

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 07/01/2009 and ending 06/30/2010			
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 AKERS PACKAGING SERVICE, INC. CHICAGO PLANT HOURLY EMPLOYEES PENSION PLAN	1b Three-digit plan number (PN) ►	002	
	1c Effective date of plan	10/01/1975	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) AKERS PACKAGING SERVICE, INC. P.O. BOX 610 MIDDLETOWN, OH 45042-0610	2b Employer Identification Number (EIN) 31-0671096	2c Sponsor's telephone number 513-422-6312	2d Business code (see instructions) 322100

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.	04/14/2011	HANS NIENABER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") AKERS PACKAGING SERVICE, INC. P.O. BOX 610 MIDDLETOWN, OH 45042-0610	3b Administrator's EIN 31-0671096 3c Administrator's telephone number 513-422-6312
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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	112
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	28
b Retired or separated participants receiving benefits.....	6b	39
c Other retired or separated participants entitled to future benefits.....	6c	40
d Subtotal. Add lines 6a , 6b , and 6c	6d	107
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	3
f Total. Add lines 6d and 6e	6f	110
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1B 1G 1I 3H

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE 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
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For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

▶ **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 <u>AKERS PACKAGING SERVICE, INC. CHICAGO PLANT HOURLY EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>AKERS PACKAGING SERVICE, INC.</u>	D Employer Identification Number (EIN) <u>31-0671096</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2009</u>
2	Assets:
a	Market value 2a <u>1337360</u>
b	Actuarial value 2b <u>1471096</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>39</u> <u>1004766</u>
b	For terminated vested participants 3b <u>42</u> <u>308573</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>56262</u>
(2)	Vested benefits 3c(2) <u>526738</u>
(3)	Total active 3c(3) <u>31</u> <u>583000</u>
d	Total 3d <u>112</u> <u>1896339</u>
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 <u>7.50</u> %
6	Target normal cost 6 <u>6000</u>

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	<u>03/14/2011</u>
Signature of actuary <u>CHARLES D. MUNSELL, III EA MSPA</u>	Date <u>08-04745</u>
Type or print name of actuary <u>NYHART</u>	Most recent enrollment number <u>317-845-3570</u>
Firm name <u>8415 ALLISON POINTE BLVD, SUITE 300 INDIANAPOLIS, IN 46250-4159</u>	Telephone number (including area code)
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 ☐

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

Schedule SB (Form 5500) 2009
v.092308.1

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)	0	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).....	0	0
10 Interest on item 9 using prior year's actual return of <u>-17.10</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>6.09</u> %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance.....		0
12 Reduction in balances due to elections or deemed elections.....	0	0
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	77.57 %
15 Adjusted funding target attainment percentage.....	15	77.57 %
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	80.20 %
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
10/10/2009	17232	0			
01/12/2010	17232	0			
04/08/2010	17232	0			
02/11/2011	41893	0			
			Totals ►	18(b) 93589	18(c)

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	86732
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☒ 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: %	☒ 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	6000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	425243	80732
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	86732
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	86732
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	86732
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
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	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010		
A Name of plan AKERS PACKAGING SERVICE, INC. CHICAGO PLANT HOURLY EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 AKERS PACKAGING SERVICE, INC.	D Employer Identification Number (EIN) 31-0671096	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

DIVERSIFIED INVESTMENT ADVISORS

4333 EDGEWOOD RD NE
MAIL STOP 0001
CEDAR RAPIDS, IA 52249

13-3689044

(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?
21	NONE	5820	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	CHARLES D. MUNSELL, III	b EIN:	35-0966414
c Position:	ENROLLED ACTURAY		
d Address:	NYHART 8415 ALLISON POINTE BLVD, SUITE 300 INDIANAPOLIS, IN 46250-4159	e Telephone:	317-845-3570
Explanation:		DECIDED TO CHANGE TO A DIFFERENT ACTUARIAL CONSULTING FIRM	

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:			

<div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan 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>		<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010					
A Name of plan AKERS PACKAGING SERVICE, INC. CHICAGO PLANT HOURLY EMPLOYEES PENSION PLAN				B Three-digit plan number (PN) ▶ 002	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 AKERS PACKAGING SERVICE, INC.				D Employer Identification Number (EIN) 31-0671096	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE TRUST					
b Name of sponsor of entity listed in (a): DIVERSIFIED INVESTMENT ADVISORS					
c EIN-PN 13-3689044-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1421259	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT	

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning <u>07/01/2009</u> and ending <u>06/30/2010</u>		
A Name of plan <u>AKERS PACKAGING SERVICE, INC. CHICAGO PLANT HOURLY EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AKERS PACKAGING SERVICE, INC.</u>	D Employer Identification Number (EIN) <u>31-0671096</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	<u>17065</u>	<u>41893</u>
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	<u>1320393</u>	<u>1421259</u>
(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)		
(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	1337458	1463152

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		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1337458	1463152
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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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	93589	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		93589
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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		162469
(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		256058

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	124544	
(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)		124544
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	5820	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		5820
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		130364

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		125694
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: CLARK, SCHAEFER, & HACKETT & CO.

(2) EIN: 31-0800053

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan <u>AKERS PACKAGING SERVICE, INC. CHICAGO PLANT HOURLY EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AKERS PACKAGING SERVICE, INC.</u>	D Employer Identification Number (EIN) <u>31-0671096</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-3689044</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	<u>0</u>

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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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): _____

**Akers Packaging Service, Inc.
Chicago Plant Hourly Employees
Pension Plan**

Financial Statements
And Supplemental Schedules
June 30, 2010 and 2009
with Independent Auditors' Report



CLARK SCHAEFER HACKETT
STRENGTH IN NUMBERS

TABLE OF CONTENTS

Independent Auditors' Report	1
Financial Statements:	
Statements of Net Assets Available for Benefits.....	2
Statement of Changes in Net Assets Available for Benefits.....	3
Statements of Accumulated Plan Benefits.....	4
Statement of Changes in Accumulated Plan Benefits.....	5
Notes to Financial Statements	6 - 12
Supplemental Schedules:	
Schedule H, Line 4i – Schedule of Assets Held (At End of Year).....	13
Schedule H, Line 4j – Schedule of Reportable Transactions.....	14 - 16

INDEPENDENT AUDITORS' REPORT

Akers Packaging Service, Inc. Chicago Plant
Hourly Employees Pension Plan Committee:

We were engaged to audit the accompanying statements of net assets available for benefits and of accumulated plan benefits of Akers Packaging Service, Inc. Chicago Plant Hourly Employees Pension Plan as of June 30, 2010 and 2009, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended and the supplemental schedules of (1) Schedule H, line 4i-Schedule of Assets Held (At End of Year), and (2) Schedule H, line 4j-Schedule of Reportable Transactions as of and for the year ended June 30, 2010. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by State Street Bank and Trust Company, the trustee of the Plan, except for comparing such information to the related information included in the financial statements and supplemental schedules. 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 June 30, 2010 and 2009 and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

The cost information included in the supplemental Schedule H, line 4i – Schedule of Assets Held (At End of Year) is presented on the revalued method which is consistent with the method used to calculate realized and unrealized gains and losses as reported on Federal Form 5500. The Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 requires the cost information to be reported on the historical cost method.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, 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, except for the presentation of cost information discussed in the preceding paragraph, 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.


Middletown, Ohio
April 13, 2011

160 north breiel blvd.
middletown, oh 45042

www.cshco.com
p. 513.424.5000
f. 513.422.7882

Akers Packaging Service, Inc.
Chicago Plant Hourly Employees Pension Plan
Statements of Net Assets Available for Benefits
June 30, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Investments - at fair value:		
Diversified Investment Advisors		
Collective Trust Units:		
High Quality Bond Fund	\$ 876,532	-
Inflation-Protected Securities Fund	544,727	-
Core Bond Fund	-	413,948
High Yield Bond Fund	-	130,437
Large Growth Fund	-	163,245
Large Value Fund	-	146,474
Small Core Fund	-	159,188
Stock Index Fund	-	155,300
International Equity Fund	-	151,801
	<u>1,421,259</u>	<u>1,320,393</u>
Employer's contribution receivable	<u>41,893</u>	<u>17,065</u>
Net assets available for benefits	\$ <u>1,463,152</u>	<u>1,337,458</u>

The accompanying notes are an integral part of these financial statements.

Akers Packaging Service, Inc.
Chicago Plant Hourly Employees Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended June 30, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Employer contributions	\$ 93,589	71,592
Investment income (loss)	<u>162,469</u>	<u>(271,206)</u>
	<u>256,058</u>	<u>(199,614)</u>
Benefits paid	124,544	116,362
Administrative expenses	<u>5,820</u>	<u>5,929</u>
	<u>130,364</u>	<u>122,291</u>
Increase (decrease) in net assets	125,694	(321,905)
Net assets available for benefits:		
Beginning of year	<u>1,337,458</u>	<u>1,659,363</u>
End of year	\$ <u>1,463,152</u>	<u>1,337,458</u>

The accompanying notes are an integral part of these financial statements.

Akers Packaging Service, Inc.
Chicago Plant Hourly Employees Pension Plan
Statement of Accumulated Plan Benefits
June 30, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 1,165,681	1,029,726
Other participants	<u>706,545</u>	<u>762,981</u>
	1,872,226	1,792,707
Nonvested benefits	<u>-</u>	<u>45,834</u>
Total actuarial present value of accumulated plan benefits	\$ <u>1,872,226</u>	<u>1,838,541</u>

The accompanying notes are an integral part of these financial statements.

Akers Packaging Service, Inc.
Chicago Plant Hourly Employees Pension Plan
Statement of Changes in Accumulated Plan Benefits
Years Ended June 30, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Actuarial present value of accumulated plan benefits:		
Beginning of year	\$ <u>1,838,541</u>	<u>1,737,617</u>
Increase (decrease) during the year attributable to:		
Benefits accumulated	24,924	87,361
Change in discount period	133,305	-
Changes in actuarial assumptions	-	3,888
Interest adjustment	-	126,037
Actual benefits paid	<u>(124,544)</u>	<u>(116,362)</u>
Net increase	<u>33,685</u>	<u>100,924</u>
Actuarial present value of accumulated plan benefits:		
End of year	\$ <u>1,872,226</u>	<u>1,838,541</u>

The accompanying notes are an integral part of these financial statements.

1. DESCRIPTION OF PLAN:

The following description of the Akers Packaging Service, Inc. Chicago Plant Hourly Employees Pension Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan covering hourly employees at the Chicago plant of Akers Packaging Service, Inc. (the Company) who had completed one year of service prior to March 31, 2008. The Plan was frozen on March 31, 2008. As a result, the plan is closed to new participants and no additional service is credited to employees after March 31, 2008 for purposes of determining accrued benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Pension benefits

An employee with 5 or more years of service is entitled to monthly pension benefits beginning at normal retirement age (65). The Plan permits early retirement at age 55, provided the employee has completed 15 or more years of service. If an employee terminates before rendering 5 years of service, they forfeit the right to receive any portion of their accumulated plan benefits. The benefit is determined by multiplying the participant's credited service by a corresponding pension factor. Unmarried participants receive the value of their accumulated plan benefits as a single life annuity. Married participants receive an actuarially equivalent qualified joint and 50% survivor annuity. A participant may elect another mode of payment of equivalent value with the consent of the Plan's Retirement Committee.

Death and disability benefits

If an active employee dies, the death benefit will be equal to the actuarial equivalent of the "minimum spouse's death benefit" as defined by the Plan. Active employees who become totally disabled receive disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled.

2. SUMMARY OF ACCOUNTING POLICIES:

The following are the significant accounting policies followed by the Plan:

Basis of accounting

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

Use of estimates

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

Investment valuation and income recognition

The Plan's investments are stated 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. See note 7 for discussion of fair value measurements.

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

Actuarial present value of accumulated plan benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances – retirement, death, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations are (a) life expectancy of the participants (the Internal Revenue Service (IRS) 2010 Static Mortality Table was used), (b) retirement age assumptions (the assumed retirement age was 65), and (c) investment return of 7.5% compounded annually. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actual present value of accumulated plan benefits.

Payment of benefits

Benefit payments to participants are recorded upon distribution.

Subsequent events

The plan administrator evaluates events and transactions occurring subsequent to the date of the financial statements for matters requiring recognition or disclosure in the financial statements. The plan administrator has considered subsequent events for disclosure in the accompanying financial statements through April 13, 2011 which is the date the financial statements were available to be issued.

3. FUNDING POLICY:

The Company's funding policy is to make annual contributions as actuarially determined in order that all employees' benefits will be fully provided for by the time they retire. The Company's contribution for the years ending June 30, 2010 and 2009 met the minimum funding requirements of ERISA.

Participants are not required or permitted to make contributions to the Plan.

4. PLAN TERMINATION:

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Benefits attributable to employer contributions, taking into account those paid out before terminations.
- b. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan.
- c. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).
- d. All other vested benefits (that is, vested benefits not insured by the PBGC).
- e. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at the time, of the Plan's net assets to provide those benefits and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

5. INVESTMENT INFORMATION CERTIFIED BY THE TRUSTEE:

The Trustee for the Plan as of and for the years ended June 30, 2010 and 2009 was State Street Bank and Trust Company. The following is a summary of the unaudited information included in the Plan's financial statements that was prepared by the Trustee, and furnished to the Plan administrator (the Plan administrator has obtained certifications from the Trustee that such information is complete and accurate):

Investments:

	<u>2010</u>	<u>2009</u>
Market value	\$ 1,421,259	1,320,393
Investment income (loss)	162,469	(271,206)

6. INVESTMENTS REPRESENTING 5% OR MORE OF NET ASSETS AVAILABLE FOR BENEFITS:

As of June 30, 2010 and 2009, the Plan's investments representing 5% or more of net assets available for benefits were as follows:

Diversified Financial Advisors Collective
Trust Units:

	<u>2010</u>	<u>2009</u>
High Quality Bond Fund	\$ 876,532	*
Inflation-Protected Securities Fund	544,727	*
Core Bond Fund	*	413,948
High Yield Bond Fund	*	130,437
Large Growth Fund	*	163,245
Large Value Fund	*	146,474
Small Core Fund	*	159,188
Stock Index Fund	*	155,300
International Equity Fund	*	151,801

* The fair value did not represent 5% or more of the plan's net assets at June 30.

7. FAIR VALUE MEASUREMENTS:

U.S. generally accepted accounting principles (GAAP), establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under GAAP 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; and
- 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 value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value.

Common/collective trust funds – Valued at fair value as determined by the Diversified Investment Advisors based on the net asset value of the underlying registered investment companies in which the trust accounts are invested.

There have been no changes in the methodologies used at June 30, 2010 and 2009.

The carrying amount of the employer's contribution receivable approximates fair value as of June 30, 2010 and 2009 because of its relatively short maturity.

The preceding methods 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.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2010:

<u>Assets at Fair Value as of June 30, 2010</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
High Quality Bond Fund	\$ -	876,532	-	876,532
Inflation-Protected Securities Fund	-	544,727	-	544,727
	<u>\$ -</u>	<u>1,421,259</u>	<u>-</u>	<u>1,421,259</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2009:

<u>Assets at Fair Value as of June 30, 2009</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Common/collective trust funds	\$ -	1,320,393	-	1,320,393

8. RELATED PARTY TRANSACTIONS:

The Plan's investments consist of units of various funds within the Diversified Investment Advisors Collective Trust (Trust). Diversified Investment Advisors (Diversified) acts as the asset manager of the Trust and investment advisor to the Plan. Diversified is a related party of the Plan's trustees; therefore, transactions between the Plan and the Trust qualify as party-in-interest. Cuni, Rust, and Strenk, (CRS) is a party-in-interest that provided actuarial services and prepared the Form 5500 for the year ended June 30, 2010. Nyhart is a party-in-interest that provided actuarial services and prepared the Form 5500 for the year ended June 30, 2009. Fees paid to the trustees, CRS and Nyhart, for investment management and administrative services amounted to \$5,820 and \$5,929 for the years ended June 30, 2010 and 2009, respectively.

Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Certain plan expenses are paid by the Company. The value of such expenses is not recorded by the Plan.

9. TAX STATUS:

The IRS has determined and informed the Company by a letter dated December 19, 2003 that the Plan and related trust are designated in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statement.

10. RISKS AND UNCERTAINTIES:

The Plan invests in various common/collective trust funds. Common/collective trust funds are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain common/collective trust funds, it is at least reasonably possible that changes in the values of the common/collective trust funds will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Akers Packaging Service, Inc.
Chicago Plant Hourly Employees Pension Plan
E.I.N. 31-0671096 Plan # 001
Schedule H, Line 4i - Schedule of Assets Held (At End of Year)
June 30, 2010

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity, Date, Rate of Interest, Collateral Par or Maturity Value	(d) <u>Cost</u>	(e) <u>Current Value</u>
*	Diversified Investment Advisors Collective Trust - High Quality Bond Fund	Collective trust	\$ 846,125	876,532
*	Diversified Investment Advisors Collective Trust - Inflation-Protected Securities Fund	Collective trust	<u>508,655</u>	<u>544,727</u>
			\$ <u>1,354,780</u>	<u>1,421,259</u>

* Known to be a party-in-interest.

See independent auditors' report.

Akers Packaging Service, Inc.
Chicago Plant Hourly Employees Pension Plan
E.I.N. 31-0671096 Plan # 001
Schedule H, Line 4j - Schedule of Reportable Transactions
For the Year Ended June 30, 2010

(a) <u>Identity of Person Involved</u>	(b) <u>Description of Asset Involved</u>	(c) <u>Purchase Price</u>	(d) <u>Selling Price</u>	(g) <u>Cost of Asset</u>	(h) <u>Current Value of Asset on Transaction Date</u>	(i) <u>Net Gain (Loss)</u>
Category (i) - A single transaction in a security issue representing 5% or more of plan assets						
N/A-Open Market	Diversified Investment Advisors Collective Trust- Stock Index Fund	-	165,659	155,991	165,659	9,668
N/A-Open Market	Diversified Investment Advisors Collective Trust- International Equity Fund	-	162,869	153,843	162,869	9,026
N/A-Open Market	Diversified Investment Advisors Collective Trust- High Quality Bond Fund	910,032	-	-	910,032	-
N/A-Open Market	Diversified Investment Advisors Collective Trust - Small Core Fund	-	171,310	161,475	171,310	9,835
N/A-Open Market	Diversified Investment Advisors Collective Trust - Inflation-Protected Securities Fund	490,017	-	-	490,017	-

Continued

See independent auditors' report.
14

Akers Packaging Service, Inc.
Chicago Plant Hourly Employees Pension Plan
E.I.N. 31-0671096 Plan # 001
Schedule H, Line 4j - Schedule of Reportable Transactions - continued
For the Year Ended June 30, 2010

(a) <u>Identity of Person Involved</u>	(b) <u>Description of Asset Involved</u>	(c) <u>Purchase Price</u>	(d) <u>Selling Price</u>	(g) <u>Cost of Asset</u>	(h) <u>Current Value of Asset on Transaction Date</u>	(i) <u>Net Gain (Loss)</u>
N/A-Open Market	Diversified Investment Advisors Collective Trust- High Yield Bond Fund	-	148,439	130,742	148,439	17,697
N/A-Open Market	Diversified Investment Advisors Collective Trust- Large Growth Fund	-	174,807	163,621	174,807	11,186
N/A-Open Market	Diversified Investment Advisors Collective Trust- Money Market Fund	830,776	-	-	830,776	-
		-	826,217	826,102	826,217	115
N/A-Open Market	Diversified Investment Advisors Collective Trust- Core Bond Fund	-	425,393	404,387	425,393	21,006
N/A-Open Market	Diversified Investment Advisors Collective Trust - Large Value Fund	-	156,131	147,662	156,131	8,469

Continued

Akers Packaging Service, Inc.
Chicago Plant Hourly Employees Pension Plan
E.I.N. 31-0671096 Plan # 001
Schedule H, Line 4j - Schedule of Reportable Transactions - continued
For the Year Ended June 30, 2010

(a) Identity of Person Involved	(b) Description of Asset Involved	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) - A series of transactions in a security issue aggregating 5% or more of plan assets	N/A-Open Market					
	Diversified Investment Advisors Collective Trust- Money Market Fund					
	3 Purchases	846,599	-	-	846,599	-
	4 Sales	-	846,716	846,833	846,716	(117)
N/A-Open Market	Diversified Investment Advisors Collective Trust- Inflation-Protected Securities					
	5 Purchases	508,655	-	-	508,655	-
	N/A-Open Market					
	Diversified Investment Advisors Collective Trust- High Quality Bond Fund					
N/A-Open Market	6 Purchases	945,079	-	-	945,079	-
	16 Sales	-	100,734	102,514	100,734	(1,780)
	N/A-Open Market					
	Diversified Investment Advisors Collective Trust- Core Bond Fund					
N/A-Open Market	1 Purchase	231	-	-	231	-
	3 Sales	-	435,189	456,198	435,189	(21,009)



At Clark Schaefer Hackett, we are the sum of our individuals. Each team member's training and experience are well-suited for each client's purpose and goals. We are committed to providing insightful and customized service — from efficient compliance to sophisticated consulting — to help each client prosper today and plan for future success.

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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). <p style="text-align: center;">▶ Complete all entries in accordance with the Instructions to the Form 5500.</p>	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 the calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a DFE (specify) _____

☒ a single-employer plan;

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

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 Akers Packaging Service, Inc. Chicago Plant Hourly Employees Pension Plan	1b Three-digit plan number (PN) ▶	002
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) Akers Packaging Service, Inc. P.O. Box 610 US Middletown OH 45042-0610		
1c Effective date of plan 10/01/1975		
2b Employer Identification Number (EIN) 31-0671096		
2c Sponsor's telephone number (513) 422-6312		
2d Business code (see instructions) 322100		

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		4-7-11	KENNETH J. KNIGHT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		4-7-11	KENNETH J. KNIGHT
	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

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, 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:

a Sponsor's name

4b EIN

4c PN

5 Total number of participants at the beginning of the plan year **5** 112

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** 28

b Retired or separated participants receiving benefits **6b** 39

c Other retired or separated participants entitled to future benefits **6c** 40

d Subtotal. Add lines **6a**, **6b** and **6c** **6d** 107

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits **6e** 3

f Total. Add lines **6d** and **6e** **6f** 110

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) **6g**

h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested **6h** 0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer 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:

1B 1G 1I 3H

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

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 Information)

Akers Packaging Service, Inc. Chicago Plant Hourly Employees' Pension Plan
Plan Sponsor EIN: 31-0671096
Plan Number: 002
Schedule SB, lines 24 and 25 – Change in Actuarial Assumptions and Methods

Akers Packaging
Actuarial Valuation as of July 1, 2009
Executive Summary

Changes since Prior Valuation and Key Notes

There have been no changes to the plan provisions since the last valuation.

The interest rates and mortality assumptions have been updated as required under the Pension Protection Act and IRS Regulations.

The target normal cost has been increased to cover administration expenses paid from the trust.

The asset valuation method has been changed to recognize gains and losses over 3 years, subject to a 10% corridor.

Akers Packaging Service, Inc. Chicago Plant Hourly Employees' Pension Plan
Plan Sponsor EIN: 31-0671096
Plan Number: 002
Schedule SB, lines 24 and 25 – Change in Actuarial Assumptions and Methods

Akers Packaging
Actuarial Valuation as of July 1, 2009
Executive Summary

Changes since Prior Valuation and Key Notes

There have been no changes to the plan provisions since the last valuation.

The interest rates and mortality assumptions have been updated as required under the Pension Protection Act and IRS Regulations.

The target normal cost has been increased to cover administration expenses paid from the trust.

The asset valuation method has been changed to recognize gains and losses over 3 years, subject to a 10% corridor.

Retirement Rates

<u>Age</u>	<u>Rate</u>
65	100%

Mortality Rates

Healthy
Disabled
Lump Sum Mortality

IRS 2009 Combined Static Mortality
IRS 2009 Combined Static Mortality
2009 Applicable Mortality

Disability Rates

Wyatt Disability Table - Occupational Class 3

<u>Age</u>	<u>Male Rate</u>	<u>Female Rate</u>
20	0.15%	0.89%
30	0.31%	0.25%
40	0.60%	0.55%
50	1.22%	1.20%

Withdrawal Rates

Table T-7 less GA51 Male

<u>Age</u>	<u>Rate</u>
20	9.9%
30	9.3%
40	7.8%
50	4.3%

Annual Pay Increases

N/A

2009 Schedule SB, line 19 – Discounted Employer Contributions.

Plan Name: Akers Packaging Service, Inc. Chicago Plant Hourly Employees' Pension Pl

EIN: 31-0671096

PN: 002

Valuation Interest Rate: 7.50%

Valdate for contributions: 7/1/2009

	<u>Date</u>	<u>Amount</u>	<u># Days to 7/1/2009</u>	<u>Discounted Contributions</u>
	10/10/2009	\$17,232	101	\$16,891
	1/12/2010	\$17,232	195	\$16,579
	4/8/2010	\$17,232	281	\$16,299
	2/11/2011	<u>\$41,893</u>	590	<u>\$36,963</u>
TOTAL		\$93,589		\$86,732

Development of Shortfall Amortization Charge

The shortfall amortization charge is a payment toward the underfunding of the plan. Shortfalls in the funding of the plan are generally amortized over seven years.

	July 1, 2009
1. <i>Funding target</i>	\$1,896,339
2. <i>Adjusted plan assets</i>	
(a) Plan assets	\$1,471,096
(b) Funding standard carryover balance	0
(c) Prefunding balance	0
(d) Adjusted assets: (a)-(b)-(c)	\$1,471,096
3. <i>Funding shortfall: (1)-(2)(d)</i>	\$425,243
4. <i>Current shortfall amortization installments</i>	
(a) Annual installments	
(i) 2008	\$68,927
(ii) 2007	0
(iii) 2006	0
(iv) 2005	0
(v) 2004	0
(vi) 2003	0
(b) Total annual installments	\$68,927

The funding shortfall is simply the difference between the funding target and the asset value adjusted for any credit balances.

New shortfall amounts are calculated annually based upon the experience of the plan and other plan changes.

Development of Shortfall Amortization Charge (continued)

	July 1, 2009
(c) Present value of installments to be made	
(i) 2009	\$68,927
(ii) 2010	65,670
(iii) 2011	61,928
(iv) 2012	57,660
(v) 2013	53,238
(vi) 2014	49,029
(d) Total present value of installments	\$356,452
5. Exemption from new shortfall amortization base	
(a) Target liability percentage	100%
(b) Shortfall funding target: (1) x (a)	\$1,896,339
(c) Possible prefunding balance	\$0
(d) Exempt[(2)(a)-(c)] > = (b)	No
6. Shortfall amortization base	
(a) New current year base: (5)(b)-(2)(d)-(4)(d) or 0	\$68,791
(b) New 7-year installment amount	11,805
7. Shortfall amortization charge: (4)(b)+(6)(b)	\$80,732

Payments are calculated each year in order to amortize the costs. The payments include both an interest and principal portion.

PPA features a transition period in order to soften the impact of compliance. However, if a plan was funded poorly in the past, it may not be able to take advantage of the transition period.

Eligibility for Participation

An hourly employee of the Chicago Plant shall become a participant on the first day of the calendar quarter following the completion of one year of service.

Effective March 31, 2008, the plan was closed to new participants.

Accrual of Benefits

A participant shall accumulate a benefit payable at normal retirement date based on benefit service as of the date of determination and the benefit level in effect as of the date of determination. In no event shall additional benefit service earned after March 31, 2008 be used in the determination of the accrued benefit.

Benefits

Normal Retirement

Eligibility	Age 65.	Period of Service	Amount
Benefit			
		Prior to 10/01/1994	\$12.75
		10/01/1994 to 09/30/1995	\$13.00
		10/01/1995 to 09/30/1996	\$13.25
		10/01/1996 to 09/30/1997	\$13.50
		10/01/1997 to 09/30/1998	\$13.75
		10/01/1998 to 09/30/1999	\$14.25
		10/01/1999 to 09/30/2000	\$14.75
		10/01/2000 to 09/30/2001	\$15.25
		10/01/2001 to 09/30/2002	\$15.75
		10/01/2002 to 09/30/2003	\$18.00
		10/01/2003 to 09/30/2004	\$18.25

Early Retirement

Eligibility Age 55 and 15 years of vesting service.

Benefit Accrued retirement benefit reduced actuarially for early payment

10/01/2004 to 09/30/2005	\$18.50
10/01/2005 to 09/30/2006	\$18.75
10/01/2006 to 09/30/2007	\$19.00
10/01/2007 to 03/31/2008	\$20.00

Late Retirement

Eligibility Participation continues after normal retirement date.

Benefit Greater of accrued retirement benefit commencing as of the first day of the month following his late retirement date based on benefit service at such date or accrued benefit as of normal retirement date actuarially increased for delayed commencement.

Death before Retirement

Eligibility Participant with vested benefit

Benefit Spouse receives the qualified preretirement survivor annuity payable as a surviving spouse annuity.

Termination Benefit

Eligibility Fully vested after 5 years of credited service

Benefit Accrued retirement benefit payable at participant's normal retirement date.

Credited Service

For Vesting

A year of vesting service is credited for each plan year in which a participant is credited with 1,000 hours of service.

For Benefit Accrual

A year of benefit service is credited for each plan year in which a participant is credited with 1,000 hours of service.
No benefit service shall be credited to a participant after March 31, 2008.

Employee Contributions

Participants shall not be required or permitted to make contributions under the Plan.

Payment Forms

Normal Form

A single life annuity for single participants. The normal retirement benefit shall be payable to married participants in the form of an actuarially equivalent qualified joint and 50% survivor annuity.

Optional Forms

5 or 10 Year Certain and Life Annuity and 50%, 66 2/3%, 75% and 100% Joint and Survivor Annuity.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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 07/01/2009 and ending 06/30/2010

▶ 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 Chicago Plant Hourly Employees' Pension Plan	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Akers Packaging Service, Inc.	D Employer Identification Number (EIN) 31-0671096
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>7</u> Day <u>1</u> Year <u>2009</u>		
2 Assets:		
a Market value	2a	1,337,360
b Actuarial value	2b	1,471,096
3 Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 39	1,004,766
b For terminated vested participants	3b 42	308,573
c For active participants:		
(1) Non-vested benefits	3c(1)	56,262
(2) Vested benefits	3c(2)	526,738
(3) Total active	3c(3) 31	583,000
d Total	3d 112	1,896,339
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	7.50 %
6 Target normal cost	6	6,000

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

Charles D. Munsell, III, EA MSPA

Type or print name of actuary

Nyhart

8415 Allison Pointe Blvd, Suite 300

Indianapolis

IN 46250-4159

Address of the firm

03/14/2011

Date

08-04745

Most recent enrollment number

(317) 845-3570

Telephone number (including area code)

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 ☐

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

Schedule SB (Form 5500) 2009
v.092308.1

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)	0	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).....	0	0
10 Interest on item 9 using prior year's actual return of <u>(17.10)</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>6.09</u> %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance.....		0
12 Reduction in balances due to elections or deemed elections.....	0	0
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	77.57 %
15 Adjusted funding target attainment percentage.....	15	77.57 %
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	80.20 %
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
10/10/2009	17,232				
01/12/2010	17,232				
04/08/2010	17,232				
02/11/2011	41,893				
Totals ►			18(b)	93,589	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	86,732

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ 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: %	☒ 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	6,000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	425,243	80,732
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	86,732
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	86,732
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	86,732
38 Interest-adjusted excess contributions for current year (see instructions)	38	0
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	0



SCHEDULE SB – STATEMENT BY ENROLLED ACTUARY

Akers Packaging Service, Inc.
Akers Packaging Service, Inc. Chicago Plant Hourly Employees' Pension Plan
Plan Year Ending June 30, 2010

EIN: 31-0671096
Plan No.: 001

To the best of our knowledge the information supplied in the attached Schedule SB is complete and accurate. In our opinion, the assumptions are reasonably related to the experience of the plan and to reasonable expectations, and in combination represent our best estimate of anticipated experience under the plan.

The information on which this Schedule SB is based has been reconciled and reviewed for reasonableness and we are not aware of any material inadequacy in employee census or asset values which have been furnished by the employer and the trustee, respectively. Our review was not performed at the source, and we therefore do not accept responsibility for the accuracy or completeness of the data.

Since the last valuation there have been no changes in principal eligibility or benefit provisions.

The actuarial assumptions used to measure the plan's liabilities have been changed from those used last year. Specifically, the funding interest rate has been changed to use the full yield curve using October 2008 rates. This change does not require IRS approval.

Effective July 1, 2009, the plan's asset method has been changed. Specifically, asset valuation method has been changed to recognize gains and losses over 3 years subject to a 10% corridor.

To the best of our knowledge, no event has occurred after the last valuation date which will have a significant impact on the results the next valuation

Nyhart

A handwritten signature in black ink, appearing to read "CDM", written over the printed name.

Charles D. Mursell, III, EA, MSPA
Enrolled Actuary No. 08-04745

March 14, 2011

Retirement Rates

<u>Age</u>	<u>Rate</u>
65	100%

Mortality Rates

Healthy	IRS 2009 Combined Static Mortality
Disabled	IRS 2009 Combined Static Mortality
Lump Sum Mortality	2009 Applicable Mortality

Disability Rates

Wyatt Disability Table - Occupational Class 3

<u>Age</u>	<u>Male</u> <u>Rate</u>	<u>Female</u> <u>Rate</u>
20	0.15%	0.89%
30	0.31%	0.25%
40	0.60%	0.55%
50	1.22%	1.20%

Withdrawal Rates

Table T-7 less GA51 Male

<u>Age</u>	<u>Rate</u>
20	9.9%
30	9.3%
40	7.8%
50	4.3%

Annual Pay Increases

N/A

Akers Packaging
Actuarial Valuation as of July 1, 2009
Actuarial Assumptions

Interest Rates	1 st Segment (0-5 years)	2 nd Segment (5-20 years)	3 rd Segment (20+ years)
Funding*	5.70%	7.53%	7.85%
Lump Sum*	5.70%	7.53%	7.85%
PBGC**	5.70%	7.53%	7.85%
Actuary's Long Term Rate	7.50%	7.50%	7.50%
FAS35	7.50%	7.50%	7.50%
Payment Form Election			
Lump Sum	0%		
Annuity	100%		
Expense and/or Contingency Loading	None		
Marital Status and Ages	80% of male participants assumed to be married and 50% of female participants are assumed to be married. Spouse assumed to be same age.		
Asset Valuation Method	PPA Smoothed Value of Assets. Gains and losses are recognized over three years, subject to a 10% corridor.		

*Sample rates only. The full March yield curve was used.

**Rates used match the rates used for development of the Funding Target.

Retirement Rates

<u>Age</u>	<u>Rate</u>
65	100%

Mortality Rates

Healthy
Disabled
Lump Sum Mortality

IRS 2009 Combined Static Mortality
IRS 2009 Combined Static Mortality
2009 Applicable Mortality

Disability Rates

Wyatt Disability Table -- Occupational Class 3

<u>Age</u>	<u>Male</u> <u>Rate</u>	<u>Female</u> <u>Rate</u>
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40	0.60%	0.55%
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Withdrawal Rates

Table T-7 less GA51 Male

<u>Age</u>	<u>Rate</u>
20	9.9%
30	9.3%
40	7.8%
50	4.3%

Annual Pay Increases

N/A

Akers Packaging
Actuarial Valuation as of July 1, 2009
Actuarial Assumptions

Interest Rates	1 st Segment (0-5 years)	2 nd Segment (5-20 years)	3 rd Segment (20+ years)
Funding*	5.70%	7.53%	7.85%
Lump Sum*	5.70%	7.53%	7.85%
PBGC**	5.70%	7.53%	7.85%
Actuary's Long Term Rate	7.50%	7.50%	7.50%
FAS35	7.50%	7.50%	7.50%
Payment Form Election	0%		
Lump Sum	100%		
Annuity			
Expense and/or Contingency Loading	None		
Marital Status and Ages	80% of male participants assumed to be married and 50% of female participants are assumed to be married. Spouse assumed to be same age.		
Asset Valuation Method	PPA Smoothed Value of Assets. Gains and losses are recognized over three years, subject to a 10% corridor.		

*Sample rates only. The full March yield curve was used.

**Rates used match the rates used for development of the Funding Target.

Akers Packaging Service, Inc. Chicago Plant Hourly Employees' Pension Plan
Plan Sponsor EIN: 31-0671096
Plan Number: 002
Schedule SB, line 26 - Schedule of Active Participant Data

Akers Packaging
Actuarial Valuation as of July 1, 2009
Participant Reconciliation

Active Participant Schedule

Active participant information grouped based on age and service.

	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	1	0	0	0	0	0	0
35 to 39	0	0	0	5	0	0	0	0	0	0
40 to 44	0	0	0	1	2	1	0	0	0	0
45 to 49	0	0	0	2	2	1	1	0	0	0
50 to 54	0	0	0	0	1	1	0	0	0	0
55 to 59	0	0	0	0	0	0	0	1	1	0
60 to 64	0	0	0	1	2	2	1	1	0	1
65 to 69	0	0	0	0	0	0	0	1	0	1
70 & up	0	0	0	0	0	0	0	0	0	0

Akers Packaging Service, Inc.
Chicago Plant Hourly Employees Pension Plan
E.I.N. 31-0671096 Plan # 001
Schedule H, Line 4i - Schedule of Assets Held (At End of Year)
June 30, 2010

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity, Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost	(e) Current Value
*	Diversified Investment Advisors Collective Trust - High Quality Bond Fund	Collective trust	\$ 846,125	876,532
*	Diversified Investment Advisors Collective Trust - Inflation-Protected Securities Fund	Collective trust	508,655	544,727
			\$ 1,354,780	1,421,259

* Known to be a party-in-interest.

See independent auditors' report.

Akers Packaging Service, Inc.
Chicago Plant Hourly Employees Pension Plan
E.I.N. 31-0671096 Plan # 001
Schedule H, Line 4j - Schedule of Reportable Transactions
For the Year Ended June 30, 2010

<u>(a)</u> Identity of Person Involved	<u>(b)</u> Description of Asset Involved	<u>(c)</u> Purchase Price	<u>(d)</u> Selling Price	<u>(g)</u> Cost of Asset	<u>(h)</u> Current Value of Asset on Transaction Date	<u>(i)</u> Net Gain (Loss)
Category (i) - A single transaction in a security issue representing 5% or more of plan assets						
N/A-Open Market	Diversified Investment Advisors Collective Trust- Stock Index Fund	-	165,659	155,991	165,659	9,668
N/A-Open Market	Diversified Investment Advisors Collective Trust- International Equity Fund	-	162,869	153,843	162,869	9,026
N/A-Open Market	Diversified Investment Advisors Collective Trust- High Quality Bond Fund	910,032	-	-	910,032	-
N/A-Open Market	Diversified Investment Advisors Collective Trust - Small Core Fund	-	171,310	161,475	171,310	9,835
N/A-Open Market	Diversified Investment Advisors Collective Trust - Inflation-Protected Securities Fund	490,017	-	-	490,017	-

Continued

See independent auditors' report.
14

Akers Packaging Service, Inc.
Chicago Plant Hourly Employees Pension Plan
E.I.N. 31-0671096 Plan # 001
Schedule H, Line 4j - Schedule of Reportable Transactions - continued
For the Year Ended June 30, 2010

(a) <u>Identity of Person Involved</u>	(b) <u>Description of Asset Involved</u>	(c) <u>Purchase Price</u>	(d) <u>Selling Price</u>	(g) <u>Cost of Asset</u>	(h) <u>Current Value of Asset on Transaction Date</u>	(i) <u>Net Gain (Loss)</u>
N/A-Open Market	Diversified Investment Advisors Collective Trust- High Yield Bond Fund	-	148,439	130,742	148,439	17,697
N/A-Open Market	Diversified Investment Advisors Collective Trust- Large Growth Fund	-	174,807	163,621	174,807	11,186
N/A-Open Market	Diversified Investment Advisors Collective Trust- Money Market Fund	830,776	-	-	830,776	-
		-	826,217	826,102	826,217	115
N/A-Open Market	Diversified Investment Advisors Collective Trust- Core Bond Fund	-	425,393	404,387	425,393	21,006
N/A-Open Market	Diversified Investment Advisors Collective Trust - Large Value Fund	-	156,131	147,662	156,131	8,469

Continued

Akers Packaging Service, Inc.
Chicago Plant Hourly Employees Pension Plan
E.I.N. 31-0671096 Plan # 001
Schedule H, Line 4j - Schedule of Reportable Transactions - continued
For the Year Ended June 30, 2010

(a) Identity of Person Involved	(b) Description of Asset Involved	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) - A series of transactions in a security issue aggregating 5% or more of plan assets	N/A-Open Market					
	Diversified Investment Advisors Collective Trust- Money Market Fund					
	3 Purchases	846,599	-	-	846,599	-
	4 Sales	-	846,716	846,833	846,716	(117)
N/A-Open Market	Diversified Investment Advisors Collective Trust- Inflation-Protected Securities					
	5 Purchases	508,655	-	-	508,655	-
	N/A-Open Market					
	Diversified Investment Advisors Collective Trust- High Quality Bond Fund					
N/A-Open Market	6 Purchases	945,079	-	-	945,079	-
	16 Sales	-	100,734	102,514	100,734	(1,780)
	N/A-Open Market					
	Diversified Investment Advisors Collective Trust- Core Bond Fund					
N/A-Open Market	1 Purchase	231	-	-	231	-
	3 Sales	-	435,189	456,198	435,189	(21,009)

Akers Packaging Service, Inc.
Chicago Plant Hourly Employees Pension Plan
Statements of Net Assets Available for Benefits
June 30, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Investments - at fair value:		
Diversified Investment Advisors		
Collective Trust Units:		
High Quality Bond Fund	\$ 876,532	-
Inflation-Protected Securities Fund	544,727	-
Core Bond Fund	-	413,948
High Yield Bond Fund	-	130,437
Large Growth Fund	-	163,245
Large Value Fund	-	146,474
Small Core Fund	-	159,188
Stock Index Fund	-	155,300
International Equity Fund	-	151,801
	<u>1,421,259</u>	<u>1,320,393</u>
Employer's contribution receivable	<u>41,893</u>	<u>17,065</u>
Net assets available for benefits	\$ <u>1,463,152</u>	<u>1,337,458</u>

The accompanying notes are an integral part of these financial statements.

Akers Packaging Service, Inc.
Chicago Plant Hourly Employees Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended June 30, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Employer contributions	\$ 93,589	71,592
Investment income (loss)	<u>162,469</u>	<u>(271,206)</u>
	<u>256,058</u>	<u>(199,614)</u>
Benefits paid	124,544	116,362
Administrative expenses	<u>5,820</u>	<u>5,929</u>
	<u>130,364</u>	<u>122,291</u>
Increase (decrease) in net assets	125,694	(321,905)
Net assets available for benefits:		
Beginning of year	<u>1,337,458</u>	<u>1,659,363</u>
End of year	\$ <u>1,463,152</u>	<u>1,337,458</u>

The accompanying notes are an integral part of these financial statements.

Akers Packaging Service, Inc.
Chicago Plant Hourly Employees Pension Plan
Statement of Accumulated Plan Benefits
June 30, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 1,165,681	1,029,726
Other participants	<u>706,545</u>	<u>762,981</u>
	1,872,226	1,792,707
Nonvested benefits	<u>-</u>	<u>45,834</u>
Total actuarial present value of accumulated plan benefits	\$ <u>1,872,226</u>	<u>1,838,541</u>

The accompanying notes are an integral part of these financial statements.

Akers Packaging Service, Inc.
Chicago Plant Hourly Employees Pension Plan
Statement of Changes in Accumulated Plan Benefits
Years Ended June 30, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Actuarial present value of accumulated plan benefits:		
Beginning of year	\$ <u>1,838,541</u>	<u>1,737,617</u>
Increase (decrease) during the year attributable to:		
Benefits accumulated	24,924	87,361
Change in discount period	133,305	-
Changes in actuarial assumptions	-	3,888
Interest adjustment	-	126,037
Actual benefits paid	<u>(124,544)</u>	<u>(116,362)</u>
Net increase	<u>33,685</u>	<u>100,924</u>
Actuarial present value of accumulated plan benefits:		
End of year	\$ <u>1,872,226</u>	<u>1,838,541</u>

The accompanying notes are an integral part of these financial statements.

1. DESCRIPTION OF PLAN:

The following description of the Akers Packaging Service, Inc. Chicago Plant Hourly Employees Pension Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan covering hourly employees at the Chicago plant of Akers Packaging Service, Inc. (the Company) who had completed one year of service prior to March 31, 2008. The Plan was frozen on March 31, 2008. As a result, the plan is closed to new participants and no additional service is credited to employees after March 31, 2008 for purposes of determining accrued benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Pension benefits

An employee with 5 or more years of service is entitled to monthly pension benefits beginning at normal retirement age (65). The Plan permits early retirement at age 55, provided the employee has completed 15 or more years of service. If an employee terminates before rendering 5 years of service, they forfeit the right to receive any portion of their accumulated plan benefits. The benefit is determined by multiplying the participant's credited service by a corresponding pension factor. Unmarried participants receive the value of their accumulated plan benefits as a single life annuity. Married participants receive an actuarially equivalent qualified joint and 50% survivor annuity. A participant may elect another mode of payment of equivalent value with the consent of the Plan's Retirement Committee.

Death and disability benefits

If an active employee dies, the death benefit will be equal to the actuarial equivalent of the "minimum spouse's death benefit" as defined by the Plan. Active employees who become totally disabled receive disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled.

2. SUMMARY OF ACCOUNTING POLICIES:

The following are the significant accounting policies followed by the Plan:

Basis of accounting

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

Use of estimates

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

Investment valuation and income recognition

The Plan's investments are stated 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. See note 7 for discussion of fair value measurements.

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

Actuarial present value of accumulated plan benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances – retirement, death, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations are (a) life expectancy of the participants (the Internal Revenue Service (IRS) 2010 Static Mortality Table was used), (b) retirement age assumptions (the assumed retirement age was 65), and (c) investment return of 7.5% compounded annually. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actual present value of accumulated plan benefits.

Payment of benefits

Benefit payments to participants are recorded upon distribution.

Subsequent events

The plan administrator evaluates events and transactions occurring subsequent to the date of the financial statements for matters requiring recognition or disclosure in the financial statements. The plan administrator has considered subsequent events for disclosure in the accompanying financial statements through April 13, 2011 which is the date the financial statements were available to be issued.

3. FUNDING POLICY:

The Company's funding policy is to make annual contributions as actuarially determined in order that all employees' benefits will be fully provided for by the time they retire. The Company's contribution for the years ending June 30, 2010 and 2009 met the minimum funding requirements of ERISA.

Participants are not required or permitted to make contributions to the Plan.

4. PLAN TERMINATION:

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Benefits attributable to employer contributions, taking into account those paid out before terminations.
- b. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan.
- c. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).
- d. All other vested benefits (that is, vested benefits not insured by the PBGC).
- e. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at the time, of the Plan's net assets to provide those benefits and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

5. INVESTMENT INFORMATION CERTIFIED BY THE TRUSTEE:

The Trustee for the Plan as of and for the years ended June 30, 2010 and 2009 was State Street Bank and Trust Company. The following is a summary of the unaudited information included in the Plan's financial statements that was prepared by the Trustee, and furnished to the Plan administrator (the Plan administrator has obtained certifications from the Trustee that such information is complete and accurate):

Investments:

	<u>2010</u>	<u>2009</u>
Market value	\$ 1,421,259	1,320,393
Investment income (loss)	162,469	(271,206)

6. INVESTMENTS REPRESENTING 5% OR MORE OF NET ASSETS AVAILABLE FOR BENEFITS:

As of June 30, 2010 and 2009, the Plan's investments representing 5% or more of net assets available for benefits were as follows:

Diversified Financial Advisors Collective

Trust Units:	<u>2010</u>	<u>2009</u>
High Quality Bond Fund	\$ 876,532	*
Inflation-Protected Securities Fund	544,727	*
Core Bond Fund	*	413,948
High Yield Bond Fund	*	130,437
Large Growth Fund	*	163,245
Large Value Fund	*	146,474
Small Core Fund	*	159,188
Stock Index Fund	*	155,300
International Equity Fund	*	151,801

* The fair value did not represent 5% or more of the plan's net assets at June 30.

7. FAIR VALUE MEASUREMENTS:

U.S. generally accepted accounting principles (GAAP), establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under GAAP 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; and
- 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 value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value.

Common/collective trust funds – Valued at fair value as determined by the Diversified Investment Advisors based on the net asset value of the underlying registered investment companies in which the trust accounts are invested.

There have been no changes in the methodologies used at June 30, 2010 and 2009.

The carrying amount of the employer's contribution receivable approximates fair value as of June 30, 2010 and 2009 because of its relatively short maturity.

The preceding methods 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.

Akers Packaging Service, Inc.
Chicago Plant Hourly Employees Pension Plan
Notes to Financial Statements
June 30, 2010 and 2009

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2010:

<u>Assets at Fair Value as of June 30, 2010</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
High Quality Bond Fund	\$ -	876,532	-	876,532
Inflation-Protected Securities Fund	-	544,727	-	544,727
	<u>\$ -</u>	<u>1,421,259</u>	<u>-</u>	<u>1,421,259</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2009:

<u>Assets at Fair Value as of June 30, 2009</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Common/collective trust funds	\$ -	1,320,393	-	1,320,393

8. RELATED PARTY TRANSACTIONS:

The Plan's investments consist of units of various funds within the Diversified Investment Advisors Collective Trust (Trust). Diversified Investment Advisors (Diversified) acts as the asset manager of the Trust and investment advisor to the Plan. Diversified is a related party of the Plan's trustees; therefore, transactions between the Plan and the Trust qualify as party-in-interest. Cuni, Rust, and Strenk, (CRS) is a party-in-interest that provided actuarial services and prepared the Form 5500 for the year ended June 30, 2010. Nyhart is a party-in-interest that provided actuarial services and prepared the Form 5500 for the year ended June 30, 2009. Fees paid to the trustees, CRS and Nyhart, for investment management and administrative services amounted to \$5,820 and \$5,929 for the years ended June 30, 2010 and 2009, respectively.

Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Certain plan expenses are paid by the Company. The value of such expenses is not recorded by the Plan.

9. TAX STATUS:

The IRS has determined and informed the Company by a letter dated December 19, 2003 that the Plan and related trust are designated in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statement.

10. RISKS AND UNCERTAINTIES:

The Plan invests in various common/collective trust funds. Common/collective trust funds are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain common/collective trust funds, it is at least reasonably possible that changes in the values of the common/collective trust funds will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.