Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
COM-PAC INTERNATIONAL RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/15/1997

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

PO BOX 2707
CARBONDALE, IL 62902-2707

2b Employer Identification Number (EIN) 37-1254496

2c Sponsor's telephone number 618-529-2421

2d Business code (see instructions) 326100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	GREGORY SPREHE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
COM-PAC INTERNATIONAL

PO BOX 2707
CARBONDALE, IL 62902-2707

3b Administrator's EIN
37-1254496

3c Administrator's telephone number
618-529-2421

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**	119
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**	117
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	8
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	125
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	125
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	48
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
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 2G 2J 2K 3D

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

9a Plan funding arrangement (check all that apply)

(1)		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)		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)		0	**A** (Insurance Information)
(4)			**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
COM-PAC INTERNATIONAL RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COM-PAC INTERNATIONAL

D Employer Identification Number (EIN)
37-1254496

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)	0	0
(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)	38668	36936
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	728921	1005512
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	767589	1042448
	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	767589	1042448

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)	13627	
	(B) Participants	2a(1)(B)	90288	
	(C) Others (including rollovers)	2a(1)(C)	7462	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		111377
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)	2156	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2156
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	32225	
	(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)		32225
	(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)		
(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)		176172
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		321930
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	45583	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		45583
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1488	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1488
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		47071
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		274859
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: HOLT & PATTERSON, LLC (2) EIN: 84-1684254

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		500000
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

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
COM-PAC INTERNATIONAL RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COM-PAC INTERNATIONAL

D Employer Identification Number (EIN)
37-1254496

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): 45-0140105

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Com-Pac International
Retirement Savings Plan

AUDITED FINANCIAL STATEMENTS

FOR THE YEARS ENDED
December 31, 2009 and 2008

Com-Pac International Retirement Savings Plan

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HOLT & PATTERSON, LLC
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors and Stockholders of
Com-Pac International Retirement Savings Plan
800 Industrial Park Road
Carbondale, IL 62902-0000

We were engaged to audit the statements of net assets available for benefits (modified cash basis) of Com-Pac International Retirement Savings Plan as of December 31, 2009 and 2008 and the statement of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2009, and the supplemental schedule (modified cash basis) of Schedule H, line 4i- Assets Held (At End of Year) as of December 31, 2009. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Alerus Financial, N.A., the custodian of the Plan except for comparing the information with the related information included in the financial statements and supplemental schedules. We have informed by the plan administrator that Alerus Financial holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodians as of December 31, 2009 and 2008 and for the year ended December 31, 2009 that the information provided to the plan administrator by the trustees is complete and accurate.

As described in Note 7, these financial statements and supplemental schedule were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles.

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

Holt & Patterson, LLC
Chesterfield, MO
October 14, 2010

260 CHESTERFIELD INDUSTRIAL BLVD.
CHESTERFIELD, MO 63005
PHONE 636/530-1040
FAX 636/530-1101

Com-Pac International Retirement Savings Plan
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
(Modified Cash Basis)
Years Ended December 31, 2009 and 2008

	2009	2008
ASSETS		
Investments, at fair value		
Registered Investment Companies (Mutual Funds):	$ 1,005,512	$ 728,921
Participant Loans	36,936	38,668
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,042,448	$ 767,589

See Auditor's Report
See Notes to Financial Statements

Com-Pac International Retirement Savings Plan
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
(Modified Cash Basis)
Year Ended December 31, 2009

	2009
ADDITIONS TO NET ASSETS ATTRIBUTED TO	
Investment Income	
Net appreciation in fair value of investments	$ 176,172
Interest and Dividends	34,381
Contributions	
Employer matching	13,627
Employee elected deferral	90,288
Rollovers	7,462
TOTAL ADDITIONS	321,930
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO	
Net depreciation in fair value of investments	-
Benefits paid to participants	45,583
Administrative Expenses	1,488
TOTAL DEDUCTIONS	47,071
NET INCREASE	274,859
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	767,589
End of year	$ 1,042,448

See Auditor's Report
See Notes to Financial Statements

COM-PAC INTERNATIONAL RETIREMENT SAVINGS PLAN
NOTES TO THE FINANCIAL STATEMENTS
For the Years Ended December 31, 2009 and 2008

NOTE 1 – DESCRIPTION OF PLAN

The following description of Com-Pac International Retirement Savings Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Plan is a defined contribution plan covering all full-time employees of the company who have one year of service, have attained age 21, and are not members of a collective bargaining unit. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions:

Participants are permitted to contribute pre-tax deferrals through payroll deductions in an amount not exceeding the limits as outlined by the federal law and IRS guidelines, including catch-up contributions.

The company contributes 20% of the first 5% of base compensation that a participant contributes to the plan. The investment of the Company's matching contribution is also participant directed. Additional profit sharing amounts may be contributed at the option of the Company's board of directors. Contributions are subject to certain limitations. The Company elected not to make a profit sharing contribution for 2009 or 2008.

Forfeited amounts are reallocated to each eligible participant in the ratio that each eligible participant's compensation bears to the compensation of all eligible participants for the plan year and are used to reduce employer contributions. At December 31, 2009 and 2008, forfeited non-vested accounts totaled $725 and $326 respectively, and no amount was allocated to reduce employer contributions for 2009 or 2008.

Participants are immediately 100% vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after six years of credited service.

The plan provides for rollover contributions to the Plan, which is considered 100% vested and non-forfeitable at all times.

Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers eighteen mutual funds as investment options for participants.

Participant Loans:

Participants may borrow from their fund accounts a minimum of $1,000 up to the maximum of $50,000 or 50% of their account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at rates ranging from 6.0% to 10.0%, which are calculated at current prime rate plus 1% at the time of the application. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits:

Distributions are made to participants upon retirement, termination of employment, or total and permanent disability. In case of death, distributions are made to the participant's beneficiary. Employees are 100% vested in the profit sharing contributions if the distribution results from disability or death.

Plan Termination:

Although it has not expressed any interest to do so, the Company has the right under the Plan to terminate the Plan at any time. In the event of termination of the Plan, the account of each participant shall be fully vested and non-forfeitable as of the effective date of complete termination of the Plan and each participant's contribution account shall be distributed to the participant.

NOTE 1 – DESCRIPTION OF PLAN (Continued)

Participant Accounts:
Each participant's account is credited with the participant's contribution allocation of (a) the Company's contribution and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting:
The accompanying financial statements of the Plan have been prepared on the modified cash basis of accounting. This basis of accounting is a comprehensive basis of accounting other than generally accepted accounting principles. This basis of accounting differs from the GAAP basis in that it records contributions when they are received and expenses when they are paid instead of when they are receivable or payable. This creates a timing difference in the valuation of benefits payable to the participants between the time the contributions are withheld from the employee's paychecks until the time they are deposited into the Plan.

Investment Valuation and Income Recognition:
Assets of the Plan at December 31, 2009 and 2008 are maintained in Registered Investment Companies (mutual funds) with Alerus Financial. The investments are carried at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at quoted market prices that represent the net asset of shares held by the plan at year-end. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the modified cash basis. Dividends are recorded on the ex-dividend date.

Participant loans are valued at amortized cost, which represents fair value.

Administrative Expenses:
Certain expenses incurred in the administration of the Plan are paid directly by the Company. The plan incurred $1,488 and $303 of administrative expenses for the year ended December 31, 2009 and 2008, respectively.

Estimates:
The preparation of financial statements in conformity with U.S. generally accepted accounting principles and the modified cash basis of accounting requires the trustees to make estimates and assumptions that affect certain reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenue and expense during the reporting period. Accordingly, actual results may differ from those estimates.

Payment of Benefits:
Benefits are recorded when paid.

Fair Value Measurements:
Included in the financial statements are certain financial instruments carried at fair value. The fair value of an asset is the amount at which that asset could be bought or sold in a current transaction between willing parties, that is, other than in a forced liquidation sale. The fair value of a liability is the amount at which that liability could be incurred or settled in a current transaction between willing parties, that is, other than in a forced or liquidation sale.

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

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – *Fair Value Measurements* (Continued)

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets and liabilities in active markets accessible at the measurement date.

Level 2: Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, quoted prices for identical assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, and other inputs that are observable or can be corroborated by market data for the term of the instrument. Such inputs include market rates and volatilities, spreads and yield curves. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Certain inputs are unobservable (supported by little or no market activity) and significant to the fair value measurement. Unobservable inputs reflect the Plan's best estimate of what hypothetical market participants would use to determine a transaction price for the asset or liability at the reporting date.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Common stocks, corporate bonds, and U.S. government bonds and securities – Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds – Valued at the net asset value (NAV) of shares held by the Plan at year-end.

Participant Loans – Valued at amortized cost, which approximates fair value.

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

The following tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value:

Assets at Fair Value as of December 31, 2009	**Level 1**	**Level 2**	**Level 3**	**Total**
Mutual Funds				
World Stock	$ 51,974			$ 51,974
Growth	139,825			139,825
Blend	95,937			95,937
Value	200,636			200,636
Allocation	210,919			210,919
Bonds	299,268			299,268
Real Estate	6,953			6,953
Participant Loans			36,936	36,936
Total Assets at Fair Value	$ 1,005,512		$ 36,936	$ 1,042,448

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – *Fair Value Measurements* (Continued)

Assets at Fair Value as of December 31, 2008	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 728,921			$ 728,921
Participant Loans			38,668	38,668
Total Assets at Fair Value	$ 728,921		$ 38,668	$ 767,589

The following table sets forth a summary of changes in the fair value of the plan's Level 3 assets for the year-ended December 31, 2009.

Level 3 Assets Year Ended December 31, 2009	Participant Loans
Balance, beginning of year	$ 38,668
Purchases, sales, issuances, and settlements (net)	(1,732)
Balance, end of year	$ 36,936

NOTE 3 – INVESTMENTS

The following unaudited information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified by the trustee 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.

	2009	2008
Participant directed investments at fair value:		
Investment in registered investment companies (mutual funds)	$ 1,005,512	$ 728,921
Participant Loans	36,936	38,668
	$ 1,042,448	$ 767,589

Investments that represent 5% or more of the Plan's net assets available for plan benefits as summarized by the trustee are as follows:

	2009	2008
Investments in registered investment companies (mutual funds):		
Goldman Sachs Balanced Strategy, 16,403 & 14,098 units	158,286	118,286
Federated Capital Preservation, 7,611 units	-	76,112
Delaware Pooled TR Diversified Income Fund, 27,369 & 27,123 units	255,078	214,811
Eaton Vance Large Cap Value, 5,076 & 3,567 units	84,972	51,859
AFS Growth FD Amer Fund #2405 CL R4, 2,115 & 2,304 units	57,334	46,819
Alliance Bernstein Intl Value Fund CLS A, 4,826 & 3,694 units	65,879	38,045
Goldman Sachs TR Growth Opportunities Fund CL A, 2,888 units	54,425	-
Keeley Small Cap Value Fund A (5661), 3,139 units	62,221	-

NOTE 3 – INVESTMENTS (Continued)

The following presents the Investment appreciation (depreciation) in value for December 31, 2009 of $176,172 (including gains and losses on investments bought and sold, as well as held during the year):

	2009
Mutual Funds	$ 154,620
Mutual Funds - Bonds	21,552
	$ 176,172

There were no nonparticipant-directed investments for the years ended December 31, 2009 and 2008.

NOTE 4 – TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated March 31, 2008, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, is exempt from Federal income taxes.

NOTE 5 – PARTY-IN-INTEREST TRANSACTIONS

Minnesota Life was the service provider for the Plan through July 14, 2008. Minnesota life enters into negotiated contracts with various investment managers for the pooled separate accounts and the general account assets are invested in the general assets of Minnesota Life. With the negotiated contracts, Minnesota Life receives an asset charge based on the various investments. These transactions qualify as exempt party-in-interest transactions.

On July 15, 2008, the Plan transferred asset custodian and service providers. Alerus Financial, N.A. maintains the investments and executes investment transactions and allocations. Forbes Financial Group reviews the investment funds available at Alerus Financial, N.A. with investment managers and suggests the investment funds that should be available for the Plan. Fees are paid for these investment management services. These transactions qualify as exempt party-in-interest transactions.

Spectrum Employee Benefits, Inc. handles all administration work such as terminations, distributions, and loans. They receive fees for administering the Plan. There are no transactions within the process that qualify as party-in-interest transactions.

The administration fees the plan sponsor absorbed for the plan were $0 for 2009 and $3,736 for 2008.

NOTE 6 – RISKS AND UNCERTAINTIES

The Plan invests in various investment funds. Investment funds are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment funds, it is at least reasonably possible that changes in the values of investment funds 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 (modified cash basis).

NOTE 7 – SUBSEQUENT EVENTS

For the year ended December 31, 2009, the Company has evaluated subsequent events for potential recognition and disclosure through October 14, 2010, the date of the financial statements.

NOTE 8 – EXCESS CONTRIBUTIONS REFUNDABLE

For the years ended December 31, 2009 and 2008, the amounts of $2,331 and $9,779 respectively were refunded in the following year by the Plan to participants for contributions made in excess of amounts allowed by the Internal Revenue Service.

Supplementary Information

Com-Pac International Retirement Savings Plan
EIN: 37-1254496
Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held At End of Year)
(Modified Cash Basis)
For the Year Ended December 31, 2009

(a)	borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	Current value
*	Alerus Financial, N.A.	Capital Income Builder Class R4, 225 units		$ 10,778
*	Alerus Financial, N.A.	Franklin Income R, 14,850 units		30,443
*	Alerus Financial, N.A.	Goldman Sachs Balanced Strategy, 16,403 units		158,286
*	Alerus Financial, N.A.	AFS Bond Fund of America R4 #2408, 2 units		28
*	Alerus Financial, N.A.	Federated Capital Preservation, 427 units		4,274
*	Alerus Financial, N.A.	Delaware Pooled TR Diversified Inc Fund CL A, 27,369 units		255,078
*	Alerus Financial, N.A.	Mainstay Hi-Yield Corp A, 7,816 units		44,162
*	Alerus Financial, N.A.	American Funds Cap World Growth & Income R4, 371 units		12,622
*	Alerus Financial, N.A.	Columbia Midcap Value R, 2,669 units		29,543
*	Alerus Financial, N.A.	Eaton Vance Large Cap Value, 5,076 units		84,972
*	Alerus Financial, N.A.	Franklin Small Cap Value R, 217 units		7,598
*	Alerus Financial, N.A.	Goldman Sachs Real Estate Fund; A Shares, 696 units		6,953
*	Alerus Financial, N.A.	Goldman Sachs Growth Strategy, 1,156 units		11,411
*	Alerus Financial, N.A.	Goldman Sachs TR Growth Oppt Fund CL A, 2,888 units		56,425
*	Alerus Financial, N.A.	AFS Growth FD Amer Fund #2405 CL R4, 2,115 units		57,334
*	Alerus Financial, N.A.	Hartford Capital Appreciation R4, 494 units		16,215
*	Alerus Financial, N.A.	Janus Fund CL A, 993 units		26,066
*	Alerus Financial, N.A.	Keeley Small Cap Value Fund A, 3,139 units		62,221
*	Alerus Financial, N.A.	American Funds Smallcap World Fund R4, 1,256 units		39,353
*	Alerus Financial, N.A.	Alliancebernstein Intl Value Fund CLS A, 4,826 units		65,879
*	Alerus Financial, N.A.	Dimentional International Value, 491 units		8,369
*	Alerus Financial, N.A.	AFS Europacific Growth #2416 Class R4, 464 units		17,501
*	Participant Loans	6.0% - 10.0%	0	36,936

Note: Column (d) is blank as all investments are participant directed
Column (a) and * indicates a party-in-interest transaction
A schedule of assets acquired and disposed of within the year is not required for Registered Investment Companies (Mutual Funds)
A schedule of reportabel transactions is not required for Registered Investment Companies (Mutual Funds)

Com-Pac International Retirement Savings Plan
EIN: 37-1254496
Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held At End of Year)
(Modified Cash Basis)
For the Year Ended December 31, 2009

(a)	borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	Current value
*	Alerus Financial, N.A.	Capital Income Builder Class R4, 225 units		$ 10,778
*	Alerus Financial, N.A.	Franklin Income R, 14,850 units		30,443
*	Alerus Financial, N.A.	Goldman Sachs Balanced Strategy, 16,403 units		158,286
*	Alerus Financial, N.A.	AFS Bond Fund of America R4 #2408, 2 units		28
*	Alerus Financial, N.A.	Federated Capital Preservation, 427 units		4,274
*	Alerus Financial, N.A.	Delaware Pooled TR Diversified Inc Fund CL A, 27,369 units		255,078
*	Alerus Financial, N.A.	Mainstay Hi-Yield Corp A, 7,816 units		44,162
*	Alerus Financial, N.A.	American Funds Cap World Growth & Income R4, 371 units		12,622
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*	Alerus Financial, N.A.	Goldman Sachs Growth Strategy, 1,156 units		11,411
*	Alerus Financial, N.A.	Goldman Sachs TR Growth Oppt Fund CL A, 2,888 units		56,425
*	Alerus Financial, N.A.	AFS Growth FD Amer Fund #2405 CL R4, 2,115 units		57,334
*	Alerus Financial, N.A.	Hartford Capital Appreciation R4, 494 units		16,215
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*	Alerus Financial, N.A.	AFS Europacific Growth #2416 Class R4, 464 units		17,501
*	Participant Loans	6.0% - 10.0%	0	36,936

Note: Column (d) is blank as all investments are participant directed
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A schedule of assets acquired and disposed of within the year is not required for Registered Investment Companies (Mutual Funds)
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