

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
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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:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan AC LABEL 401(K) SAVINGS PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 03/01/2006
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) AC LABEL COMPANY, LLC 6880 HEEGE ROAD ST. LOUIS, MO 63123	2b Employer Identification Number (EIN) 20-3835220 2c Sponsor's telephone number 314-352-1301 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	JEFFREY M. DORRIES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	JEFFREY M. DORRIES
	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") AC LABEL COMPANY, LLC 6880 HEEGE ROAD ST. LOUIS, MO 63123	3b Administrator's EIN 20-3835220 3c Administrator's telephone number 314-352-1301
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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	143
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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	132
b Retired or separated participants receiving benefits.....	6b	1
c Other retired or separated participants entitled to future benefits.....	6c	9
d Subtotal. Add lines 6a , 6b , and 6c	6d	142
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	
f Total. Add lines 6d and 6e	6f	142
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	100
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	2

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 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) ☒ 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) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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 AC LABEL 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. AC LABEL COMPANY, LLC		
D Employer Identification Number (EIN) 20-3835220		

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

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	802399	155	01/01/2009	12/31/2009

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
6228	6923

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

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

WACHOVIA INSURANCE SERVICES
ANNUITY COMMISSION ACCOUNTING
401 S TRYON - 11TH FLOOR
CHARLOTTE, NC 28288-0001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6228	5810	REFERRAL/SERVICE FEE	3

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

A G EDWARDS
DIVISION OF WACHOVIA
401 S. TRYON STREET
CHARLOTTE, NC 28288-0001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	1113	REFERRAL/SERVICE FEE	3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	22830
5 Current value of plan's interest under this contract in separate accounts at year end	5	2015540

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	114677
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	3685	
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)		

(6) Total additions

7c(6)	3685
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d Total of balance and additions (add b and c(6)).	7d	118362
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	85312
(2) Administration charge made by carrier	7e(2)	145
(3) Transferred to separate account	7e(3)	7934
(4) Other (specify below)	7e(4)	2141

▶ LOAN WITHDRAWAL, 401(K)(M) EXCESS CONTRIBUTION

(5) Total deductions

7e(5)	95532
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f Balance at the end of the current year (subtract e(5) from d)	7f	22830
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) 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 AC LABEL 401(K) SAVINGS PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 AC LABEL COMPANY, LLC		D Employer Identification Number (EIN) 20-3835220

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

(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)

PRINCIPAL LIFE INSURANCE COMPANY

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?
13 37 50 64	CONTRACT ADMINISTRATOR	11785	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <u>AC LABEL 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AC LABEL COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>20-3835220</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN MIDCAP BLEND SEP ACCT-R3</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-020</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>215994</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN GOVT & HQ BOND SA-R3</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-007</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>15627</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN MONEY MARKET SEP ACCT-R3</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-024</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>268956</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN INTL EMERG MARKETS SA-R3</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-013</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>31769</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LGCAP BLEND I SEP ACCT-R3</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-017</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>17897</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN SMCAP GROWTH SEP ACCT-R3</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-030</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>446</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN SHORT-TERM BOND SA-R3</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-011</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6384</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCAP S&P 500 INDEX SA-R3		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-016	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18321
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMCAP S&P 600 INDEX SA-R3		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-028	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 270071
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP S&P 400 IDX SA-R3		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-023	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 63062
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFE TIME 2010 SEP ACCT-R3		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-075	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 67499
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFE TIME 2020 SEP ACCT-R3		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-076	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 135161
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2030 SEP ACCT-R3		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-077	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 241493
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2040 SEP ACCT-R3		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-078	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 481603
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2050 SEP ACCT-R3		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-079	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47737
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME STRAT INC SA-R3		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-080	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26292
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL STABLE VALUE SGNATURE		
b Name of sponsor of entity listed in (a): UNION BOND & TRUST COMPANY		
c EIN-PN 93-6274328-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 690498

a Name of MTIA, CCT, PSA, or 103-12 IE: **PRIN INFLATION PROTECT SA-R3**
PRINCIPAL LIFE INSURANCE COMPANY

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

c EIN-PN 42-0127290-099	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 107229
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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
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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 AC LABEL 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 AC LABEL COMPANY, LLC	D Employer Identification Number (EIN) 20-3835220	

Part I	Asset and Liability Statement
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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)	6397	1773
(2) Participant contributions	1b(2)	18957	4059
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	216201	155824
(9) Value of interest in common/collective trusts.....	1c(9)	276017	690498
(10) Value of interest in pooled separate accounts.....	1c(10)	2201295	2015540
(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)	1962357	2761161
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	114677	22830
(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	4795901	5651685

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	4795901	5651685
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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)	133412	
(B) Participants	2a(1)(B)	416378	
(C) Others (including rollovers)	2a(1)(C)	71415	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		621205

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)	11358	
(F) Other	2b(1)(F)	3685	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		15043

(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)	35775	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		35775

(3) Rents	2b(3)		
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(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)	0	
(B) Other	2b(5)(B)	0	
(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)		28521
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		375947
(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)		581497
c Other income.....	2c		1296
d Total income. Add all income amounts in column (b) and enter total.....	2d		1659284

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	776293	
(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)		776293
f Corrective distributions (see instructions)	2f		15422
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	11785	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		11785
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		803500

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		855784
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

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: MPP AND W, P.C.

(2) EIN: 43-1594752

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.).....	☒		64716
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.).....		☒	
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.)		☒	
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.).....		☒	
e Was this plan covered by a fidelity bond?.....	☒		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?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	☒		
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.).....		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		☒	
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.			

- 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 <u>AC LABEL 401(K) SAVINGS 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>AC LABEL COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>20-3835220</u>

Part I	Distributions
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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
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>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)
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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
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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
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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): _____

AC LABEL 401(k) SAVINGS PLAN

**FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008**

**ADDITIONAL INFORMATION
DECEMBER 31, 2009**

Mueller Prost PC
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To the Plan Trustees
AC Label 401(k) Savings Plan
St. Louis, Missouri

INDEPENDENT AUDITORS' REPORT

We were engaged to audit the financial statements of *AC Label 401(k) Savings Plan* (the "Plan") as of December 31, 2009 and 2008, and for the year ended December 31, 2009, and the additional information as of and for the year ended December 31, 2009, as listed in the accompanying table of contents. These financial statements and additional information are the responsibility of the Plan's management.

As permitted by Section 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 11, which was certified by The Principal Financial Group, the Trustee of the Plan, except for comparing the information with the related information included in the financial statements and additional information. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of and for the years ended December 31, 2009 and 2008, respectively, that the information provided to the Plan Administrator by the Trustee 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 additional information taken as a whole. The form and content of the information included in the financial statements and additional information, other than that derived from the information certified by the Trustee, 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.

October 10, 2010
St. Louis, Missouri

Mueller Prost PC
Certified Public Accountants

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FINANCIAL STATEMENTS

AC LABEL 401(k) SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2009 AND 2008

<u>ASSETS</u>	<u>2009</u>	<u>2008</u>
Investments, at Fair Value		
Pooled separate accounts	\$ 2,015,541	\$ 2,201,295
Common collective trusts	690,498	276,017
Registered investment companies	2,761,163	1,962,357
Insurance company general account	22,831	114,677
	<u>5,490,033</u>	<u>4,554,346</u>
Participant loans	155,824	216,201
Total Investments, at Fair Value	<u>5,645,857</u>	<u>4,770,547</u>
Receivables		
Employer contributions	1,719	6,397
Employee contributions	4,059	18,957
Total Receivables	<u>5,778</u>	<u>25,354</u>
Total Assets	<u>5,651,635</u>	<u>4,795,901</u>
<u>LIABILITIES</u>		
Total Liabilities	<u>-</u>	<u>-</u>
Net Assets Reflecting All Investments at Fair Value	5,651,635	4,795,901
Adjustment from fair value to contract value for fully benefit-responsive investment contract	<u>(4,635)</u>	<u>13,518</u>
Net Assets Available for Plan Benefits	\$ <u>5,647,000</u>	\$ <u>4,809,419</u>

The Notes to Financial Statements are an integral part of
these statements.

AC LABEL 401(k) SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2009

Additions to Net Assets Attributed to

Investment Income

Net investment income from pooled separate accounts	\$ 376,126
Net investment income from common collective trusts	10,370
Net investment income from registered investment companies	574,339
Net investment income from insurance company general account	3,686
Dividend and capital gain income	42,932
Participant loan interest	11,358
Other income	1,117
Total Net Investment Income	<u>1,019,928</u>

Contributions

Employer	133,359
Participant	416,378
Rollover	71,415
Total Contributions	<u>621,152</u>

Total Additions to Net Assets 1,641,080

Deductions from Net Assets Attributed to

Benefits paid to participants	776,292
Corrective distributions	15,422
Administrative fees	11,785
Total Deductions from Net Assets	<u>803,499</u>

Net Increase 837,581

Net Assets Available for Plan Benefits - Beginning of Year 4,809,419

Net Assets Available for Plan Benefits - End of Year \$ 5,647,000

The Notes to Financial Statements are an integral part of
this statement.

AC LABEL 401(k) SAVINGS PLAN NOTES TO FINANCIAL STATEMENTS

NOTE 1 DESCRIPTION OF PLAN

The following description of *AC Label 401(k) Savings Plan* (the "Plan") provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General

The Plan, which was adopted on March 1, 2006 and last amended on January 1, 2010 by *AC Label Company, LLC* (the "Company"), is a 401(k) and profit sharing plan covering all eligible employees of the Company. An employee who is age 18 will become eligible for elective salary deferrals immediately and will be eligible for the employer contribution after one year of service. For the year ended December 31, 2009, participants are automatically enrolled to defer 3% unless otherwise elected. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Each year, participants may contribute from 1% to 100% of total pay, as defined in the Plan, but limited to the amount specified by the Internal Revenue Code ("IRC") and adjusted annually. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The total participant and employer contributions for a given year can equal 100% of the participant's total pay, as defined in the Plan, but limited to the amount specified by the IRC and adjusted annually. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Company may make a matching contribution on behalf of each active participant who had salary deferrals to the Plan during the Plan year. The percentage or amount shall be at the sole discretion of the Company. For the years ended December 31, 2009 and 2008, the Company made a matching contribution of 50% for each eligible participant's elective deferral contribution to the Plan up to 6% of a participant's eligible compensation.

The Company may also make a discretionary profit sharing contribution on behalf of each person who is an active participant on the last day of the Plan year, or retired, became totally disabled, or died during the Plan year. The amount shall be at the sole discretion of the Company. The Company did not elect to make a discretionary profit sharing contribution for the year ended December 31, 2009.

AC LABEL 401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
(CONTINUED)

NOTE 1 **DESCRIPTION OF PLAN (CONTINUED)**

Participant Accounts

Each participant account is credited with participant contributions, Company matching and profit sharing contributions, if any, an allocation of the Plan's earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined in the Plan Document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their voluntary contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their account is based on years of continuous service. Participants vest in their employer contributions plus actual earnings thereon at a rate of 20% per year after the first year and are fully vested after six years of credited service.

Forfeitures

Participants who terminate their employment and are less than 100% vested in their employer's contributions forfeit their non-vested portion. Forfeitures are retained by the Plan to offset the first employer contribution after the amount is determined. During December 31, 2009, there were \$872 in forfeitures credited to contributions.

Participant Loans

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 reduced by the highest outstanding loan balance, during the one-year period ending the day before the loan is made or 50% of their vested account balance reduced by any outstanding loan balance. Participants are allowed to have up to two loans outstanding at one time. The loans are secured by the balance in the participant's account and bear interest at a rate that is consistent with the provisions of the Internal Revenue Code, U.S. Department of Labor, and other applicable legal requirements. Principal and interest is paid ratably through payroll deductions. Loans must be repaid through payroll deductions within five years.

Participant Hardship Withdrawals

Participants may withdraw from the Plan that portion of their account resulting from salary deferrals in the event of undue financial hardship. The maximum hardship withdrawal is the total of a participant's elective deferral contributions. Before receiving a hardship withdrawal, a participant must obtain all distributions and all nontaxable loans under the Plan.

AC LABEL 401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
(CONTINUED)

NOTE 1 **DESCRIPTION OF PLAN (CONTINUED)**

Payment of Benefits

The Plan provides for retirement benefits to begin upon retirement. Retirement age for the Plan is age 65.

On termination of service, a participant can receive their vested account balance in a single lump sum payment, by the purchase of an annuity contract, or have the payment paid as a "direct rollover" to an IRA or another qualified Plan.

NOTE 2 **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Method of Accounting

The Plan follows the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates that affect the financial statements and accompanying notes. Actual results could differ from those estimates.

As described in Financial Accounting Standards Board Staff Position, FSP AAG INV-1 and SOP 94-4-1, *Reporting of Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Guide and Defined-Contribution Health and Welfare and Pension Plans* (the "FSP"), 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 permitted transactions under the terms of the Plan. As required by the FSP, the Statement of Net Assets Available for Plan Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Plan Benefits is prepared on a contract value basis.

AC LABEL 401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
(CONTINUED)

NOTE 2 **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

Investment Valuation

The Plan investments are stated at fair value. See Note 3 for additional information on the determination of fair value.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Administrative fees charged to the participants by the trustee are paid by the Plan participants by netting them against earnings on the participant's account. Other administrative fees are paid by the Plan Sponsor.

NOTE 3 **FAIR VALUE MEASUREMENTS**

FASB Accounting Standards Codification 820-10, "Fair Value Measurements and Disclosures" defines fair value, establishes a framework for measuring fair value and establishes a fair value hierarchy based on the inputs used to measure fair value and enhances disclosure requirements for fair value measurements. The standard maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that the observable inputs be used when available. Observable inputs are inputs that market participants would use in pricing the asset or liability based on market data obtained from independent sources. Unobservable inputs reflect our assumptions that market participants would use in pricing the asset or liability developed based on the best information available in the circumstances. This hierarchy consists of three broad levels:

Level I – Quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan has the ability to access at the measurement date.

AC LABEL 401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
(CONTINUED)

NOTE 3 **FAIR VALUE MEASUREMENTS (CONTINUED)**

Level II – Inputs other than quoted prices included within Level I that are observable for the asset or liability, either directly or indirectly. Level II inputs include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in markets that are not active; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level III – Unobservable inputs for the asset or liability for which there is little, if any, market activity for the asset or liability at the measurement date. Unobservable inputs reflect the Plan's own assumptions about what market participants would use to price the asset or liability. These inputs may include internally developed pricing models, discounted cash flow methodologies, as well as instruments for which the fair value determination requires significant management judgment.

The Plan records investments held at fair value on the statements of net assets available for Plan benefits with unrealized gains and losses reflected in the statement of changes in net assets available for Plan benefits. The degree of judgment used in measuring the fair value of investments held generally correlates to the level of pricing observability. Pricing observability is impacted by a number of factors, including the type of investment held, whether the investment held is new to the market and not yet established and the characteristics specific to the transaction. Investments held with readily available active quoted prices for which fair value can be measured from actively quoted prices generally will have a higher degree of pricing observability and a lesser degree of judgment used in measuring fair value.

Conversely, investments held, rarely traded, or not quoted will generally have less or no pricing observability and a higher degree of judgment used in measuring fair value.

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

AC LABEL 401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
(CONTINUED)

NOTE 3 **FAIR VALUE MEASUREMENTS (CONTINUED)**

The following tables summarize the valuation of the Plan's investments that are reported at fair value in the accompanying statements of net assets available for plan benefits as of December 31, 2009 and 2008:

		<u>Fair Value Measurements Using:</u>		
		Quoted Prices In Active Markets For Identical Assets (Level I)	Quoted Prices In Active Markets For Similar Assets (Level II)	Significant Unobservable Inputs (Level III)
<u>December 31, 2009</u>	<u>Fair Value</u>			
Registered investment companies				
Growth funds	\$ 795,690	\$ 795,690	\$ -	\$ -
Value funds	225,814	225,814	-	-
Blend funds	1,005,706	1,005,706	-	-
Bonds	<u>733,953</u>	<u>733,953</u>	-	-
Total registered investment companies	<u>2,761,163</u>	<u>2,761,163</u>	-	-
Pooled separate accounts				
Growth funds	446	-	446	-
Value funds	31,769	-	31,769	-
Blend funds	1,585,130	-	1,585,130	-
Bonds	129,240	-	129,240	-
Stable income	<u>268,956</u>	-	<u>268,956</u>	-
Total pooled separate accounts	<u>2,015,541</u>	-	<u>2,015,541</u>	-
Common collective trusts	690,498	-	690,498	-
Insurance company general accounts	22,831	-	-	22,831
Participant loans	<u>155,824</u>	-	-	<u>155,824</u>
Total	<u>\$ 5,645,857</u>	<u>\$ 2,761,163</u>	<u>\$ 2,706,039</u>	<u>\$ 178,655</u>

AC LABEL 401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
(CONTINUED)

NOTE 3 **FAIR VALUE MEASUREMENTS (CONTINUED)**

		<u>Fair Value Measurements Using:</u>		
		Quoted Prices In Active Markets For Identical Assets (Level I)	Quoted Prices In Active Markets For Similar Assets (Level II)	Significant Unobservable Inputs (Level III)
<u>December 31, 2008</u>	<u>Fair Value</u>			
Registered investment companies	\$ 1,962,357	\$ 1,962,357	\$ -	\$ -
Pooled separate accounts	2,201,295	-	2,201,295	-
Common collective trusts	276,017	-	276,017	-
Insurance company general accounts	114,677	-	-	114,677
Participant loans	216,201	-	-	216,201
Total	<u>\$ 4,770,547</u>	<u>\$ 1,962,357</u>	<u>\$ 2,477,312</u>	<u>\$ 330,878</u>

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level I inputs because they generally provide the most reliable evidence of fair value. Level III inputs were only used when Level I or Level II inputs were not available.

Level I Fair Value Measurements

The fair value of funds held in registered investment companies is based on quoted net asset value of the shares for identical assets held by the Plan at year-end.

Level II Fair Value Measurements

The fair value of the pooled separate accounts are based on data other than quoted market prices for similar assets held by the Plan at year-end.

The fair value of the common collective trust is based on the underlying assets and the fair value for the Union Bond and Trust Company Stable Value Fund.

AC LABEL 401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
(CONTINUED)

NOTE 3 **FAIR VALUE MEASUREMENTS (CONTINUED)**

Level III Fair Value Measurements

The fair value of the insurance company general accounts represents the amount plan sponsors would receive if they terminated the contract at the reporting date, which is book value less an early withdrawal charge. They represent guaranteed interest accounts.

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

See Note 5 for the valuation method for the insurance company general accounts.

The following table provides further details of the Level III fair value measurements.

Investment Assets

Balance at December 31, 2007	\$ 281,939
Transfers	(17,823)
Earnings and expenses, net	5,404
Contributions	4,140
New loans and payments, net	(4,527)
Participant loan borrowing (payments), net	61,745
Balance at December 31, 2008	\$ <u>330,878</u>
Transfers	(7,934)
Earnings and expenses, net	3,541
Terminations	(85,312)
Excess contribution refunds	(899)
New loans and payments, net	(1,242)
Participant loan borrowing (payments), net	(60,377)
Balance at December 31, 2009	\$ <u><u>178,655</u></u>

**AC LABEL 401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
(CONTINUED)**

NOTE 4 INVESTMENTS

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

	<u>2009</u>	<u>2008</u>
Investments, at Fair Value		
Value of funds held in pooled separate accounts:		
Principal Money Market	\$ N/A	\$ 808,652
Prin LifeTime 2040	481,603	297,541
Prin Sml-Cap S&P 600 Index	N/A	264,260
Value of funds held in registered investment companies:		
Am Fds Grth Fd of Am R3	779,968	564,853
Am Fds Inv Co of Am R3	315,635	451,117
Am Fds Europacific Grth R3 Fd	548,873	559,769
PIMCO Total Return R Fund	710,112	N/A
Value of funds held in common collective trust:		
Union Bond and Trust Company, Principal Stable Value Fund Sgnture	690,498	276,017

NOTE 5 INVESTMENT CONTRACT WITH INSURANCE COMPANY

In 2006, the Plan entered into a common collective trust contract with Union Bond and Trust Company ("UBTC"). UBTC maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value as reported to the Plan by UBTC. Contract value 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 guaranteed investment contract issuer is contractually obligated to repay the principal and a specific interest rate that is guaranteed to the Plan.

As described in Note 2, because the common collective trust is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the common collective trust.

AC LABEL 401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
(CONTINUED)

NOTE 5 **INVESTMENT CONTRACT WITH INSURANCE COMPANY (CONTINUED)**

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2009 and 2008 was \$690,498 and \$276,017, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 0%. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the Plan's ability to transact at contract value with UBTC. Such events include the following: (a) amendments to Plan documents (including complete or partial plan terminations or merge with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the Plan Sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that any events that would limit the Plan's ability to transact at contract value with the Plan participants are probable.

The common collective trust contract does not permit the insurance company to terminate the agreement prior to the schedule maturity date.

	<u>2009</u>	<u>2008</u>
Average yields	1.50%	1.08%

NOTE 6 **CONCENTRATION OF CREDIT RISK**

For the year ended December 31, 2009, the Plan had more than 10% of its net assets available for Plan benefits in the following investment vehicles: Principal Stable Value Sgnture, PIMCO Total Return R Fund, and Am Fds Grth Fd of Am R3 Fund.

For the year ended December 31, 2008, the Plan had more than 10% of its net assets available for Plan benefits in the following investment vehicles: Prin Money Market Sep Acct-R3, Am Fds Grth Fd of Am R3 Fund, and Am Fds Europacific Grth R3 Fund.

AC LABEL 401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
(CONTINUED)

NOTE 7 **RELATED PARTY TRANSACTIONS**

For the 2009 Plan year, Principal Financial Group was the Trustee of the Plan assets and therefore, these transactions qualify as party-in-interest transactions. The fees paid by the Plan for the investment management services are netted with the investment income (loss) on each investment option of the Plan for the year ended December 31, 2009.

NOTE 8 **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 Plan termination, participants would become 100% vested in their employer contributions.

NOTE 9 **TAX STATUS**

The Plan is designed to be a qualified trust under Section 401(a) of the Internal Revenue Code, which provides that a qualified trust is exempt from federal income taxes. The Plan is required to operate in accordance with the Plan Document and the applicable federal laws in order to maintain its qualification. The Plan received a favorable determination letter dated March 31, 2008, stating that the Plan is a qualified plan under the applicable section of the Internal Revenue Code.

The Plan has been amended since receiving the determination letter. The Plan Administrator believes that the Plan is designed and is currently operating in compliance with the applicable requirements of the Code. The Plan Administrator is not aware of any action or event that has occurred that might affect the Plan's qualified status.

NOTE 10 **RISKS AND UNCERTAINTIES**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value 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 Plan benefits.

AC LABEL 401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
(CONTINUED)

NOTE 11 **INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE**

The following information included in the accompanying financial statements and additional information was obtained from data that has been prepared and certified as complete and accurate by The Principal Financial Group:

	<u>2009</u>	<u>2008</u>
Investments, at Fair Value		
Value of funds held in pooled separate accounts	\$ 2,015,541	\$ 2,201,295
Value of funds held in common collective trusts	690,498	276,017
Value of funds held in registered investment companies	2,761,163	1,962,357
Value of funds held in insurance company general account	22,831	114,677
Participant loans	<u>155,824</u>	<u>216,201</u>
Total Investments, at Fair Value	<u>5,645,857</u>	<u>4,770,547</u>
Net investment income from pooled separate accounts	\$ 376,126	
Net investment income from common collective trusts	10,370	
Net investment income registered investment companies	574,339	
Net investment income from guaranteed insurance company general account	3,686	
Dividend and capital gain income	42,932	
Participant loan interest	11,358	
Other income	1,117	

NOTE 12 **RECONCILIATION OF THE FINANCIAL STATEMENTS TO THE FORM 5500**

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

	<u>2009</u>
Net assets available for Plan benefits per the financial statements	\$ 5,647,000
Adjustment from contract value to fair value for common collective trust	4,635
Miscellaneous adjustment	<u>50</u>
Net Assets Available for Plan Benefits Per Form 5500	\$ <u>5,651,685</u>

AC LABEL 401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
(CONTINUED)

NOTE 12 **RECONCILIATION OF THE FINANCIAL STATEMENTS TO THE FORM 5500**
(CONTINUED)

The following is a reconciliation of the net increase per the financial statements for the year ended December 31, 2009 to Form 5500:

Net increase per financial statements	\$ 837,581
Adjustment from contract value to fair value for common collective trust	4,635
Reversal of prior year adjustment from contract value to fair value for common collective trust	13,518
Miscellaneous adjustment	<u>50</u>
Net increase per Form 5500	\$ <u><u>855,784</u></u>

NOTE 13 **PROHIBITED TRANSACTION**

During 2009, the Company failed to remit to the Plan's trustee certain employee contributions totaling approximately \$64,716 within the period prescribed by Department of Labor regulations. Of this amount, \$56,606 were amounts related to 2009 deferrals. The remainder of \$8,110 was related to 2006 deferrals. Delays in remitting contributions to the Trustee were due to administrative errors, and the Company has made contributions to the affected participants' accounts to compensate those participants for potential lost income due to the delays.

NOTE 14 **SUBSEQUENT EVENTS**

Effective January 1, 2010, the Plan's automatic enrollment provision to defer 3% of employee compensation will be eliminated.

In addition, the law requiring payment of benefits to commence no later than the attainment of age 70 ½ years of age that was in effect for 2008, and waived for 2009, will be in effect for 2010.

Management has evaluated subsequent events through October 10, 2010, the date which the financial statements were available to be issued.

ADDITIONAL INFORMATION

AC LABEL 401(k) SAVINGS PLAN

EIN: 20-3835220

PLAN NUMBER 001

**SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED DECEMBER 31, 2009**

Participant Contributions Transferred Late to Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	\$64,716			
Check here if Late Participant Loan Repayments are included: ☒	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
		\$64,716		

AC LABEL 401(k) SAVINGS PLAN
PLAN'S EIN: 20-3835220
PLAN NUMBER 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR) FOR INVESTMENT PURPOSES
DECMEBER 31, 2009

(a)	Identity of Issue Borrower, Lessor or Similar Party (b)	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value (c)	Current Value (e)
*	Principal Life Insurance Company	Guaranteed Interest, Insurance company general	\$ 22,831
*	Union Bond & Trust Company	40,450 units of Principal Stable Value Sgnture, common collective trust	690,498
*	Principal Life Insurance Company	5,958 units of Prin Money Market Sep Acct-R3, pooled separate account	268,956
*	Principal Life Insurance Company	532 units of Prin Short-term Bond SA-R3, pooled separate account	6,384
*	Principal Life Insurance Company	785 units of Prin Govt & HQ Bond SA-R3, pooled separate account	15,627
*	Principal Life Insurance Company	2,038 units of Prin LifeTime Strat Inc SA-R3, pooled separate account	26,292
*	Principal Life Insurance Company	5,160 units of Prin LifeTime 2010 SA-R3, pooled separate account	67,499
*	Principal Life Insurance Company	10,069 units of Prin LifeTime 2020 SA-R3, pooled separate account	135,161
*	Principal Life Insurance Company	18,238 units of Prin LifeTime 2030 SA-R3, pooled separate account	241,493
*	Principal Life Insurance Company	37,313 units of Prin LifeTime 2040 SA-R3, pooled separate account	481,603
*	Principal Life Insurance Company	3,766 units of Prin LifeTime 2050 SA-R3, pooled separate account	47,737
*	Principal Life Insurance Company	985 units of Prin LgCap Blend I SA-R3, pooled separate account	17,897

AC LABEL 401(k) SAVINGS PLAN
PLAN'S EIN: 20-3835220
PLAN NUMBER 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR) FOR INVESTMENT PURPOSES (CONTINUED)
DECMEBER 31, 2009

(a)	Identity of Issue Borrower, Lessor or Similar Party (b)	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value (c)	Current Value (e)
*	Principal Life Insurance Company	27 units of Prin SmCap Growth Sep Acct-R3, pooled separate account	446
*	Principal Life Insurance Company	439 units of Prin LgCap S&P 500 Index SA-R3, pooled separate account	18,321
*	Principal Life Insurance Company	3,442 units of Prin Mid Cap Blend Sep Acct-R3, pooled separate account	215,994
*	Principal Life Insurance Company	14,182 units of Prin SmCap S&P 600 Index SA-R3, pooled separate account	270,071
*	Principal Life Insurance Company	3,313 units of Prin MidCap S&P 400 Index SA-R3, pooled separate account	63,062
*	Principal Life Insurance Company	691 units of Prin Int'l Emerg Markets SA-R3, pooled separate account	31,769
*	Principal Life Insurance Company	11,502 units of Prin Inflation Protect SA-R3, pooled separate account	107,229
	PIMCO Funds	65,751 units of PIMCO Total Return R Fund, registered investment company	710,112
	American Century Investments	30 units of Amer Cent Select A Fund, registered investment company	990
	The American Funds	2,142 units of Am Fds Fdmntl Inv R3 Fund, registered investment company	69,993
	American Funds Service Company	28,963 units of Am Fds Grth Fd of Am R3 Fund, registered investment company	779,968
	American Funds Service Company	12,187 units of Am Fds Inv Co of Am R3 Fund, registered investment company	315,635

AC LABEL 401(k) SAVINGS PLAN
PLAN'S EIN: 20-3835220
PLAN NUMBER 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR) FOR INVESTMENT PURPOSES (CONTINUED)
DECMEBER 31, 2009

(a)	Identity of Issue Borrower, Lessor or Similar Party (b)	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value (c)	Current Value (e)
	Columbia Funds	1,943 units of Columbia Val & Restruct R Fund, registered investment company	83,139
	Columbia Funds	195 units of Columbia Mid Cap Value R Fund, registered investment company	2,159
	First American	986 units of First Amer RealEst Secs R Fund, registered investment company	14,111
	Franklin Templeton Investments	2,601 units of Small-Cap Value A Fund, registered investment company	91,577
	Franklin Templeton Investments	1,461 units of Small-Cap Value R Fund, registered investment company	51,098
	AIM Investments	1,526 units of Munder MidCap Core Equity A Fund, registered investment company	31,970
	Munder	667 units of Munder Mid Cap Core Growth R Fund, registered investment company	14,732
	The American Funds	677 units of Am Fnds Cap Wld Gr & In R3 Fund, registered investment company	22,965
	American Funds Service Company	14,567 units of Am Fds Europacific Grth R3 Fd, registered investment company	548,873
	Franklin Templeton Investments	12,353 units of Franklin High Income R Fund, registered investment company	23,841
*	Plan Participants	Loans receivable and interest from 5.25% to 10.25%	<u>155,824</u>
		Total	\$ <u>5,645,857</u>

* denotes party-in-interest to the plan.

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 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2009</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For the 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 single-employer plan;
	☐ a multiple-employer plan; or ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ an amended return/report;
	☐ the final return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here	☐
D Check box if filing under:	☒ Form 5558; ☐ special extension (enter description) _____
	☐ automatic extension; ☐ the DFVC program;

Part II Basic Plan Information --- enter all requested information.					
1a Name of plan AC Label 401(k) Savings Plan	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ►</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 03/01/2006</td> </tr> </table>	1b Three-digit plan number (PN) ►	001	1c Effective date of plan 03/01/2006	
1b Three-digit plan number (PN) ►	001				
1c Effective date of plan 03/01/2006					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) AC Label Company, LLC 6880 Heege Road US St. Louis MO 63123	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 20-3835220</td> </tr> <tr> <td>2c Sponsor's telephone number (314) 352-1301</td> </tr> <tr> <td>2d Business code (see instructions) 323100</td> </tr> </table>	2b Employer Identification Number (EIN) 20-3835220	2c Sponsor's telephone number (314) 352-1301	2d Business code (see instructions) 323100	
2b Employer Identification Number (EIN) 20-3835220					
2c Sponsor's telephone number (314) 352-1301					
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		6/11/10	Jeffrey M. Dorries, CFO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		6/11/10	Jeffrey M. Dorries, CFO
	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

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2009 and ending 12/31/2009

Name of plan

AC Label 401(k) Savings Plan

Employer Identification Number

20-3835220

Three-digit
plan number

001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Principal Life Insurance Co.	Guaranteed Interest	0	22,830
	Principal Life Insurance Co.	Prin MidCap Blend Sep Acct-R3		215,994
	Principal Life Insurance Co.	Prin Govt & HO Bond SA-R3		15,627
	Principal Life Insurance Co.	Prin Money Mkt Sep Acct-R3		268,956
	Principal Life Insurance Co.	Prin Intl Emerg Mkts SA-R3		31,769
	Principal Life Insurance Co.	Prin LgCap Blend I Sep AcctR3		17,897
	Principal Life Insurance Co.	Prin SmCap Growth Sep AcctR-3		446
	Principal Life Insurance Co.	Prin Short-Term Bond SA-R3		6,384
	Principal Life Insurance Co.	Prin LgCap S&P 500 Index SA-R3		18,321
	American Century Investments	Amer Cent Select A Fund		990
	Principal Life Insurance Co.	Prin SmCap S&P 600 Index SA-R3		270,070
	Principal Life Insurance Co.	Prin Midcap S&P 400 IDX SA-R3		63,062
	AIM Investments	AIM MidCap Core Equity A Fund		31,970
	Principal Life Insurance Co.	Prin LifeTime 2010 Sep Acct-R3		67,499
	Principal Life Insurance Co.	Prin LifeTime 2020 Sep Acct-R3		135,161
	Principal Life Insurance Co.	Prin LifeTime 2030 Sep Acct-R3		241,493
	Principal Life Insurance Co.	Prin LifeTime 2040 Sep Acct-R3		481,603
	Principal Life Insurance Co.	Prin LifeTime 2050 Sep Acct-R3		47,737
	Principal Life Insurance Co.	Prin LifeTime Strat Inc SA-R3		26,292
	Franklin Templeton Investments	Franklin High Income R Fund		23,841
	American Funds	Am Fds EuroPacific Growth R3		548,873
	The American Funds	Am Funds Fdmntl Inv R3 Fund		69,993
	The American Funds	Am Funds Grth Fd of Am R3		779,968
	American Funds Service Company	Am Fds Inv Co. of Am R3 Fund		315,635
	Franklin Templeton Investments	Franklin Small Cap Value R		51,098
	The American Funds	Am Fnds Cap Wld Gr & In R3		22,965
	Union Bond & Trust Company	Principal Stable Value Sgnture		690,498
	Principal Life Insurance Co.	Prin Inflatio Protect SA-R3		107,229
	Franklin Templeton Investments	Franklin Small Cap Value A		91,577
	PIMCO Funds	PIMCO Total Return R Fund		710,112
	Columbia Funds	Columbia MidCap Value R Fund		2,159
	Columbia Funds	Columbia Val & Restruct R		83,139
	First American	First Amer RealEst Secs R		14,111
	Munder	Munder MidCap Core Growth R		17,732
	Participant Loans	Range of Interest Rates		155,824

Schedule H

Line 4i and 4j Totals

For the plan year beginning 01/01/2009 and ending 12/31/2009

Name of plan

AC Label 401(k) Savings Plan

Employer Identification Number

20-3835220

Three-digit
plan number ▶

001

	(c) Costs of acquisitions	(d) Proceeds of dispositions
Totals for Schedule of Assets (Acquired and Disposed of Within Year)		

	(d) Cost	(e) Current value
Totals for Schedule of Assets (Held At End of Year)		5,648,855

Totals for Schedule of Reportable Transactions

(c) Purchase Price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)

Schedule H, Line 4

Schedule of Delinquent Participant Contributions

For the Plan Year Beginning 01/01/2009 and Ending 12/31/2009

Name of Plan: AC Label 401(k) Savings Plan

Employer Identification Number: 20-3835220

Three-digit plan number: 001

[illegible]