Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
PERFECT PLASTING PRINTING CORPORATION 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 05/31/1989

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
PERFECT PLASTIC PRINTING CORPORATION

345 KAUTZ ROAD
ST. CHARLES, IL 60174

2b Employer Identification Number (EIN)
36-2555809

2c Sponsor's telephone number
630-584-1600

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	ROBERT STRAM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
PERFECT PLASTIC PRINTING CORPORATION

345 KAUTZ ROAD
ST. CHARLES, IL 60174

3b Administrator's EIN
36-2555809

3c Administrator's telephone number
630-584-1600

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

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	283
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**	150
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	116
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	266
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	266
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	246
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	4
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 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)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
PERFECT PLASTING PRINTING CORPORATION 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500.
PERFECT PLASTIC PRINTING CORPORATION

D Employer Identification Number (EIN)
36-2555809

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

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

1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE 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	Policy or contract year (g) To
31-4156830	66869	089-80012	246	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
5862	1466

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
LPL FINANCIAL CORPORATION
ATTN CARMELA WILLIAMS
9785 TOWNE CENTER DRIVE
SAN DIEGO, CA 92121-0000

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
5862			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
HOWARD SIMON & ASSOCIATES INC.
304 SAUNDERS ROAD
RIVERWOODS, IL 60015

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
	1466	TPA COMPENSATION	5

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	2742829
c	Additions: (1) Contributions deposited during the year	7c(1)	144219		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	110282		
	(4) Transferred from separate account	7c(4)	90162		
	(5) Other (specify below)	7c(5)	3458		
	▶ LOAN REPAYMENT - PRINCIPAL				
	(6) Total additions			7c(6)	348121
d	Total of balance and additions (add **b** and **c(6)**)			7d	3090950
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	157722		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	16699		
	(4) Other (specify below)	7e(4)	28845		
	▶ LOAN WITHDRAWAL				
	(5) Total deductions			7e(5)	203266
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	2887684

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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
PERFECT PLASTING PRINTING CORPORATION 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
PERFECT PLASTIC PRINTING CORPORATION

D Employer Identification Number (EIN)
36-2555809

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 51	NONE	5175	Yes [X] No [ ]	Yes [ ] No [X]	18542	Yes [ ] No [X]

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

LPL FINANCIAL CORPORATION

9785 TOWNE CENTRE DRIVE
ATTN CARMELA WILLIAMS
SAN DIEGO, CA 92121-0000

(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?
26 51	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	3617	Yes [ ] No [X]

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

WATERSTONE FINANCIAL GROUP

500 PARK BLVD
SUITE 800
ITASCA, IL 60143-0000

(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?
26 51	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	7325	Yes [ ] No [X]

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

HOWARD SIMON & ASSOCIATES, INC.

304 SAUNDERS ROAD
RIVERWOODS, IL 60015-3858

(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?
17 51	NONE	1510	Yes [X] No [ ]	Yes [ ] No [X]	4201	Yes [ ] No [X]

(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

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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 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
PERFECT PLASTING PRINTING CORPORATION 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
PERFECT PLASTIC PRINTING CORPORATION

D Employer Identification Number (EIN)
36-2555809

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	5396
(3) Other	1b(3)	0	416
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)	84576	127287
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(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)	4792341	6007388
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2742829	2887684
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	7619746	9028171
	Liabilities			
g	Benefit claims payable	1g	229	251
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	229	251
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	7619517	9027920

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	0	
	(B) Participants	2a(1)(B)	505595	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		505595
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	110806	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	4932	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		115738
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		1206857
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1828190
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	418277	
(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)		418277
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	1510	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1510
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		419787
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1408403
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: DIGIOVINE HNILO JORDAN & JOHNSON LT (2) EIN: 36-3029663

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
PERFECT PLASTING PRINTING CORPORATION 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
PERFECT PLASTIC PRINTING CORPORATION

D Employer Identification Number (EIN)
36-2555809

Part I Distributions

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

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

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

EIN(s): 31-4156830

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Financial Statements and
Independent Auditor's Report

Perfect Plastic Printing Corporation
401 (k) Profit Sharing Plan

December 31, 2009 and 2008

CONTENTS

Independent Auditor's Report 1

Financial Statements

Statements of Net Assets Available for Benefits 2

Statement of Changes in Net Assets Available for Benefits 3

Notes to Financial Statements 4-11

Supplementary Information

Schedule of Assets (Held at Year End) 13

Schedule of Delinquent Participant Contributions 14

DIGIOVINE HNILO JORDAN + JOHNSON LTD.
Certified Public Accountants/Business Consultants

INDEPENDENT AUDITOR'S REPORT

To the Trustees and Plan Administrator
Perfect Plastic Printing Corporation
401(k) Profit Sharing Plan
St. Charles, Illinois

We were engaged to audit the financial statements of the Perfect Plastic Printing Corporation 401(k) Profit Sharing Plan (the "Plan") as of December 31, 2009 and 2008 and for the year ended December 31, 2009, and the supplementary schedules as of and for the year ended December 31, 2009 as listed in the accompanying table of contents. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note E, which was certified by Nationwide Trust Company, FSB, the Custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplementary schedules. We have been informed by the Plan Administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Custodian as of and for the years ended December 31, 2009 and 2008 that the information provided to the Plan Administrator by the Custodian is complete and accurate.

The Schedule H that accompanies the Plan's Form 5500 filing does not disclose on line 4a that the employer failed to transmit to the Plan, participant contributions within the time period as described by DOL regulations. Disclosure of the information, which is considered material to the financial statements taken as a whole, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The required disclosures omitted from the Form 5500 Schedule H are included in these financial statements as supplementary information at page 14.

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

Digiovine, Hnilo, Jordan & Johnson, Ltd.

DIGIOVINE HNILO JORDAN + JOHNSON LTD.
Certified Public Accountants

St. Charles, Illinois
October 12, 2010

Perfect Plastic Printing Corporation
401(k) Profit Sharing Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2009 and 2008

ASSETS	2009	2008
Participant-directed investments at fair value:		
Registered investment companies	$ 6,007,388	$ 4,792,341
Guaranteed investment fund	2,887,684	2,635,722
Participant loans	127,287	84,576
	9,022,359	7,512,639
Receivables		
Loan repayments	416	-
Participant contributions	5,396	-
	5,812	-
TOTAL ASSETS	9,028,171	7,512,639
LIABILITIES		
Refundable contributions	251	230
TOTAL LIABILITIES	251	230
NET ASSETS REFLECTING ALL INVESTMENTS AT FAIR VALUE	9,027,920	7,512,409
Adjustment from fair value to contract value for fully benefit-responsive contract	-	107,108
NET ASSETS AVAILABLE FOR BENEFITS	$ 9,027,920	$ 7,619,517

See accompanying notes.

Perfect Plastic Printing Corporation
401(k) Profit Sharing Plan
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2009

ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Participant-directed investment income:		
Insurance company investment contract:		
Guaranteed investment fund - interest		$ 110,806
Net appreciation in fair value of investments		1,206,857
Participant loan interest		4,933
		1,322,596
Contributions:		
Participants		505,595
		505,595
	TOTAL ADDITIONS	1,828,191
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants		418,278
Administrative expenses		1,510
	TOTAL DEDUCTIONS	419,788
	NET INCREASE	1,408,403
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of period		7,619,517
	END OF YEAR	$ 9,027,920

See accompanying notes.

NOTE A--DESCRIPTION OF PLAN

The following brief description of the Perfect Plastic Printing Corporation 401(k) Profit Sharing Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is sponsored by Perfect Plastic Printing Corporation (the "Company") for employees that meet specific eligibility requirements. The Plan, designated as a defined contribution plan, was originally established on May 31, 1989, and was restated on March 3, 1992 and May 31, 2002. The Plan provides for contributions to be made under salary deferral agreements pursuant to Section 401(k) of the Internal Revenue Code (the "IRC"). Employees of the Company are eligible to enter the plan on the January 1st or July 1st coinciding with or next following the date the employee has met the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income and Security Act of 1974 ("ERISA"). On May 31, 2007, the Plan was amended to change the plan year-end from May 30, 2008 to December 31, 2007.

Contributions

Eligible participants may elect to contribute pre-tax compensation to the Plan by means of a salary deferral agreement up to the maximum amount as permitted by law. At the end of the Plan year, the Company may make a discretionary profit sharing contribution to the Plan in accordance with Plan provisions, and a discretionary matching contribution equal to a percentage of each participant's salary deferral. Contributions are subject to limitations as provided in the IRC and as described in the Plan. Salary deferral contributions are funded proximate to the withholding date, except for those contributions described in Note K. Discretionary contributions are funded annually after the close of the Plan year and within statutory time frames. Participants may also contribute amounts representing distributions from other qualified plans. Additional contributions, designated as "catch up" contributions, may be deferred by those participants who have attained the age of fifty, which are subject to a maximum limit per year as provided in the IRC.

The discretionary matching contribution of the Company is based upon a uniform percentage of each participant's elective salary deferral up to 6% of compensation. This contribution is allocated to those participants who are actively employed on the last day of the Plan year. For the years ended December 31, 2009 and 2008, there was no matching contribution.

All contributions are participant-directed into various investment options offered by the Plan.

The Company did not make any discretionary profit sharing or match contributions for the years ended December 31, 2009 and 2008.

Participant Accounts

Each participant's account is credited or charged, as applicable, with the participant's contribution and allocations of (a) the Company's discretionary contributions, if any, (b) the Plan's net earnings or losses, and (c) the Plan's administrative expenses. Allocations are based on participant earnings or account balances or compensation, as defined in the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

NOTE A--DESCRIPTION OF PLAN-continued

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company's discretionary contributions plus actual earnings thereon is based on years of credited service. A participant is 100% vested after six years of credited service, in accordance with the following vesting schedule:

Vesting Service	Percentage Vested
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Participants who attain the normal retirement age of 65, or who terminate employment due to death or disability, are 100% vested in their account balances.

Investment Options

Upon enrollment in the Plan, a participant may direct employee and employer contributions in a variety of investment choices as more fully described in the Plan's literature. Participants may change their investment options at any time. One option of the Plan represents guaranteed investment income with Nationwide Trust Company, FSB (the "Custodian"). The fund has a fixed minimum rate of interest that is adjusted annually. The remaining options represent interests in registered investment companies, which are valued at fair market value as of the last day of the Plan year.

Payment of Benefits

Vested benefits are payable after termination of employment or plan termination. Upon termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or annual installments over a period not greater than one's assumed life expectancy.

Upon termination of service for other reasons, a participant with a vested account balance not in excess of $1,000 receives a lump-sum cash distribution as soon as administratively feasible. A participant with vested account balances in excess of $1,000 (not including rollover account balances) may consent within a certain time period to receive a lump sum distribution or annual installments over a period not more than one's assumed life expectancy. A terminated participant with vested account balances in excess of $1,000 may maintain an investment in the Plan, subject to required minimum benefit payments provided by federal regulations.

Forfeitures

During the Plan years ended December 31, 2009 and 2008, forfeited non-vested accounts totaled of $4,075 and $2,795, respectively. These amounts can be used to reduce Company contributions or Plan expenses as applicable. For the plan years ended December 31, 2009 and 2008, forfeitures were not used to reduce either employer contributions or Plan expenses.

NOTE A--DESCRIPTION OF PLAN-continued

Participant Loans

Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at rates ranging from 3.25% to 8.25%, which are commensurate with local prevailing rates. Loan terms may not exceed 5 years unless the loan is obtained for the purchase of a participant's residence, in which case the loan term is at the discretion of the Plan Administrator.

Principal and interest are typically paid ratably through payroll deductions. Loan transactions are treated as a transfer to (from) the investment fund and from (to) the participant notes receivable fund.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

As described in *FASB ASC 946 Financial Services – Investment Companies*, 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 ASC 946, the statement of net assets available for benefits presents the fair value of investment contracts as well as any adjustment to the fully benefit-responsive investment contract from fair value to contract value. An adjustment was made to the fully benefit-responsive investment contract to adjust from fair value to contract value as of December 31, 2008. In 2009, management deemed that fair value of the investment contract approximated contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis.

Valuation of Investments and Income Recognition

Investments are reported at fair value, except for the guaranteed fixed fund, using quoting market price on the last day of the plan year. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note C for discussion of fair value measurements.

The Nationwide BOA Fixed Contract Fund (a general account) is fully benefit-responsive and is stated at contract value on the last day of the Plan year. Nationwide computes the fair value of the funds based upon quoted market prices of the underlying securities held by the funds. Contract values are considered the relevant measurement used in the calculation of participant withdrawals or other permitted transactions under the terms of the Plan. Contract values represent the accumulated contributions plus accrued net earnings (or losses) less distributions. See Note D.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES-continued

Payments of Benefits

Benefits are recorded when paid.

Administrative expenses

The Company bears the cost of some administrative expenses. For administrative expenses paid within the Plan, they are recorded when paid.

Accounting Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and during the reporting period. Actual results could differ from those estimates.

Date of Management's Review

Subsequent events were evaluated through October 12, 2010, which is the date the financial statements were available to be issued.

NOTE C--FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit.

ASC 820, *Fair Value Measurement and Disclosures*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. 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 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

	Fair Value Measurements Using:			
	Level 1	Level 2	Level 3	Total
December 31, 2009				
Shares of registered investment companies				
Aggressive growth	$ 509,316	$ -	$ -	$ 509,316
Growth	1,816,238	-	-	1,816,238
Growth and income	269,623	-	-	269,623
Income	1,025,861	-	-	1,025,861
Income fund - bond	607,507	-	-	607,507
Value	1,778,843	-	-	1,778,843
Guaranteed investment fund	-	-	2,887,684	2,887,684
Participant loans	-	-	127,287	127,287
Total	$ 6,007,388	$ -	$ 3,014,971	$ 9,022,359

NOTE C--FAIR VALUE MEASUREMENTS-continued

	Fair Value Measurements Using:			
	Level 1	Level 2	Level 3	Total
December 31, 2008				
Shares of registered investment companies				
Aggressive growth	$ 398,265	$ -	$ -	$ 398,265
Growth	1,303,993	-	-	1,303,993
Growth and income	147,317	-	-	147,317
Income	1,003,563	-	-	1,003,563
Income fund - bond	495,213	-	-	495,213
Value	1,443,990	-	-	1,443,990
Guaranteed investment fund	-	-	2,635,722	2,635,722
Participant loans	-	-	84,576	84,576
Total	$ 4,792,341	$ -	$ 2,720,298	$ 7,512,639

Level 1 Fair Value Measurements

The fair value of shares (or units) of registered investment companies are based on quoted net asset values of the shares held in active markets by the Plan at year-end.

Level 3 Fair Value Measurements

Inputs to the valuation methodology are unobservable and significant to the fair value measurement. The valuation represents discounting of related cash flows based on current yields of similar instruments with comparable durations and creditworthiness of the issuer.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There has been no change in methodologies used at December 31, 2009 and 2008.

The following table provides further details of the Level 3 fair value measurements at December 31, 2009 and 2008.

	Guaranteed Investment Fund	Participant Loans	Total
Year ended December 31, 2009			
Beginning balance	$ 2,635,722	$ 84,576	$ 2,720,298
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	-	-	-
Purchases, sales, issurances, and settlements (net)	251,962	42,711	294,673
Ending balance	$ 2,887,684	$ 127,287	$ 3,014,971

NOTE C--FAIR VALUE MEASUREMENTS-continued

	Guaranteed Investment Fund	Participant Loans	Total
Year ended December 31, 2008			
Beginning balance	$ 2,225,395	$ 83,212	$ 2,308,607
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	-	-	-
Purchases, sales, issurances, and settlements (net)	410,327	1,364	411,691
Ending balance	$ 2,635,722	$ 84,576	$ 2,720,298

Gains and losses (realized and unrealized) are included in changes in net assets available for benefits for the year ended December 31, 2009 and are reported in net appreciation in the fair value of investments.

NOTE D--GUARANTEED INVESTMENT FUND WITH INSURANCE COMPANY

The Plan has entered into a fully benefit-responsive investment contract with the Custodian known as the guaranteed investment fund (the "Fund") who maintains the contributions in a general account under the existing contract. The fund is credited with the accumulation of contributions, plus earnings and/or losses on the underlying investments and charged for participant withdrawals. The Fund is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The fund is included in the financial statements at contract value at December 31, 2009, which approximated fair value, as reported to the Plan and certified by Nationwide; and reported at fair value at December 31, 2008 and then adjusted to contract value. Contract value represents contributions made under the contract, plus earnings at the then current guaranteed rate, less participant withdrawals. Participants may direct the withdrawal or transfer of all or a portion of their investment at contract value subject to provisions defined within the contract. There are no reserves for credit risk of the contract issuer or otherwise. The average yield and crediting interest rates for the year ended December 31, 2009 was approximately 4.05% and 3.95%, respectively. The average yield and crediting interest rates for the year ended December 31, 2008, was approximately 4.26% and 4.20%, respectively. The crediting interest rate is announced annually by Nationwide and is guaranteed against change for the twelve months.

Certain remote events limit the ability of the Plan to transact at contract value with the insurance company. Such events include (1) exchanges which are more than 20% of the guaranteed fund, as determined on the date which the amount to be exchanged will be released from the contract (the 20% will be reduced by all exchanges which have been made at book value during the twelve calendar months preceding the date of the exchange) as well as the market value adjustment at the time of the exchange (2) termination of the Plan, partial termination of the Plan, or a merger with another plan (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal, or (4) the Plan Sponsor's election to transfer the entire value of the fund to a successor fund (5) termination of the Plan. The Plan Administrator does not believe that the occurrence of any such value event that would limit the Plan's ability to transact at contract value with participants is probable.

NOTE E--INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by the Custodian, Nationwide Trust Company FSB, as of December 31, 2009 and 2008 and for the year ended December 31, 2009. Except for comparing such information as certified by the Custodian to information included in the Plan's financial statements and supplementary schedules, we did not perform any auditing procedures on the certified investments.

	December 31, 2009	December 31, 2008
Shares of registered investment companies *	$ 6,007,387	$ 4,792,341
Insurance company general account guaranteed investment fund	2,887,684	2,635,722
Certified investment balances	$ 8,895,071	$ 7,428,063
Investment gain (loss), net of expenses	$ 1,317,663	$ (1,919,459)

* 46 and 48 registered investment company options for the years ended December 31, 2009 and 2008, respectively.

NOTE F--INVESTMENTS

Participant-directed investments that represent 5% or more of the Plan's net assets as of December 31, 2009 and 2008 are as follows:

	2009	2008
Participant-directed investments at fair value:		
BOA Fixed- Guaranteed Fund	$ 2,887,684	$ 2,635,722
Registered investment companies:		
Nationwide S&P 500 Index	971,844	766,657
Van Kampen Equity and Income	607,509	540,737
Oakmark International Fund	634,978	453,659
Growth Fund of America	514,924	-

During the year ended December 31, 2009, the Plan's investments in registered investment companies (including investments bought, sold and held during each year) appreciated in value by $1,206,857.

NOTE G--PLAN TERMINATION

While the Company has not expressed any intent to terminate the Plan, the Company has the right under the Plan to discontinue its contributions at anytime and to terminate the Plan subject to the provisions of ERISA. In the event of termination, all participants' account balances would become fully vested.

NOTE H--RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by the Custodian and, therefore, these transactions qualify as party-in-interest transactions.

A third party administrator also performs administrative and recordkeeping services for the Plan and receives fees paid by the Company for these services.

Certain employees of the Company provide administrative services for the Plan and the Company is not reimbursed for their services.

During the year ended December 31, 2009, the Company absorbed a portion of the Plan's administration costs.

NOTE I--TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated September 14, 2001, that the Plan and related trust, as then designed, was in compliance with applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. The Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE J--RISKS AND UNCERTANTIES

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

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

Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

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

NOTE K--PROHIBITED TRANSACTIONS

During the period ended December 31, 2009 the Plan sponsor failed to deposit approximately $6,635 of participant deferrals and loan repayments within the required time frame as required by the United States Department of Labor ("DOL"). The DOL considers late deposits to be prohibited transactions. This disclosure is inconsistent with Form 5500.

SUPPLEMENTARY INFORMATION

Perfect Plastic Printing Corporation
401(K) Profit Sharing Plan

SCHEDULE OF ASSETS (HELD AT YEAR END)

Schedule H, Line 4i
December 31, 2009

EIN: 36-2555809
Plan # 003

(a) Party in Interest	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
*	NATIONWIDE FUNDS	BOA - GUARANTEED INVESTMENT FUND	**	$ 2,887,684
*	NATIONWIDE FUNDS	NATIONWIDE S&P 500 INDEX SMALL CAP	**	971,842
	OAKMARK FUNDS	OAKMARK INTERNATIONAL FUND II	**	634,978
	VAN KAMPEN	VAN KAMPEN EQUITY & INCOME A	**	607,509
	AMERICAN FUNDS	GROWTH FUND OF AMERICA R3	**	514,924
	PIMCO FUNDS	PIMCO TOTAL RETURN CLASS A	**	423,012
	OAKMARK FUNDS	OAKMARK EQUITY & INCOME II	**	261,257
*	NATIONWIDE FUNDS	NATIONWIDE MIDCAP MARKET INDEX A	**	194,350
	AMERICAN FUNDS	WASHINGTON MUTUAL INVESTORS R3	**	191,937
*	NATIONWIDE FUNDS	NATIONWIDE GOVT BOND A	**	190,344
	DREYFUS FUNDS	DREYFUS GNMA Z	**	173,489
	PIMCO FUNDS	PIMCO REAL RETURN A	**	172,906
*	NATIONWIDE FUNDS	NATIONWIDE MONEY MARKET	**	171,322
	AMERICAN FUNDS	EUROPACIFIC GROWTH R3	**	165,061
	LORD ABBETT	LORD ABBETT ALL VALUE A	**	142,127
	AMERICAN FUNDS	AMERICAN BALANCED R3	**	140,847
*	NATIONWIDE FUNDS	NATIONWIDE MODERATE SMALL CAP	**	125,668
	CAPITAL INTERNATIONAL LIMITED	CAPITAL WORLD BOND R3	**	116,979
	FRANKLIN TEMPLETON INVESTMENTS	FRANKLIN BALANCE SHEET INVESTMENT A	**	114,646
	PIMCO FUNDS	PIMCO LOW DURATION A	**	114,017
*	NATIONWIDE FUNDS	NATIONWIDE AGGRESSIVE SMALL CAP	**	78,403
	OPPENHEIMER FUNDS	OPPENHEIMER STRATEGY INCOME CLASS A	**	76,951
	VANGUARD FUNDS	VANGUARD WELLESLEY INCOME IS	**	70,164
	AMERICAN FUNDS	NEW WORLD R3 SHARES	**	51,933
	AMERICAN FUNDS	NEW PERSPECTIVE R3	**	47,287
	LOOMIS SAYLES	LOOMIS SAYLS SMALL CAP VALUE ADMIRAL	**	46,647
	IVY FUNDS	IVY SMALL CAP GROWTH FUND CLASS Y	**	34,758
	BARON FUNDS	BARON SMALL CAP FUND	**	19,167
	IVY FUNDS	IVY MID CAP GROWTH FUND CLASS Y	**	15,197
	GOLDMAN SACHS	GOLDMAN SACHS SHORT DURATION GOVT A	**	15,132
	OPPENHEIMER FUNDS	OPPENHEIMER LIMITED TERM GOVT FUND A	**	15,023
	T. ROWE PRICE	T ROWE PRICE MID CAP VALUE	**	14,848
	DODGE & COX	DODGE & COX INTERNATIONAL STOCK	**	13,096
	LOOMIS SAYLES	LOOMIS SAYLES BOND FUND IT	**	12,678
	DODGE & COX	DODGE & COX INCOME FUND	**	10,929
	VANGUARD FUNDS	VANGUARD WELLINGTON FUND	**	9,677
	DAVIS FUNDS	DAVIS REAL ESTATE A	**	8,366
	OPPENHEIMER FUNDS	OPPENHEIMER GOLD & MINERAL FUND A	**	7,741
	PIMCO FUNDS	PIMCO ALLIANZ RCM TECH A	**	7,627
	VANGUARD FUNDS	VANGUARD REIT INDEX IS	**	6,216
	VANGUARD FUNDS	VANGUARD INFLATION PROTECTED SECURITIES	**	5,328
	BARON FUNDS	BARON PARTNERS FUND	**	5,050
*	NATIONWIDE FUNDS	NATIONWIDE CONSERVATIVE SMALL CAP	**	4,294
	DIAMOND HILL FUNDS	DIAMONDHILL SMALL CAP CLASS A	**	3,212
	OPPENHEIMER FUNDS	OPPENHEIMER DEVELOPING MARKETS A	**	274
	ABERDEEN FUNDS	ABERDEEN DEVELOPING MARKETS A	**	97
	AMERICAN CENTURY	AMERICAN CENTURY SMALL COMPANY A	**	78
	PARTICIPANT LOANS	3.25% - 8.25%	-0-	127,287
				$ 9,022,359

* Party in interest.
** Cost information not required for participant directed plans.

Perfect Plastic Printing Corporation
401(k) Profit Sharing Plan

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Schedule H, Line 4a
December 31, 2009

EIN: 36-2555809
Plan #003

Total that constitute Nonexempt Prohibited Transactions

Participant contributions transferred late to Plan	Check here if late participant loan repayments are included: ☑	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	Total fully corrected under VFCP and PTE 2002-51
$ 1,956,706		$ 1,956,706	n/a	-	-

Perfect Plastic Printing Corporation
401(K) Profit Sharing Plan

SCHEDULE OF ASSETS (HELD AT YEAR END)

Schedule H, Line 4i
December 31, 2009

EIN: 36-2555809
Plan # 003

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