

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	GATEWAY PACKAGING EMPLOYEES 401(K) RETIREMENT PLAN	1b Three-digit plan number (PN) ▶	001
		1c Effective date of plan	01/01/1994
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)	GATEWAY PACKAGING COMPANY 20 CENTRAL INDUSTRIAL DRIVE GRANITE CITY, IL 62040		
	2b Employer Identification Number (EIN)	43-1271346	
	2c Sponsor's telephone number	618-451-0010	
	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.	10/15/2010	LINDA THRASHER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2010	LINDA THRASHER
	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") GATEWAY PACKAGING COMPANY 20 CENTRAL INDUSTRIAL DRIVE GRANITE CITY, IL 62040	3b Administrator's EIN 43-1271346 3c Administrator's telephone number 618-451-0010
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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	156
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	157
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	17
d Subtotal. Add lines 6a , 6b , and 6c	6d	174
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	174
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	120
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	1
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	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

<div>A Name of plan</div> <div>GATEWAY PACKAGING EMPLOYEES 401(K) RETIREMENT PLAN</div>	<div>B Three-digit plan number (PN)</div> <div>▶ 001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>GATEWAY PACKAGING COMPANY</div>	<div>D Employer Identification Number (EIN)</div> <div>43-1271346</div>

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
GANIM, MEDER, CHILDERS & HOERING PC
37-1201052

(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)

ASSOCIATED TRUST COMPANY, N.A.

30-0219031

(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?
24	TRUSTEE	17909	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.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service	(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:	GANIM, MEDER, CHILDERS & HOERING PC	b EIN:	37-1201052
c Position:	AUDITOR		
d Address:	1 BRONZE POINTE BELLEVILLE, IL 62226	e Telephone:	800-237-1123

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 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2009</div> 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>GATEWAY PACKAGING EMPLOYEES 401(K) RETIREMENT 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>GATEWAY PACKAGING COMPANY</u>	D Employer Identification Number (EIN) <u>43-1271346</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>ASSOCIATED BALANCED LIFESTAGE FUND</u>		
b Name of sponsor of entity listed in (a): <u>ASSOCIATED TRUST COMPANY, N.A.</u>		
c EIN-PN <u>39-6771933-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>75581</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ASSOC GROWTH BALANCED LIFESTAGE FD</u>		
b Name of sponsor of entity listed in (a): <u>ASSOCIATED TRUST COMPANY, N.A.</u>		
c EIN-PN <u>39-6771934-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>68796</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ASSOCIATED GROWTH LIFESTAGE FUND</u>		
b Name of sponsor of entity listed in (a): <u>ASSOCIATED TRUST COMPANY, N.A.</u>		
c EIN-PN <u>39-6771936-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>137388</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ASSOC AGGRESS GROWTH LIFESTAGE FUND</u>		
b Name of sponsor of entity listed in (a): <u>ASSOCIATED TRUST COMPANY, N.A.</u>		
c EIN-PN <u>39-6771937-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>442004</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ASSOCIATED MONEY MARKET COMMON FUND</u>		
b Name of sponsor of entity listed in (a): <u>ASSOCIATED TRUST COMPANY, N.A.</u>		
c EIN-PN <u>52-7241044-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>281185</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ASSOC CONSERV BALANCED LIFESTAGE FD</u>		
b Name of sponsor of entity listed in (a): <u>ASSOCIATED TRUST COMPANY, N.A.</u>		
c EIN-PN <u>39-6771932-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>358505</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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
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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

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 GATEWAY PACKAGING EMPLOYEES 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 GATEWAY PACKAGING COMPANY	D Employer Identification Number (EIN) 43-1271346	

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	3216	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	512	668
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)	733	298
(9) Value of interest in common/collective trusts	1c(9)	1019151	1363459
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1265640	1871502
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2289252	3235927

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	2289252	3235927
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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)	129368	
(B) Participants	2a(1)(B)	323276	
(C) Others (including rollovers)	2a(1)(C)	46187	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		498831

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)	34	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		34

(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)	29806	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		29806

(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)		218638
(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)		387027
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1134336

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	165167	
(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)		165167
f Corrective distributions (see instructions)	2f		4585
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	17359	
(4) Other	2i(4)	550	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		17909
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		187661

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		946675
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: LARSON ALLEN LLP

(2) EIN: 41-0746749

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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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>GATEWAY PACKAGING EMPLOYEES 401(K) RETIREMENT 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>GATEWAY PACKAGING COMPANY</u>	D Employer Identification Number (EIN) <u>43-1271346</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
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>30-0219031</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

**GATEWAY PACKAGING EMPLOYEES'
401 (K) RETIREMENT PLAN**

**FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION**

YEARS ENDED DECEMBER 31, 2009 AND 2008

**GATEWAY PACKAGING EMPLOYEES' 401(K) RETIREMENT PLAN
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YEARS ENDED DECEMBER 31, 2009 AND 2008**

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CPAs, Consultants & Advisors
www.larsonallen.com

INDEPENDENT AUDITORS' REPORT

Plan Administrator
Gateway Packaging Employees' 401(k) Retirement Plan
Granite City, Illinois

We were engaged to audit the financial statements and supplemental schedule of Gateway Packaging Employees' 401(k) Retirement Plan as of December 31, 2009, and for the year then ended as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management. The financial statements of the Plan as of and for the year ended December 31, 2008 were audited by GMCH (whose practice became part of LarsonAllen LLP effective October 1, 2009). As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed GMCH not to perform, and they did not perform, any auditing procedures with respect to the information certified by the trustee. Their report dated September 23, 2009, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information cited in Note 3, which was certified by Associated Trust Company, N.A., the trustee of the Plan, except for comparing the information with the related information included in the 2009 financial statements and the supplemental schedule. 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 December 31, 2009 and for the year then ended, 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 2009 financial statements and supplemental schedule taken as a whole. The form and content of the information included in the 2009 financial statements and supplemental schedule, 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.

LarsonAllen LLP
LarsonAllen LLP

St. Louis, Missouri
October 14, 2010



(1)

An independent member of Nexia International

GATEWAY PACKAGING EMPLOYEES' 401(K) RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
ASSETS		
INVESTMENTS (at Fair Value)		
Mutual Funds	\$ 1,871,502	\$ 1,265,640
Collective Trust Funds	1,363,459	1,019,151
Participant Loans	<u>298</u>	<u>733</u>
Total Investments (at Fair Value)	3,235,259	2,285,524
RECEIVABLES		
Accrued Income	668	512
CASH	<u>-</u>	<u>3,216</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 3,235,927</u></u>	<u><u>\$ 2,289,252</u></u>

See accompanying Notes to Financial Statements.

GATEWAY PACKAGING EMPLOYEES' 401(K) RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
ADDITIONS TO (DEDUCTIONS FROM) NET ASSETS AVAILABLE FOR BENEFITS ATTRIBUTED TO:		
INVESTMENT INCOME (LOSS)		
Net Appreciation (Depreciation) in Fair Value of Investments	\$ 605,665	\$ (960,596)
Interest and Dividends	<u>29,840</u>	<u>34,189</u>
Total Investment Income (Loss)	635,505	(926,407)
CONTRIBUTIONS		
Employee 401(k) Deferral	323,276	302,507
Employer Match	129,368	116,857
Employee Rollover	<u>46,187</u>	<u>200,124</u>
Total Contributions	<u>498,831</u>	<u>619,488</u>
BENEFITS PAID TO PARTICIPANTS	(169,752)	(135,018)
ADMINISTRATIVE EXPENSES	<u>(17,909)</u>	<u>(18,552)</u>
NET INCREASE (DECREASE)	946,675	(460,489)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	<u>2,289,252</u>	<u>2,749,741</u>
End of Year	<u><u>\$ 3,235,927</u></u>	<u><u>\$ 2,289,252</u></u>

See accompanying Notes to Financial Statements.

GATEWAY PACKAGING EMPLOYEES' 401(K) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 1 DESCRIPTION OF PLAN

The following description of the Gateway Packaging Employees' 401(k) Retirement 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 is a defined contribution plan originally effective January 1, 1994. The Plan has been amended throughout the years to comply with tax legislation and last amended effective January 1, 2009. The Plan is sponsored by Gateway Packaging Company. (the Company). The Plan covers employees, who have completed six months of service, have attained age 21 and are not members of a collective bargaining unit or non-resident aliens. The participants may enter the plan monthly after the eligibility requirements have been met. The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

The Plan includes a salary deferral arrangement allowed under Section 401(k) of the Internal Revenue Code. Eligible participants are permitted to elect to have a percentage, up to 50%, of their compensation contributed as pre-tax 401(k) contributions to the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions.

The Company may make matching contributions at its sole discretion in any specific dollar amount and/or any specific percentage of participant elective deferrals. For the Plan years ending December 31, 2009 and 2008 the Company elected to make matching contributions of 50% of the first 6% of compensation that a participant contributes to the Plan. In addition, the Company may make a discretionary contribution which would be allocated to eligible participants based on compensation. No discretionary contributions were made for the years ending December 31, 2009 and 2008.

Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of contributions into various investment options offered by the Plan. Contributions are subject to certain limitations.

Reclassifications

Certain accounts in the 2008 financial statements have been reclassified for comparative purposes to conform to the presentation in the 2009 financial statements. These reclassifications did not affect net assets available for benefits, as previously reported.

GATEWAY PACKAGING EMPLOYEES' 401(K) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Participant Accounts

Each participant's account is credited with the participant's contributions, the Company's matching and discretionary contributions and an allocation of Plan earnings or losses. Allocations are based on participant earnings or account balances, as defined. Income is allocated daily based on the shares in the participant's account. The benefit to which a participant is entitled is the benefit that can be provided by the participant's account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company matching and discretionary contribution portion of their accounts, plus actual earnings thereon, is based on years of continuous service. A participant is 100 percent vested after six years of credited service. A participant is fully vested upon reaching normal retirement age, death, or permanent disability.

Participant Loans

The Plan does not provide for participant loans. However, the Plan previously accepted assets from another plan that did provide for participant loans. These loans are being administered in accordance with the previous plan's loan policy.

Benefit Payments

Upon termination of service, death, disability, or retirement (age 65), the participant will receive the value of the vested interest in his or her account in the form of a lump sum distribution. The Plan allows for in-service distributions if a participant reaches age 59½ and hardship distributions subject to Plan provisions. If a participant terminates employment and the participant's account balance does not exceed \$5,000, the Plan administrator will authorize the benefit payment without the participant's consent.

Forfeited Accounts

Forfeited non-vested accounts are used to reduce future Company contributions. Forfeited non-vested accounts as of December 31, 2009 and 2008 totaled \$0 and \$7, respectively. There were \$1,390 and \$5,956 of forfeitures used to reduce Company contributions for the years ended December 31, 2009 and 2008, respectively.

GATEWAY PACKAGING EMPLOYEES' 401(K) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Fair Value Measurements

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

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

Level 2: Inputs to the valuation methodology include:

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

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the valuation methodologies used at December 31, 2009 and 2008.

During 2009, Financial Accounting Standards Board (FASB) released guidance that requires disclosures to include the nature of any restrictions on the ability to redeem certain investments at the measurement date, any unfunded commitments, and the investment strategies of the investees effective for fiscal years ending after December 15, 2009. See Note 4 for more information.

GATEWAY PACKAGING EMPLOYEES' 401(K) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are valued at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Mutual funds represent investments with various investment managers. The fair values of mutual funds are determined by reference to the fund's underlying assets, which are principally marketable equity and fixed income securities. Shares held in mutual funds traded on national securities exchanges are valued at the net asset value. Investments in collective trust funds are valued indirectly based on the Net Asset Value (NAV) of the underlying assets. Investment in participant loans are valued at amortized cost, which approximates 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.

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

Administrative Expenses

The Company pays certain administrative expenses on behalf of the Plan.

Benefit Payments

Benefits are recorded when paid.

Subsequent Events

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through October 14, 2010, the date the financial statements were available to be issued.

GATEWAY PACKAGING EMPLOYEES' 401(K) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 3 CERTIFICATION OF INVESTMENT INFORMATION

Associated Trust Company, N.A., the trustee of the Plan, has supplied the Plan administrator with a certification as to the completeness and accuracy of all investment information reflected on the accompanying statements of net assets available for benefits as of December 31, 2009 and 2008, the statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule of assets (held at end of year) as of December 31, 2009.

NOTE 4 FAIR VALUE OF INVESTMENTS

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

2009				
	Level 1	Level 2	Level 3	Total
Assets:				
Mutual Funds				
Blended Funds	\$ 948,413	\$ -	\$ -	\$ 948,413
Growth Funds	345,892	-	-	345,892
Balanced/Asset Allocation	236,700	-	-	236,700
Bond Funds	200,715	-	-	200,715
Value Funds	139,782	-	-	139,782
Total Mutual Funds	1,871,502	-	-	1,871,502
Collective Trust Funds				
Growth Funds	-	648,188	-	648,188
Balanced/Asset Allocation	-	434,086	-	434,086
Money Market	-	281,185	-	281,185
Total Collective Trust Funds	-	1,363,459	-	1,363,459
Participant Loans	-	-	298	298
Total Investments at Fair Value	<u>\$1,871,502</u>	<u>\$1,363,459</u>	<u>\$ 298</u>	<u>\$ 3,235,259</u>
2008				
	Level 1	Level 2	Level 3	Total
Assets:				
Mutual Funds	\$1,265,640	\$ -	\$ -	\$ 1,265,640
Collective Trust Funds	-	1,019,151	-	1,019,151
Participant Loans	-	-	733	733
Total Investments at Fair Value	<u>\$1,265,640</u>	<u>\$1,019,151</u>	<u>\$ 733</u>	<u>\$ 2,285,524</u>

GATEWAY PACKAGING EMPLOYEES' 401(K) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 4 FAIR VALUE OF INVESTMENTS (CONTINUED)

The following tables set forth a summary of changes in the fair value of the Plan's level 3 assets for the years ended December 31:

	<u>Participant Loans</u>	
	<u>2009</u>	<u>2008</u>
Balance, Beginning of Year	\$ 733	\$ 1,693
Purchases, issuances and settlement	(435)	(960)
Balance, End of Year	<u>\$ 298</u>	<u>\$ 733</u>

The following table sets forth additional disclosures for the fair value measurement of investments in certain entities that calculate net asset value per share (or its equivalent) as of December 31, 2009:

<u>Investment Type</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Collective Trust Funds				
Growth Funds	\$ 648,188	-	Daily	Daily
Balanced/Asset Allocation	434,086	-	Daily	Daily
Money Market	281,185	-	Daily	Daily

The growth funds objective is to seek long-term capital appreciation. To achieve this, the funds primarily invest in companies with market capitalization, in a diversified portfolio of common stocks, bonds, or in companies that appear to offer superior opportunities for growth of capital.

The balanced/asset allocation objective is to seek investments emphasize stability of principal and income generation through investments in fixed income securities with a smaller emphasis on the pursuit of capital growth through the investment of stocks.

The money market objective is to seek a safe place to invest funds, sheltered from ups and downs of the stock and bond markets with a fairly modest return that will fluctuate with short-term interest rates.

GATEWAY PACKAGING EMPLOYEES' 401(K) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 5 INVESTMENTS

The following presents investments that represent 5 percent or more of the Plan's net assets as of December 31:

	2009	2008
Vanguard Index 500 Fund	\$ 575,659	\$ 462,919
Aggressive Growth Lifestage Fund	442,004	280,879
Conservative Balanced Lifestage Fund	358,505	109,493 *
Money Market Fund	281,185	440,546
First Eagle Sogen Global Fund A	236,700	162,106
The Growth Fund of America	205,752	145,016

* Investment did not exceed 5% of Plan's net assets available for benefits for the Plan year noted.

During 2009 and 2008, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	2009	2008
Mutual Funds	\$ 387,027	\$ (708,340)
Collective Trust Funds	218,638	(252,256)
Total	<u>\$ 605,665</u>	<u>\$ (960,596)</u>

NOTE 6 RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of the investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 7 PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the participants would become 100 percent vested in their Company contributions.

GATEWAY PACKAGING EMPLOYEES' 401(K) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 8 PLAN TAX STATUS

The Plan is placing reliance on an opinion letter dated August 30, 2001 received from the Internal Revenue Service on the prototype plan indicating that the Plan is qualified under Section 401 of the Internal Revenue Code (IRC) and is therefore not subject to tax under current income tax law. The prototype Plan has been amended since receiving the opinion letter. However the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

NOTE 9 PARTY-IN-INTEREST TRANSACTIONS

Investments are managed by Associated Trust Company, N.A., the trustee of the Plan. Therefore, these transactions qualify as party-in-interest.

GATEWAY PACKAGING EMPLOYEES' 401(K) RETIREMENT PLAN
E.I.N. 43-1271346 PLAN NO. 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2009

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	Cost Value **	Current Value
		<u>Mutual Funds:</u>		
	Vanguard Group	Vanguard Index 500 Fund	\$	575,659
	First Eagle Sogen	First Eagle Sogen Global Fund A		236,700
	The Capital Group	The Growth Fund of America		205,752
	Longleaf Partners	Longleaf Partners		137,835
	Vanguard Group	Vanguard Total BD Market Index Fund		122,197
	Dodge & Cox	Dodge & Cox FDS INTL Stock Fund		111,105
	Vanguard Group	Vanguard Small Cap Index Fund		97,638
	Vanguard Group	Vanguard Mid Cap Index Fund		83,585
	Vanguard Group	Vanguard Short Term Inv Grade Fund		78,518
	Eagle Family of Funds	Eagle Mid Cap Stock Fund		75,587
	Davis New York	Davis New York Venture Fund Class A		53,696
	American Funds	Europacific Growth Fund		40,027
	Third Avenue	Third Avenue Value Fund		28,677
	Wasatch	Wasatch Small Cap Growth Fund		24,526
		Total Mutual Funds		<u>1,871,502</u>
		<u>Collective Trust Funds:</u>		
*	Associated Trust Company, N.A.	Aggressive Growth Lifestage Fund		442,004
*	Associated Trust Company, N.A.	Conservative Balanced Lifestage Fund		358,505
*	Associated Trust Company, N.A.	Money Market Fund		281,185
*	Associated Trust Company, N.A.	Growth Lifestage Fund		137,388
*	Associated Trust Company, N.A.	Balanced Lifestage Fund		75,581
*	Associated Trust Company, N.A.	Growth Balanced Lifestage Fund		68,796
*		Total Collective Trust Funds		<u>1,363,459</u>
*	Participants	Participant Loan		
		Rate of 6.50%	-	<u>298</u>
				<u><u>\$ 3,235,259</u></u>

* Indicates Party-in-Interest

**Cost omitted for participant-directed accounts

**GATEWAY PACKAGING EMPLOYEES'
401 (K) RETIREMENT PLAN**

**FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION**

YEARS ENDED DECEMBER 31, 2009 AND 2008

**GATEWAY PACKAGING EMPLOYEES' 401(K) RETIREMENT PLAN
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CPAs, Consultants & Advisors
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INDEPENDENT AUDITORS' REPORT

Plan Administrator
Gateway Packaging Employees' 401(k) Retirement Plan
Granite City, Illinois

We were engaged to audit the financial statements and supplemental schedule of Gateway Packaging Employees' 401(k) Retirement Plan as of December 31, 2009, and for the year then ended as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management. The financial statements of the Plan as of and for the year ended December 31, 2008 were audited by GMCH (whose practice became part of LarsonAllen LLP effective October 1, 2009). As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed GMCH not to perform, and they did not perform, any auditing procedures with respect to the information certified by the trustee. Their report dated September 23, 2009, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information cited in Note 3, which was certified by Associated Trust Company, N.A., the trustee of the Plan, except for comparing the information with the related information included in the 2009 financial statements and the supplemental schedule. 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 December 31, 2009 and for the year then ended, 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 2009 financial statements and supplemental schedule taken as a whole. The form and content of the information included in the 2009 financial statements and supplemental schedule, 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.

LarsonAllen LLP
LarsonAllen LLP

St. Louis, Missouri
October 14, 2010



(1)

An independent member of Nexia International

GATEWAY PACKAGING EMPLOYEES' 401(K) RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
ASSETS		
INVESTMENTS (at Fair Value)		
Mutual Funds	\$ 1,871,502	\$ 1,265,640
Collective Trust Funds	1,363,459	1,019,151
Participant Loans	<u>298</u>	<u>733</u>
Total Investments (at Fair Value)	3,235,259	2,285,524
RECEIVABLES		
Accrued Income	668	512
CASH	<u>-</u>	<u>3,216</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 3,235,927</u></u>	<u><u>\$ 2,289,252</u></u>

See accompanying Notes to Financial Statements.

**GATEWAY PACKAGING EMPLOYEES' 401(K) RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2009 AND 2008**

	<u>2009</u>	<u>2008</u>
ADDITIONS TO (DEDUCTIONS FROM) NET ASSETS AVAILABLE FOR BENEFITS ATTRIBUTED TO:		
INVESTMENT INCOME (LOSS)		
Net Appreciation (Depreciation) in Fair Value of Investments	\$ 605,665	\$ (960,596)
Interest and Dividends	<u>29,840</u>	<u>34,189</u>
Total Investment Income (Loss)	635,505	(926,407)
CONTRIBUTIONS		
Employee 401(k) Deferral	323,276	302,507
Employer Match	129,368	116,857
Employee Rollover	<u>46,187</u>	<u>200,124</u>
Total Contributions	<u>498,831</u>	<u>619,488</u>
BENEFITS PAID TO PARTICIPANTS	(169,752)	(135,018)
ADMINISTRATIVE EXPENSES	<u>(17,909)</u>	<u>(18,552)</u>
NET INCREASE (DECREASE)	946,675	(460,489)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	<u>2,289,252</u>	<u>2,749,741</u>
End of Year	<u><u>\$ 3,235,927</u></u>	<u><u>\$ 2,289,252</u></u>

See accompanying Notes to Financial Statements.

GATEWAY PACKAGING EMPLOYEES' 401(K) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 1 DESCRIPTION OF PLAN

The following description of the Gateway Packaging Employees' 401(k) Retirement 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 is a defined contribution plan originally effective January 1, 1994. The Plan has been amended throughout the years to comply with tax legislation and last amended effective January 1, 2009. The Plan is sponsored by Gateway Packaging Company. (the Company). The Plan covers employees, who have completed six months of service, have attained age 21 and are not members of a collective bargaining unit or non-resident aliens. The participants may enter the plan monthly after the eligibility requirements have been met. The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

The Plan includes a salary deferral arrangement allowed under Section 401(k) of the Internal Revenue Code. Eligible participants are permitted to elect to have a percentage, up to 50%, of their compensation contributed as pre-tax 401(k) contributions to the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions.

The Company may make matching contributions at its sole discretion in any specific dollar amount and/or any specific percentage of participant elective deferrals. For the Plan years ending December 31, 2009 and 2008 the Company elected to make matching contributions of 50% of the first 6% of compensation that a participant contributes to the Plan. In addition, the Company may make a discretionary contribution which would be allocated to eligible participants based on compensation. No discretionary contributions were made for the years ending December 31, 2009 and 2008.

Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of contributions into various investment options offered by the Plan. Contributions are subject to certain limitations.

Reclassifications

Certain accounts in the 2008 financial statements have been reclassified for comparative purposes to conform to the presentation in the 2009 financial statements. These reclassifications did not affect net assets available for benefits, as previously reported.

GATEWAY PACKAGING EMPLOYEES' 401(K) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Participant Accounts

Each participant's account is credited with the participant's contributions, the Company's matching and discretionary contributions and an allocation of Plan earnings or losses. Allocations are based on participant earnings or account balances, as defined. Income is allocated daily based on the shares in the participant's account. The benefit to which a participant is entitled is the benefit that can be provided by the participant's account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company matching and discretionary contribution portion of their accounts, plus actual earnings thereon, is based on years of continuous service. A participant is 100 percent vested after six years of credited service. A participant is fully vested upon reaching normal retirement age, death, or permanent disability.

Participant Loans

The Plan does not provide for participant loans. However, the Plan previously accepted assets from another plan that did provide for participant loans. These loans are being administered in accordance with the previous plan's loan policy.

Benefit Payments

Upon termination of service, death, disability, or retirement (age 65), the participant will receive the value of the vested interest in his or her account in the form of a lump sum distribution. The Plan allows for in-service distributions if a participant reaches age 59½ and hardship distributions subject to Plan provisions. If a participant terminates employment and the participant's account balance does not exceed \$5,000, the Plan administrator will authorize the benefit payment without the participant's consent.

Forfeited Accounts

Forfeited non-vested accounts are used to reduce future Company contributions. Forfeited non-vested accounts as of December 31, 2009 and 2008 totaled \$0 and \$7, respectively. There were \$1,390 and \$5,956 of forfeitures used to reduce Company contributions for the years ended December 31, 2009 and 2008, respectively.

GATEWAY PACKAGING EMPLOYEES' 401(K) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Fair Value Measurements

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

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

Level 2: Inputs to the valuation methodology include:

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

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the valuation methodologies used at December 31, 2009 and 2008.

During 2009, Financial Accounting Standards Board (FASB) released guidance that requires disclosures to include the nature of any restrictions on the ability to redeem certain investments at the measurement date, any unfunded commitments, and the investment strategies of the investees effective for fiscal years ending after December 15, 2009. See Note 4 for more information.

GATEWAY PACKAGING EMPLOYEES' 401(K) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are valued at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Mutual funds represent investments with various investment managers. The fair values of mutual funds are determined by reference to the fund's underlying assets, which are principally marketable equity and fixed income securities. Shares held in mutual funds traded on national securities exchanges are valued at the net asset value. Investments in collective trust funds are valued indirectly based on the Net Asset Value (NAV) of the underlying assets. Investment in participant loans are valued at amortized cost, which approximates 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.

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

Administrative Expenses

The Company pays certain administrative expenses on behalf of the Plan.

Benefit Payments

Benefits are recorded when paid.

Subsequent Events

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through October 14, 2010, the date the financial statements were available to be issued.

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GATEWAY PACKAGING EMPLOYEES' 401(K) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
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GATEWAY PACKAGING EMPLOYEES' 401(K) RETIREMENT PLAN
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DECEMBER 31, 2009 AND 2008

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E.I.N. 43-1271346 PLAN NO. 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2009

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	Vanguard Group	Vanguard Total BD Market Index Fund		122,197
	Dodge & Cox	Dodge & Cox FDS INTL Stock Fund		111,105
	Vanguard Group	Vanguard Small Cap Index Fund		97,638
	Vanguard Group	Vanguard Mid Cap Index Fund		83,585
	Vanguard Group	Vanguard Short Term Inv Grade Fund		78,518
	Eagle Family of Funds	Eagle Mid Cap Stock Fund		75,587
	Davis New York	Davis New York Venture Fund Class A		53,696
	American Funds	Europacific Growth Fund		40,027
	Third Avenue	Third Avenue Value Fund		28,677
	Wasatch	Wasatch Small Cap Growth Fund		24,526
		Total Mutual Funds		<u>1,871,502</u>
		<u>Collective Trust Funds:</u>		
*	Associated Trust Company, N.A.	Aggressive Growth Lifestage Fund		442,004
*	Associated Trust Company, N.A.	Conservative Balanced Lifestage Fund		358,505
*	Associated Trust Company, N.A.	Money Market Fund		281,185
*	Associated Trust Company, N.A.	Growth Lifestage Fund		137,388
*	Associated Trust Company, N.A.	Balanced Lifestage Fund		75,581
*	Associated Trust Company, N.A.	Growth Balanced Lifestage Fund		68,796
*		Total Collective Trust Funds		<u>1,363,459</u>
*	Participants	Participant Loan		
		Rate of 6.50%	-	<u>298</u>
				<u><u>\$ 3,235,259</u></u>

* Indicates Party-in-Interest

**Cost omitted for participant-directed accounts

SCHEDULE A - ASSETS AND LIABILITIES
AS OF 12/31/09

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ACCOUNT NO. 93-H053-01-4

GATEWAY PACKAGING EMPLOYEES' 401(K)
RETIREMENT PLAN

CUSIP NUMBER	FACE AMOUNT/ NO. SHARES	DESCRIPTION	TOTAL COST UNIT PRICE	TOTAL MARKET UNIT PRICE	% OF ACCT	EST ANN INCOME	YIELD TO MKT
CASH AND EQUIVALENTS							
	0	CASH	.00 .000	.00 .000		0	0.00
TOTAL CASH AND EQUIVALENTS			----- .00	----- .00	----- .00	----- 0	----- 0.00
EQUITIES							
EQUITY COMMON TRUST FUNDS							
999999-34-5	4,660.737	BALANCED LIFESTAGE FUND	70,779.95 15.186	75,580.83 16.216	2.34	1,750	2.32
999999-35-2	4,199.751	GROWTH BALANCED LIFESTAGE FUND	62,588.93 14.903	68,795.83 16.380	2.13	1,326	1.93
999999-38-6	8,591.577	GROWTH LIFESTAGE FUND	141,609.95 16.482	137,388.08 15.991	4.25	1,676	1.22
999999-39-4	25,694.090	AGGRESSIVE GROWTH LIFESTAGE FUND	464,057.12 18.061	442,003.81 17.202	13.66	4,952	1.12
TOTAL EQUITY COMMON TRUST FUNDS			----- 739,035.95	----- 723,768.55	----- 22.37	----- 9,704	----- 1.34
EQUITY MUTUAL FUNDS							
239080-10-4	1,733.253	* DAVIS NEW YORK VENTURE FD CL A	59,041.55 34.064	53,696.18 30.980	1.66	363	0.68
256206-10-3	3,488.400	* DODGE & COX FDS INTL STOCK FD	112,648.92 32.292	111,105.54 31.850	3.43	1,520	1.37
269858-82-5	3,253.847	EAGLE MID CAP STOCK FD R5	80,986.29 24.889	75,586.87 23.230	2.34	0	0.00

SCHEDULE A - ASSETS AND LIABILITIES
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ACCOUNT NO. 93-H053-01-4

GATEWAY PACKAGING EMPLOYEES' 401(K)
RETIREMENT PLAN

CUSIP NUMBER	FACE AMOUNT/ NO. SHARES	DESCRIPTION	TOTAL COST UNIT PRICE	TOTAL MARKET UNIT PRICE	% OF ACCT	EST ANN INCOME	YIELD TO MKT
298706-82-1	1,044.012	EUROPACIFIC GROWTH FUND R6	39,523.03 37.857	40,027.42 38.340	1.24	0	0.00
32008F-50-7	5,920.449	FIRST EAGLE SOGEN GLOBAL FD A	258,810.64 43.715	236,699.55 39.980	7.31	3,398	1.44
399874-81-7	7,528.414	GROWTH FUND OF AMERICA R6	197,187.45 26.192	205,751.55 27.330	6.36	2,092	1.02
543069-10-8	5,721.654	* LONGLEAF PARTNERS	188,016.36 32.860	137,834.64 24.090	4.26	57	0.04
884116-10-4	619.100	* THIRD AVENUE VALUE FD COM	29,558.84 47.745	28,676.71 46.320	.89	705	2.46
922908-10-8	5,606.889	* VANGUARD INDEX 500 FD INVESTOR SHS	701,350.81 125.087	575,659.29 102.670	17.79	11,796	2.05
922908-70-2	3,551.764	* VANGUARD SMALL CAP INDEX FD INVSTR	102,925.61 28.979	97,637.99 27.490	3.02	980	1.00
922908-84-3	5,109.093	* VANGUARD MID-CAP INDEX FD	80,834.00 15.822	83,584.76 16.360	2.58	929	1.11
936772-10-2	800.462	* WASATCH SMALL CAP GROWTH FD	25,616.70 32.002	24,526.16 30.640	.76	0	0.00
TOTAL EQUITY MUTUAL FUNDS			----- 1,876,500.20	----- 1,670,786.66	----- 51.63	----- 21,840	----- 1.31
TOTAL EQUITIES			----- 2,615,536.15	----- 2,394,555.21	----- 74.00	----- 31,544	----- 1.32

SCHEDULE A - ASSETS AND LIABILITIES
AS OF 12/31/09

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ACCOUNT NO. 93-H053-01-4

GATEWAY PACKAGING EMPLOYEES' 401(K)
RETIREMENT PLAN

CUSIP NUMBER	FACE AMOUNT/ NO. SHARES	DESCRIPTION	TOTAL COST UNIT PRICE	TOTAL MARKET UNIT PRICE	% OF ACCT	EST ANN INCOME	YIELD TO MKT
FIXED INCOME SECURITIES							
FIXED INCOME COMMON TRUST FUNDS							
999999-19-6	191,378.186	MONEY MARKET FUND	277,018.19 1.447	281,184.81 1.469	8.69	0	0.00
999999-33-7	24,403.955	CONSERVATIVE BALANCED LIFESTAGE FUND	325,847.21 13.352	358,505.24 14.690	11.08	9,665	2.70
TOTAL FIXED INCOME COMMON TRUST FUNDS			602,865.40	639,690.05	19.77	9,665	1.51
FIXED INCOME MUTUAL FUNDS							
921937-10-8	11,806.484	* VANGUARD TOTAL BD MARKET INDEX FD 413.97	119,557.83 10.126	122,197.11 10.350	3.78	4,656	3.81
922031-40-6	7,414.359	* VANGUARD SHORT TERM INV GRADE FD 253.94	76,419.31 10.307	78,518.06 10.590	2.43	2,769	3.53
TOTAL FIXED INCOME MUTUAL FUNDS			195,977.14	200,715.17	6.20	7,425	3.70
TOTAL FIXED INCOME SECURITIES			798,842.54	840,405.22	25.97	17,090	2.03
MISCELLANEOUS							
MS1029-78-9	298.240	MASTER LOAN	298.24 1.000	298.24 1.000	.01	0	0.00
TOTAL MISCELLANEOUS			298.24	298.24	.01	0	0.00
TOTAL ASSETS			3,414,676.93	3,235,258.67			

SCHEDULE A - ASSETS AND LIABILITIES
AS OF 12/31/09

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GATEWAY PACKAGING EMPLOYEES' 401(K)
RETIREMENT PLAN

CUSIP NUMBER	FACE AMOUNT/ NO. SHARES	DESCRIPTION	TOTAL COST UNIT PRICE	TOTAL MARKET UNIT PRICE	% OF ACCT	EST ANN INCOME	YIELD TO MKT
		ACCRUED INCOME					
		INTEREST	667.91	667.91	.02		
		TOTAL ACCRUED INCOME	----- 667.91	----- 667.91	----- .02		
		TOTAL ASSETS PLUS ACCRUED INCOME	3,415,344.84	3,235,926.58			