

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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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: <div><div>☐ a multiemployer plan;</div><div>☒ a single-employer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a DFE (specify) ____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☐ the final return/report;</div><div>☐ an amended return/report;</div><div>☐ a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div><div>☒ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan CLEAR LAM PACKAGING, INC. EMPLOYEES' PROFIT SHARING AND SAVINGS GROWTH PLAN	1b	Three-digit plan number (PN) ▶ 001
		1c	Effective date of plan 01/01/1979
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) CLEAR LAM PACKAGING, INC. 1950 PRATT BLVD. ELK GROVE VILLAGE, IL 60007	2b	Employer Identification Number (EIN) 36-2675628
		2c	Sponsor's telephone number 847-439-8570
		2d	Business code (see instructions) 323100

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	THOMAS WEDOFF
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	THOMAS WEDOFF
	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") CLEAR LAM PACKAGING, INC. 1950 PRATT BLVD. ELK GROVE VILLAGE, IL 60007	3b Administrator's EIN 36-2675628 3c Administrator's telephone number 847-439-8570
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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
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5 Total number of participants at the beginning of the plan year	5	567
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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	433
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	46
d Subtotal. Add lines 6a , 6b , and 6c	6d	479
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1
f Total. Add lines 6d and 6e	6f	480
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	431
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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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

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) ☒ 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) ☒ Trust (4) ☐ General assets of the sponsor
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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) ☒ **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) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information – Small Plan)
 (3) ☐ **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☒ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		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 CLEAR LAM PACKAGING, INC. EMPLOYEES' PROFIT SHARING AND SAVINGS GROWTH PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CLEAR LAM PACKAGING, INC.		D Employer Identification Number (EIN) 36-2675628

Part I	Service Provider Information (see instructions)
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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
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
64 65	RECORDKEEPER	50	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

CANTELLA & CO INC

2 OLIVER ST STE 11
BOSTON, MA 02109

(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?
61	ADVISOR	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

NRP FINANCIAL INC

34-1905835

(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?
99	OTHER SERVICES	0	Yes ☒ No ☐	Yes ☐ No ☒	11211	Yes ☐ No ☒

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

PRINCIPAL FINANCIAL

42-0127290

(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?
12 13 37 64	RECORDKEEPER	0	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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
AIM CHARTER A - INVESCO AIM INVESTM 98-0557567	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
AIM MIDCAP CORE EQ A - INVESCO AIM 98-0557567	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
PIMCO TOTAL RETURN A - BOSTON FINAN 04-2526037	0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
VK SMALL CAP VALUE A - VAN KAMPEN I PO BOX 219286 KANSAS, MO 64121	0.25%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
CANTELLA & CO INC	61	0
(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.
FA FREEDOM INC A - FIDELITY DISTRIB 04-2270522	\$1M-<\$4M=1.00% \$4M-<\$25M=0.50% \$25M+=0.25%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
CANTELLA & CO INC	61	0
(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.
FA FREEDOM 2005 A - FIDELITY DISTRIB 04-2270522	\$1M-<\$4M=1.00% \$4M-<\$25M=0.50% \$25M+=0.25%	

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
CANTELLA & CO INC	61	0

(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.
FA FREEDOM 2010 A - FIDELITY DISTRI 04-2270522	\$1M-<\$4M=1.00% \$4M-<\$25M=0.50% \$25M+=0.25%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CANTELLA & CO INC	61	0

(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.
FA FREEDOM 2015 A - FIDELITY DISTRI 04-2270522	\$1M-<\$4M=1.00% \$4M-<\$25M=0.50% \$25M+=0.25%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CANTELLA & CO INC	61	0

(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.
FA FREEDOM 2020 A - FIDELITY DISTRI 04-2270522	\$1M-<\$4M=1.00% \$4M-<\$25M=0.50% \$25M+=0.25%

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
CANTELLA & CO INC	61	0

(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.
FA FREEDOM 2025 A - FIDELITY DISTRI 04-2270522	\$1M-<\$4M=1.00% \$4M-<\$25M=0.50% \$25M+=0.25%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CANTELLA & CO INC	61	0

(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.
FA FREEDOM 2030 A - FIDELITY DISTRI 04-2270522	\$1M-<\$4M=1.00% \$4M-<\$25M=0.50% \$25M+=0.25%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CANTELLA & CO INC	61	0

(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.
FA FREEDOM 2035 A - FIDELITY DISTRI 04-2270522	\$1M-<\$4M=1.00% \$4M-<\$25M=0.50% \$25M+=0.25%

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
CANTELLA & CO INC	61	0
(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.	
FA FREEDOM 2040 A - FIDELITY DISTRI	\$1M-<\$4M=1.00% \$4M-<\$25M=0.50% \$25M+=0.25%	
04-2270522		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CANTELLA & CO INC	61	0
(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.	
FA FREEDOM 2045 A - FIDELITY DISTRI	\$1M-<\$4M=1.00% \$4M-<\$25M=0.50% \$25M+=0.25%	
04-2270522		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CANTELLA & CO INC	61	0
(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.	
FA FREEDOM 2050 A - FIDELITY DISTRI	\$1M-<\$4M=1.00% \$4M-<\$25M=0.50% \$25M+=0.25%	
04-2270522		

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
NRP FINANCIAL INC	99	11211
(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.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	REFERRAL/SERVICE FEE AND PRORATED INCENTIVE, NOT DEDUCTED FROM PLAN	
(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 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan CLEAR LAM PACKAGING, INC. EMPLOYEES' PROFIT SHARING AND SAVINGS GROWTH PLAN	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 CLEAR LAM PACKAGING, INC.	D Employer Identification Number (EIN) 36-2675628	

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: ABN AMRO INCOME PLUS D FUND			
b Name of sponsor of entity listed in (a): ABN AMRO INVESTMENT TRUST CO			
c EIN-PN 03-0373646-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50570	
a Name of MTIA, CCT, PSA, or 103-12 IE: PTC AGGRESSIVE GROWTH FUND			
b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY			
c EIN-PN 51-0099493-002	d Entity code C	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:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		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 CLEAR LAM PACKAGING, INC. EMPLOYEES' PROFIT SHARING AND SAVINGS GROWTH PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 CLEAR LAM PACKAGING, INC.	D Employer Identification Number (EIN) 36-2675628	

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)	8281	265000
(2) Participant contributions	1b(2)	30685	0
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	242913
(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)	1113119	1093519
(9) Value of interest in common/collective trusts.....	1c(9)	6055678	50570
(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)	5946350	14903815
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	13154113	16555817

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	13154113	16555817
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	520856	
(B) Participants	2a(1)(B)	1055301	
(C) Others (including rollovers)	2a(1)(C)	3778	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1579935

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)	71783	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		71783

(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)	462725	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		462725

(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)		

		(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)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		465857
(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)		1761941
c Other income.....	2c		587
d Total income. Add all income amounts in column (b) and enter total.....	2d		4342828

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	881240	
(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)		881240
f Corrective distributions (see instructions)	2f		23138
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)	36696	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	50	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		36746
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		941124

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3401704
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: DIGIOVINE HNILO JORDAN & JOHNSON LT

(2) EIN: 36-3029663

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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.).....	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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	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.	X		

- 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)

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 <u>CLEAR LAM PACKAGING, INC. EMPLOYEES' PROFIT SHARING AND SAVINGS GROWTH PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CLEAR LAM PACKAGING, INC.</u>	D Employer Identification Number (EIN) <u>36-2675628</u>

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	<u>0</u>
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): <u>04-6568107</u> <u>42-0127290</u> 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 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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2009
v.092308.1

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): _____

Financial Statements and
Independent Auditor's Report

**CLEAR LAM PACKAGING, INC.
EMPLOYEES' PROFIT SHARING
and SAVINGS GROWTH PLAN**

December 31, 2009 and 2008

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DIGIOVINE HNILO JORDAN + JOHNSON LTD.

Certified Public Accountants/Business Consultants

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
**CLEAR LAM PACKAGING, INC. EMPLOYEES' PROFIT
SHARING and SAVINGS GROWTH PLAN**

Elk Grove Village, Illinois

We were engaged to audit the financial statements of Clear Lam Packaging, Inc. Employees' Profit Sharing and Savings Growth Plan (the "Plan") as of December 31, 2009 and 2008 and for the year ended December 31, 2009, and the supplemental schedule as of and for the year ended December 31, 2009 as listed in the accompanying table of contents. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States 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 investment information summarized in Note D, which was certified by Principal Trust Company and Fidelity Management Trust Company, the Custodians of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that Fidelity Management Trust Company held the Plan's assets and executed investment transactions from December 1, 2009 to December 31, 2009 and that Principal Trust Company held the Plan's investment assets and executed investment transactions as of December 31, 2009 and 2008. The Plan Administrator has obtained certifications from the Custodian's 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 Custodian's is complete and accurate.

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

DIGIOVINE HNILO JORDAN + JOHNSON LTD.

Certified Public Accountants

Naperville, Illinois

October 6, 2010

SOLUTIONS FOR SUCCESS

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Clear Lam Packaging, Inc.

Employees' Profit Sharing and Savings Growth Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
ASSETS		
Participant-directed investments, at fair value	\$ 16,290,817	\$ 13,115,147
Receivables:		
Participant contributions	-	30,685
Employer contribution	-	8,281
Profit sharing contribution	<u>265,000</u>	<u>-</u>
	<u>265,000</u>	<u>38,966</u>
TOTAL ASSETS	16,555,817	13,154,113
LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS REFLECTING INVESTMENTS AT FAIR VALUE	16,555,817	13,154,113
Adjustment from fair value to contract value for fully benefit-responsive contracts	<u>-</u>	<u>465,857</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 16,555,817</u>	<u>\$ 13,619,970</u>

See accompanying notes.

Clear Lam Packaging, Inc.

Employees' Profit Sharing and Savings Growth Plan

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year ended December 31, 2009

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Contributions:

Participant	\$ 1,055,301
Employer - match	255,856
Employer - profit sharing	265,000
Rollovers	3,778
Miscellaneous income	587
	<u>1,580,522</u>

Investment income:

Participant-directed investment income:

Net appreciation	1,761,941
Interest and dividends	462,725
Participant loan interest	71,783
	<u>2,296,449</u>

TOTAL ADDITIONS 3,876,971

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefit payments to participants	904,378
Administrative expenses	<u>36,746</u>

TOTAL DEDUCTIONS 941,124

NET INCREASE 2,935,847

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>13,619,970</u>
-------------------	-------------------

END OF YEAR \$ 16,555,817

See accompanying notes.

Clear Lam Packaging, Inc.

Employees' Profit Sharing and Savings Growth Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

NOTE A--DESCRIPTION OF PLAN

The following brief description of the Clear Lam Packaging, Inc. Employees' Profit Sharing and Savings Growth Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is sponsored by Clear Lam Packaging, Inc. (the "Company") for employees that meet specific eligibility requirements. The Plan, designated as a defined contribution plan, was originally established on January 1, 1979, and was most recently amended and restated, effective December 1, 2009. The Plan provides for contributions to be made under salary deferral agreements pursuant to Section 401(k) of the Internal Revenue Code (the "Code"). Employees of the Company, 21 years or older, not covered by a collective bargaining agreement, are eligible to participate on the next July 1 or January 1 following their completion of at least 1,000 hours of service during their first twelve months of employment. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Eligible participants may elect to contribute pre-tax compensation to the Plan by means of a salary deferral agreement not less than one percent nor more than the maximum permitted by law of their annual compensation. Contributions are subject to limitations as provided in the Code and as described in the Plan. Participants who have attained age 50 before the end of Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified retirement plans (rollover contributions) in accordance with Plan provisions. Salary deferral contributions are funded proximate to the withholding date. Participants direct the investment of their contributions into various investment options offered by the Plan.

Effective July 1, 2008, unless eligible employees affirmatively elect otherwise, their compensation will be reduced by 3%, the "Automatic Enrollment Rate." For each payroll period in which they are an active participant, the Company will make a pre-tax deferral contribution in such amount on the participant's behalf.

The Company contributes 50% of the first 3% of compensation that a participant contributes to the Plan, not to exceed amounts allowed by the Code. Additional profit sharing amounts, which are subject to Plan allocation provisions, may be contributed at the option of the Company's Board of Directors to employees with at least 1,000 hours of service during the Plan year and who are employed on the last day of the Plan year. Company matching and profit sharing contributions are funded proximate to the withholding date and annually after the close of the Plan year, respectively. All contributions are subject to certain limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of (a) the Company's contributions, if any, (b) Plan earnings and is 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.

Clear Lam Packaging, Inc.

Employees' Profit Sharing and Savings Growth Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

NOTE A--DESCRIPTION OF PLAN--continued

Investment Options

Upon enrollment in the Plan, a participant may direct employee contributions in one or more of the investment funds offered by the Plan. The current investment choices are more fully described in the Plan's literature. Participants may change their investment options at any time in accordance with Plan provisions. During any period in which there is no participant direction on file with the Trustee as to the investment of a participant's account, 100% of that participant's account will be invested in the investment fund designated from time to time by the Trustees as the default investment. The Plan currently offers twenty-one investment options.

Vesting

Participants are immediately vested in all deferral contributions and Company matching contributions plus actual earnings thereon. Vesting in the Company's profit sharing contribution portion of their account plus actual earnings thereon is based on years of continuous service. A participant is 20% vested after two years of service and vests an additional 20% each year thereafter. A participant is 100% vested after six years of credited service.

Payment of Benefits

Participants are entitled to receive, in a lump sum or installments, the entire value of their vested Company and participant accounts upon termination, retirement, disability or death. A participant will also be fully vested when the participant attains normal retirement age, as defined in the Plan, or employment terminates due to death or disability while the participant is employed by the Company. Participants who terminate for any other reason are entitled to receive the entire value in their participant account and vested portion of their Company account in a lump sum cash distribution in accordance with Plan provisions. Participants may also elect to receive hardship withdrawals prior to termination of employment from their deferral contribution account.

Forfeited Accounts

The total of forfeited non-vested accounts was \$11,691 and \$5,204 as of December 31, 2009 and 2008, respectively. These accounts will first be used to pay administrative expenses under the Plan, as directed by the employer. Any remaining amounts may be used to reduce future Company contributions.

Participant Loans

Participants may borrow from their vested account balance a minimum of \$1,000 up to a maximum of the lesser of \$50,000 or 50% of their vested account balance reduced by the highest outstanding loan balance in your account during the prior twelve month period. The loans are secured by collateral consisting of 50% of the participant's vested account balance. The loans bear a reasonable rate of interest (4.25% to 9.25% at December 31, 2009) as determined by the Plan Administrator based on the prevailing interest rates at loan inception charged by persons in the business of lending money for loans which would be made under similar circumstances. Loans are for a period not to exceed five years unless for the purchase of the participant's principal residence, in which case the loan may not exceed ten years. Principal and interest shall be repaid ratably through payroll deductions on at least a quarterly basis.

Clear Lam Packaging, Inc.

Employees' Profit Sharing and Savings Growth Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

NOTE A--DESCRIPTION OF PLAN--continued

Administrative Expenses

The Company bears most administrative costs of the Plan.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

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 contracts because contract value is the amount participants would receive if they were to initiate withdrawals or other permitted transactions under the terms of the Plan. An adjustment was not made to the fully-benefit responsive contract to adjust from fair value to contract value as of December 31, 2009 as the values were substantially the same and, thus, deemed to be immaterial by management. The Statement of Changes in Net Assets Available for Benefits is thus presented at contract value as of December 31, 2009, which approximated its fair value. The Statement of Net Assets Available for Benefits presents the fair value of the investment contract as well as an adjustment of the fully benefit-responsive investment contract from fair value to contract value at December 31, 2008.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value, except for the fully benefit-responsive fund. Investments in shares of registered investment companies are valued at quoted market prices which represent the net asset value of the shares or units held by the Plan at year-end. Many factors are considered in arriving at fair value. Participant loans are stated at face value, which approximates fair value.

The ABN AMRO Income Plus D Fund is fully benefit-responsive and is stated at fair value on the last day of the Plan year. The Custodian computes the fair value of the fund based upon quoted market prices of the underlying securities held by the fund at year-end. Contract value is considered the relevant measurement used in the calculation of participant withdrawals or other permitted transactions under the terms of the Plan. Contract value represents the accumulated contributions plus accrued net earnings less distributions. See Note E.

Net appreciation or depreciation of investments included in the accompanying statement of changes in net assets available for benefits includes realized gains or losses from the sale of investments and unrealized appreciation or depreciation in the fair value of investments. Net unrealized appreciation or depreciation in the fair value of investments represents the net change in the fair value of the investments held during the period. The net realized gains or losses on the sales of investments represent the difference between the sale proceeds and the fair value of the investment as of the beginning of the period or the cost of the investment if purchased during the year.

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES-continued

Investment Valuation and Income Recognition-continued

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on an accrual basis. Because assets are valued at the current market value, the statement of changes in net assets available for benefits reflects the net effect of unrealized appreciation or depreciation of the Plan's assets.

Payment of Benefits

Benefits are recorded when paid.

Accounting Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein and disclosure of contingent assets and liabilities at the date of the financial statements and during the reporting period. Accordingly, actual results may differ from those estimates.

Date of Management's Review

Subsequent events were evaluated through October 6, 2010, which is the date the financial statements were available to be issued.

NOTE C--FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures*, provides the 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:

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

Level 2 Inputs to the valuation methodology include:

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

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.

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

NOTE C--FAIR VALUE MEASUREMENTS--continued

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

The asset's 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 Plan assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Level 1 - The fair value of registered investment companies are based on quoted net asset values of the shares held by the Plan at year-end.

Level 2 - The fair value of a common collective trust account is based on the valuation of the underlying investments as determined by quoted prices or other observable inputs provided by pricing services or other approved method.

Level 3 - Participant loans are valued at amortized cost, which approximates fair value. The fair value of the fully benefit-responsive investment contract is valued based on the present value of the contract's expected cash flows, discounted at current market interest rates for like quality and duration investments or by independent pricing services or other approved method.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of difference 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 table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008.

Assets at Fair Value as of December 31, 2009

	Level 1	Level 2	Level 3	Total
Stock investments				
Large Cap	\$ 95,698	\$ -	\$ -	\$ 95,698
Mid-Cap	87,303	-	-	87,303
Small Cap	54,474	-	-	54,474
Total stock investments	237,475	-	-	237,475
International	6,555	-	-	6,555
Specialty	1,202	-	-	1,202
Target date funds	14,385,810	-	-	14,385,810
Bond investments	272,773	-	-	272,773
Short term investments	242,913	-	-	242,913
Fully benefit-responsive contract	-	-	50,570	50,570
Participant loans	-	-	1,093,519	1,093,519
Total assets at fair value	<u>\$ 15,146,728</u>	<u>\$ -</u>	<u>\$ 1,144,089</u>	<u>\$ 16,290,817</u>

Clear Lam Packaging, Inc.

Employees' Profit Sharing and Savings Growth Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

NOTE C--FAIR VALUE MEASUREMENTS-continued

Assets at Fair Value as of December 31, 2008

	Level 1	Level 2	Level 3	Total
Large U.S. Equity				
Large Value	\$ 557,140	\$ -	\$ -	\$ 557,140
Large Growth	2,137,201	-	-	2,137,201
Total Large U.S. Equity	2,694,341	-	-	2,694,341
Small / Mid U.S. Equity				
Mid Cap Blend	405,498	-	-	405,498
Small Blend	507,627	-	-	507,627
Total Small / Mid U.S. Equity	913,125	-	-	913,125
International Equity	561,138	-	-	561,138
Balanced asset allocation				
Conservation allocation	335,606	-	-	335,606
Moderate allocation	632,870	-	-	632,870
Retirement Income	154	-	-	154
Total balanced asset allocation	968,630	-	-	968,630
Fixed income	809,116	-	-	809,116
Fully benefit-responsive contract	-	-	5,395,039	5,395,039
Common collective trust accounts	-	660,639	-	660,639
Participant loans	-	-	1,113,119	1,113,119
Total assets at fair value	\$ 5,946,350	\$ 660,639	\$ 6,508,158	\$ 13,115,147

Level 3 Changes in Fair Value

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2009.

	Fully Benefit Responsive Contract	Participant Loans	Total
Balance, beginning of year	\$ 5,395,039	\$ 1,113,119	\$ 6,508,158
Unrealized gains/(losses) relating to instruments still held at the reporting date	82,007	-	82,007
Purchases, sales, issuances and settlements (net)	(5,426,476)	(19,600)	(5,446,076)
Balance, end of year	\$ 50,570	\$ 1,093,519	\$ 1,144,089

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in net appreciation in fair value of investments in the Statement of Changes in Net Assets Available for Benefits.

Clear Lam Packaging, Inc.

Employees' Profit Sharing and Savings Growth Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

NOTE D--INFORMATION CERTIFIED BY CUSTODIAN (UNAUDITED)

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the United States Department of Labor ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by the successor Custodian, Fidelity Management Trust Company, as of and for the year ended December 31, 2009, as well as information certified by the predecessor Custodian, Principal Trust Company, as of and for the year ended December 31, 2008. Except for comparing such information as certified by the Custodian's to information included in the Plan's financial statements and supplemental schedules, we did not perform any auditing procedures on the certified investments.

Following represents investments certified by the Custodian as of December 31, 2009 and 2008, respectively.

	2009	2008
<u>Participant-directed investments</u>		
Registered investment companies, at fair value:		
Aston/ TCH Fixed Income N Fund	\$ -	\$ 809,116 *
Dodge & Cox Stock Fund	-	557,140
Royce Total Return Fund	-	507,627
Aston/Optimum Mid Cap N Fund	-	405,498
American Funds Europacific Growth Fund	-	561,138
American Balanced R4 Fund	-	632,870
Franklin Advisors Growth A Fund	-	2,137,201 *
Franklin Income A Fund	-	335,606
Princor Lifetime STR Inc R5 Fund	-	154
Pimco Total Return A	265,904	-
AIM Charter A	67,887	-
AIM Midcap Core Equity A	87,303	-
Van Kampen Small Cap Value A	45,668	-
Fidelity Prime Fund	242,913	-
Fidelity Industrials A	1,202	-
Fidelity Small Cap	8,806	-
Fidelity Freedom 2005	255,705	-
Fidelity Freedom 2010	1,162,330	*
Fidelity Freedom 2015	2,644,866	*
Fidelity Freedom 2020	3,087,894	*
Fidelity Freedom 2025	2,507,362	*
Fidelity Freedom 2030	2,898,149	*
Fidelity Freedom 2035	937,672	*
Fidelity Freedom 2040	575,784	-
Fidelity Freedom 2045	187,298	-
Fidelity Freedom 2050	64,417	-
Fidelity Freedom Income A	64,333	-

Clear Lam Packaging, Inc.

Employees' Profit Sharing and Savings Growth Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

NOTE D--INFORMATION CERTIFIED BY CUSTODIAN (UNAUDITED)-continued

Fidelity New Insights A	27,811	-
Fidelity International Discovery	6,555	-
Fidelity Government Income	6,869	-
Common collective trust funds, at fair value:		
Principal Trust Company Aggressive Growth Fund	-	660,639 *
ABN AMRO Income Plus Fund	50,570	5,395,039 *
Participant loans	1,093,519 *	1,113,119 *
	<u>\$ 16,290,817</u>	<u>\$ 13,115,147</u>

During the year ended December 31, 2009, the Plan's investments (including investments bought, sold and held during the year), appreciated in value by \$1,761,941 overall. Of this total, the registered investment company investments appreciated by \$1,464,187 and the common collective trust accounts appreciated in total by \$297,754. During the year ended December 31, 2009, the Plan's investments had interest and dividends of \$462,725, overall. Of this total, \$0 related to the common collective trust accounts.

*Fair value of investments representing greater than 5% of the Plans net assets as of December 31, 2009 and 2008

NOTE E--FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

The Plan has entered into a fully benefit-responsive investment contract with the Custodian that includes, as one investment option, the ABN AMRO Income Plus Fund (the "Fund"). This common collective trust is credited with the accumulation of contributions, plus earnings on the underlying investments at a guaranteed rate and charged for participant withdrawals and administrative expenses. The investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The Fund is included in investments on the statement of net assets available for benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits at December 31, 2008. No adjustment was required at December 31, 2009 as the fund's fair value approximated its contract value. Contract value, as reported and certified to the Plan by ABN AMRO, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The fair value of the investment contract at December 31, 2009 and 2008 was \$50,570 and \$5,395,039, respectively.

The average yields in the interest rates of the common collective trust during calendar years 2009 and 2008 were 2.85% and 4.88%, respectively. The crediting interest rates were 2.37% and 4.57% at December 31, 2009 and 2008, respectively. Interest is credited to a participant's account daily, based on its daily balance at the established effective rate of interest that reflects the performance of the underlying portfolio. The rate is reset by amortizing the difference between the market value of the portfolio and the guaranteed value over the weighted average duration of the Fund's investments. Participants will receive the principal and accrued earnings credited to their accounts on withdrawal for allowed events. These events include transfers to other Plan investment options, and payments because of retirement, termination of employment, disability, death and in-service withdrawals as permitted by the Plan. If the Fund was to be discontinued, the value of the funds to be disposed would be determined in accordance with contract provisions, which includes an interest component. There are no reserves for credit risk of the contract issuer or otherwise. The Plan Administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probably of occurring.

Clear Lam Packaging, Inc.

Employees' Profit Sharing and Savings Growth Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

NOTE F--PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of a Plan termination, participants will become fully vested in their accounts and the Custodian will distribute Plan assets to participants and their beneficiaries in accordance with the Plan agreement.

NOTE G--TAX STATUS

On March 31, 2008, the Internal Revenue Service stated that the prototype plan document, subsequently adopted by the Plan, as then designed qualified under section 401(k) of the Internal Revenue Code ("the IRC"). The Plan has been amended since receiving the determination letter. The Plan has not received a determination letter specific to the Plan itself; however, the Plan Administrator and the Plan's legal counsel believe that the Plan is currently designed and in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE H--RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500 at December 31, 2009 and 2008:

	<u>2009</u>	<u>2008</u>
Net assets available for benefits per the financial statements	\$ 16,555,817	\$ 13,619,970
Adjustment from contract value to fair value for fully benefit-responsive contracts	<u>-</u>	<u>(465,857)</u>
Net assets available for benefits per Form 5500- Schedule H	<u>\$ 16,555,817</u>	<u>\$ 13,154,113</u>

The following is a reconciliation of the net increase in assets available for benefits per the financial statements to Schedule H of Form 5500 at December 31, 2009:

	<u>2009</u>
Net increase per the financial statements	\$ 2,935,847
Adjustment to net assets from contract value to fair value for fully benefit-responsive contract	<u>465,857</u>
Net increase per Form 5500 - Schedule H	<u>\$ 3,401,704</u>

Clear Lam Packaging, Inc.

Employees' Profit Sharing and Savings Growth Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

NOTE I--RISKS AND UNCERTAINTIES

The Plan's assets are invested directly and indirectly in various investment securities. The investments are exposed to various risks such as interest rate, market, and credit risks. The Plan's assets are subject to the changes in value of these underlying investments, including the potential for bankruptcy of one or more of the companies in which they are invested.

The Plan is also invested directly and indirectly in securities which may have contractual cash flows that include asset backed securities, collateralized mortgage obligations, commercial mortgage backed securities or subprime mortgage loans. The value, liquidity and related income of these securities are sensitive to changes in economic conditions, changes in value, delinquencies or defaults. Shifts in the market's perception of the issuers and changes in interest rates may affect these investments adversely.

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.

The participants who have borrowed from the Plan are all employees of the Company in the Chicago area, and their ability to repay the loans could be affected by the economic conditions in the industry in general, the economic conditions in the Chicago metropolitan area or the economic situation of the Company itself.

NOTE J--RELATED PARTY TRANSACTIONS

The Plan's investments are held and invested by the Custodians as of December 31, 2009 and 2008, and for the years then ended. The Principal Trust Company and Fidelity Management Trust Company perform administrative and recordkeeping services for the Plan and receive fees for these services which are paid by the Plan. Fees were \$36,746 for 2009.

Certain employees of the Company provide administrative and trustee services to the Plan and are not reimbursed for their services from the Plan. Certain other administrative expenses are paid by the Company on behalf of the Plan.

NOTE K--PLAN AMENDMENTS

Effective December 1, 2009, the Plan was amended and restated as a result of a conversion to a new Plan document with the successor Custodian.

Effective 2008, the Plan adopted amendments; (1) to provide for automatic deferral elections for new Plan participants beginning at 3% of compensation, unless elected otherwise by a participant; (2) to adopt a required interim amendment reconciling the anti-cutback rules of Internal Revenue Code section 411(d)(6) with the nonforfeiture requirements of Code section 411(a); (3) to comply with the final Treasury regulations under Code section 415; and (4) to expand the safe harbor reasons for hardship withdrawals as permitted under the final Treasury Regulations under Code section 401(k).

Clear Lam Packaging, Inc.

Employees' Profit Sharing and Savings Growth Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

NOTE L--TRANSFER OF NET ASSETS

On November 30, 2009, net assets of the Plan in the amount of \$14,926,366 were transferred from Principal Trust Company to a new Custodian, Fidelity Management Trust Company. The new Custodian was duly appointed by the Plan's trustees, effective November 30, 2009. The transferred amount was fully reinstated with the new Custodian on December 1, 2009. This event did not result in the reduction of vested benefit or of net assets available for benefits.

NOTE M-SUBSEQUENT EVENTS

Effective March 15, 2010 the prototype plan was amended for in-kind distributions. Effective May 5, 2010, certain investment options were removed and added to the Plan.

SUPPLEMENTARY INFORMATION

Clear Lam Packaging, Inc.

Employees' Profit Sharing and Savings Growth Plan

SCHEDULE H, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2009

EIN: 36-2675628

Plan # 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
	<u>Common Collective Trust:</u>			
*	ABN AMRO	Income Plus Fund	**	\$ 50,570
	<u>Registered investment companies:</u>			
	Pimco	Pimco Total Return A	**	265,904
	AIM	AIM Charter A	**	67,887
	AIM	AIM Midcap Core Equity A	**	87,303
	Van Kampen	Van Kampen Small Cap Value A	**	45,668
*	Fidelity Management Trust Co.	Fidelity Prime Fund	**	242,913
*	Fidelity Management Trust Co.	Fidelity Industrials A	**	1,202
*	Fidelity Management Trust Co.	Fidelity Small Cap	**	8,806
*	Fidelity Management Trust Co.	Fidelity Freedom 2005	**	255,705
*	Fidelity Management Trust Co.	Fidelity Freedom 2010	**	1,162,330
*	Fidelity Management Trust Co.	Fidelity Freedom 2015	**	2,644,866
*	Fidelity Management Trust Co.	Fidelity Freedom 2020	**	3,087,894
*	Fidelity Management Trust Co.	Fidelity Freedom 2025	**	2,507,362
*	Fidelity Management Trust Co.	Fidelity Freedom 2030	**	2,898,149
*	Fidelity Management Trust Co.	Fidelity Freedom 2035	**	937,672
*	Fidelity Management Trust Co.	Fidelity Freedom 2040	**	575,784
*	Fidelity Management Trust Co.	Fidelity Freedom 2045	**	187,298
*	Fidelity Management Trust Co.	Fidelity Freedom 2050	**	64,417
*	Fidelity Management Trust Co.	Fidelity Freedom Income A	**	64,333
*	Fidelity Management Trust Co.	Fidelity New Insights A	**	27,811
*	Fidelity Management Trust Co.	Fidelity International Discovery	**	6,555
*	Fidelity Management Trust Co.	Fidelity Government Income	**	6,869
				<u>15,146,728</u>
	<u>Other:</u>			
*	Participant loans	4.25% to 9.25%	-0-	1,093,519
				<u>\$ 16,290,817</u>

* Party-in-interest

** Participant-directed thus cost information not required.

