

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 <div style="font-size: 24pt; font-weight: bold;">2009</div> 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 <u>01/01/2009</u> and ending <u>12/31/2009</u>	
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 <u>TEKNI-PLEX, INC. PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>006</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2007</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>006</u>	1c Effective date of plan <u>01/01/2007</u>	
1b Three-digit plan number (PN) ▶	<u>006</u>				
1c Effective date of plan <u>01/01/2007</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>TEKNI-PLEX, INC</u> <u>1150 FIRST AVE.</u> <u>SUITE 500</u> <u>KING OF PRUSSIA, PA 19406</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>23-3286312</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>484-831-3409</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>326100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>23-3286312</u>	2c Sponsor's telephone number <u>484-831-3409</u>	2d Business code (see instructions) <u>326100</u>	
2b Employer Identification Number (EIN) <u>23-3286312</u>					
2c Sponsor's telephone number <u>484-831-3409</u>					
2d Business code (see instructions) <u>326100</u>					

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.	07/30/2010	RONALD SPERA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/30/2010	RONALD SPERA
	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") TEKNI-PLEX, INC 1150 FIRST AVE. SUITE 500 KING OF PRUSSIA, PA 19406	3b Administrator's EIN 23-3286312 3c Administrator's telephone number 484-831-3409
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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	1317
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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	317
b Retired or separated participants receiving benefits.....	6b	275
c Other retired or separated participants entitled to future benefits.....	6c	608
d Subtotal. Add lines 6a , 6b , and 6c	6d	1200
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	103
f Total. Add lines 6d and 6e	6f	1303
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	

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:
 1A 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 01/01/2009 and ending 12/31/2009

▶ **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>TEKNI-PLEX, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TEKNI-PLEX, INC</u>	D Employer Identification Number (EIN) <u>23-3286312</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>01</u> Day <u>01</u> Year <u>2009</u>	
2 Assets:	
a Market value	2a <u>19793050</u>
b Actuarial value	2b <u>21772355</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>351</u> <u>11766029</u>
b For terminated vested participants	3b <u>553</u> <u>8643386</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>160248</u>
(2) Vested benefits	3c(2) <u>5342438</u>
(3) Total active	3c(3) <u>412</u> <u>5502686</u>
d Total	3d <u>1316</u> <u>25912101</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>6.46</u> %
6 Target normal cost	6 <u>0</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>07/19/2010</u>
Signature of actuary	Date
<u>MARK SCHELL</u>	<u>08-06161</u>
Type or print name of actuary	Most recent enrollment number
<u>HEWITT ASSOCIATES LLC</u>	<u>908-595-3000</u>
Firm name	Telephone number (including area code)
<u>100 SOMERSET CORPORATE BLVD</u> <u>BRIDGEWATER, NJ 08807-0934</u>	
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)	650849	
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	191402	0
9	Amount remaining (Item 7 minus item 8).....	459447	0
10	Interest on item 9 using prior year's actual return of <u>-23.58</u> %	-108338	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		2674653
b	Interest on (a) using prior year's effective rate of <u>6.08</u> %		162619
c	Total available at beginning of current plan year to add to prefunding balance		2837272
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).....	351109	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	82.67 %
15	Adjusted funding target attainment percentage.....	15	82.67 %
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	85.70 %
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
04/15/2009	400000				
07/15/2009	400000				
10/15/2009	400000				
Totals ►			18(b)	1200000	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 1160561
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: 5.32 %	2nd segment: 6.45 %	3rd segment: 6.69 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	4490855	842128
b Waiver amortization installment		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	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	842128
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	842128
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	1160561
38 Interest-adjusted excess contributions for current year (see instructions).....	38	318433
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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan TEKNI-PLEX, INC. PENSION PLAN	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 TEKNI-PLEX, INC	D Employer Identification Number (EIN) 23-3286312	

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
THE BANK OF NEW YORK MELLON
13-5160382

(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)

(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 ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2009</div> This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>TEKNI-PLEX, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>006</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TEKNI-PLEX, INC</u>	D Employer Identification Number (EIN) <u>23-3286312</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB TEMPORARY INVESTMENT FUND</u>		
b Name of sponsor of entity listed in (a): <u>MELLON BANK, N.A.</u>		
c EIN-PN <u>25-6078093-023</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>124915</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB SMALL CAP STOCK FUND</u>		
b Name of sponsor of entity listed in (a): <u>MELLON BANK, N.A.</u>		
c EIN-PN <u>25-6078093-026</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1480186</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB NCML INTERNATIONAL FUND</u>		
b Name of sponsor of entity listed in (a): <u>MELLON BANK, N.A.</u>		
c EIN-PN <u>25-6078093-108</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2091974</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB DV ENH MID CAP CORE FUND</u>		
b Name of sponsor of entity listed in (a): <u>MELLON BANK, N.A.</u>		
c EIN-PN <u>25-6078093-097</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2135748</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB DO EQUITY CORE LARGE CORE CAP FD</u>		
b Name of sponsor of entity listed in (a): <u>MELLON BANK, N.A.</u>		
c EIN-PN <u>25-6078093-098</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8511887</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB MELLON TOTAL RETURN FUND</u>		
b Name of sponsor of entity listed in (a): <u>MELLON BANK, N.A.</u>		
c EIN-PN <u>25-6078093-102</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9248726</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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 01/01/2009 and ending 12/31/2009		
A Name of plan TEKNI-PLEX, INC. PENSION PLAN	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 TEKNI-PLEX, INC	D Employer Identification Number (EIN) 23-3286312	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2250000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	62	18
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)	17566281	23593436
(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	19816343	23593454

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	19816343	23593454
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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)	1200000	
(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)		1200000
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)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		4191094
(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		5391094

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1613983	
(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)		1613983
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)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1613983

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3777111
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: BDO USA, LLP

(2) EIN: 13-5381590

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.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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

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

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

A Name of plan <u>TEKNI-PLEX, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TEKNI-PLEX, INC</u>	D Employer Identification Number (EIN) <u>23-3286312</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<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>25-1904625</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>13</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)
----------------	--

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

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

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

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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: 60% Investment-Grade Debt: 38% High-Yield Debt: 1% Real Estate: 0% Other: 1%

- 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):

Tekni-Plex, Inc. Pension Plan

Financial Statements and
Supplemental Schedules
Years ended December 31, 2009 and 2008

Tekni-Plex, Inc. Pension Plan

**Financial Statements and
Supplemental Schedules
Years ended December 31, 2009 and 2008**

Tekni-Plex, Inc. Pension Plan

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Suite 400
Woodbridge, NJ 07095

Independent Auditors' Report

Tekni-Plex, Inc. Pension Plan Committee
Tekni-Plex, Inc. Pension Plan
King of Prussia, Pennsylvania

We were engaged to audit the financial statements and supplemental schedules of the Tekni-Plex, Inc. Pension Plan as of December 31, 2009 and 2008 and for the years then ended as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by The Bank of New York Mellon, N.A., the trustee of the Plan, except for comparing the information with 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 and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information we did not audit, we are unable to express, 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, 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.

BDO USA, LLP

July 30, 2010
Woodbridge, New Jersey

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Tekni-Plex, Inc. Pension Plan

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2009	2008
Assets:		
Investments, at fair value:		
Common collective trust funds	\$23,593,436	\$17,566,281
Receivables:		
Employer contribution receivable	-	2,250,000
Interest income receivable	18	62
Total receivables	18	2,250,062
Net assets available for benefits	\$23,593,454	\$19,816,343

See accompanying independent auditors' report and notes to financial statements.

Tekni-Plex, Inc. Pension Plan

Statements of Changes in Net Assets Available for Benefits

<i>Year ended December 31,</i>	2009	2008
Investment activity:		
Net appreciation (depreciation) in fair value of common collection trust funds	\$ 4,191,094	\$ (5,293,571)
Net investment income (loss)	4,191,094	(5,293,571)
Employer contributions	1,200,000	3,750,000
Total investment activity and contributions	5,391,094	(1,543,571)
Benefits paid directly to participants	1,613,983	1,346,410
Total deductions	1,613,983	1,346,410
Increase (decrease) in net assets	3,777,111	(2,889,981)
Net assets available for benefits, beginning of year	19,816,343	22,706,324
Net assets available for benefits, end of year	\$23,593,454	\$19,816,343

See accompanying independent auditors' report and notes to financial statements.

Tekni-Plex, Inc. Pension Plan

Notes to Financial Statements

1. Description of Plan

The following description of the Tekni-Plex, Inc. Pension Plan (the "Plan") is provided for general information only. Participants should refer to the Plan Document and Summary Plan Description for more complete information.

General

The Plan is a non-contributory defined benefit pension plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA").

Effective January 1, 2007, Tekni-Plex, Inc. (the "Company") approved the merger of the Dolco Packaging Corporation Retirement Income Plan, The Burlington Plan for Hourly Employees of Burlington Resins, Inc. at Burlington, NJ, and the Plastic Specialties and Affiliates Pension Plan (collectively the "Predecessor Plans"), into one pension plan, the Tekni-Plex, Inc. Pension Plan. This merger does not impact the participant pension benefits as the benefit provisions of these plans are incorporated into the merged pension plan. The Plan is administered by the Tekni-Plex, Inc. Pension Plan Committee (the "Plan Administrator").

Amendment and Termination of the Plan

The Company reserves the right to amend and/or terminate the Plan in whole or in part at any time. No such action shall adversely affect the accrued benefits of the participants, provided the Company may make any amendment to establish and maintain the Plan's qualification under provisions of the Internal Revenue Code and to bring the Plan into full compliance with ERISA.

The Burlington Plan for Hourly Employees of Burlington Resins, Inc. at Burlington, NJ

Eligibility

Pursuant to an interim collective bargaining agreement, participation in and benefit accruals were frozen effective December 31, 2008 for all participants of the former Burlington Plan for Hourly Employees of Burlington Resins, Inc. at Burlington, NJ.

Any hourly employee employed at the Company's Burlington, New Jersey plant who was in the collective bargaining unit represented by Local Union No. 8-890 of the Oil, Chemical, and Atomic Workers International Union, excluding leased employees as defined under Section 414(n) of the Internal Revenue Code of 1986 (the "Code"), and who had completed one year of service (1,000 hours during a service computation period), as defined in the Plan document.

Participants became fully vested in their Plan benefit upon the earlier of (i) attainment of age 65 or (ii) five years of service.

Tekni-Plex, Inc. Pension Plan

Notes to Financial Statements

Normal Retirement Benefit

Eligibility – The first day of the calendar month coinciding with or following the sixty-fifth birthday of a participant.

Monthly benefit - The benefit rate in effect at termination or retirement date, multiplied by years of credited service, as defined in the Plan document.

Active Participant on or After	Amount
June 23, 2004	\$28.00
June 22, 2001	\$27.50
June 19, 2000	\$27.00
June 22, 1998	\$26.00
March 24, 1996	\$25.00
June 26, 1995	\$24.00
June 21, 1993	\$23.00
June 23, 1990	\$21.00
June 23, 1989	\$19.50
June 23, 1986	\$18.00
January 1, 1986	\$17.00
January 1, 1985	\$16.00
January 1, 1984	\$15.00

Tekni-Plex, Inc. Pension Plan

Notes to Financial Statements

Early Retirement Benefit

Early Retirement Date – The first day of the month following a participant's termination, provided that he is at least age 55 and completed at least 5 years of service.

Monthly benefit - The benefit amount shall be equal to the accrued benefit, actuarially reduced for each year actual retirement precedes the participant's normal retirement date.

Disability Benefit

A participant who has at least 5 years of service and who is found to be totally disabled, as defined in the Plan document, for a period of 6 months may be entitled to a disability benefit commencing on the first day of the month after he or she is determined to be disabled and payable until the participant reaches his or her normal retirement date.

Deferred Vested Benefit

A participant who completes at least 5 years of service shall be entitled to a deferred vested benefit, as defined in the Plan document.

Plastic Specialties and Affiliates Pension Plan

Eligibility

Effective September 30, 1998, participation in, and benefit accruals under the Plan were frozen.

Normal Retirement Benefit

Eligibility – The first day of the month following a severance from service, provided one has attained the normal retirement age (age 65) while employed with Plastic Specialties & Technologies, Inc. ("PS&T").

Monthly Benefit - For participants in the PS&T Plan, the monthly amount payable to a participant receiving normal retirement benefits is the greater of:

1. $\frac{1}{2}$ of 1% of compensation during any period in which credited service is received through September 30, 1998; or
2. If the number of years of credited service is at least 15 years, \$4.00 multiplied by the number of years of credited service through September 30, 1998.

Tekni-Plex, Inc. Pension Plan

Notes to Financial Statements

Late Retirement Benefit

Eligibility – The first day of the month following a severance from service after one has attained the normal retirement age (age 65) while employed with PS&T.

Monthly benefit - The amount determined for normal retirement, calculated as of the actual retirement date.

Early Retirement Benefit

Eligibility – The first day of the month coincident with or next following a severance from service, provided that one has attained age 55 while employed with PS&T.

Monthly benefit - The participant's vested amount at the time of termination of employment, reduced by 2/10 of 1% for each month over 36 months and 4/10 of 1% for each additional month, up to 84 months by which the benefit commencement date precedes age 65.

Disability Benefit

Disability Retirement Date – The first day of the month following the date a participant incurs a total and permanent disability before normal retirement age.

Monthly Benefit – The participant's vested amount as of termination, reduced by 2/10 of 1% for each of the first 36 months 4/10 of 1% for each additional month up to 84 months by which his or her benefit commencement date precedes age 65.

Deferred Vested Benefit

If a participant terminates from service, and is vested, he or she will be entitled to a deferred retirement benefit. If the benefit commences prior to age 65, it shall be reduced by 4/10 of 1% for each month, up to 120 months by which the benefit date precedes age 65.

Dolco Packaging Corporation Retirement Income Plan

Eligibility

Participation in the Plan was frozen effective July 1, 1987. Employees of Dolco Packaging Corporation who were not participants in the Plan as of June 30, 1987 shall not become participants in the Plan.

Tekni-Plex, Inc. Pension Plan

Notes to Financial Statements

Vesting and Benefits

All participants in the Plan are vested. The Normal Retirement Date is the first day of the month coinciding with or next following a participant's 65th birthday. However, for purposes of benefit eligibility, Normal Retirement Date means the participant's 65th birthday. The basic monthly pension payable for life (based on an annual computation) is as follows:

Benefit Formula

A participant's normal retirement benefit is equal to the sum of (a) plus (b).

- a) For 1987, 1.25% of earnings through June 30, 1987 up to $\frac{1}{4}$ of 1987 Taxable Wage Base, plus 2% of earnings through June 30, 1987 in excess of $\frac{1}{4}$ of the 1987 Taxable Wage Base.
- b) For the period January 1, 1974 through December 31, 1982, 1% of earnings up to \$13,200, plus 2% of earnings in excess of \$13,200.

For the period of January 1, 1983 through December 31, 1986, 1.25% of earnings up to $\frac{1}{2}$ of the Taxable Wage Base, plus 2% of earnings in excess of the Taxable Wage Base.

For participants who became covered under the Plan on January 1, 1974, 1% of Past Service Earnings.

The participant's benefits as of December 31, 1983 shall not be less than the minimum benefit – 1% of earnings for the calendar year ended December 31, 1983 times years of credited service.

A participant who attains age 60 and completes at least 10 years of credited service is eligible for an early retirement benefit. The participant's benefits will be actuarially reduced for early payment.

The monthly amount payable is the greater of:

- 1. The participant's accrued benefit as the date of his or her benefit is being determined; or
- 2. The participant's accrued benefit as of his or her normal retirement date determined using the formula used for normal retirement but based on the participant's earnings and years of credited services as of the earlier of the participant's normal retirement date or July 1, 1987 multiplied by deferred retirement adjustment factor as determined in the Plan document.

Tekni-Plex, Inc. Pension Plan

Notes to Financial Statements

Tekni-Plex, Inc. Pension Plan

Eligibility for Membership

Any individual who was a participant in a Predecessor Plan on December 31, 2006 shall become a participant in the Plan on January 1, 2007. Other eligible employees shall become participants in the Plan on the first day of the month coincident with or next following their completion of one year of service.

Normal Retirement Benefit

Eligibility – Except to the extent of the Predecessor Plans, the first day of the month coincident with or next following a severance from service, provided that one has attained age 55.

Monthly benefit – The monthly amount shall be a percentage, as indicated in the below table, of the participant's normal retirement benefit based on years of credited service up to his or her retirement date.

Attained Age at Time Payments Commence	Percentage
55	54%
56	58%
57	62%
58	66%
59	70%
60	74%
61	78%
62	82%
63	88%
64	94%
65	100%

Tekni-Plex, Inc. Pension Plan

Notes to Financial Statements

2. **Summary of Significant Accounting Policies**

Basis of Presentation

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting. Certain reclassifications have been made to previously reported amounts to conform to the current period presentation for purposes of these financial statements.

Funding Policy

The Company makes contributions based on actuarial computations of the minimum required contribution for the Plan year. The ERISA minimum funding requirements have been met for 2009 and 2008.

Investment Valuation and Income Recognition

The investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount 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 (the exit price). Purchases and sales of the investments within the Plan are reflected on a trade-date basis. Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

Benefits

Benefits are recorded when paid.

Expenses

The reasonable expenses of administering the Plan, as determined by the Plan Administrator, shall be payable from the trust fund for the Plan, except to the extent that the Company, in its discretion, pays the expenses directly. For the years ended December 31, 2009 and 2008, administrative expenses were paid directly by the Company. There were no administrative expenses paid for by the trust fund of the Plan for the years ended December 31, 2009 and 2008.

Tekni-Plex, Inc. Pension Plan

Notes to Financial Statements

Risks and Uncertainties

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

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

New Accounting Pronouncements

The following standards were effective for the Plan in 2009:

Fair Value Measurements – Two new standards were issued in 2009 related to fair value measurements. The first standard requires the Plan to adopt accounting guidance for determining fair value when the volume and level of activity for an asset or liability has significantly decreased and identifying transactions that are not orderly. The second accounting standard requires the Plan to disclose information about fair value measurements of investments in certain entities that calculate net asset value per share or its equivalent. See Note 4 for the required disclosures. The adoption of these standards did not have an impact on the Plan's financial statements.

The FASB Accounting Standards Codification and the Hierarchy of Generally Accepted Accounting Principles – The Codification was effective July 1, 2009 at which point all then-existing non-SEC accounting and reporting standards have been superseded. As a result of the adoption of the Codification, the Company changed the way it references U.S. GAAP throughout the financial statements. This standard did not have an impact on the Plan's financial statements.

Tekni-Plex, Inc. Pension Plan

Notes to Financial Statements

Subsequent Events - On June 30, 2009, the Plan adopted changes issued by the FASB to accounting for and disclosure of events that occur after the date of the statement of net assets available for benefits but before the financial statements are issued or are available to be issued, otherwise known as "subsequent events." Specifically, these changes set forth (1) the period after the date of the statement of net assets available for benefits during which the plan administrator should evaluate events or transactions that may occur for potential recognition or disclosure in the financial statements; (2) the circumstances under which an entity should recognize events or transactions occurring after the date of the statement of net assets available for benefits in its financial statements; and (3) the disclosures that an entity should make about events or transactions that occurred after the date of the statement of net assets available for benefits. The adoption of these changes did not have a material impact on the Plan's financial statements.

The following standard will be effective for the Plan in 2010 and 2011:

Disclosures of Fair Value Measurements - The standard added new requirements for disclosures about transfers into and out of Levels 1 and 2 and clarified existing fair value disclosures about the level of disaggregation and about inputs and valuation techniques used to measure fair value. The portion of this standard related to these items will be effective for the Plan in 2010. In addition, the standard added requirements for separate disclosures about the activity relating to Level 3 fair value measurements. The portion of this standard related to these items will be effective for the Plan in 2011. The adoption of these standards is not expected to have a significant impact on the Plan's financial statements.

3. Information Certified by the Trustee of the Plan

Certain plan investments are held in a trust account at The Bank of New York Mellon, N.A. (the "Trustee"). The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the investments and investment income, including interest, dividends and net appreciation of investments, included in the accompanying financial statements and supplemental schedule are complete and accurate.

Tekni-Plex, Inc. Pension Plan

Notes to Financial Statements

The following table presents the fair value of investments. Investments that represent 5 percent or more of the Plan's net assets are separately identified.

December 31,	2009	2008
Mellon EB Temporary Investment Fund	\$ 124,915	\$ 104,018
Mellon EB Temporary Investment FD LEH	-	44
Mellon EB Small Cap Stock Fund	1,480,186 *	1,130,183 *
Mellon EB DV ENH Mid Cap Core Fund	2,135,748 *	1,596,965 *
Mellon EB FPA Core Large Cap Stk Fund	8,511,887 *	6,368,655 *
Mellon EB Total Return Fund	9,248,726 *	6,738,402 *
Mellon EB NCML EAFE Plus Fund	2,091,974 *	1,628,014 *
Total	\$23,593,436	\$17,566,281

*Investments that represent 5 percent of net assets as of December 31, 2009 and 2008, respectively.

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

	2009	2008
Net appreciation (depreciation) in fair value of common collective trust funds	\$4,191,094	\$(5,293,571)
Total appreciation (depreciation)	\$4,191,094	\$(5,293,571)

Tekni-Plex, Inc. Pension Plan

Notes to Financial Statements

4. Actuarial Assumptions

The basic actuarial assumptions used to determine the Company's contribution as of January 1, 2009 and 2008 are as follows:

- a) Actuarial Cost Method – Projected Unit Credit Cost Method
- b) Interest rates:
 - Actuarial Liability – 7.75% as of January 1, 2009 and 8.00% as of January 1, 2008, compounded annually
 - Actuarial Benefit – 7.75% as of January 1, 2009 and 8.00% as of January 1, 2008, compounded annually
- c) Retirement Assumption – Actuarial Rate of Retirement Table
- d) Mortality Rates:
 - Disabled and non-disabled - Generational Mortality Table for Annuitants and Non-Annuitants
- e) Withdrawal Rates – Turnover Rate T-9 from the Actuary's Pension Handbook for former Dolco participants, and Actuarial Rate of Non-disabled Withdrawals Tables for former PS&T, and Burlington Hourly participants.
- f) Disability Rates – Actuarial Rate of Disability Schedules, former Dolco participants have no assumed rates.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

Tekni-Plex, Inc. Pension Plan

Notes to Financial Statements

5. Accumulated Plan Benefits

The Plan had the following accumulated benefits:

January 1,	2009	2008
Vested benefits:		
Participant currently receiving payments	\$10,643,066	\$9,547,260
Participants with deferred benefits	7,395,521	-
Other participants	4,610,292	12,009,312
Total vested benefits	22,648,879	21,556,572
Nonvested benefits	146,293	158,064
Total actuarial present value of accumulated plan benefits	\$22,795,172	\$21,714,636

The following summarizes the changes in accumulated Plan benefits for the year ended January 1, 2009 and 2008:

January 1,	2009	2008
Actuarial present value of accumulated Plan benefits, at beginning of the year	\$21,714,636	\$20,624,011
Increase (decrease) during the year attributable to:		
Benefits paid	(1,346,410)	(1,449,604)
Actuarial gains/losses	210,499	149,746
Change of assumptions*	532,096	797,431
Interest accumulation	1,684,351	1,593,052
Net increase	1,080,536	1,090,625
Actuarial present value of accumulated Plan benefits, at the end of the year	\$22,795,172	\$21,714,636

*Change of assumptions consists of a change in the interest rate assumption to segment rates of 5.32%, 6.45%, and 6.69%, respectively; a change in the lump sum interest rate assumption to the funding rates for former Dolco participants, a change in the discount rate to 7.75%, and a change to the updated mortality table for use in determining the mortality basis for lump sum payments for former Dolco participants.

Tekni-Plex, Inc. Pension Plan

Notes to Financial Statements

6. Fair Value Measurements

As of the beginning of the fiscal year ended December 31, 2008 the Plan adopted guidance on "Fair Value Measurements." The guidance establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

Basis of Fair Value Measurement

Level 1 – Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities.

Level 2 – Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly.

Level 3 – Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Tekni-Plex, Inc. Pension Plan

Notes to Financial Statements

The following tables set forth by level within the fair value hierarchy the Plan investment assets and investment liabilities at fair value, as of December 31, 2009 and 2008. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

Investment Assets at Fair Value as of December 31, 2009				
	Level 1	Level 2	Level 3	Total
Investments:				
Common collective trust funds	\$ -	\$ -	\$23,593,436	\$23,593,436
Total investments at fair value	\$ -	\$ -	\$23,593,436	\$23,593,436

Investment Assets at Fair Value as of December 31, 2008				
	Level 1	Level 2	Level 3	Total
Investments:				
Common collective trust funds	\$ -	\$ -	\$17,566,281	\$17,566,281
Total investments at fair value	\$ -	\$ -	\$17,566,281	\$17,566,281

Tekni-Plex, Inc. Pension Plan

Notes to Financial Statements

Level 3 Gains and Losses

The following tables set forth a summary of changes in the fair value of the plan's level 3 assets for the years ended December 31, 2009 and 2008:

Level 3 Assets Year ended December 31, 2009	Common Collective Trust Funds
Balance, beginning of year	\$17,566,281
Realized losses	(256,010)
Unrealized gains relating to instruments still held at the reporting date	4,446,758
Purchases, sales, issuances and settlements (net)	1,836,016
Interest and other	391
Balance, end of year	\$23,593,436

Level 3 Assets Year ended December 31, 2008	Common Collective Trust Funds
Balance, beginning of year	\$22,456,282
Realized losses	(762,159)
Unrealized losses relating to instruments still held at the reporting date	(4,533,475)
Purchases, sales, issuances and settlements (net)	403,590
Interest and other	2,043
Balance, end of year	\$17,566,281

Common Collective Trust Funds

Shares of common collective trusts ("CCTs") are valued at net unit value as determined by the trustee at year end except when holding fully benefit-responsive investment contracts. The fair value of such investment contracts held by the CCTs is determined using the market price of the underlying securities and the value of the investment contract.

Tekni-Plex, Inc. Pension Plan

Notes to Financial Statements

7. **Obligation for Pension Benefits and ERISA Requirements**

The Company has voluntarily adopted the Plan and expects to continue making contributions, when required, based on actuarial determinations, which, together with the current assets, will pay for the participants' benefits. The Company has reserved the right to terminate the Plan at any time. Although the Company has no intention of terminating the Plan, it may do so at any time. If the Plan is terminated, the net assets of the Plan will be allocated in accordance with ERISA. Any net assets available after all liabilities have been paid will revert to the Company.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("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, subject to a statutory ceiling on the amount of an individual's monthly benefit.

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

8. **Tax Status**

The Internal Revenue Service issued a favorable determination letter with respect to the qualified status of the Plan dated July 24, 2009. Therefore, no provision for income taxes has been included in the Plan's financial statements. The plan has been amended since receiving the determination letter. However, the plan administrator believes that the plan is designed and is currently being operated in compliance with the applicable provisions of the IRC.

Tekni-Plex, Inc. Pension Plan

Notes to Financial Statements

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- 9. Party-in-Interest Transactions** Certain Plan investments are shares contained within a common collective trust managed by the Bank of New York Mellon, N.A. which is the Trustee as defined by the Plan, and therefore, these transactions qualify as party-in-interest.
- 10. Subsequent Events** The plan administrator has evaluated subsequent events through July 30, 2010 and deems the financial statements available to be issued as of this date.
- In March 2010, the Plan was amended to cease all accruals for pension benefits retroactive to January 1, 2009. Service earned after December 31, 2008 shall not be taken into account in the calculation of pension benefits under the provisions of the Plan.

Tekni-Plex, Inc. Pension Plan

Schedule of Assets (Held at End of Year) December 31, 2009

EIN: 22-3286312
Plan Number: 006
Form 5500

(a)	(b)	(c)	(d)	(e)
Identity of issuer	Description of investments, including maturity date and rate interest	Cost	Current Value	
*	Mellon – Common Collective Trust	EB Temporary Investment Fund	\$ 124,915	\$ 124,915
*	Mellon – Common Collective Trust	EB Small Cap Stock Fund	1,631,551	1,480,186
*	Mellon – Common Collective Trust	EB DV ENH Mid Cap Core Fund	1,455,226	2,135,748
*	Mellon – Common Collective Trust	EB FPA Core Large Cap Stk Fund	9,348,748	8,511,887
*	Mellon – Common Collective Trust	EB Mellon Total Return Fund	7,632,489	9,248,726
*	Mellon – Common Collective Trust	EB NCML EAFE Plus Fund	2,223,931	2,091,974
Total			\$22,416,860	\$23,593,436

*Party-in-interest as defined by ERISA

See accompanying auditors' report

Tekni-Plex, Inc. Pension Plan

Schedule of Reportable Transactions December 31, 2009

EIN: 22-3286312
Plan Number: 006
Form 5500

Single transactions in excess of 5%					
Identity of party involved	Security Description	Purchase Price	Selling Price	Cost of Assets	Gain/Loss
*Mellon	EB Temporary Investment Fund	\$2,000,000	\$ -	\$ -	\$ -
*Mellon	EB Temporary Investment Fund	-	1,696,000	1,696,000	-

*Party-in-interest as defined by ERISA.

See accompanying auditors' report.

Tekni-Plex, Inc. Pension Plan

Schedule of Reportable Transactions December 31, 2009

EIN: 22-3286312
Plan Number: 006
Form 5500

Series of transactions in excess of 5%

Identity of party involved	Security Description	Purchase Price	Selling Price	Cost of Assets	Gain/Loss
*Mellon	EB FPA Core Large Cap Stk Fund	\$1,168,500	\$ 835,900	\$1,104,809	\$(268,909)
*Mellon	EB Temporary Investment Fund	4,103,875	4,082,978	4,082,978	-
*Mellon	Total Return Fund Cl A	1,939,467	347,900	302,736	45,164

*Party-in-interest as defined by ERISA.

See accompanying auditors' report.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Tekni-Plex, Inc. Pension Plan
EIN: 22-3286312 PN: 006

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2009

Date	Contribution Amount	Interest Rate	Interest-Adjusted Amount
April 15, 2009	\$ 400,000	6.46%	\$ 392,929
July 15, 2009	400,000	6.46%	386,844
October 15, 2009	<u>400,000</u>	6.46%	<u>380,788</u>
Total Contributions	\$ 1,200,000		\$ 1,160,561

Schedule SB Attachment (Form 5500)—2009 Plan Year
 Tekni-Plex, Inc. Pension Plan
 EIN: 22-3286312 PN: 006

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

It is assumed that 84% of the participants retire using the Dolco and PS&T retirement rates, and 16% of the participants retire using the Burlington retirement rates. The overall weighted average retirement age of 62 reported on line 22 of the Schedule SB is calculated as follows:

$$(62.03 * 92\%) + (62.94 * .8\%) = 62.10$$

Former Dolco and PS&T Employees

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	10.00%	1.0000	5.55
56.5	3.00%	0.9000	1.53
57.5	3.00%	0.8730	1.51
58.5	3.00%	0.8468	1.49
59.5	5.00%	0.8214	2.44
60.5	20.00%	0.7803	9.44
61.5	20.00%	0.6243	7.68
62.5	20.00%	0.4994	6.24
63.5	20.00%	0.3995	5.07
64.5	25.00%	0.3196	5.15
65.5	50.00%	0.2397	7.85
66.5	50.00%	0.1199	3.99
67.5	50.00%	0.0599	2.02
68.5	50.00%	0.0300	1.03
69.5	50.00%	0.0150	0.52
70	100.00%	0.0075	0.52
Weighted Average			62.03

Former Burlington Employees

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	2.50%	1.0000	1.39
56.5	2.50%	0.9750	1.38
57.5	2.50%	0.9506	1.37
58.5	2.50%	0.9269	1.36
59.5	2.50%	0.9037	1.34
60.5	5.00%	0.8811	2.67
61.5	5.00%	0.8370	2.57
62.5	40.00%	0.7952	19.88
63.5	20.00%	0.4771	6.06
64.5	20.00%	0.3817	4.92
65.5	100.00%	0.3054	20.00
66.5	100.00%	0.0000	0.00
67.5	100.00%	0.0000	0.00
68.5	100.00%	0.0000	0.00
69.5	100.00%	0.0000	0.00
70	100.00%	0.0000	0.00
Weighted Average			62.94

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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the interest rate assumption to segment rates of 5.32%, 6.45%, and 6.69%.
- A change in the lump sum interest rate assumption to the funding rates for former Dolco participants.

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Schedule SB, line 25—Change in Actuarial Method

The funding valuation reflects the following method changes:

- A change in the asset valuation method from market value to a two-year smoothed value method as of January 1, 2009.

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Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Remaining Years	Amortization Amount
2008 Shortfall	\$ 3,898,542	January 1, 2008	6	\$ 742,389
2009 Shortfall	<u>592,313</u>	January 1, 2009	7	<u>99,739</u>
Total	\$ 4,490,855			\$ 842,128

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Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates	Based on segment rates without regard to the three-year phase in, as of January 2009.
1st Segment Rate	5.32%.
2nd Segment Rate	6.45%.
3rd Segment Rate	6.69%.
Optional Payment Form Election Percentage	Dolco - 100% lump sum. Burlington and PS&T - 100% life annuity.
Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums.
Optional Payment Form Conversion Mortality	Current 417(e) table for lump sums.
Retirement Age	
Active Participants	See Tables 1-2.
Terminated Vested Participants	PS&T - Age 63 ;Burlington - Age 65; Dolco - Age 65 for current terminated vesteds; immediately for future terminated vesteds.
Mortality Rates	
Healthy and Disabled	Generational Mortality Table for Annuitants and Non- Annuitants Per §1.430(h)(3)-1(d).
Withdrawal Rates	See Tables 3-5.
Disability Rates	See Tables 6-7.
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$195,000.

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Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Trust Expenses Included in Target Normal Cost

None, as no administrative fees are currently paid from trust assets.

Expected Return on Assets

2007 Plan Year

6.09%.

2008 Plan Year

6.43%.

Actuarial Method

Standard Unit Credit Cost Method.

Valuation Date

January 1, 2009.

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Table 1
Retirement Rates - Former Burlington Employees

Age	Rate
55	2.50%
56	2.50%
57	2.50%
58	2.50%
59	2.50%
60	5.00%
61	5.00%
62	40.00%
63	20.00%
64	20.00%
65+	100.00%

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Table 2
Retirement Rates - Former Dolco and PS&T Employees

Age	Rate
55	10.00%
56	3.00%
57	3.00%
58	3.00%
59	5.00%
60	20.00%
61	20.00%
62	20.00%
63	20.00%
64	25.00%
65	50.00%
66	50.00%
67	50.00%
68	50.00%
69	50.00%
70+	100.00%

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Table 3
Termination Rates - Former Dolco Employees

Age	Rate	Age	Rate
15	17.940%	45	8.450%
16	17.940%	46	7.772%
17	17.940%	47	7.094%
18	17.940%	48	6.416%
19	17.940%	49	5.738%
20	17.940%	50	5.060%
21	17.796%	51	4.394%
22	17.652%	52	3.728%
23	17.508%	53	3.062%
24	17.364%	54	2.396%
25	17.220%	55	1.730%
26	16.942%	56	1.416%
27	16.664%	57	1.102%
28	16.386%	58	0.788%
29	16.108%	59	0.474%
30	15.830%	60	0.160%
31	15.496%	61+	0.000%
32	15.162%		
33	14.828%		
34	14.494%		
35	14.160%		
36	13.578%		
37	12.996%		
38	12.414%		
39	11.832%		
40	11.250%		
41	10.690%		
42	10.130%		
43	9.570%		
44	9.010%		

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Table 4
Termination Rates - Former Burlington Employees

Age	Male	Female	Age	Male	Female
15	5.50%	5.89%	45	3.90%	4.39%
16	5.50%	5.89%	46	3.78%	4.29%
17	5.50%	5.89%	47	3.66%	4.19%
18	5.50%	5.89%	48	3.51%	4.10%
19	5.50%	5.89%	49	3.33%	4.00%
20	5.50%	5.89%	50	3.12%	3.90%
21	5.48%	5.80%	51	2.90%	3.78%
22	5.45%	5.71%	52	2.66%	3.66%
23	5.42%	5.64%	53	2.41%	3.51%
24	5.40%	5.57%	54	2.18%	3.33%
25	5.37%	5.50%	55	1.98%	3.12%
26	5.34%	5.48%	56	1.82%	2.90%
27	5.30%	5.45%	57	1.70%	2.66%
28	5.26%	5.42%	58	1.63%	2.41%
29	5.22%	5.40%	59	1.61%	2.18%
30	5.17%	5.37%	60	1.65%	1.98%
31	5.11%	5.34%	61	1.72%	1.82%
32	5.05%	5.30%	62	1.84%	1.70%
33	4.99%	5.26%	63	2.01%	1.63%
34	4.91%	5.22%	64	2.21%	1.61%
35	4.83%	5.17%	65+	0.00%	0.00%
36	4.75%	5.11%			
37	4.67%	5.05%			
38	4.58%	4.99%			
39	4.48%	4.91%			
40	4.39%	4.83%			
41	4.29%	4.75%			
42	4.19%	4.67%			
43	4.10%	4.58%			
44	4.00%	4.48%			

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Table 5
Termination Rates - Former PS&T Employees

Age	Male	Female	Age	Male	Female
15	24.70%	31.60%	45	1.30%	2.80%
16	22.70%	29.60%	46	1.20%	2.50%
17	20.70%	27.60%	47	1.10%	2.30%
18	18.70%	25.60%	48	1.00%	2.10%
19	16.70%	23.60%	49	0.80%	1.80%
20	14.70%	21.60%	50	0.70%	1.40%
21	12.70%	19.60%	51	0.50%	1.00%
22	10.70%	17.60%	52	0.30%	0.70%
23	9.60%	15.60%	53	0.20%	0.40%
24	8.50%	13.60%	54	0.10%	0.10%
25	7.40%	11.60%	55+	0.00%	0.00%
26	6.30%	9.60%			
27	5.20%	7.60%			
28	4.90%	7.30%			
29	4.60%	7.00%			
30	4.30%	6.70%			
31	4.00%	6.40%			
32	3.70%	6.00%			
33	3.50%	5.70%			
34	3.30%	5.40%			
35	3.10%	5.10%			
36	2.90%	4.80%			
37	2.70%	4.50%			
38	2.40%	4.30%			
39	2.20%	4.10%			
40	2.00%	3.90%			
41	1.80%	3.70%			
42	1.70%	3.40%			
43	1.60%	3.20%			
44	1.50%	3.00%			

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Table 6
Disability Rates - Former Burlington Employees

Age	Rate	Age	Rate
15	0.120%	45	0.198%
16	0.120%	46	0.221%
17	0.120%	47	0.249%
18	0.120%	48	0.281%
19	0.120%	49	0.315%
20	0.120%	50	0.357%
21	0.120%	51	0.405%
22	0.120%	52	0.463%
23	0.120%	53	0.523%
24	0.120%	54	0.593%
25	0.120%	55	0.681%
26	0.120%	56	0.791%
27	0.120%	57	0.930%
28	0.120%	58	1.110%
29	0.120%	59	1.260%
30	0.120%	60	1.380%
31	0.121%	61	1.471%
32	0.122%	62	1.542%
33	0.124%	63	1.598%
34	0.126%	64	1.640%
35	0.128%	65+	0.000%
36	0.130%		
37	0.134%		
38	0.137%		
39	0.142%		
40	0.147%		
41	0.153%		
42	0.159%		
43	0.169%		
44	0.183%		

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Table 7
Disability Rates - Former PS&T Employees

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

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Schedule SB, Part V—Summary of Plan Provisions

History of the Plan

Effective January 1, 2007, the following plans merged to form the Tekni-Plex, Inc. Pension Plan.

- Retirement Plan for Hourly Employees of Burlington Resins, Inc. at Burlington, N.J.
- Plastic Specialties and Technologies, Inc. and Affiliates Pension Plan
- Dolco Packaging Corporation Retirement Income Plan

The plan provisions in effect as of the merger date are listed by former plan.

Effective December 31, 2008, benefit accruals under the former Burlington Hourly Plan were frozen.

Former Burlington Hourly Plan Participants

Effective Date

June 23, 1967. The summary below reflects amendments adopted through June 23, 2010.

Participants

Hourly employees of Burlington Resins, Inc. who are employed in the Burlington, NJ plant and who are included in the collective bargaining unit represented by Local Union No. 8-890 of the Oil, Chemical, and Atomic Workers International Union as of the first of the month coincident with or next following completion of one year of service.

Effective December 31, 2008, benefit accruals under the pension plan will be frozen.

Normal Retirement

Eligibility

Age 65.

Monthly Benefit

For participants terminating employment on or after June 22, 2004, \$28.00 multiplied by the number of years of credited service.

Early Retirement

Eligibility

Age 55 and five years of service.

Monthly Benefit

The amount computed as for normal retirement, reduced by 1/2% for each month up to 36 months, and 1/3% for each additional month by which commencement precedes age 65.

Disability Retirement

Eligibility

Total and permanent disability and five years of service.

Monthly Benefit

The amount computed as for normal retirement, based on credited service at the date of disability, payable immediately.

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Vested Retirement

Eligibility

Five years of service.

Monthly Benefit

The amount computed as for normal retirement, based on credited service at termination of employment. The benefit is deferred to at least age 55 and reduced for commencement prior to age 65 as of early retirement.

Preretirement Surviving Spouse Benefit

Eligibility

Eligible for vested, early, or normal retirement benefits under the plan, but not yet receiving benefit payments.

Monthly Benefit

The benefit that would have been payable to the spouse had the participant terminated employment on the date of death, if active, survived to age 55, if not already age 55, elected commencement of benefits, and then died. The benefit is payable to the spouse for life beginning on the first of the month following the later of the date of death or the date the participant would have attained age 55.

Forms of Benefit

Normal Form of Benefit

For unmarried participants: Life annuity.

For married participants: An actuarial equivalent 50% joint and survivor annuity.

Optional Forms

Joint annuity, 100%, 75% or 50% continuance to the beneficiary after retiree's death; life annuity with ten years guaranteed; life annuity with five years guaranteed; life annuity.

Definitions

Actuarial Equivalence

UP-1984 Mortality Table with ages of participants increased one year and those of contingent annuitants decreased four years and 7.5% interest rate.

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Former PS&T Plan Participants

Effective Date	May 10, 1984; last restated effective October 1, 1998.
Participants	Each employee who was a participant in the plan as of October 1, 1998.
Normal Retirement Eligibility	Age 65.
Monthly Benefit	The greater of: <ol style="list-style-type: none">1/12 of 1% of the total compensation received by the employee during the period he or she participated in the plan through September 30, 1998, or2. If the number of years of participation as of September 30, 1998, is at least 15 years, \$4.00 times the number of years of participation through September 30, 1998.
Postponed Retirement Eligibility	After age 65.
Monthly Benefit	The amount computed as for normal retirement.
Early Retirement Eligibility	Age 55 and eligible for a vested benefit from the plan.
Monthly Benefit	The participant's vested amount at the time of termination of employment, reduced by 2/10% for each month up to 36 months, plus 4/10% for each month over 36 months by which the benefit commencement date precedes age 65.
Vested Retirement Eligibility	One year of service.
Monthly Benefit	The participant's vested amount at the time of termination, deferred to at least age 55 and reduced by 4/10% for each month by which the benefit commencement date precedes age 65.
Disability Retirement Eligibility	A plan participant who is determined to be disabled by the Administrative Committee.
Monthly Benefit	The amount determined as for normal retirement, deferred to at least age 55 and reduced by 2/10% for each month up to 36 months, plus 4/10% for each month over 36 months by which the benefit commencement date precedes age 65.

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Automatic Preretirement Surviving Spouse
Eligibility

Married for at least one year, with a nonforfeitable right to his or her benefit, but not yet receiving benefits under the plan.

Monthly Benefit

50% of the amount the participant would have received had he or she terminated employment on the day of death (if active), survived to the earliest retirement date (if not already attained), and began receiving benefits as a qualified joint and survivor pension. The benefit is payable to the spouse for life beginning on the later of the date of death or the participant's earliest retirement date.

Forms of Benefit
Normal Form of Annuity

For unmarried participants: life annuity;

For married participants: an actuarial equivalent 50% joint and survivor annuity.

Optional Forms

Joint annuity, 100%, 75%, 66 2/3% or 50% continuance to the beneficiary after retiree's death; life annuity with ten years guaranteed; life annuity.

Definitions
Actuarial Equivalence

A benefit having the same value as the benefit it replaces as determined based on an 50% male, 50% female weighting of the 1971 Group Annuity Mortality Table and a 7% interest rate

Period of Service

The period from an employee's date of employment to his or her severance from service calculated in full years and fractional 1/12ths including all periods of prior uninterrupted employment with the predecessor corporation.

Plan Year

Each calendar year.

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Vested Amount

The amount determined as for normal retirement multiplied by the applicable vesting percentage determined below:

Period of Service	Vesting Percentage
1-1.9999	10%
2-2.9999	20%
3-3.9999	30%
4-4.9999	40%
5-5.9999	60%
6-6.9999	80%
7 or more	100%

Notwithstanding the above, if a participant has attained age 60, he or she shall be 100% vested upon completion of a period of service of one full year.

Status of the Plan

Effective September 30, 1998 the plan was closed to new entrants and benefit accruals under the PS&T plan ceased.

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Former Dolco Plan Participants

Effective Date	January 1, 1971; last restated effective January 1, 2000.
Participants	Each employee who was a participant in the plan as of July 1, 1987.
Normal Retirement Eligibility	Age 65.
Monthly Benefit	<ol style="list-style-type: none">For Credited Service before January 1, 1974: 1% of past service earnings for each year of Credited Service.For service between January 1, 1974 and December 31, 1982: 1% of the first \$13,200 of earnings plus 2% of earnings in excess of \$13,200 during each calendar year.For service between January 1, 1983 and June 30, 1987: 1.25% of earnings up to 50% of the social security wage base plus 2% of earnings over 50% of the social security wage base.For service before January 1, 1984: A minimum benefit of 1% of 1983 earnings times years of Credited Service through December 31, 1983No benefits accrue after June 30, 1987
Postponed Retirement Eligibility	After age 65.
Monthly Benefit	The benefit payable is the actuarial equivalent of the participant's benefit at Normal Retirement Date.
Early Retirement Eligibility	Age 60 with 10 years of service.
Monthly Benefit	Accrued benefit actuarially reduced for early payment
Vested Retirement Eligibility	Four years of service.

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Monthly Benefit

Payable at Normal Retirement Date. A participant with ten years of service may begin to elect benefit payments as of the first day of any month following age 60.

Automatic Preretirement Surviving Spouse
Eligibility

Married for at least one year, with a nonforfeitable right to his or her benefit, but not yet receiving benefits under the plan.

Monthly Benefit

50% of the amount the participant would have received had he or she terminated employment on the day of death (if active), survived to the earliest retirement date (if not already attained), and began receiving benefits as a qualified joint and survivor pension. The benefit is payable to the spouse for life beginning on the later of the date of death or the participant's earliest retirement date.

Forms of Benefit
Normal Form of Annuity

For unmarried participants: life annuity; For married participants: an actuarial equivalent 50% joint and survivor annuity.

Optional Forms

Joint annuity, 100%, 75%, 66 2/3% or 50% continuance to the beneficiary after retiree's death; life annuity with five years guaranteed; level income option; lump sum.

Definitions
Plan Year

Each calendar year.

Vested Amount

The amount determined as for normal retirement multiplied by the applicable vesting percentage determined below:

Period of Service	Vesting Percentage
0-3.9999	0%
4-4.9999	25%
5 or more	100%

Actuarial Equivalence

Actuarial adjustment factors as set forth in Appendix A of the Plan Document.

Status of the Plan

Effective July 1, 1987, the Dolco Plan was closed to new entrants. Effective January 1, 1988, benefit accruals under the Dolco Plan ceased.

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Changes in Plan Provisions since the Prior Year

The funding valuation reflects the following plan changes:

- Effective December 31, 2008, benefit accruals under the former Burlington Hourly Pension Plan were frozen.
- An increase in the annual maximum benefit limit under IRC Section 415 from \$185,000 in 2008 to \$195,000 in 2009.
- The mortality basis for lump sum payments was updated from the 417(e)(3) mortality table applicable for the 2008 plan year to the 417(e)(3) mortality table applicable for the 2009 plan year for former Dolco participants.

Schedule SB, Part V—Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

The actuarial valuation was conducted on an ongoing (not termination) basis using personnel data furnished as of January 1, 2009 by Tekni-Plex, Inc.. Asset information and the dates and amounts of contributions are based on information supplied by Tekni-Plex, Inc..

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Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2009

Attained Age	Number of Participants									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34				7						
35-39			1	15	5	1				
40-44	1	1	1	10	8	24	1			
45-49			4	27	18	25	20	12		
50-54			1	9	14	15	27	26	2	
55-59			1	14	16	10	9	14	14	
60-64		1	1	1	5	10	9	7	7	4
65-69				1	4	2	2	1	1	1
70+							1			1

N-412

**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 and ending

▶ **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.

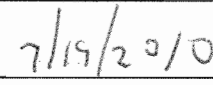
A Name of plan Tekni-Plex, Inc. Pension Plan	B Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Tekni-Plex, Inc.	D Employer Identification Number (EIN) 22-3286312
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>		
2 Assets:		
a Market value.....	2a	19,793,050
b Actuarial value.....	2b	21,772,355
3 Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 351	11,766,029
b For terminated vested participants	3b 553	8,643,386
c For active participants:		
(1) Non-vested benefits.....	3c(1)	160,248
(2) Vested benefits.....	3c(2)	5,342,438
(3) Total active	3c(3) 412	5,502,686
d Total.....	3d 1,316	25,912,101
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐		
a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....	4b	
5 Effective interest rate.....	5	6.46 %
6 Target normal cost.....	6	0

Statement by Enrolled Actuary

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

SIGN HERE		
Signature of actuary		Date
MARK SCHELL		08-06161
Type or print name of actuary		Most recent enrollment number
HEWITT ASSOCIATES LLC		(908) 595-3000
Firm name		Telephone number (including area code)
100 SOMERSET CORPORATE BLVD		
BRIDGEWATER NJ 08807-0934		
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)	650,849	N/A
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	191,402	0
9 Amount remaining (Item 7 minus item 8).....	459,447	0
10 Interest on item 9 using prior year's actual return of <u>(23.58)%</u>	(108,338)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		2,674,653
b Interest on (a) using prior year's effective rate of <u>6.08 %</u>		162,619
c Total available at beginning of current plan year to add to prefunding balance		2,837,272
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)	351,109	0

Part III	Funding percentages
-----------------	----------------------------

14	Funding target attainment percentage.....	14	82.67 %
15	Adjusted funding target attainment percentage.....	15	82.67 %
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	85.70 %
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		
04/15/2009	400,000						
07/15/2009	400,000						
10/15/2009	400,000						
			Totals ►	18(b)	1,200,000	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	1,160,561

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: 5.32 %	2nd segment: 6.45 %	3rd segment: 6.69 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	4,490,855	842,128
b Waiver amortization installment		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	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	842,128
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	842,128
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	1,160,561
38 Interest-adjusted excess contributions for current year (see instructions)	38	318,433
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 Attachment (Form 5500)—2009 Plan Year
 Tekni-Plex, Inc. Pension Plan
 EIN: 22-3286312 PN: 006

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2009

Date	Contribution Amount	Interest Rate	Interest-Adjusted Amount
April 15, 2009	\$ 400,000	6.46%	\$ 392,929
July 15, 2009	400,000	6.46%	386,844
October 15, 2009	400,000	6.46%	380,788
Total Contributions	\$ 1,200,000		\$ 1,160,561

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

It is assumed that 84% of the participants retire using the Dolco and PS&T retirement rates, and 16% of the participants retire using the Burlington retirement rates. The overall weighted average retirement age of 62 reported on line 22 of the Schedule SB is calculated as follows:

$$(62.03 * 92\%) + (62.94 * .8\%) = 62.10$$

Former Dolco and PS&T Employees

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	10.00%	1.0000	5.55
56.5	3.00%	0.9000	1.53
57.5	3.00%	0.8730	1.51
58.5	3.00%	0.8468	1.49
59.5	5.00%	0.8214	2.44
60.5	20.00%	0.7803	9.44
61.5	20.00%	0.6243	7.68
62.5	20.00%	0.4994	6.24
63.5	20.00%	0.3995	5.07
64.5	25.00%	0.3196	5.15
65.5	50.00%	0.2397	7.85
66.5	50.00%	0.1199	3.99
67.5	50.00%	0.0599	2.02
68.5	50.00%	0.0300	1.03
69.5	50.00%	0.0150	0.52
70	100.00%	0.0075	0.52
Weighted Average			62.03

Former Burlington Employees

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	2.50%	1.0000	1.39
56.5	2.50%	0.9750	1.38
57.5	2.50%	0.9506	1.37
58.5	2.50%	0.9269	1.36
59.5	2.50%	0.9037	1.34
60.5	5.00%	0.8811	2.67
61.5	5.00%	0.8370	2.57
62.5	40.00%	0.7952	19.88
63.5	20.00%	0.4771	6.06
64.5	20.00%	0.3817	4.92
65.5	100.00%	0.3054	20.00
66.5	100.00%	0.0000	0.00
67.5	100.00%	0.0000	0.00
68.5	100.00%	0.0000	0.00
69.5	100.00%	0.0000	0.00
70	100.00%	0.0000	0.00
Weighted Average			62.94

Schedule SB Attachment (Form 5500)—2009 Plan Year
Tekni-Plex, Inc. Pension Plan
EIN: 22-3286312 PN: 006

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates	Based on segment rates without regard to the three-year phase in, as of January 2009.
1st Segment Rate	5.32%.
2nd Segment Rate	6.45%.
3rd Segment Rate	6.69%.
Optional Payment Form Election Percentage	Dolco - 100% lump sum. Burlington and PS&T - 100% life annuity.
Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums.
Optional Payment Form Conversion Mortality	Current 417(e) table for lump sums.
Retirement Age	
Active Participants	See Tables 1-2.
Terminated Vested Participants	PS&T - Age 63 ;Burlington - Age 65; Dolco - Age 65 for current terminated vesteds; immediately for future terminated vesteds.
Mortality Rates	
Healthy and Disabled	Generational Mortality Table for Annuitants and Non- Annuitants Per §1.430(h)(3)-1(d).
Withdrawal Rates	See Tables 3-5.
Disability Rates	See Tables 6-7.
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$195,000.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Tekni-Plex, Inc. Pension Plan
EIN: 22-3286312 PN: 006

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Trust Expenses Included in Target Normal Cost

None, as no administrative fees are currently paid from trust assets.

Expected Return on Assets

2007 Plan Year

6.09%.

2008 Plan Year

6.43%.

Actuarial Method

Standard Unit Credit Cost Method.

Valuation Date

January 1, 2009.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Tekni-Plex, Inc. Pension Plan
EIN: 22-3286312 PN: 006

Table 1
Retirement Rates - Former Burlington Employees

Age	Rate
55	2.50%
56	2.50%
57	2.50%
58	2.50%
59	2.50%
60	5.00%
61	5.00%
62	40.00%
63	20.00%
64	20.00%
65+	100.00%

Schedule SB Attachment (Form 5500)—2009 Plan Year
Tekni-Plex, Inc. Pension Plan
EIN: 22-3286312 PN: 006

Table 2
Retirement Rates - Former Dolco and PS&T Employees

Age	Rate
55	10.00%
56	3.00%
57	3.00%
58	3.00%
59	5.00%
60	20.00%
61	20.00%
62	20.00%
63	20.00%
64	25.00%
65	50.00%
66	50.00%
67	50.00%
68	50.00%
69	50.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2009 Plan Year
 Tekni-Plex, Inc. Pension Plan
 EIN: 22-3286312 PN: 006

Table 3
Termination Rates - Former Dolco Employees

Age	Rate	Age	Rate
15	17.940%	45	8.450%
16	17.940%	46	7.772%
17	17.940%	47	7.094%
18	17.940%	48	6.416%
19	17.940%	49	5.738%
20	17.940%	50	5.060%
21	17.796%	51	4.394%
22	17.652%	52	3.728%
23	17.508%	53	3.062%
24	17.364%	54	2.396%
25	17.220%	55	1.730%
26	16.942%	56	1.416%
27	16.664%	57	1.102%
28	16.386%	58	0.788%
29	16.108%	59	0.474%
30	15.830%	60	0.160%
31	15.496%	61+	0.000%
32	15.162%		
33	14.828%		
34	14.494%		
35	14.160%		
36	13.578%		
37	12.996%		
38	12.414%		
39	11.832%		
40	11.250%		
41	10.690%		
42	10.130%		
43	9.570%		
44	9.010%		

Schedule SB Attachment (Form 5500)—2009 Plan Year
 Tekni-Plex, Inc. Pension Plan
 EIN: 22-3286312 PN: 006

Table 4
Termination Rates - Former Burlington Employees

Age	Male	Female	Age	Male	Female
15	5.50%	5.89%	45	3.90%	4.39%
16	5.50%	5.89%	46	3.78%	4.29%
17	5.50%	5.89%	47	3.66%	4.19%
18	5.50%	5.89%	48	3.51%	4.10%
19	5.50%	5.89%	49	3.33%	4.00%
20	5.50%	5.89%	50	3.12%	3.90%
21	5.48%	5.80%	51	2.90%	3.78%
22	5.45%	5.71%	52	2.66%	3.66%
23	5.42%	5.64%	53	2.41%	3.51%
24	5.40%	5.57%	54	2.18%	3.33%
25	5.37%	5.50%	55	1.98%	3.12%
26	5.34%	5.48%	56	1.82%	2.90%
27	5.30%	5.45%	57	1.70%	2.66%
28	5.26%	5.42%	58	1.63%	2.41%
29	5.22%	5.40%	59	1.61%	2.18%
30	5.17%	5.37%	60	1.65%	1.98%
31	5.11%	5.34%	61	1.72%	1.82%
32	5.05%	5.30%	62	1.84%	1.70%
33	4.99%	5.26%	63	2.01%	1.63%
34	4.91%	5.22%	64	2.21%	1.61%
35	4.83%	5.17%	65+	0.00%	0.00%
36	4.75%	5.11%			
37	4.67%	5.05%			
38	4.58%	4.99%			
39	4.48%	4.91%			
40	4.39%	4.83%			
41	4.29%	4.75%			
42	4.19%	4.67%			
43	4.10%	4.58%			
44	4.00%	4.48%			

Schedule SB Attachment (Form 5500)—2009 Plan Year
 Tekni-Plex, Inc. Pension Plan
 EIN: 22-3286312 PN: 006

Table 5
Termination Rates - Former PS&T Employees

Age	Male	Female	Age	Male	Female
15	24.70%	31.60%	45	1.30%	2.80%
16	22.70%	29.60%	46	1.20%	2.50%
17	20.70%	27.60%	47	1.10%	2.30%
18	18.70%	25.60%	48	1.00%	2.10%
19	16.70%	23.60%	49	0.80%	1.80%
20	14.70%	21.60%	50	0.70%	1.40%
21	12.70%	19.60%	51	0.50%	1.00%
22	10.70%	17.60%	52	0.30%	0.70%
23	9.60%	15.60%	53	0.20%	0.40%
24	8.50%	13.60%	54	0.10%	0.10%
25	7.40%	11.60%	55+	0.00%	0.00%
26	6.30%	9.60%			
27	5.20%	7.60%			
28	4.90%	7.30%			
29	4.60%	7.00%			
30	4.30%	6.70%			
31	4.00%	6.40%			
32	3.70%	6.00%			
33	3.50%	5.70%			
34	3.30%	5.40%			
35	3.10%	5.10%			
36	2.90%	4.80%			
37	2.70%	4.50%			
38	2.40%	4.30%			
39	2.20%	4.10%			
40	2.00%	3.90%			
41	1.80%	3.70%			
42	1.70%	3.40%			
43	1.60%	3.20%			
44	1.50%	3.00%			

Schedule SB Attachment (Form 5500)—2009 Plan Year
 Tekni-Plex, Inc. Pension Plan
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Table 6
Disability Rates - Former Burlington Employees

Age	Rate	Age	Rate
15	0.120%	45	0.198%
16	0.120%	46	0.221%
17	0.120%	47	0.249%
18	0.120%	48	0.281%
19	0.120%	49	0.315%
20	0.120%	50	0.357%
21	0.120%	51	0.405%
22	0.120%	52	0.463%
23	0.120%	53	0.523%
24	0.120%	54	0.593%
25	0.120%	55	0.681%
26	0.120%	56	0.791%
27	0.120%	57	0.930%
28	0.120%	58	1.110%
29	0.120%	59	1.260%
30	0.120%	60	1.380%
31	0.121%	61	1.471%
32	0.122%	62	1.542%
33	0.124%	63	1.598%
34	0.126%	64	1.640%
35	0.128%	65+	0.000%
36	0.130%		
37	0.134%		
38	0.137%		
39	0.142%		
40	0.147%		
41	0.153%		
42	0.159%		
43	0.169%		
44	0.183%		

Schedule SB Attachment (Form 5500)—2009 Plan Year
 Tekni-Plex, Inc. Pension Plan
 EIN: 22-3286312 PN: 006

Table 7
Disability Rates - Former PS&T Employees

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

Schedule SB Attachment (Form 5500)—2009 Plan Year
Tekni-Plex, Inc. Pension Plan
EIN: 22-3286312 PN: 006

Schedule SB, Part V—Summary of Plan Provisions

History of the Plan

Effective January 1, 2007, the following plans merged to form the Tekni-Plex, Inc. Pension Plan.

- Retirement Plan for Hourly Employees of Burlington Resins, Inc. at Burlington, N.J.
- Plastic Specialties and Technologies, Inc. and Affiliates Pension Plan
- Dolco Packaging Corporation Retirement Income Plan

The plan provisions in effect as of the merger date are listed by former plan.

Effective December 31, 2008, benefit accruals under the former Burlington Hourly Plan were frozen.

Former Burlington Hourly Plan Participants

Effective Date

June 23, 1967. The summary below reflects amendments adopted through June 23, 2010.

Participants

Hourly employees of Burlington Resins, Inc. who are employed in the Burlington, NJ plant and who are included in the collective bargaining unit represented by Local Union No. 8-890 of the Oil, Chemical, and Atomic Workers International Union as of the first of the month coincident with or next following completion of one year of service.

Effective December 31, 2008, benefit accruals under the pension plan will be frozen.

Normal Retirement

Eligibility

Age 65.

Monthly Benefit

For participants terminating employment on or after June 22, 2004, \$28.00 multiplied by the number of years of credited service.

Early Retirement

Eligibility

Age 55 and five years of service.

Monthly Benefit

The amount computed as for normal retirement, reduced by 1/2% for each month up to 36 months, and 1/3% for each additional month by which commencement precedes age 65.

Disability Retirement

Eligibility

Total and permanent disability and five years of service.

Monthly Benefit

The amount computed as for normal retirement, based on credited service at the date of disability, payable immediately.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Tekni-Plex, Inc. Pension Plan
EIN: 22-3286312 PN: 006

Vested Retirement

Eligibility

Five years of service.

Monthly Benefit

The amount computed as for normal retirement, based on credited service at termination of employment. The benefit is deferred to at least age 55 and reduced for commencement prior to age 65 as of early retirement.

Preretirement Surviving Spouse Benefit

Eligibility

Eligible for vested, early, or normal retirement benefits under the plan, but not yet receiving benefit payments.

Monthly Benefit

The benefit that would have been payable to the spouse had the participant terminated employment on the date of death, if active, survived to age 55, if not already age 55, elected commencement of benefits, and then died. The benefit is payable to the spouse for life beginning on the first of the month following the later of the date of death or the date the participant would have attained age 55.

Forms of Benefit

Normal Form of Benefit

For unmarried participants: Life annuity.

For married participants: An actuarial equivalent 50% joint and survivor annuity.

Optional Forms

Joint annuity, 100%, 75% or 50% continuance to the beneficiary after retiree's death; life annuity with ten years guaranteed; life annuity with five years guaranteed; life annuity.

Definitions

Actuarial Equivalence

UP-1984 Mortality Table with ages of participants increased one year and those of contingent annuitants decreased four years and 7.5% interest rate.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Tekni-Plex, Inc. Pension Plan
EIN: 22-3286312 PN: 006

Former PS&T Plan Participants

Effective Date	May 10, 1984; last restated effective October 1, 1998.
Participants	Each employee who was a participant in the plan as of October 1, 1998.
Normal Retirement Eligibility	Age 65.
Monthly Benefit	The greater of: <ol style="list-style-type: none">1/12 of 1% of the total compensation received by the employee during the period he or she participated in the plan through September 30, 1998, or2. If the number of years of participation as of September 30, 1998, is at least 15 years, \$4.00 times the number of years of participation through September 30, 1998.
Postponed Retirement Eligibility	After age 65.
Monthly Benefit	The amount computed as for normal retirement.
Early Retirement Eligibility	Age 55 and eligible for a vested benefit from the plan.
Monthly Benefit	The participant's vested amount at the time of termination of employment, reduced by 2/10% for each month up to 36 months, plus 4/10% for each month over 36 months by which the benefit commencement date precedes age 65.
Vested Retirement Eligibility	One year of service.
Monthly Benefit	The participant's vested amount at the time of termination, deferred to at least age 55 and reduced by 4/10% for each month by which the benefit commencement date precedes age 65.
Disability Retirement Eligibility	A plan participant who is determined to be disabled by the Administrative Committee.
Monthly Benefit	The amount determined as for normal retirement, deferred to at least age 55 and reduced by 2/10% for each month up to 36 months, plus 4/10% for each month over 36 months by which the benefit commencement date precedes age 65.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Tekni-Plex, Inc. Pension Plan
EIN: 22-3286312 PN: 006

Automatic Preretirement Surviving Spouse
Eligibility

Married for at least one year, with a nonforfeitable right to his or her benefit, but not yet receiving benefits under the plan.

Monthly Benefit

50% of the amount the participant would have received had he or she terminated employment on the day of death (if active), survived to the earliest retirement date (if not already attained), and began receiving benefits as a qualified joint and survivor pension. The benefit is payable to the spouse for life beginning on the later of the date of death or the participant's earliest retirement date.

Forms of Benefit

Normal Form of Annuity

For unmarried participants: life annuity;

For married participants: an actuarial equivalent 50% joint and survivor annuity.

Optional Forms

Joint annuity, 100%, 75%, 66 2/3% or 50% continuance to the beneficiary after retiree's death; life annuity with ten years guaranteed; life annuity.

Definitions

Actuarial Equivalence

A benefit having the same value as the benefit it replaces as determined based on an 50% male, 50% female weighting of the 1971 Group Annuity Mortality Table and a 7% interest rate

Period of Service

The period from an employee's date of employment to his or her severance from service calculated in full years and fractional 1/12ths including all periods of prior uninterrupted employment with the predecessor corporation.

Plan Year

Each calendar year.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Tekni-Plex, Inc. Pension Plan
EIN: 22-3286312 PN: 006

Vested Amount

The amount determined as for normal retirement multiplied by the applicable vesting percentage determined below:

Period of Service	Vesting Percentage
1-1.9999	10%
2-2.9999	20%
3-3.9999	30%
4-4.9999	40%
5-5.9999	60%
6-6.9999	80%
7 or more	100%

Notwithstanding the above, if a participant has attained age 60, he or she shall be 100% vested upon completion of a period of service of one full year.

Status of the Plan

Effective September 30, 1998 the plan was closed to new entrants and benefit accruals under the PS&T plan ceased.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Tekni-Plex, Inc. Pension Plan
EIN: 22-3286312 PN: 006

Former Dolco Plan Participants

Effective Date	January 1, 1971; last restated effective January 1, 2000.
Participants	Each employee who was a participant in the plan as of July 1, 1987.
Normal Retirement Eligibility	Age 65.
Monthly Benefit	<ol style="list-style-type: none">For Credited Service before January 1, 1974: 1% of past service earnings for each year of Credited Service.For service between January 1, 1974 and December 31, 1982: 1% of the first \$13,200 of earnings plus 2% of earnings in excess of \$13,200 during each calendar year.For service between January 1, 1983 and June 30, 1987: 1.25% of earnings up to 50% of the social security wage base plus 2% of earnings over 50% of the social security wage base.For service before January 1, 1984: A minimum benefit of 1% of 1983 earnings times years of Credited Service through December 31, 1983No benefits accrue after June 30, 1987
Postponed Retirement Eligibility	After age 65.
Monthly Benefit	The benefit payable is the actuarial equivalent of the participant's benefit at Normal Retirement Date.
Early Retirement Eligibility	Age 60 with 10 years of service.
Monthly Benefit	Accrued benefit actuarially reduced for early payment
Vested Retirement Eligibility	Four years of service.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Tekni-Plex, Inc. Pension Plan
EIN: 22-3286312 PN: 006

Monthly Benefit

Payable at Normal Retirement Date. A participant with ten years of service may begin to elect benefit payments as of the first day of any month following age 60.

Automatic Preretirement Surviving Spouse
Eligibility

Married for at least one year, with a nonforfeitable right to his or her benefit, but not yet receiving benefits under the plan.

Monthly Benefit

50% of the amount the participant would have received had he or she terminated employment on the day of death (if active), survived to the earliest retirement date (if not already attained), and began receiving benefits as a qualified joint and survivor pension. The benefit is payable to the spouse for life beginning on the later of the date of death or the participant's earliest retirement date.

Forms of Benefit
Normal Form of Annuity

For unmarried participants: life annuity; For married participants: an actuarial equivalent 50% joint and survivor annuity.

Optional Forms

Joint annuity, 100%, 75%, 66 2/3% or 50% continuance to the beneficiary after retiree's death; life annuity with five years guaranteed; level income option; lump sum.

Definitions
Plan Year

Each calendar year.

Vested Amount

The amount determined as for normal retirement multiplied by the applicable vesting percentage determined below:

Period of Service	Vesting Percentage
0-3.9999	0%
4-4.9999	25%
5 or more	100%

Actuarial Equivalence

Actuarial adjustment factors as set forth in Appendix A of the Plan Document.

Status of the Plan

Effective July 1, 1987, the Dolco Plan was closed to new entrants. Effective January 1, 1988, benefit accruals under the Dolco Plan ceased.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Tekni-Plex, Inc. Pension Plan
EIN: 22-3286312 PN: 006

Changes in Plan Provisions since the Prior Year

The funding valuation reflects the following plan changes:

- Effective December 31, 2008, benefit accruals under the former Burlington Hourly Pension Plan were frozen.
- An increase in the annual maximum benefit limit under IRC Section 415 from \$185,000 in 2008 to \$195,000 in 2009.
- The mortality basis for lump sum payments was updated from the 417(e)(3) mortality table applicable for the 2008 plan year to the 417(e)(3) mortality table applicable for the 2009 plan year for former Dolco participants.

Schedule SB, Part V—Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

The actuarial valuation was conducted on an ongoing (not termination) basis using personnel data furnished as of January 1, 2009 by Tekni-Plex, Inc.. Asset information and the dates and amounts of contributions are based on information supplied by Tekni-Plex, Inc..

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the interest rate assumption to segment rates of 5.32%, 6.45%, and 6.69%.
- A change in the lump sum interest rate assumption to the funding rates for former Dolco participants.

Schedule SB, line 25—Change in Actuarial Method

The funding valuation reflects the following method changes:

- A change in the asset valuation method from market value to a two-year smoothed value method as of January 1, 2009.

Schedule SB Attachment (Form 5500)—2009 Plan Year
 Tekni-Plex, Inc. Pension Plan
 EIN: 22-3286312 PN: 006

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2009

Attained Age	Number of Participants									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34				7						
35-39			1	15	5	1				
40-44	1	1	1	10	8	24	1			
45-49			4	27	18	25	20	12		
50-54			1	9	14	15	27	26	2	
55-59			1	14	16	10	9	14	14	
60-64		1	1	1	5	10	9	7	7	4
65-69				1	4	2	2	1	1	1
70+							1			1

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Schedule SB Attachment (Form 5500)—2009 Plan Year
Tekni-Plex, Inc. Pension Plan
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Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Remaining Years	Amortization Amount
2008 Shortfall	\$ 3,898,542	January 1, 2008	6	\$ 742,389
2009 Shortfall	<u>592,313</u>	January 1, 2009	7	<u>99,739</u>
Total	\$ 4,490,855			\$ 842,128

Tekni-Plex, Inc. Pension Plan

Schedule of Assets (Held at End of Year) December 31, 2009

EIN: 22-3286312
Plan Number: 006
Form 5500

(a)	(b)	(c)	(d)	(e)
Identity of issuer	Description of investments, including maturity date and rate interest	Cost	Current Value	
*	Mellon – Common Collective Trust	EB Temporary Investment Fund	\$ 124,915	\$ 124,915
*	Mellon – Common Collective Trust	EB Small Cap Stock Fund	1,631,551	1,480,186
*	Mellon – Common Collective Trust	EB DV ENH Mid Cap Core Fund	1,455,226	2,135,748
*	Mellon – Common Collective Trust	EB FPA Core Large Cap Stk Fund	9,348,748	8,511,887
*	Mellon – Common Collective Trust	EB Mellon Total Return Fund	7,632,489	9,248,726
*	Mellon – Common Collective Trust	EB NCML EAFE Plus Fund	2,223,931	2,091,974
Total			\$22,416,860	\$23,593,436

*Party-in-interest as defined by ERISA

See accompanying auditors' report

Tekni-Plex, Inc. Pension Plan

Schedule of Reportable Transactions December 31, 2009

EIN: 22-3286312
Plan Number: 006
Form 5500

Single transactions in excess of 5%					
Identity of party involved	Security Description	Purchase Price	Selling Price	Cost of Assets	Gain/Loss
*Mellon	EB Temporary Investment Fund	\$2,000,000	\$ -	\$ -	\$ -
*Mellon	EB Temporary Investment Fund	-	1,696,000	1,696,000	-

*Party-in-interest as defined by ERISA.

See accompanying auditors' report.

Tekni-Plex, Inc. Pension Plan

Schedule of Reportable Transactions December 31, 2009

EIN: 22-3286312
Plan Number: 006
Form 5500

Series of transactions in excess of 5%

Identity of party involved	Security Description	Purchase Price	Selling Price	Cost of Assets	Gain/Loss
*Mellon	EB FPA Core Large Cap Stk Fund	\$1,168,500	\$ 835,900	\$1,104,809	\$(268,909)
*Mellon	EB Temporary Investment Fund	4,103,875	4,082,978	4,082,978	-
*Mellon	Total Return Fund Cl A	1,939,467	347,900	302,736	45,164

*Party-in-interest as defined by ERISA.

See accompanying auditors' report.