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

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

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

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

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

Part II Basic Plan Information—enter all requested information

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

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1985

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

COPE PLASTICS, INC.

PO BOX 7190
SHAWNEE MISSION, KS 66207

2b Employer Identification Number (EIN) 37-0774093

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

2d Business code (see instructions) 326100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2013	JOHN F. THEEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2013	PATSY J. SAALE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	335
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**	334
b	Retired or separated participants receiving benefits	**6b**	9
c	Other retired or separated participants entitled to future benefits	**6c**	28
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	371
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	371
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	321
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[X]	2	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[X]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
37-0774093

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

1 Coverage Information:

(a) Name of insurance carrier

UNION CENTRAL LIFE INSURANCE CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-0472910	80837	E730411	321	01/01/2012	12/31/2012

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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
30825	7436

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15413			3

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

WENTZ, DAVID B.
4801 W 110TH ST
SUITE 200
OVERLAND PARK, KS 66211

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7706			3

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

WENTZ, R. DAVID
4801 W 110TH ST
SUITE 200
OVERLAND PARK, KS 66211

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
7706			3

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

CARRILLON GROUP, INC.
641 CEPI DRIVE
CHESTERFIELD, MO 63005

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	3853	SERVICE FEE	5

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

TAX FAVORED BENEFITS, INC.
PO BOX 7190
OVERLAND PARK, KS 66207

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	3583	SERVICE FEE	5

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	2737609
5	Current value of plan's interest under this contract in separate accounts at year end	5	13441000

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	2366786
c	Additions: (1) Contributions deposited during the year	7c(1)	140550		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	89598		
	(4) Transferred from separate account	7c(4)	364606		
	(5) Other (specify below)	7c(5)	360		
	▶ FORFEITURE MOVEMENT				
	(6) Total additions			7c(6)	595114
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	2961900
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	113391		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	110540		
	(4) Other (specify below)	7e(4)	360		
	▶ FORFEITURE MOVEMENT				
	(5) Total deductions			7e(5)	224291
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	2737609

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 line **9c(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, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
37-0774093

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

UNION CENTRAL LIFE INSURANCE CO

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
31-0472910	80837	P2322	17	01/01/2012	12/31/2012

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ TABLES PREVIOUSLY PROVIDED

b	Premiums paid to carrier	6b	0
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☒ other (specify) ▶ INDIVIDUAL POLICIES, PLAN OWNS

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

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

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

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

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee 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** [X] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

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

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2012** **This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
37-0774093

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

UNION CENTRAL LIFE INSURANCE CO

1876 WAYCROSS
CINCINNATI, OH 45240

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

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

TAX FAVORED BENEFITS, INC.

PO BOX 7190
OVERLAND PARK, KS 66207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	TPA	5511	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
37-0774093

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-0472910-010	P	0

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-0472910-011	P	0

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-0472910-015	P	0

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-0472910-016	P	0

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-0472910-022	P	0

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-0472910-023	P	0

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-0472910-026	P	0

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

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

c EIN-PN 31-0472910-034	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

c EIN-PN 31-0472910-037	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

c EIN-PN 31-0472910-047	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

c EIN-PN 31-0472910-050	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

c EIN-PN 31-0472910-051	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

c EIN-PN 31-0472910-059	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

c EIN-PN 31-0472910-060	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

c EIN-PN 31-0472910-061	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

c EIN-PN 31-0472910-062	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

c EIN-PN 31-0472910-065	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

c EIN-PN 31-0472910-073	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

c EIN-PN 31-0472910-077	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

c EIN-PN 31-0472910-078	**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: UCL MUT FUND SEPARATE ACCT LXXXVI

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

c EIN-PN 31-0472910-086	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

c EIN-PN 31-0472910-093	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

c EIN-PN 31-0472910-104	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

c EIN-PN 31-0472910-105	**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: UCL MUT FUND SEPARATE ACCT CVII

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

c EIN-PN 31-0472910-107	**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: UCL MUTUAL FUND SPEARATE ACCT CX

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

c EIN-PN 31-0472910-110	**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: UCL MUT FUND SEPARATE ACCT CXXIV

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

c EIN-PN 31-0472910-124	**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: UCL MUTUAL FUND SPEARATE ACCT CXXXI

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

c EIN-PN 31-0472910-131	**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: UCL MUT FUND SEPARATE ACCT CXXXXI

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

c EIN-PN 31-0472910-141	**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: UCL MUT FUND SEPARATE ACCT CXXXXII

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

c EIN-PN 31-0472910-142	**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: UCL MUT FUND SEPARATE ACCT CXXXXV

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

c EIN-PN 31-0472910-145	**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: UCL MUTUAL FUND SEPARATE ACCTCXLVI

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

c EIN-PN 31-0472910-146	**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: UCL MUTUAL FUND SEPARATE ACCTCXLVII

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

c EIN-PN 31-0472910-147	**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: UCL MUT FUND SEPARATE ACCT CXLVIII

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

c EIN-PN 31-0472910-148	**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: UCL MUTUAL FUND SEPARATE ACCT CXLIX

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

c EIN-PN 31-0472910-149	**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: UCL MUTUAL FUND SEPARATE ACCT CL

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

c EIN-PN 31-0472910-150	**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: UCL SEPARATE ACCOUNT G

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

c EIN-PN 31-0472910-501	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13441000

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

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

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
37-0774093

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	12019481	13441000
(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)	2366786	2737608
(15) Other	1c(15)	225688	222845

			(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	14611955	16401453
	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	14611955	16401453

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)	342937	
	(B) Participants	2a(1)(B)	864221	
	(C) Others (including rollovers)	2a(1)(C)	2611	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1209769
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	89598	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		89598
	(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
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1436325
(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		-2843
d Total income. Add all **income** amounts in column (b) and enter total	2d		2732849
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	923116	
(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)		923116
f Corrective distributions (see instructions)	2f		14724
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	5511	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		5511
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		943351
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1789498
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: RICK & SHANNAHAN, CPAS **(2)** EIN: 43-1110862

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
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	

			Yes	No	Amount
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)

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

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

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
37-0774093

Part I Distributions

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

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

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

EIN(s): 31-0472910

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

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

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year (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 lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of 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 line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

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

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

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

COPE PLASTICS, INC. PROFIT SHARING PLAN

ACCOUNTANTS' REPORT AND FINANCIAL STATEMENTS

DECEMBER 31, 2012 AND 2011

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

COPE PLASTICS, INC. PROFIT SHARING PLAN

ACCOUNTANTS' REPORT AND FINANCIAL STATEMENTS

DECEMBER 31, 2012 AND 2011

COPE PLASTICS, INC. PROFIT SHARING PLAN
DECEMBER 31, 2012 AND 2011

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

INDEPENDENT ACCOUNTANTS' REPORT

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Cope Plastics, Inc. Profit Sharing Plan, which comprise the statements of net assets available for plan benefits as of December 31, 2012 and 2011, and the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by Section 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, auditing procedures on the information summarized in Note 8, which was certified by The Union Central Life Insurance Company, the asset custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian that the information provided to the plan administrator by the custodian as of and for the years ended December 31, 2012 and 2011 are complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule (Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)), which is the responsibility of plan management, 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. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

Rick & Shannahan CPA's

RICK & SHANNAHAN
Certified Public Accountants

St. Louis, Missouri
October 9, 2013

COPE PLASTICS, INC. PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2012 AND 2011

	2012	2011
ASSETS		
Investments, at fair value		
Guaranteed interest account	$ 2,744,268	$ 2,368,966
Pooled separate accounts	13,440,999	12,019,480
Cash surrender value of life insurance	222,845	225,688
	16,408,112	14,614,134
Receivables		
Employees' contribution	-	42,519
Employer's contribution	-	11,956
	-	54,475
Total Assets	16,408,112	14,668,609
LIABILITIES		
Excess contributions	-	13,857
Total Liabilities	-	13,857
NET ASSETS AVAILABLE FOR PLAN BENEFITS, AT FAIR VALUE	16,408,112	14,654,752
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(6,659)	(2,179)
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 16,401,453	$ 14,652,573

See Notes To Financial Statements

COPE PLASTICS, INC. PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
YEARS ENDED DECEMBER 31, 2012 AND 2011

	2012	2011
ADDITIONS		
Investment Income		
Net appreciation in fair value of pooled separate accounts	$ 1,436,325	$ -
Interest	89,598	69,462
	1,525,923	69,462
Contributions		
Employees	821,702	769,104
Employer	330,981	280,733
Rollover	2,611	-
	1,155,294	1,049,837
Other Income (Loss)	(2,843)	7,453
Total additions	2,678,374	1,126,752
DEDUCTIONS		
Investment losses		
Net depreciation in fair value of pooled separate accounts	-	42,029
Benefits paid to participants	923,116	499,793
Corrective distributions	867	13,857
Administrative fees	5,511	11,279
Insurance premiums paid	-	9,228
Total deductions	929,494	576,186
NET INCREASE	1,748,880	550,566
NET ASSETS AVAILABLE FOR PLAN BENEFITS, BEGINNING OF YEAR	14,652,573	14,102,007
NET ASSETS AVAILABLE FOR PLAN BENEFITS, END OF YEAR	$ 16,401,453	$ 14,652,573

See Notes To Financial Statements

COPE PLASTICS, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2012 AND 2011

NOTE 1: DESCRIPTION OF THE PLAN

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

The Company contributions are discretionary as determined by the Company's Board of Directors. The Company matches 50% of employee salary deferred contributions for each participant up to 6% of eligible compensation. Each participant may elect to contribute up to a maximum of 100% of compensation, not to exceed the federal statutory limits. Participants may contribute rollovers from other qualified plans.

Each participant's account is credited with the participants contribution, the Company's matching contribution, an allocable portion of the Plan's earnings (losses), and charged with an allocation of administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

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

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

Upon termination of service, an employee may elect to receive a lump-sum amount equal to the value of their account or apply the funds in their account to purchase a guaranteed annuity. At December 31, 2012 and 2011, plan assets included $1,315,831 and $1,343,259 respectively, allocated to terminated participants.

At December 31, 2012 forfeited account balances totaled $13,619. These account balances will be used to pay administration fees and reduce future employer contributions.

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

The foregoing description of the Plan provides only general information. Employees should refer to the Plan document for more complete information.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements are prepared on the accrual basis of accounting

Date of Management's Review

Subsequent events were evaluated through October 9, 2013, which is the date the financial statements were available to be issued.

Reclassifications

Certain reclassifications have been made to 2011 financial statements to conform with the 2012 presentation

COPE PLASTICS, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2012 AND 2011

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Estimates

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

Income Tax Status

The Internal Revenue Service has ruled, in the Plan's latest determination letter dated February 24, 1995, that the Plan qualifies under Section 401 (a) of the Internal Revenue Code (IRC) and is, therefore, not subject to tax under present income tax law. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision has been included in the Plan's financial statements. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2009.

Risk and Uncertainties

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

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 a discussion of fair value measurements.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contacts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. 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.

Administrative Expenses

All expenses of maintaining the Plan are paid by the Plan.

COPE PLASTICS, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2012 AND 2011

NOTE 3: INVESTMENTS

The following presents investments that represent 5% or more of the Plan's net assets:

Individual investments representing more than 5% of the plan assets	2012	2011
Guaranteed Interest Account (Contract value)	$ 2,737,609	$ 2,366,786
Neuberger Berman - Genesis	1,688,149	1,624,435
American Century Equity Income	1,575,144	1,567,750
Pimco Total Return	905,233	941,472
T. Rowe Price Retirement 2020	-	833,365
Thornburg International Value	879,035	744,617
American Funds Fundamental Investors	836,446	-

NOTE 4: FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future 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.

FASB ASC 820, Fair Value Measurements and Disclosures, establishes a framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation include quoted prices for similar assets in active markets, quoted prices for identical assets in inactive markets, inputs other than quoted prices that are observable and inputs that are derived or corroborated by observable market data.

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

Level 2 Fair Value Measurements

The fair value of the pooled separate accounts are based on quoted net asset values (NAV) of the shares held by the Plan at year end as quoted by the Union Central Life Insurance Company. The underlying measurements for the separate accounts have observable (Level 1 or 2) inputs, including quoted prices for similar assets in active or nonactive markets. While the underlying asset values are quoted prices, the NAV (net asset value) of a separate account is not publically quoted; accordingly, the fair value of the referenced amounts are reported at Level 2.

COPE PLASTICS, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2012 AND 2011

NOTE 4: FAIR VALUE MEASUREMENTS, CONTINUED

Level 3 Fair Value Measurements

The guaranteed investment contract and life insurance policies with Union Central Life Insurance Company are not actively traded and significant other observable inputs are not available. The fair value of the guaranteed investment contract is measured using an income approach based on current yields of similar instruments with comparable durations considering the credit worthiness of the issuer. The fair value of the insurance policies are determined using Union Central Life Insurance Company's valuation models which take into account the passage of time, mortality tables, interest rates, cash value for paid up additions and dividend accumulations.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2012 and 2011.

	2012		
	Total	(Level 2)	(Level 3)
Guaranteed interest account	$ 2,744,268	$	$ 2,744,268
Pooled separate accounts			
Growth funds	8,767,611	8,767,611	-
Bond funds	1,337,988	1,337,988	-
Balanced funds	739,182	739,182	-
Index funds	979,206	979,206	-
International funds	879,034	879,034	-
Money market funds	672,744	672,744	-
Other	65,234	65,234	-
Cash surrender value of life insurance	222,845	-	222,845
	$ 16,408,112	$ 13,440,999	$ 2,967,113

	2011		
	Total	(Level 2)	(Level 3)
Guaranteed interest account	$ 2,368,966	$ -	$ 2,368,966
Pooled separate accounts			
Growth funds	7,917,368	7,917,368	-
Bond funds	1,223,550	1,223,550	-
Balanced funds	508,169	508,169	-
Index funds	822,003	822,003	-
International funds	744,617	744,617	-
Money market funds	720,655	720,655	-
Other	83,118	83,118	-
Cash surrender value of life insurance	225,688	-	225,688
	$ 14,614,134	$ 12,019,480	$ 2,594,654

COPE PLASTICS, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2012 AND 2011

NOTE 4: FAIR VALUE MEASUREMENTS, CONTINUED

The following table sets forth a summary of the changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2012.

	Guaranteed Interest Contract	CSV Life Insurance
Beginning fair value	$ 2,368,966	$ 225,688
Appreciation in fair value of assets	4,479	-
Interest income	89,752	-
Purchases/ transfers	394,616	-
Settlements	(113,545)	-
Decrease in CSV life insurance	-	(2,843)
Ending fair value	$ 2,744,268	$ 222,845

Net appreciation in the fair value of the Guaranteed Interest Contract is not included in the statement of changes in net assets available for benefits as the contract is recorded at contract value for purposes of the net assets available for benefits. The change in CSV life insurance is included in other income.

NOTE 5: GUARANTEED INTEREST ACCOUNT

The Plan maintains investment options in a guaranteed interest contract with the Union Central Life Insurance Company. The contract underlying this option is considered to be fully benefit-responsive. The account is credited with contributions and earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Union Central is contractually obligated to pay the principal and specified interest rate that is guaranteed to the Plan. Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include a premature termination of the guaranteed interest contract or a termination of the retirement plan. The plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the contract was $2,744,268 and $2,368,966 at December 31, 2012 and 2011, respectively. The average crediting interest rate is calculated by dividing the annual interest credited to the participants during the year by the value of the investment at the end of the year. The crediting rate is based on a formula agreed upon with the issuer, but may not be less than 0%. Such interest rates are reviewed on a quarterly basis for resetting. Average yield based on actual earnings was 3.27% and 2.93% at December 31, 2012 and 2011, respectively.

NOTE 6: RELATED PARTY TRANSACTIONS

Certain plan investments are pooled separate accounts, guaranteed interest accounts and insurance policies managed by the Union Central Life Insurance Company, the plan custodian. Transactions involving the custodian's managed funds are considered transactions with a party-in-interest.

COPE PLASTICS, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2012 AND 2011

NOTE 7: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2012 and 2011 to Form 5500.

	2012	2011
Net assets available for Plan benefits per financial statements	$ 16,401,453	$ 14,652,573
Receivables: employee contributions	-	(42,519)
Receivables: employer contributions	-	(11,956)
Liabilities: excess contributions	-	13,857
Net assets available for Plan benefits per Form 5500	$ 16,401,453	$ 14,611,955

The following is a reconciliation of differences in the financial statements at December 31, 2012 and 2011 as compared to the Form 5500.

Contributions from employees per financial statements	$ 821,702	$ 769,104
Receivables: employee contributions	42,519	(18,910)
Contributions from employees per Form 5500	$ 864,221	$ 750,194
Contributions from employer per financial statements	$ 330,981	$ 280,733
Receivables: employer contributions	11,956	(1,836)
Contributions from employer per Form 5500	$ 342,937	$ 278,897
Corrective distributions per financial statements	$ 867	$ 13,857
Liabilities: excess contributions	13,857	(13,857)
Corrective distributions per Form 5500	$ 14,724	$ -

The difference in employee and employer contributions are participant deferral and matching funds not received by the Plan until after year end. Differences in corrective distributions are due to employee deferrals on ineligible compensation that were not distributed to the affected participants by the Plan until after year end.

COPE PLASTICS, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2012 AND 2011

NOTE 8: INFORMATION CERTIFIED BY THE CUSTODIAN (UNAUDITED)

At December 31, 2012 and 2011, the Plan's investments were held by the Custodian. The following is a summary of the Plan's investments that is included in the financial statements based on information certified by the Custodian as complete and accurate in accordance with Section 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.

	2012	2011
Guaranteed Interest Account	$ 2,737,609	$ 2,366,786
Neuberger Berman - Genesis	1,688,149	1,624,435
American Century Equity Income	1,575,144	1,567,750
Pimco Total Return	905,233	941,472
Thornburg International Value	879,035	744,617
American Funds Fundamental Investors	836,446	717,914
T. Rowe Price Retirement 2020	712,203	833,365
Neuberger Berman - Guardian	685,619	637,021
Calvert Cash Reserves Prime Fund	672,744	720,655
Calvert VP S&P Midcap 400	560,826	441,935
T. Rowe Price Retirement 2030	558,969	435,969
FMI Common Stock	442,697	382,912
MFS VIT Growth Series	421,332	356,554
Calvert VP S&P 500 Index	418,381	380,068
American Century Heritage	384,864	311,315
T. Rowe Price Equity Inc	348,572	306,853
Calvert High Yield	339,639	127,909
T. Rowe Price Retirement 2010	320,112	240,697
T. Rowe Price Retirement 2040	219,082	151,481
Calvert VP SRI Balanced	178,929	71,123
MFS VIT Investors Trust	170,797	159,362
Ibbotson Balanced ETF Asset Alloc	140,501	117,148
Neuberger Berman - Socially Responsive	125,637	102,503
American Funds Smallcap World	115,889	82,956
T. Rowe Price Blue Chip	107,846	34,864
Ibbotson Growth ETF Asset Alloc	99,792	72,378
MFS VIT Total Return Series	99,639	79,201
Calvert Government	93,116	154,169
MS IF US Real Estate	65,234	48,060
American Funds Growth Fund of America	59,364	43,234
Invesco Developing Markets	51,319	24,477
Royce Total Return	44,930	35,058
Fidelity Advisors Small Cap	42,170	29,045
Perkins Mid Cap Value	36,397	30,529
Baron Small Cap	18,490	6,309
American Century Small Cap Value	15,707	407
Ibbotson Income & Growth ETF Asset Alloc	6,195	5,736
	$ 16,178,608	$ 14,386,267
Interest Income	$ 89,598	$ 69,462
Net appreciation (depreciation) in fair value of investments	$ 1,436,325	$ (42,029)

SUPPLEMENTARY INFORMATION

COPE PLASTICS, INC. PROFIT SHARING PLAN
SCHEDULE H, PART IV, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2012

(a)	(b) Identity of issuer, 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
Pooled Separate Accounts				
*	Union Central	Deposit Account		$ 2,737,609
*	Union Central	Neuberger Berman - Genesis		1,688,149
*	Union Central	American Century Equity Income		1,575,144
*	Union Central	Pimco Total Return		905,233
*	Union Central	Thornburg International Value		879,035
*	Union Central	American Funds Fundamental Investors		836,446
*	Union Central	T. Rowe Price Retirement 2020		712,203
*	Union Central	Neuberger Berman - Guardian		685,619
*	Union Central	Calvert Cash Reserves Prime Fund		672,744
*	Union Central	Calvert VP S&P Midcap 400		560,826
*	Union Central	T. Rowe Price Retirement 2030		558,969
*	Union Central	FMI Common Stock		442,697
*	Union Central	MFS VIT Growth Series		421,332
*	Union Central	Calvert VP S&P 500 Index		418,381
*	Union Central	American Century Heritage		384,864
*	Union Central	T. Rowe Price Equity Inc		348,572
*	Union Central	Calvert High Yield		339,639
*	Union Central	T. Rowe Price Retirement 2010		320,112
*	Union Central	T. Rowe Price Retirement 2040		219,082
*	Union Central	Calvert VP SRI Balanced		178,929
*	Union Central	MFS VIT Investors Trust		170,797
*	Union Central	Ibbotson Balanced ETF Asset Alloc		140,501
*	Union Central	Neuberger Berman - Socially Responsive		125,637
*	Union Central	American Funds Smallcap World		115,889
*	Union Central	T. Rowe Price Blue Chip		107,846
*	Union Central	Ibbotson Growth ETF Asset Alloc		99,792
*	Union Central	MFS VIT Total Return Series		99,639
*	Union Central	Calvert Government		93,116
*	Union Central	MS IF US Real Estate		65,234
*	Union Central	American Funds Growth Fund of America		59,364
*	Union Central	Invesco Developing Markets		51,319
*	Union Central	Royce Total Return		44,930
*	Union Central	Fidelity Advisors Small Cap		42,170
*	Union Central	Perkins Mid Cap Value		36,397
*	Union Central	Baron Small Cap		18,490
*	Union Central	American Century Small Cap Value		15,707
*	Union Central	Ibbotson Income & Growth ETF Asset Alloc		6,195
				16,178,608
*	Union Central	Cash surrender value of life insurance		222,845
	Total assets held for investment purposes			$ 16,401,453

* Party-In-Interest ** Not required for participant directed investments

See Independent Accountants' Report

Schedule H, Part IV, Item 4i - Schedule of Assets Held for Investment Purpose
Plan Year End: 2012
The following is a list of assets by the Plan as of 12/31/2012

COPE PLASTICS INC PRFT SHRG PLN

Plan # 001
Plan EIN: 370774093

Fund Summary

Fund Name	Tax-Id	Beginning Balance 01/01/2012	Ending Balance 12/31/2012	Ending Number of Units	Ending Unit Price	Separate Account Name
Deposit Account - 11	N/A	2,366,786.34	2,737,608.65	N/A	N/A	N/A
Neuberger Berman Genesis, Investor Class - AE	31-0472910-501	1,624,434.72	1,688,148.77	203,693.0797	8.287708	UCL Separate Account G
Neuberger Berman Socially Responsive, Trust Class - AF	31-0472910-501	102,502.77	125,636.89	57,318.9222	2.191892	UCL Separate Account G
MFS VIT Total Return Series, Initial Class - AV	31-0472910-501	79,200.75	99,639.10	60,020.9486	1.660072	UCL Separate Account G
Neuberger Berman Guardian, Investor Class - AW	31-0472910-501	637,021.14	685,618.83	207,293.7927	3.307474	UCL Separate Account G
MFS VIT Growth Series, Initial Class - A6	31-0472910-501	356,553.89	421,332.14	162,351.1745	2.595190	UCL Separate Account G
MFS VIT Investors Trust Series, Initial Class - A8	31-0472910-501	159,362.42	170,797.17	68,191.2667	2.504678	UCL Separate Account G
Fidelity Advisor Small Cap, Class A - BA	31-0472910-501	29,044.79	42,169.84	34,804.3391	1.211626	UCL Separate Account G
Morgan Stanley IF US Real Estate, Class P - BI	31-0472910-501	48,059.70	65,233.85	18,980.5763	3.436874	UCL Separate Account G
Royce Pennsylvania Mutual, Service Class - BN	31-0472910-501	0.00	44,929.73	36,100.9214	1.244559	UCL Separate Account G
Royce Total Return, Service Class - BO	31-0472910-501	35,058.38	0.00	N/A	N/A	UCL Separate Account G
Calvert High Yield, Class I - BV	31-0472910-501	127,909.25	339,638.84	159,280.9189	2.132326	UCL Separate Account G
T. Rowe Equity Income, Advisor Class - CB	31-0472910-501	306,852.71	348,571.70	234,392.0638	1.487131	UCL Separate Account G
Thornburg International Value Fund, R4 - CQ	31-0472910-501	744,616.74	879,034.57	32,294.3642	27.219442	UCL Separate Account G
Calvert Cash Reserves Institutional Prime Fund - CV	31-0472910-501	720,654.80	672,743.80	697,130.8280	0.965018	UCL Separate Account G
Invesco Developing Markets, Class A - CX	31-0472910-501	24,476.80	51,319.38	1,486.3946	34.526079	UCL Separate Account G

COPE PLASTICS INC PRFT SHRG PLN
Plan # 001
Plan EIN: 370774093

Schedule H
01/01/2012 to 12/31/2012

Fund Name	Tax-Id	Beginning Balance 01/01/2012	Ending Balance 12/31/2012	Ending Number of Units	Ending Unit Price	Separate Account Name
Calvert VP S&P 500 Index - C1	31-0472910-501	380,067.93	418,380.65	168,392.6576	2.484554	UCL Separate Account G
Calvert VP S&P MidCap 400 Index - C2	31-0472910-501	441,934.88	560,825.60	235,483.2940	2.381594	UCL Separate Account G
T. Rowe Blue Chip Growth, Advisor Class - C9	31-0472910-501	34,864.19	107,846.50	79,976.1072	1.348484	UCL Separate Account G
Perkins Mid Cap Value, Class T - DG	31-0472910-501	30,529.46	36,397.05	1,541.1750	23.616426	UCL Separate Account G
American Funds Fundamental Investors, Class R4 - DM	31-0472910-501	717,913.76	836,446.12	20,322.8562	41.157902	UCL Separate Account G
American Funds Growth Fund of America, Class R4 - DN	31-0472910-501	43,233.63	59,364.48	1,738.8480	34.140120	UCL Separate Account G
American Funds SMALLCAP World, Class R4 - DQ	31-0472910-501	82,956.31	115,889.24	2,895.2685	40.027113	UCL Separate Account G
Calvert Government, Class I - DR	31-0472910-501	154,168.92	93,116.37	5,271.6074	17.663753	UCL Separate Account G
Calvert VP SRI Balanced - DS	31-0472910-501	71,122.86	178,929.11	93,106.2172	1.921774	UCL Separate Account G
Ibbotson Balanced ETF Asset Allocation, Class II - DT	31-0472910-501	117,148.39	140,501.14	12,820.5699	10.959040	UCL Separate Account G
Ibbotson Growth ETF Asset Allocation, Class II - DU	31-0472910-501	72,378.39	99,791.74	9,690.8089	10.297566	UCL Separate Account G
Ibbotson Income and Growth ETF Asset Allocation, Class II - DV	31-0472910-501	5,735.77	6,194.57	544.2024	11.382833	UCL Separate Account G
American Century Small Cap Value, Investor Class - D2	31-0472910-501	406.62	15,707.07	1,643.1965	9.558852	UCL Separate Account G
T. Rowe Price Retirement 2010, Advisor Class - 21	31-0472910-501	240,696.58	320,112.53	217,519.1730	1.471652	UCL Separate Account G
T. Rowe Price Retirement 2020, Advisor Class - 22	31-0472910-501	833,365.20	712,202.89	479,157.4647	1.486365	UCL Separate Account G
T. Rowe Price Retirement 2030, Advisor Class - 23	31-0472910-501	435,968.85	558,969.07	375,757.5708	1.487579	UCL Separate Account G
American Century Heritage, Investor Class - 39	31-0472910-501	311,315.12	384,864.48	239,781.6925	1.605062	UCL Separate Account G
American Century Equity Income, Investor Class - 66	31-0472910-501	1,567,749.73	1,575,143.93	188,712.7192	8.346782	UCL Separate Account G
PIMCO Total Return, Administrative Class - 78	31-0472910-501	941,472.30	905,232.96	595,109.1094	1.521121	UCL Separate Account G
FMI Common Stock - 81	31-0472910-501	382,911.94	442,697.45	15,188.5610	29.146767	UCL Separate Account G
Baron Small Cap, Retail Shares - 87	31-0472910-501	6,309.27	18,490.20	13,498.9101	1.369755	UCL Separate Account G
T. Rowe Price Retirement 2040, Advisor Class - 88	31-0472910-501	151,481.45	219,081.91	148,284.5062	1.477443	UCL Separate Account G
Cash Value of Insurance Policies	N/A	225,688.00	222,845.00	N/A	N/A	N/A
Grand Total		**$14,611,954.75**	**$16,401,453.32**			

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

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) _____

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

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

D Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description).

Part II Basic Plan Information—enter all requested information

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

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1985

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
COPE PLASTICS, INC.

PO BOX 7190

SHAWNEE MISSION KS 66207

2b Employer Identification Number (EIN) 37-0774093

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

2d Business code (see instructions) 326100

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

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

SIGN HERE	Signature of plan administrator	Date	JOHN F. THEEN Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	PATSY J. SAALE Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	

5	Total number of participants at the beginning of the plan year	**5**	335
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**	334
b	Retired or separated participants receiving benefits	**6b**	9
c	Other retired or separated participants entitled to future benefits	**6c**	28
d	Subtotal. Add lines **6a**, **6b**, and **6c**.	**6d**	371
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	371
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	321
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

4B

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

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

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