Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] 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, including room or suite number (Employer, if for 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.	02/24/2014	JOHN F. THEEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	02/24/2014	PATSY J. SAALE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

PO BOX 7190
SHAWNEE MISSION, KS 66207

3b Administrator's EIN
37-0774093

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

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	345
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**	284
b	Retired or separated participants receiving benefits	**6b**	3
c	Other retired or separated participants entitled to future benefits	**6c**	33
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	320
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	320
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	274
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	16
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

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

A Name of plan
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	274	01/01/2011	12/31/2011

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
29008	7252

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	
14504			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	
7252			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	
7252			3

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

TAX FAVORED BENEFITS, INC.

PO BOX 7190
OVERLAND PARK, KS 66207

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	3626	SERVICE FEE	5

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

CARRILLON GROUP, INC.

641 CEPI DRIVE
CHESTERFIELD, MO 63005

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	3626	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	2366786
5	Current value of plan's interest under this contract in separate accounts at year end	5	12019480

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	1861219
c	Additions: (1) Contributions deposited during the year	7c(1)	107142		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	69462		
	(4) Transferred from separate account	7c(4)	512643		
	(5) Other (specify below)	7c(5)	319		
	▶ FORFEITURE MOVEMENT				
	(6) Total additions			7c(6)	689566
d	Total of balance and additions (add **b** and **c(6)**)			7d	2550785
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	14346		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	168184		
	(4) Other (specify below)	7e(4)	1469		
	▶ MARKET VALUE ADJUSTMENT INSURANCE PREMIUMS FORFEITURE MOVEMENT				
	(5) Total deductions			7e(5)	183999
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	2366786

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

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

m ☐ Other (specify) ▶

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

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

A Name of plan
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	01/01/2011	12/31/2011

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ TABLES PREVIOUSLY PROVIDED

b	Premiums paid to carrier	6b	9228
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

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

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

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

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee 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 **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

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

A Name of plan	**B** Three-digit plan number (PN) ▶
COPE PLASTICS, INC. PROFIT SHARING PLAN	002

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

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

(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	11161	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

2011

This Form is Open to Public Inspection.

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

A Name of plan
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	637021

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	1624435

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)
31-0472910-012	P	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	159362

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	356554

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	380068

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	127909

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

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

c EIN-PN 31-0472910-025	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 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 31-0472910-026	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 102503

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) 441935

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

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

c EIN-PN 31-0472910-036	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 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) 79201

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

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

c EIN-PN 31-0472910-041	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

c EIN-PN 31-0472910-046	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 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) 48060

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) 34864

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) 306853

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)	240697
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)	833365
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)	435969
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)	151481
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)	35058
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUT FUND SEPARATE ACCT LXVII			
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INS CO			
c EIN-PN 31-0472910-067	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	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)	29045
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUT FUND SEPARATE ACCT LXXV			
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INS CO			
c EIN-PN 31-0472910-075	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	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)	311315
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)	6309

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)	941472
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)	744617
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEPARTATE ACCT XCV			
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INS CO			
c EIN-PN 31-0472910-095	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUT FUND SEPARATE ACCT XCVI			
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INS CO			
c EIN-PN 31-0472910-096	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUT FUND SEPARATE ACCT XCVII			
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INS CO			
c EIN-PN 31-0472910-097	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUT FUND SEPARATE ACCT CII			
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INS CO			
c EIN-PN 31-0472910-102	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	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)	720655
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)	24477
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)	1567750
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)	407

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) 30529

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) 382912

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) 717914

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) 43234

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) 82956

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) 154169

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) 71123

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) 117148

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) 72378

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) 5736

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

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

A Name of plan
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)	11988824	12019481
(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)	1861219	2366786
(15) Other	1c(15)	218235	225688

		(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	14068278	14611955
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	14068278	14611955

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)	278897	
(B) Participants	2a(1)(B)	750194	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1029091
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)	69462	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		69462
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-42029
(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		7453
d Total income. Add all **income** amounts in column (b) and enter total	2d		1063977
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	499793	
(2) To insurance carriers for the provision of benefits	2e(2)	9228	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		509021
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	11161	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	118	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		11279
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		520300
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		543677
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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

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

A Name of plan
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 items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

COPE PLASTICS, INC. PROFIT SHARING PLAN

ACCOUNTANTS' REPORT AND FINANCIAL STATEMENTS

DECEMBER 31, 2011 AND 2010

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

COPE PLASTICS, INC. PROFIT SHARING PLAN

ACCOUNTANTS' REPORT AND FINANCIAL STATEMENTS

DECEMBER 31, 2011 AND 2010

COPE PLASTICS, INC. PROFIT SHARING PLAN
DECEMBER 31, 2011 AND 2010

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

INDEPENDENT ACCOUNTANTS' REPORT

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

We were engaged to audit the accompanying statements of net assets available for plan benefits of Cope Plastics Inc. Profit Sharing Plan as of December 31, 2011 and 2010, and the related statements of changes in net assets available for plan benefits for the years then ended, and the accompanying supplemental schedule (Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)) as of December 31, 2011. These financial statements and the supplemental schedule are the responsibility of the Plan's management.

As permitted by Section 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, auditing procedures on the information summarized in Note 9, which was certified by The Union Central Life Insurance Company, the asset custodian of the Plan, except for comparing that information with related information included in the financial statements and supplemental schedule. The Plan administrator informed us that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian that the information provided to the Plan administrator by the custodian as of and for the years ended December 31, 2011 and 2010 is complete and accurate.

As discussed in note 8, the financial statements for December 31, 2011 and 2010 have been reissued for changes to the independent accountants' report, notes to the financial statements and supplemental schedule. There was no impact on the Plan's originally reported total of net assets available for benefits or the reported increase in the statement of changes of net assets available for plan benefits for the 2011 and 2010 plan years.

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

Rick + Shannahan

RICK & SHANNAHAN
Certified Public Accountants

St. Louis, Missouri
September 6, 2012 (Except Note 8, as to which the date is February 14, 2014)

MEMBER AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

COPE PLASTICS, INC. PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2011 AND 2010

	2011	2010
ASSETS		
Investments, at fair value		
Guaranteed interest account	$ 2,368,966	$ 1,862,759
Pooled separate accounts	12,019,480	11,988,824
Cash surrender value of life insurance	225,688	218,235
	14,614,134	14,069,818
Receivables		
Employees' contribution	42,519	23,609
Employer's contribution	11,956	10,120
	54,475	33,729
Total Assets	14,668,609	14,103,547
LIABILITIES		
Excess contributions	13,857	-
Total Liabilities	13,857	-
NET ASSETS AVAILABLE FOR PLAN BENEFITS, AT FAIR VALUE	14,654,752	14,103,547
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(2,179)	(1,540)
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 14,652,573	$ 14,102,007

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, 2011 AND 2010

	2011	2010
ADDITIONS		
Investment Income		
Net appreciation in fair value of pooled separate accounts	$ -	$ 1,570,047
Interest	69,462	60,099
	69,462	1,630,146
Contributions		
Employees	769,104	657,582
Employer	280,733	106,075
Rollover	-	-
	1,049,837	763,657
Other Income (Loss)	7,453	11,454
Total additions	1,126,752	2,405,257
DEDUCTIONS		
Investment losses		
Net depreciation in fair value of pooled separate accounts	42,029	-
Benefits paid to participants	499,793	411,891
Corrective distributions	13,857	-
Administrative fees	11,279	15
Insurance premiums paid	9,228	9,228
Total deductions	576,186	421,134
NET INCREASE	550,566	1,984,123
NET ASSETS AVAILABLE FOR PLAN BENEFITS, BEGINNING OF YEAR	14,102,007	12,117,884
NET ASSETS AVAILABLE FOR PLAN BENEFITS, END OF YEAR	$ 14,652,573	$ 14,102,007

See Notes To Financial Statements

COPE PLASTICS, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

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. For the Plan year ending December 31, 2011, the Company matched employee contributions for the entire year. For the Plan year ending December 31, 2010, the Company matched employee contributions for the period August 14, 2010 thru December 31, 2010.

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, 2011 and 2010, plan assets included $1,343,259 and $976,057 respectively, allocated to terminated participants.

At December 31, 2011 forfeited account balances totaled $10,353. 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 September 6, 2012, which is the date the financial statements were available to be issued.

Reclassifications

Certain reclassifications have been made to 2010 financial statements to conform with the 2011 presentation

COPE PLASTICS, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

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 March 31, 2008, 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.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. As the Plan is tax-exempt, the Plan administrator has concluded that as of December 31, 2011 and 2010, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it 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.

Cash Surrender Value of Life Insurance

The Plan no longer offers plan participants the ability to purchase life insurance; however, the Plan holds previously purchased life insurance for participants. These amounts are recorded at the cash surrender value of the life insurance policy.

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.

COPE PLASTICS, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Investment Valuation and Income Recognition

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.

NOTE 3: INVESTMENTS

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

	2011	2010
Individual investments representing more than 5% of the plan assets		
Guaranteed Interest Account (Contract value)	$ 2,366,786	$ 1,861,219
Neuberger Berman - Genesis	1,624,435	1,924,450
American Century Equity Income	1,567,750	-
Pimco Total Return	941,472	-
T. Rowe Price Retirement 2020	833,365	781,437
Thornburg International Value	744,617	908,570
Calvert Large Cap Value	-	1,458,663
Fidelity Contrafund	-	1,008,850
Neuberger Berman - Guardian	-	750,370

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.

COPE PLASTICS, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

NOTE 4: FAIR VALUE MEASUREMENTS, CONTINUED

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.

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, 2011 and 2010.

	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, 2011 AND 2010

NOTE 4: FAIR VALUE MEASUREMENTS, CONTINUED

	2010		
	Total	(Level 2)	(Level 3)
Guaranteed interest account	$ 1,862,759	$ -	$ 1,862,759
Pooled separate accounts			
Growth funds	8,806,804	8,806,804	-
Bond funds	809,303	809,303	-
Balanced funds	358,071	358,071	-
Index funds	881,274	881,274	-
International funds	908,571	908,571	-
Money market funds	136,665	136,665	-
Other	88,136	88,136	-
Cash surrender value of life insurance	218,235	-	218,235
	$ 14,069,818	$ 11,988,824	$ 2,080,994

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, 2011.

	Guaranteed Interest Contract	CSV Life Insurance
Beginning fair value	$ 1,862,759	$ 218,235
Depreciation in fair value of assets	(2,179)	-
Interest income	69,462	-
Purchases/ transfers	454,302	-
Settlements	(15,378)	-
Increase in CSV life insurance	-	7,453
Ending fair value	$ 2,368,966	$ 225,688

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.

COPE PLASTICS, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

NOTE 5: GUARANTEED INTEREST ACCOUNT, CONTINUED

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the contract was $2,368,966 and $1,862,759 at December 31, 2011 and 2010, 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 2.93% and 3.23% at December 31, 2011 and 2010, 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.

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, 2011 and 2010 to Form 5500.

	2011	2010
Net assets available for Plan benefits per financial statements	$ 14,652,573	$ 14,102,007
Receivables: employee contributions	(42,519)	(23,609)
Receivables: employer contributions	(11,956)	(10,120)
Liabilities: excess contributions	13,857	-
Net assets available for Plan benefits per Form 5500	$ 14,611,955	$ 14,068,278

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	$ 769,104	$ 657,582
Receivables: employee contributions	(18,910)	(254)
Contributions from employees per Form 5500	$ 750,194	$ 657,328
Contributions from employer per financial statements	$ 280,733	$ 106,075
Receivables: employer contributions	(1,836)	(10,120)
Contributions from employer per Form 5500	$ 278,897	$ 95,955
Corrective distributions per financial statements	$ 13,857	$ -
Liabilities: excess contributions	(13,857)	-
Corrective distributions per Form 5500	$ -	$ -

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, 2011 AND 2010

NOTE 8: REISSUED FINANCIAL STATEMENTS

The financial statements for December 31, 2011 and 2010 have been reissued. The Independent Accountants' Report has been revised to include updated supplementary information language. The Plan's pooled separate accounts and interest bearing accounts have been identified and reclassified as Level 2 & 3 respectively and additional disclosure has been added for each investment type. The Plan's Accounting Policies includes additional disclosure related to the Plan's tax status, insurance policies, investment valuation and income recognition. Related party disclosure has been added and the content and format of the supplementary information has been revised. There was no impact on the Plan's originally reported total of net assets available for benefits or reported increase in the statement of changes in net assets available for plan benefits for the 2011 and 2010 plan years.

COPE PLASTICS, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

NOTE 9: INFORMATION CERTIFIED BY THE CUSTODIAN (UNAUDITED)

At December 31, 2011 and 2010, 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.

	2011	2010
Guaranteed Interest Account	$ 2,366,786	$ 1,861,219
Neuberger Berman - Genesis	1,624,435	1,924,450
American Century Equity Income	1,567,750	-
Pimco Total Return	941,472	542,996
T. Rowe Price Retirement 2020	833,365	781,437
Thornburg International Value	744,617	908,570
Calvert Cash Reserves Prime Fund	720,655	136,664
American Funds Fundamental Investors	717,914	637,021
Neuberger Berman - Guardian	637,021	750,370
Calvert VP S&P Midcap 400	441,935	518,602
T. Rowe Price Retirement 2030	435,969	459,009
FMI Common Stock	382,912	-
Calvert VP S&P 500 Index	380,068	362,673
MFS VIT Growth Series	356,554	422,733
American Century Heritage	311,315	99,461
T. Rowe Price Equity Inc	306,853	332,514
T. Rowe Price Retirement 2010	240,697	222,676
MFS VIT Investors Trust	159,362	167,600
Calvert Government	154,169	113,452
T. Rowe Price Retirement 2040	151,481	173,778
Calvert High Yield	127,909	152,855
Ibbotson Balanced ETF Asset Alloc	117,148	-
Neuberger Berman - Socially Responsive	102,503	140,219
American Funds Smallcap World	82,956	-
MFS VIT Total Return Series	79,201	71,535
Ibbotson Growth ETF Asset Alloc	72,378	-
Calvert VP SRI Balanced	71,123	63,860
MS IF US Real Estate	48,060	55,147
American Funds Growth Fund of America	43,234	48,060
Royce Total Return	35,058	32,989
T. Rowe Price Blue Chip	34,864	104,045
Perkins Mid Cap Value	30,529	35,058
Fidelity Advisors Small Cap	29,045	20,297
Invesco Developing Markets	24,477	30,529
Baron Small Cap	6,309	-
Ibbotson Income & Growth ETF Asset Alloc	5,736	407
American Century Small Cap Value	407	5,736
Calvert Large Cap Value	-	1,458,663
Fidelity VIP Contrafund	-	1,008,850
Neuberger Berman - Regency	-	381,113
Invesco Dynamics	-	255,248
Calvert VP Lifestyle Aggressive	-	115,714
Calvert VP Lifestyle Moderate	-	111,802
FTVIPT Templeton Growth Securities	-	81,542
Marisco Focus	-	11,237
Calvert VP Lifestyle Conservative	-	6,723
	$ 14,386,267	$ 14,606,854
Interest Income	$ 69,462	$ 60,099
Net appreciation (depreciation) in fair value of investments	$ (42,029)	$ 1,570,047

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, 2011

(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	Guaranteed Interest Account		$ 2,366,786
*	Union Central	Neuberger Berman - Genesis		1,624,435
*	Union Central	American Century Equity Income		1,567,750
*	Union Central	Pimco Total Return		941,472
*	Union Central	T. Rowe Price Retirement 2020		833,365
*	Union Central	Thornburg International Value		744,617
*	Union Central	Calvert Cash Reserves Prime Fund		720,655
*	Union Central	American Funds Fundamental Investors		717,914
*	Union Central	Neuberger Berman - Guardian		637,021
*	Union Central	Calvert VP S&P Midcap 400		441,935
*	Union Central	T. Rowe Price Retirement 2030		435,969
*	Union Central	FMI Common Stock		382,912
*	Union Central	Calvert VP S&P 500 Index		380,068
*	Union Central	MFS VIT Growth Series		356,554
*	Union Central	American Century Heritage		311,315
*	Union Central	T. Rowe Price Equity Inc		306,853
*	Union Central	T. Rowe Price Retirement 2010		240,697
*	Union Central	MFS VIT Investors Trust		159,362
*	Union Central	Calvert Government		154,169
*	Union Central	T. Rowe Price Retirement 2040		151,481
*	Union Central	Calvert High Yield		127,909
*	Union Central	Ibbotson Balanced ETF Asset Alloc		117,148
*	Union Central	Neuberger Berman - Socially Responsive		102,503
*	Union Central	American Funds Smallcap World		82,956
*	Union Central	MFS VIT Total Return Series		79,201
*	Union Central	Ibbotson Growth ETF Asset Alloc		72,378
*	Union Central	Calvert VP SRI Balanced		71,123
*	Union Central	MS IF US Real Estate		48,060
*	Union Central	American Funds Growth Fund of America		43,234
*	Union Central	Royce Total Return		35,058
*	Union Central	T. Rowe Price Blue Chip		34,864
*	Union Central	Perkins Mid Cap Value		30,529
*	Union Central	Fidelity Advisors Small Cap		29,045
*	Union Central	Invesco Developing Markets		24,477
*	Union Central	Baron Small Cap		6,309
*	Union Central	Ibbotson Income & Growth ETF Asset Alloc		5,736
*	Union Central	American Century Small Cap Value		407
				14,386,267
*	Union Central	Cash surrender value of life insurance		225,688
	Total assets held for investment purposes			$ 14,611,955

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

See Independent Accountants' Report

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ 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

01/01/1985

2a Plan sponsor's name and address, including room or suite number (Employer, if for 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 10/1/12	Enter name of individual signing as plan administrator JOHN F. THEEN
SIGN HERE	Signature of employer/plan sponsor	Date 10/2/12	Enter name of individual signing as employer or plan sponsor PATSY J. SAALE
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SAME	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	345
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**	284
b Retired or separated participants receiving benefits	**6b**	3
c Other retired or separated participants entitled to future benefits	**6c**	33
d Subtotal. Add lines **6a, 6b,** and **6c.**	**6d**	320
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e.**	**6f**	320
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	274
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	16
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

4B

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

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

a Pension Schedules

(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] A (Insurance Information) — 2

(4) [X] C (Service Provider Information)

(5) [X] D (DFE/Participating Plan Information)

(6) [ ] G (Financial Transaction Schedules)

Schedule H, Part IV, Item 4i - Schedule of Assets Held for Investment Purpose
Plan Year End: 2011
The following is a list of assets by the Plan as of 12/31/2011

COPE PLASTICS INC PRFT SHRG PLN

Plan # 001
Plan EIN: 370774093

Fund Summary

Fund Name	Tax-Id	Beginning Balance 01/01/2011	Ending Balance 12/31/2011	Ending Number of Units	Ending Unit Price	Separate Account Name
Deposit Account - 11	N/A	1,861,218.93	2,366,786.34	N/A	N/A	N/A
Neuberger Berman Genesis, Investor Class - AE	31-0472910-011	1,924,449.59	1,624,434.72	213,109.9885	7.622518	UCL MUTUAL FUND SEP ACCT IV
Neuberger Berman Socially Responsive, Trust Class - AF	31-0472910-026	140,218.71	102,502.77	51,245.3630	2.000235	UCL MUTUAL FUND SEP ACCT XV
MFS VIT Total Return Series, Initial Class - AV	31-0472910-037	71,535.36	79,200.75	52,498.5991	1.508626	UCL MUTUAL FUND SEP ACCT XXI
Neuberger Berman Guardian, Investor Class - AW	31-0472910-010	750,370.18	637,021.14	214,898.8210	2.964284	UCL MUTUAL FUND SEP ACCT III
Invesco Dynamics, Investor Class - A4	31-0472910-046	255,247.52	0.00	N/A	1.010769	UCL MUTUAL FUND SEP ACCT XLVI
MFS VIT Growth Series, Initial Class - A6	31-0472910-016	422,732.51	356,553.89	159,512.1727	2.235277	UCL MUTUAL FUND SEP ACCT VIII
MFS VIT Investors Trust Series, Initial Class - A8	31-0472910-015	167,600.38	159,362.42	75,000.8924	2.124807	UCL MUTUAL FUND SEP ACCT VII
Fidelity Advisor Small Cap, Class A - BA	31-0472910-073	20,297.15	29,044.79	25,133.8583	1.155604	UCL MUTUAL FUND SEP ACCT LXXIII
Marsico Focus - BD	31-0472910-041	11,237.26	0.00	N/A	0.834462	UCL MUTUAL FUND SEP ACCT XLI
Morgan Stanley IF US Real Estate, Class P - BI	31-0472910-047	55,146.90	48,059.70	16,046.0973	2.995102	UCL MUTUAL FUND SEP ACCT XLVII
Neuberger Berman Regency, Trust Class - BJ	31-0472910-067	381,113.08	0.00	N/A	1.101692	UCL MUTUAL FUND SEP ACCT LXVII

Fund Name	Tax-Id	Beginning Balance 01/01/2011	Ending Balance 12/31/2011	Ending Number of Units	Ending Unit Price	Separate Account Name
Royce Total Return, Service Class - BO	31-0472910-065	32,989.05	35,058.38	26,084.4270	1.344035	UCL MUTUAL FUND SEP ACCT LXV
Calvert VP Balanced Index - BR	31-0472910-036	63,859.59	0.00	N/A	N/A	SUMMIT BALANCED INDEX SEP ACCT
Calvert High Yield, Class I - BV	31-0472910-023	152,854.53	127,909.25	68,468.5859	1.868145	UCL MUTUAL FUND SEP ACCT XII
T. Rowe Equity Income, Advisor Class - CB	31-0472910-051	332,513.95	306,852.71	238,604.0746	1.286033	UCL MUTUAL FUND SEP ACCT LI
Fidelity VIP Contrafund, Service Class 2 - CF	31-0472910-075	1,008,849.94	0.00	N/A	1.029917	UCL MUTUAL FUND SEP ACCT LXXV
Calvert VP Lifestyle Moderate - CH	31-0472910-097	111,802.27	0.00	N/A	N/A	UCL MUTUAL FUND SEP ACCT XCVII
Calvert VP Lifestyle Conservative - CI	31-0472910-096	6,722.82	0.00	N/A	N/A	UCL MUTUAL FUND SEP ACCT XCVI
Calvert VP Lifestyle Aggressive - CJ	31-0472910-095	115,714.07	0.00	N/A	N/A	UCL MUTUAL FUND SEP ACCT XCV
Thornburg International Value Fund, R4 - CQ	31-0472910-093	908,570.49	744,616.74	31,224.3519	23.847308	UCL MUTUAL FUND SEP ACCT XCIII
Calvert Large Cap Value Fund, Class Y - CT	31-0472910-102	1,458,663.14	0.00	N/A	1.358928	UCL MUTUAL FUND SEP ACCT CII
Calvert Cash Reserves Institutional Prime Fund - CV	31-0472910-104	136,664.42	720,654.80	738,711.1126	0.975557	UCL MUTUAL FUND SEP ACCT CIV
Invesco Developing Markets, Class A - CX	31-0472910-105	0.00	24,476.80	838.0289	29.207589	UCL MUTUAL FUND SEP ACCT CV
Calvert VP S&P 500 Index - C1	31-0472910-022	362,672.52	380,067.93	174,822.1628	2.174026	UCL MUTUAL FUND SEP ACCT XI
Calvert VP S&P MidCap 400 Index - C2	31-0472910-034	518,601.53	441,934.88	215,291.9166	2.052724	UCL MUTUAL FUND SEP ACCT XXIII
Calvert Short Term Government, Class I - C3	31-0472910-012	113,452.25	0.00	N/A	N/A	SUMMIT SHORT TERM SEP ACCT
FTVIPT Templeton Growth Securities, Class 2 - C7	31-0472910-025	81,541.84	0.00	N/A	N/A	UCL MUTUAL FUND SEP ACCT XIV
T. Rowe Blue Chip Growth, Advisor Class - C9	31-0472910-050	104,044.59	34,864.19	30,204.9324	1.154255	UCL MUTUAL FUND SEP ACCT L
Perkins Mid Cap Value, Class T - DG	31-0472910-124	0.00	30,529.46	1,410.5290	21.643981	UCL MUTUAL FUND SEP ACCT CXXIV
American Funds Fundamental Investors, Class R4 - DM	31-0472910-141	0.00	717,913.76	20,206.5590	35.528749	UCL MUTUAL FUND SEP ACCT CXXXXI
American Funds Growth Fund of America, Class R4 - DN	31-0472910-142	0.00	43,233.63	1,509.9546	28.632404	UCL MUTUAL FUND SEP ACCT CXXXXII
American Funds SMALLCAP World, Class R4 - DQ	31-0472910-145	0.00	82,956.31	2,501.5187	33.162379	UCL MUTUAL FUND SEP ACCT CXXXXV

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

Schedule H

01/01/2011 to 12/31/2011

Fund Name	Tax-Id	Beginning Balance 01/01/2011	Ending Balance 12/31/2011	Ending Number of Units	Ending Unit Price	Separate Account Name
Calvert Government, Class I - DR	31-0472910-146	0.00	154,168.92	8,850.1838	17.419855	UCL MUTUAL FUND SEP ACCT CXLVI
Calvert VP SRI Balanced - DS	31-0472910-147	0.00	71,122.86	40,451.4895	1.758226	UCL MUTUAL FUND SEP ACCT CXLVII
Ibbotson Balanced ETF Asset Allocation, Class II - DT	31-0472910-148	0.00	117,148.39	11,716.6871	9.998423	UCL MUTUAL FUND SEP ACCT CXLVIII
Ibbotson Growth ETF Asset Allocation, Class II - DU	31-0472910-149	0.00	72,378.39	7,850.1376	9.220015	UCL MUTUAL FUND SEP ACCT CXLIX
Ibbotson Income and Growth ETF Asset Allocation, Class II - DV	31-0472910-150	0.00	5,735.77	537.6282	10.668655	UCL MUTUAL FUND SEP ACCT CL
American Century Small Cap Value, Investor Class - D2	31-0472910-110	0.00	406.62	49.0985	8.281650	UCL MUTUAL FUND SEP ACCT CX
T. Rowe Price Retirement 2010, Advisor Class - 21	31-0472910-059	222,676.33	240,696.58	181,431.0405	1.326656	UCL MUTUAL FUND SEP ACCT LIX
T. Rowe Price Retirement 2020, Advisor Class - 22	31-0472910-060	781,437.08	833,365.20	636,506.9651	1.309279	UCL MUTUAL FUND SEP ACCT LX
T. Rowe Price Retirement 2030, Advisor Class - 23	31-0472910-061	459,008.53	435,968.85	337,875.2253	1.290325	UCL MUTUAL FUND SEP ACCT LXI
American Century Heritage, Investor Class - 39	31-0472910-077	99,461.31	311,315.12	222,600.5614	1.398537	UCL MUTUAL FUND SEP ACCT LXXVII
American Century Equity Income, Investor Class - 66	31-0472910-107	0.00	1,567,749.73	207,150.3013	7.568175	UCL MUTUAL FUND SEP ACCT CVII
PIMCO Total Return, Administrative Class - 78	31-0472910-086	542,996.47	941,472.30	673,918.0639	1.397013	UCL MUTUAL FUND SEP ACCT LXXXVI
FMI Common Stock - 81	31-0472910-131	0.00	382,911.94	14,314.1606	26.750569	UCL MUTUAL FUND SEP ACCT CXXXI
Baron Small Cap, Retail Shares - 87	31-0472910-078	0.00	6,309.27	5,374.9853	1.173821	UCL MUTUAL FUND SEP ACCT LXXVIII
T. Rowe Price Retirement 2040, Advisor Class - 88	31-0472910-062	173,778.32	151,481.45	118,942.3804	1.273570	UCL MUTUAL FUND SEP ACCT LXII
Cash Value of Insurance Policies	N/A	218,235.00	225,688.00	N/A	N/A	N/A
Grand Total		**$14,068,277.61**	**$14,611,954.75**			

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] 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

01/01/1985

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

COPE PLASTICS, INC.

PO BOX 7190

SHAWNEE MISSION KS 66207

2b Employer Identification Number (EIN)
[redacted]-774093

2c Sponsor's telephone number
(913) [redacted]-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]	2/24/14	JOHN F. THEEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Patsy J. Saale	2/24/14	PATSY J. SAALE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

5 Total number of participants at the beginning of the plan year	**5**	345
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**	284
b Retired or separated participants receiving benefits	**6b**	3
c Other retired or separated participants entitled to future benefits	**6c**	33
d Subtotal. Add lines **6a, 6b,** and **6c**.	**6d**	320
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	320
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	274
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	16
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

4B

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

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

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