Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

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 05/01/2009 and ending 04/30/2010

A This return/report is for: [X] single-employer plan [ ] multiple-employer plan (not multiemployer) [ ] one-participant plan

B This return/report is for: [ ] first return/report [ ] final return/report
[ ] an amended return/report [ ] short plan year return/report (less than 12 months)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
BAY CITIES CONTAINER CORPORATION DEF. BENEFIT PENSION PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 05/01/1987

2a Plan sponsor's name and address (employer, if for single-employer plan)
BAY CITIES CONTAINER CORPORATION

5138 INDUSTRY AVENUE
PICO RIVERA, CA 90660

2b Employer Identification Number (EIN) 95-2020016

2c Plan sponsor's telephone number 562-948-3751

2d Business code (see instructions) 339900

3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")
BAY CITIES CONTAINER CORPORATION 5138 INDUSTRY AVENUE
PICO RIVERA, CA 90660

3b Administrator's EIN 95-2020016

3c Administrator's telephone number 562-948-3751

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. Sponsor's name

4b EIN

4c PN

5a Total number of participants at the beginning of the plan year	**5a**	56
b Total number of participants at the end of the plan year	**5b**	56
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	**5c**	

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) [X] Yes [ ] No

If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	342305	455261
b Total plan liabilities	7b	43827	43827
c Net plan assets (subtract line 7b from line 7a)	7c	298478	411434
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from: (1) Employers	8a(1)	57003	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	59771	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		116774
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	0	
g Other expenses	8g	3818	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		3818
i Net income (loss) (subtract line 8h from line 8c)	8i		112956
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1G 1I 3D

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

Part V Compliance Questions

10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) [X] Yes [ ] No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? [ ] Yes [X] No

(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	12b	
c Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	

e Will the minimum funding amount reported on line 12d be met by the funding deadline? [ ] Yes [ ] No [ ] N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? [ ] Yes [X] No

c 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.)

13c(1) Name of plan(s):	**13c(2)** EIN(s)	**13c(3)** PN(s)

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	02/14/2011	GREG TUCKER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	02/14/2011	GREG TUCKER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 05/01/2009 and ending 04/30/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
BAY CITIES CONTAINER CORPORATION DEF. BENEFIT PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BAY CITIES CONTAINER CORPORATION

D Employer Identification Number (EIN)
95-2020016

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 05 Day 01 Year 2009

2	Assets:			
a	Market value	**2a**		298478
b	Actuarial value	**2b**		296938
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	0	0
b	For terminated vested participants	**3b**	28	129139
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		0
	(2) Vested benefits	**3c(2)**		293741
	(3) Total active	**3c(3)**	28	293741
d	Total	**3d**	56	422880
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
a	Funding target disregarding prescribed at-risk assumptions	**4a**		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	**4b**		
5	Effective interest rate	**5**		6.57 %
6	Target normal cost	**6**		0

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary	01/18/2011 Date
MARTIN S. FOX, FSA, MAAA	08-00516
Type or print name of actuary	Most recent enrollment number
M.S. FOX & ASSOCIATES, INC.	310-576-1030
Firm name	Telephone number (including area code)
233 WILSHIRE BLVD. SUITE 340 SANTA MONICA, CA 90401-1208	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	37328	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	37328	0
10	Interest on item 9 using prior year's actual return of -16.14 %	-6025	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		124374
b	Interest on (a) using prior year's effective rate of 6.21 %		7724
c	Total available at beginning of current plan year to add to prefunding balance		132098
d	Portion of (c) to be added to prefunding balance		132098
12	Reduction in balances due to elections or deemed elections	31303	132098
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	70.22 %
15	Adjusted funding target attainment percentage	15	70.22 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	20.96 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/12/2011	52653	0			
01/15/2010	3818	0			
01/14/2011	532	0			
			Totals ► 18(b)	57003	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a	Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	50746

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.32 %	6.45 %	6.69 %	☐ N/A, full yield curve used

b Applicable month (enter code) — **21b**: 4

22 Weighted average retirement age — **22**: 65

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	**30**	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	**31**		0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		100569	20783
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**		
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	**34**		20783

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)	**36**	20783
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	50746
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	29963
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40 Unpaid minimum required contribution for all years	**40**	

Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For the calendar plan year 2009 or fiscal plan year beginning 05/01/2009 **and ending** 04/30/2010

A This return/report is for: [x] single-employer plan [ ] multiple-employer plan (not multiemployer) [ ] one-participant plan

B This return/report is for: [ ] first return/report [ ] final return/report
[ ] an amended return/report [ ] short plan year return/report (less than 12 months)

C Check box if filing under: [x] Form 5558 [ ] automatic extension [ ] DFVC program
[ ] special extension (enter description)

Part II Basic Plan Information --- enter all requested information.

1a Name of plan
Bay Cities Container Corporation Def. Benefit Pension Plan

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 05/01/1987

2a Plan sponsor's name and address (employer, if for single-employer plan)
Bay Cities Container Corporation

5138 Industry Avenue

US Pico Rivera CA 90660

2b Employer Identification Number (EIN) 95-2020016

2c Plan sponsor's telephone number (562) 948-3751

2d Business code (see instructions) 339900

3a Plan administrator's name and address (If same as plan employer, enter "Same")
Same

3b Administrator's EIN

3c Administrator's telephone number

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. Sponsor's Name

4b EIN

4c PN

5a	Total number of participants at the beginning of the plan year	**5a**	56
b	Total number of participants at the end of the plan year	**5b**	56
c	Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	**5c**	

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [x] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) [x] Yes [ ] No

If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

Part III Financial Information

			(a) Beginning of Year	(b) End of Year
7	Plan Assets and Liabilities			
a	Total plan assets	7a	342,305	455,261
b	Total plan liabilities	7b	43,827	43,827
c	Net plan assets (subtract line 7b from line 7a)	7c	298,478	411,434

			(a) Amount	(b) Total
8	Income, Expenses, and Transfers for this Plan Year			
a	Contributions received or receivable from: (1) Employers	8a(1)	57,003	
	(2) Participants	8a(2)	0	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	59,771	
c	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		116,774
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
e	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	0	
g	Other expenses	8g	3,818	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		3,818
i	Net income (loss) (subject line 8h from line 8c)	8i		112,956
j	Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1G 1I 3D

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

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contribution within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		500,000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commisions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) ☒ Yes ☐ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ☐ Yes ☒ No

(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a 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 letter ruling granting the waiver Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	12b	
c Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	

e Will the minimum funding amount reported on line 12d be met by the funding deadline? ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	Signature of plan administrator	Date 2-14-11	Greg Tucker Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date 2/14/11	~~Greg Tucker~~ BRETT KIRKPATRICK Enter name of individual signing as employer or plan sponsor

SCHEDULE SB, LINE 22
DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

Name of Plan Sponsor: Bay Cities Container Corporation

Name of Plan: Bay Cities Container Corporation Pension Plan

EIN: 95-2020016
Plan Number: 004

For the Plan Year beginning January 1, 2009 ending December 31, 2009.

Retirement Age	# of Participants
55	
56	
57	
58	
59	
60	
61	
62	
63	**1**
64	
65	**54**
66	
67	**1**
68	
69	
70	
71	
72	
73	
74	
Weighted Average:	**65**

The Weighted Average Retirement Age is equal to the sum of the participants' retirement ages divided by the total number of participants.

BAY CITIES CONTAINER CORPORATION
DEFINED BENEFIT PENSION PLAN
95-2020016/004
FOR THE PLAN YEAR 05/01/2009 THROUGH 04/30/2010

Type of Base	Present Value of Remaining Instalments	Date Base Established	Years Remaining Amortization Period	Amortization Installment
Shortfall	198,802	05/01/08	6	33,251

PLAN FROZEN 4/30/94
BOY VALUATION

Schedule SB, part V - Statement of Actuarial Assumptions/Methods
BAY CITIES CONTAINER CORPORATION
DEFINED BENEFIT PENSION PLAN
95-2020016/004
FOR THE PLAN YEAR 05/01/2009 THROUGH 04/30/2010

FUNDING METHOD	As prescribed in IRC Section 430.	
INTEREST RATES	Years 0-5	Segment rate 1 5.320%
	Years 6-20	Segment rate 2 6.450%
	Years over 20	Segment rate 3 6.690%
PRE-RETIREMENT	MORTALITY TABLE --	None.
	TURNOVER/DISABILITY--	None
	SALARY SCALE --	None
	INTEGRATION LVL INCR-	None
	BACKWARD SALARY PROJ.	Based on increase of average earnings
POST-RETIREMENT	MORTALITY TABLE --	2009 Funding Target - Combined - IRC 430(h)(3)(A).
	EXPENSE LOAD --	None
	COST OF LIVING	None
	OPTIONAL FORM	100% of retirees assumed to elect lump sum payment.
	LUMP SUM --	2009 Applicable Mortality Table for IRC 417(e) (Unisex).
		Or
		Actuarial Equivalence

417(e)

PRESENT VALUE OF ACCRUED BENEFIT CALCULATIONS - Greater of 417(e) or Actuarial Equivalence

INTEREST RATES	Years 0-5	Segment rate 1 4.300%
	Years 6-20	Segment rate 2 5.120%
	Years over 20	Segment rate 3 5.020%
	MORTALITY TABLE --	2009 Applicable Mortality Table for IRC 417(e) (Unisex).

Actuarial Equivalence

PRE-RETIREMENT	INTEREST --	5.500%
	MORTALITY TABLE --	None.
POST-RETIREMENT	INTEREST --	5.500%
	MORTALITY TABLE --	1971 GROUP ANNUITY male rates.

PLAN FROZEN 4/30/94
BOY VALUATION

Schedule SB, part V - Statement of Actuarial Assumptions/Methods
BAY CITIES CONTAINER CORPORATION
DEFINED BENEFIT PENSION PLAN
95-2020016/004
FOR THE PLAN YEAR 05/01/2009 THROUGH 04/30/2010

ASSUMPTIONS FOR 410(b)/401(a)(4) CALCULATIONS

PRE-RETIREMENT:	INTEREST --	8.500%
POST-RETIREMENT:	INTEREST --	8.500%
	MORTALITY TABLE --	1971 GROUP ANNUITY male rates.

PERMISSIVELY AGGREGATED PLANS: Not Tested as Single Plan.

COMPENSATION: Use Current Compensation to calculate the Benefit Accrual Rate (Annual Method).

TESTING AGE: Normal Retirement Age.

PLAN FROZEN 4/30/94
BOY VALUATION

Schedule SB, line 26 - Schedule of Active Participant Data
BAY CITIES CONTAINER CORPORATION
DEFINED BENEFIT PENSION PLAN
95-2020016/004
FOR THE PLAN YEAR 05/01/2009 THROUGH 04/30/2010

	Years of Credited Service													
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29	
Attained Age	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25														
25 to 29														
30 to 34														
35 to 39									3					
40 to 44									3		2			
45 to 49									1		1		1	
50 to 54											3		5	
55 to 59					1								2	
60 to 64													2	
65 to 69														
70 & up														

	Years of Credited Service					
	30 to 34		35 to 39		40 & up	
Attained Age	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59	2					
60 to 64	2					
65 to 69						
70 & up						

PLAN FROZEN 4/30/94
BOY VALUATION

Schedule SB, part V - Summary of Plan Provisions
BAY CITIES CONTAINER CORPORATION
DEFINED BENEFIT PENSION PLAN
95-2020016/004
FOR THE PLAN YEAR 05/01/2009 THROUGH 04/30/2010

TYPE OF ENTITY Corporation.

DATES Effective-05/01/1987 Valuation-05/01/2009 Eligibility-05/01/2009 Year-end-04/30/2010

ELIGIBILITY Minimum age- 20.5 Months of service- 6 Maximum age- None
Age at last birthday. Other ages at nearest birthday.
Entry Age For Full Funding Limitation Calculation - as of date of hire.

HOURS REQUIRED FOR
Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

PLAN ENTRY - May 1 of the year of satisfaction of eligibility requirements.

New participants are included in current year's valuation.

RETIREMENT NORMAL - Upon attainment of age 65.

EARLY - No provisions.

AVERAGE COMPENSATION -- (retrospective salaries)

FUNDING - Current compensation.
ACCRUED BENEFIT - 5 Highest consecutive years of participation.

PLAN BENEFITS

RETIREMENT-- 0.000% of average monthly compensation.

415 Limits - Percent 100.00 Dollar - $16,250

Minimum benefit - None Maximum benefit - None

Maximum 401(a)(17) compensation $245,000

PLAN FROZEN 4/30/94
BOY VALUATION

Schedule SB, part V - Summary of Plan Provisions
BAY CITIES CONTAINER CORPORATION
DEFINED BENEFIT PENSION PLAN
95-2020016/004
FOR THE PLAN YEAR 05/01/2009 THROUGH 04/30/2010

NORMAL FORM	Life Annuity. Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target is greater present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at normal retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is least amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality or c) 105% of 417(e) present value (only if not eligible employer under IRC 408(p)).
DEATH BENEFIT	Present value of accrued benefits.
ACCRUED BENEFIT	Pro-rata based on participation (calculated as of beginning of plan year). Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is least amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality or c) 105% of 417(e) present value (only if not eligible employer under IRC 408(p)).
TERMINATION BENEFITS	100% full and immediate. Service is calculated using all years of service.
CONTRIBUTIONS	
	EMPLOYEE REQUIRED -- None EMPLOYEE VOLUNTARY -- None
ASSET VALUATION METHOD	Market value.

PLAN FROZEN 4/30/94
BOY VALUATION

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial 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) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	2009 This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 05/01/2009 and ending 04/30/2010

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan	B Three-digit plan number (PN) ►
Bay Cities Container Corporation Def. Benefit Pension Plan	004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ	**D** Employer Identification Number (EIN)
Bay Cities Container Corporation	95-2020016

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B **F** Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 05 Day 01 Year 2009

2	Assets:			
a	Market value	2a		298,478
b	Actuarial value	2b		296,938
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a	0	0
b	For terminated vested participants	3b	28	129,139
c	For active participants:			
	(1) Non-vested benefits	3c(1)		0
	(2) Vested benefits	3c(2)		293,741
	(3) Total active	3c(3)	28	293,741
d	Total	3d	56	422,880
4	If the plan is at-risk, check the box and complete lines a and b [ ]			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5		6.57
6	Target normal cost	6		0

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary	Date
	01/18/2011
MARTIN S. FOX, FSA, MAAA Type or print name of actuary	08-00516 Most recent enrollment number
M.S. FOX & ASSOCIATES, INC. Firm name	(310) 576-1030 Telephone number (including area code)

233 WILSHIRE BLVD.
SUITE 340
US SANTA MONICA CA 90401-1208
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (item 13 from prior year)	37,328	0
8 Portion used to offset prior year's funding requirement (item 35 from prior year)	0	0
9 Amount remaining (item 7 minus item 8)	37,328	0
10 Interest on item 9 using prior year's actual return of -16.14 %	(6,025)	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (item 38 from prior year)		124,374
b Interest on (a) using prior year's effective rate of 6.21 %		7,724
c Total available at beginning of current plan year to add to prefunding balance		132,098
d Portion of item (c) to be added to prefunding balance		132,098
12 Reduction in balances due to elections or deemed elections	31,303	132,098
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	0

Part III Funding percentages

14 Funding target attainment percentage	14	70.22 %
15 Adjusted funding target attainment percentage	15	70.22 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	20.96 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/12/2011	52,653		01/14/2011	532	
01/15/2010	3,818				
			Totals ▶ 18(b)	57,003	18(c) 0

19 Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	50,746

20 Quarterly contributions and liquidity shortfall(s):

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:	1st segment	2nd segment	3rd segment	☐ N/A, full yield curve used
	5.32 %	6.45 %	6.69 %	

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	65

23 Mortality table(s) (see instructions) ☒ Prescribed – combined ☐ Prescribed – separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	100,569	20,783
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	20,783

	Carryover balance	Prefunding Balance	Total balance
35 Balances used to offset funding requirement			

36 Additional cash requirement (item 34 minus item 35)	36	20,783
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	50,746
38 Interest-adjusted excess contributions for current year (see instructions)	38	29,963
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	
40 Unpaid minimum required contribution for all years	40	