant's account is credited with the participant's contribution. Employees are eligible to participate in the Company's matching contribution after completing one year of eligible service.

Each year the Company will contribute a matching percentage equal to 50% of the participant contributions not exceeding 5% of each eligible employee's annual compensation. The Plan also allows the Company, at management's discretion, to make a profit sharing contribution. There were no profit sharing contributions made during 2011.

Participants may direct these contributions to any of the investments available under the Plan or have the option to allow a third party to manage the investment allocations without participant intervention.

### VESTING

All participant contributions are immediately vested. Employer contributions vest 20% per year, beginning after the second anniversary of their hire date, with full vesting occurring after the sixth year.

### FORFEITURES

When certain terminations of participation in the Plan occur, the nonvested portion of the participant's account, as defined by the Plan, represents a forfeiture. Forfeitures are allocated in the same manner as the employer's discretionary contribution to participants who are employed on the last day of the Plan year. No forfeitures were allocated to participants during the year ended

## 1 - DESCRIPTION OF PLAN (Continued)

### FORFEITURES (CONTINUED)

December 31, 2011. At December 31, 2011 and 2010, forfeitures available to be allocated in future years were $29,352 and $18,491, respectively.

### NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants represent loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Plan participants may borrow from their accounts an amount generally not to exceed the lesser of $50,000 or 50% of their vested account balance. The loan must be repaid at a reasonable rate of interest within five years, unless the proceeds are used to purchase the participant's primary residence. Principal and interest are paid ratably through automatic payroll deductions. No allowance for credit losses has been recorded as of December 31, 2011 or 2010. If a participant ceases to make loan repayments and the Plan administrator deems the loan to be a distribution, notes receivable from participants is reduced and a benefit payment is recorded.

### PARTICIPANT ACCOUNTS

Each participant's account is credited with the allocation of the Company's contribution and Plan earnings. Allocations are based on participant's earnings or account balances, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### DISTRIBUTIONS TO PARTICIPANTS

Upon termination of service due to death, disability, or retirement, a participant may elect to receive a lump-sum payment, installment payments, or payment through the purchase of an annuity contract, equal to the value of the participant's vested account balance. Employees may also take hardship withdrawals on the balance of their account related to their elective deferral contributions.

### ADMINISTRATIVE EXPENSES

The Company pays substantially all administrative fees and expenses related to maintaining the Plan.

## 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

### BASIS OF ACCOUNTING

The financial statements have been prepared under the accrual basis of accounting in accordance with U.S. generally accepted accounting principles.

## 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

### ESTIMATES AND ASSUMPTIONS

Management uses estimates and assumptions in preparing financial statements in accordance with U.S. generally accepted accounting principles. Those estimates and assumptions affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities. Actual results could vary from the estimates used in preparing the accompanying financial statements.

### INVESTMENT VALUATION AND INCOME RECOGNITION

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements. The Plan presents the net change in fair value of pooled separate accounts and the guaranteed account, which consists of realized gains or losses, unrealized appreciation (depreciation), and any income or capital gain distributions from such investments, in the accompanying statement of changes in net assets available for benefits.

Purchases and sales of investments are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

### PAYMENT OF BENEFITS

Benefits are recorded when paid.

### RISKS AND UNCERTAINTIES

The Plan provides for various investment options in pooled separate accounts and other 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 participant account balances and the amounts reported in the statement of net assets available for benefits.

### NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

## 3 - FINANCIAL INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN (UNAUDITED)

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the independent auditors not to perform any auditing procedures with respect to the following information certified as complete and accurate by Lincoln, the Custodian and a party-in-interest as defined by ERISA, as of December 31, 2011 and 2010 and for the year ended December 31, 2011, except for comparing such information certified by the Custodian to information included in the Plan's financial statements and supplemental schedule. This information consists of the following:

| | 2011 | 2010 |
|---|---|---|
| Lincoln National Life Insurance Company Investment Contract: | | |
| Pooled separate accounts | $ 13,511,297 | $ 14,178,701 |
| Guaranteed account | 1,880,973 | 1,126,457 |
| Total | $ 15,392,270 | $ 15,305,158 |
| Interest | $ 72,922 | |
| Net depreciation in fair value of investments | $ 684,508 | |

## 4 - FAIR VALUE MEASUREMENTS

Under the Fair Value Measurements and Disclosures topic of the Codification, ASC 820, disclosures are required about how fair value is determined for assets and liabilities and a hierarchy for which these assets and liabilities must be grouped is established, based on significant levels of inputs as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

## 4 - FAIR VALUE MEASUREMENTS (Continued)

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

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

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

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

### GUARANTEED ACCOUNT

This investment is valued at the certified rate, which is communicated to the Plan and credited daily. Market value adjustments and surrender charges could limit the ability of the Plan to initiate/complete a transaction at contract value and result in an adjustment to the net asset value. To determine if an market value adjustment applies, the current value of the Barclays Capital US Aggregate Baa Yield-to-Worst Index is compared to the five year average of the same index. If the current value is greater than the five year average, there will be a market value adjustment.

### POOLED SEPARATE ACCOUNTS

These investments are valued at their accumulation unit value ("AUV"). The separate account is valued daily as the number of accumulation units held multiplied by the AUV. The AUV is first established when a new fund starts (typically the beginning AUV is $10.00) and is then determined daily based on the net asset value ("NAV") of shares of the underlying fund, the fund's dividends and the contract's separate account charges. The fund NAV's are available from the custodian or, in some cases, from national exchanges. The contract's daily asset charge (separate account charge) is communicated to Plan management in the contract and applicable notice of change.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

## 4 - FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011:

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Pooled separate accounts: | | | | |
| Growth | $ - | $ 5,561,079 | $ - | $ 5,561,079 |
| Growth and income | - | 595,811 | - | 595,811 |
| Income | - | 3,107,244 | - | 3,107,244 |
| Index | - | 4,247,163 | - | 4,247,163 |
| Guaranteed account | - | - | 1,880,973 | 1,880,973 |
| | $ - | $ 13,511,297 | $ 1,880,973 | $ 15,392,270 |

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

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Pooled separate accounts: | | | | |
| Balanced | $ - | $ 1,175 | $ - | $ 1,175 |
| Growth | - | 6,159,106 | - | 6,159,106 |
| Growth and income | - | 620,125 | - | 620,125 |
| Income | - | 2,490,970 | - | 2,490,970 |
| Index | - | 4,907,325 | - | 4,907,325 |
| Guaranteed account | - | - | 1,126,457 | 1,126,457 |
| | $ - | $ 14,178,701 | $ 1,126,457 | $ 15,305,158 |

The following table sets forth a summary of changes in the fair value of the guaranteed account for the years ended December 31, 2011 and 2010:

| | 2011 | 2010 |
|---|---|---|
| Balance, beginning of year | $1,126,457 | $1,786,169 |
| Contributions | 71,014 | 60,684 |
| Net appreciation of investment | 60,521 | 42,030 |
| Transfers | 623,213 | (761,312) |
| Distributions | (232) | (1,114) |
| Balance, end of year | $1,880,973 | $1,126,457 |

## 5 - INVESTMENTS

Investments at December 31, 2011 and 2010 that represent 5% or more of the fair value of net assets available for benefits are as follows:

| Investment | 2011 | 2010 |
|---|---|---|
| Guaranteed Account | $ 1,880,973 | $ 1,126,457 |
| LVIP SSgA International Index | 822,950 | 983,131 |
| LVIP SSgA Bond Index | 1,297,072 | 1,097,721 |
| LVIP SSgA S&P 500 Index | 1,235,786 | 1,376,521 |
| Stadion Managed Growth | 1,192,800 | 1,733,452 |
| Stadion Managed Moderate | 3,186,090 | 2,850,806 |
| Short Term Account | 965,270 | * |

* Investment did not represent more than 5% of net assets available for benefits.

## 6 - INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan maintains an investment contract with Lincoln. Lincoln maintains the contributions in a general account. The contract is included in the financial statements at fair value (which represents contributions made under the contract, plus earnings, less withdrawals and administrative expenses), because it is not fully benefit responsive. The guaranteed minimum interest rate is 4% and this rate is reset annually. All deposits are credited with the new money interest rate during the current quarter and the next three succeeding calendar quarters. Thereafter the portfolio rate is applied. The new money rate closely tracks current investment rates. The portfolio rate is based on the investment performance of Lincoln's general investment account. Some withdrawals and all transfers from the guaranteed account are limited to 20% of the account value during any twelve month period without a market value adjustment, or the entire amount may be transferred in six installments over a five year period without a market value adjustment. The new money and portfolio interest rates for 2011 and 2010 were 4%.

## 7 - TAX STATUS

The prototype Plan document obtained its latest determination letter on August 7, 2001, in which the Internal Revenue Service ("IRS") stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The prototype Plan document has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the IRC. Therefore no provision for income taxes has been included in the Plan's financial statements.

## 7 - TAX STATUS (Continued)

U.S. generally accepted accounting principles require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011 and 2010, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan's Annual Return/Report of Employee Benefit Plan is subject to examination by the IRS for three years from the date of filing.

## 8 - SUBSEQUENT EVENTS

Plan management evaluated subsequent events after the statement of net assets available for benefits date of December 31, 2011 through July 11, 2012, which was the date the financial statements were available to be issued, and concluded that no additional disclosures are required.

# SUPPLEMENTAL SCHEDULE

# SIPLAST, INC. 401(K) SALARY REDUCTION PLAN AND TRUST
ID #74-2025584
PLAN #002

## SCHEDULE H, ITEM 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2011

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| * | Lincoln/Wellington | LVIP Mid-Capitalization Value | $ ** | $ 17,742 |
| * | Lincoln/Wellington | LVIP Vanguard Domestic Equity | ** | 30,910 |
| * | Lincoln/T. Rowe Price | LVIP T. Rowe Price Growth Stock | ** | 23,814 |
| | AllianceBernstein | AllianceBernstein VPS Global Thematic Growth | ** | 5,725 |
| * | Lincoln/Delaware | Government/Corporate Bond Account | ** | 335,221 |
| * | Lincoln/Delaware | Short Term Account | ** | 965,270 |
| * | Lincoln/T. Rowe Price | Medium Capitalization Equity Account | ** | 32,983 |
| * | Lincoln/Delaware | High Yield Bond Account | ** | 185,477 |
| * | Lincoln/Delaware | Balanced Account | ** | 15,604 |
| * | Lincoln/Delaware | International Equity Account | ** | 4,956 |
| * | Lincoln/Delaware | Large Capitalization Equity Account | ** | 9,998 |
| * | Lincoln/Delaware | Small Capitalization Equity Account | ** | 63,486 |
| * | Lincoln/Massachusetts | Value Equity Account | ** | 20,649 |
| * | Lincoln/Wellington | LVIP Vanguard International Equity | ** | 41,485 |
| * | Lincoln/Delaware | Aggressive Balanced Account | ** | 3,233 |
| | Delaware | Delaware VIP Value | ** | 11,328 |
| * | Lincoln/Delaware | Guaranteed Account | ** | 1,880,973 |
| | Capital | American Funds New Perspective | ** | 16,701 |
| | Capital | American Funds SMALLCAP World | ** | 25,299 |
| | Fidelity | Fidelity VIP Contrafund | ** | 97,283 |
| | AllianceBernstein | AllianceBernstein VPS Small/Mid Cap Value | ** | 36,963 |
| | Capital | American Funds Growth Fund of America | ** | 662 |
| | Capital | American Funds Investment Company of America | ** | 24,707 |
| | Capital | American Funds EuroPacific Growth | ** | 36,382 |
| | Delaware | Delaware VIP Small Cap Value Series | ** | 49,043 |
| | Fidelity | Fidelity VIP Equity-Income | ** | 87,183 |
| | Fidelity | Fidelity VIP Growth | ** | 61,481 |

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# SIPLAST, INC. 401(K) SALARY REDUCTION PLAN AND TRUST
ID #74-2025584
PLAN #002

## SCHEDULE H, ITEM 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2011
(Continued)

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Wells Fargo | Advantage Discovery Fund | $ ** | $ 69,877 |
| | Janus Capital | Janus Aspen Series Enterprise | ** | 11,603 |
| | Janus Capital | Janus Aspen Series Janus | ** | 4,617 |
| | Massachusetts Financial | MFS VIT Growth | ** | 29,165 |
| | Massachusetts Financial | MFS VIT Utilities | ** | 64,585 |
| | BlackRock | BlackRock Capital Appreciation | ** | 27,336 |
| | BlackRock | BlackRock Energy & Resources | ** | 137,272 |
| | BlackRock | BlackRock Large Cap Value | ** | 69,142 |
| | BlackRock | BlackRock Mid-Cap Value Equity | ** | 23,694 |
| | Delaware | Delaware VIP Diversified Income | ** | 93,078 |
| | Delaware | Delaware VIP Emerging Markets | ** | 46,576 |
| | American Century | American Century VP Inflation Protection | ** | 339,018 |
| * | Lincoln/State Street Global | LVIP SSgA S&P 500 Index | ** | 1,235,786 |
| * | Lincoln | Stadion Managed Growth | ** | 1,192,800 |
| * | Lincoln | Stadion Managed Moderate | ** | 3,186,090 |
| | BlackRock | BlackRock Small/Mid-Cap Growth | ** | 1,708 |
| * | Lincoln/State Street Global | LVIP SSgA International Index | ** | 822,950 |
| * | Lincoln/State Street Global | LVIP SSgA Bond Index | ** | 1,297,072 |
| | State Street Global Advisors | SSgA Russell 1000 Value Index | ** | 624,785 |
| | State Street Global Advisors | SSgA Russell 1000 Growth Index | ** | 457,509 |
| | State Street Global Advisors | SSgA S&P MidCap Index | ** | 455,382 |
| | State Street Global Advisors | SSgA Russell Small Cap Value Index | ** | 112,516 |
| | Capital | American Funds High-Income Trust | ** | 659 |
| | State Street Global Advisors | SSgA Russell Small Cap Growth Index | ** | 116,677 |
| | Capital | American Funds Bond Fund of America | ** | 59,718 |
| * | Lincoln/State Street Global | LVIP SSgA Small-Cap Index | ** | 421,561 |
| * | Lincoln/Cohen & Steers | LVIP Cohen and Steers Global Real Estate | ** | 14,972 |
| | Franklin Advisers | FTVIPT Franklin Small-Mid Cap Growth Securities | ** | 56,073 |

# SIPLAST, INC. 401(K) SALARY REDUCTION PLAN AND TRUST
ID #74-2025584
PLAN #002

## SCHEDULE H, ITEM 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2011
(Continued)

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Fidelity | Fidelity VIP Mid Cap | $ ** | $ 1,627 |
| | Franklin Advisers | FTVIPT Templeton Global Bond Securities | ** | 115,131 |
| * | Lincoln | Stadion Managed Conservative Fund | ** | 114,053 |
| * | Lincoln/Delaware | LVIP Delaware Special Opportunities | ** | 52,188 |
| * | Lincoln/Delaware | LVIP Bar Growth | ** | 52,492 |
| * | Participant Loans | Participant loans secured by participant vested accrued benefits with interest from 5% to 9.25%, generally due through 2016 | - | 282,672 |
| | | | $ - | $ 15,674,942 |

* A party-in-interest as defined by ERISA
** Cost omitted for participant-directed investments

# SIPLAST, INC. 401(K) SALARY REDUCTION PLAN AND TRUST
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## SCHEDULE H, ITEM 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2011

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|---|---|---|---|---|
| * | Lincoln/Wellington | LVIP Mid-Capitalization Value | $ ** | $ 17,742 |
| * | Lincoln/Wellington | LVIP Vanguard Domestic Equity | ** | 30,910 |
| * | Lincoln/T. Rowe Price | LVIP T. Rowe Price Growth Stock | ** | 23,814 |
| | AllianceBernstein | AllianceBernstein VPS Global Thematic Growth | ** | 5,725 |
| * | Lincoln/Delaware | Government/Corporate Bond Account | ** | 335,221 |
| * | Lincoln/Delaware | Short Term Account | ** | 965,270 |
| * | Lincoln/T. Rowe Price | Medium Capitalization Equity Account | ** | 32,983 |
| * | Lincoln/Delaware | High Yield Bond Account | ** | 185,477 |
| * | Lincoln/Delaware | Balanced Account | ** | 15,604 |
| * | Lincoln/Delaware | International Equity Account | ** | 4,956 |
| * | Lincoln/Delaware | Large Capitalization Equity Account | ** | 9,998 |
| * | Lincoln/Delaware | Small Capitalization Equity Account | ** | 63,486 |
| * | Lincoln/Massachusetts | Value Equity Account | ** | 20,649 |
| * | Lincoln/Wellington | LVIP Vanguard International Equity | ** | 41,485 |
| * | Lincoln/Delaware | Aggressive Balanced Account | ** | 3,233 |
| | Delaware | Delaware VIP Value | ** | 11,328 |
| * | Lincoln/Delaware | Guaranteed Account | ** | 1,880,973 |
| | Capital | American Funds New Perspective | ** | 16,701 |
| | Capital | American Funds SMALLCAP World | ** | 25,299 |
| | Fidelity | Fidelity VIP Contrafund | ** | 97,283 |
| | AllianceBernstein | AllianceBernstein VPS Small/Mid Cap Value | ** | 36,963 |
| | Capital | American Funds Growth Fund of America | ** | 662 |
| | Capital | American Funds Investment Company of America | ** | 24,707 |
| | Capital | American Funds EuroPacific Growth | ** | 36,382 |
| | Delaware | Delaware VIP Small Cap Value Series | ** | 49,043 |
| | Fidelity | Fidelity VIP Equity-Income | ** | 87,183 |
| | Fidelity | Fidelity VIP Growth | ** | 61,481 |

(Continued)

# SIPLAST, INC. 401(K) SALARY REDUCTION PLAN AND TRUST
ID #74-2025584
PLAN #002

## SCHEDULE H, ITEM 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2011
(Continued)

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Wells Fargo | Advantage Discovery Fund | $ ** | $ 69,877 |
| | Janus Capital | Janus Aspen Series Enterprise | ** | 11,603 |
| | Janus Capital | Janus Aspen Series Janus | ** | 4,617 |
| | Massachusetts Financial | MFS VIT Growth | ** | 29,165 |
| | Massachusetts Financial | MFS VIT Utilities | ** | 64,585 |
| | BlackRock | BlackRock Capital Appreciation | ** | 27,336 |
| | BlackRock | BlackRock Energy & Resources | ** | 137,272 |
| | BlackRock | BlackRock Large Cap Value | ** | 69,142 |
| | BlackRock | BlackRock Mid-Cap Value Equity | ** | 23,694 |
| | Delaware | Delaware VIP Diversified Income | ** | 93,078 |
| | Delaware | Delaware VIP Emerging Markets | ** | 46,576 |
| | American Century | American Century VP Inflation Protection | ** | 339,018 |
| * | Lincoln/State Street Global | LVIP SSgA S&P 500 Index | ** | 1,235,786 |
| * | Lincoln | Stadion Managed Growth | ** | 1,192,800 |
| * | Lincoln | Stadion Managed Moderate | ** | 3,186,090 |
| | BlackRock | BlackRock Small/Mid-Cap Growth | ** | 1,708 |
| * | Lincoln/State Street Global | LVIP SSgA International Index | ** | 822,950 |
| * | Lincoln/State Street Global | LVIP SSgA Bond Index | ** | 1,297,072 |
| | State Street Global Advisors | SSgA Russell 1000 Value Index | ** | 624,785 |
| | State Street Global Advisors | SSgA Russell 1000 Growth Index | ** | 457,509 |
| | State Street Global Advisors | SSgA S&P MidCap Index | ** | 455,382 |
| | State Street Global Advisors | SSgA Russell Small Cap Value Index | ** | 112,516 |
| | Capital | American Funds High-Income Trust | ** | 659 |
| | State Street Global Advisors | SSgA Russell Small Cap Growth Index | ** | 116,677 |
| | Capital | American Funds Bond Fund of America | ** | 59,718 |
| * | Lincoln/State Street Global | LVIP SSgA Small-Cap Index | ** | 421,561 |
| * | Lincoln/Cohen & Steers | LVIP Cohen and Steers Global Real Estate | ** | 14,972 |
| | Franklin Advisers | FTVIPT Franklin Small-Mid Cap Growth Securities | ** | 56,073 |

# SIPLAST, INC. 401(K) SALARY REDUCTION PLAN AND TRUST
ID #74-2025584
PLAN #002

## SCHEDULE H, ITEM 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2011
(Continued)

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Fidelity | Fidelity VIP Mid Cap | $ ** | $ 1,627 |
| | Franklin Advisers | FTVIPT Templeton Global Bond Securities | ** | 115,131 |
| * | Lincoln | Stadion Managed Conservative Fund | ** | 114,053 |
| * | Lincoln/Delaware | LVIP Delaware Special Opportunities | ** | 52,188 |
| * | Lincoln/Delaware | LVIP Bar Growth | ** | 52,492 |
| * | Participant Loans | Participant loans secured by participant vested accrued benefits with interest from 5% to 9.25%, generally due through 2016 | - | 282,672 |
| | | | $ - | $ 15,674,942 |

* A party-in-interest as defined by ERISA
** Cost omitted for participant-directed investments