

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For 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>TEGRANT INVESTMENT AND RETIREMENT 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>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>04/20/2007</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>04/20/2007</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>04/20/2007</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>TEGRANT CORPORATION</u> <u>1401 PLEASANT STREET</u> <u>DEKALB, IL 60115</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>20-8493827</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>724-847-2455</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>326100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>20-8493827</u>	2c Sponsor's telephone number <u>724-847-2455</u>	2d Business code (see instructions) <u>326100</u>	
2b Employer Identification Number (EIN) <u>20-8493827</u>					
2c Sponsor's telephone number <u>724-847-2455</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.	09/24/2010	PHILIP AMBERG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/27/2010	PHILIP AMBERG
	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") TEGRANT CORPORATION 1401 PLEASANT STREET DEKALB, IL 60115	3b Administrator's EIN 20-8493827 3c Administrator's telephone number 724-847-2455
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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	2268
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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	1329
b Retired or separated participants receiving benefits.....	6b	3
c Other retired or separated participants entitled to future benefits.....	6c	529
d Subtotal. Add lines 6a , 6b , and 6c	6d	1861
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	1861
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	1643
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	58

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:
 2E 2F 2G 2J 2K 2T 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)

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

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

<div>A Name of plan</div> <div>TEGRANT INVESTMENT AND RETIREMENT PLAN</div>	<div>B Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>TEGRANT CORPORATION</div>	<div>D Employer Identification Number (EIN)</div> <div>20-8493827</div>

Part I

Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
THE VANGUARD GROUP, INC.
23-1945930

(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)

THE VANGUARD GROUP, INC.

23-1945930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 26 37 52	NONE	45664	Yes ☒ No ☐	Yes ☒ No ☐	147	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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan TEGRANT INVESTMENT AND RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TEGRANT CORPORATION	D Employer Identification Number (EIN) 20-8493827

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: VANGUARD RETIREMENT SAVINGS TRUST

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 23-2186884-022	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11238893
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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)
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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)
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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)
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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)
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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)
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

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

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 TEGRANT INVESTMENT AND RETIREMENT PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 TEGRANT CORPORATION	D Employer Identification Number (EIN) 20-8493827	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	192030	0
(2) Participant contributions	1b(2)	42903	0
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1431715	1547548
(9) Value of interest in common/collective trusts.....	1c(9)	10074403	11238893
(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)	40054575	48949918
(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	51795626	61736359

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	51795626	61736359
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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)	537860	
(B) Participants	2a(1)(B)	2459914	
(C) Others (including rollovers)	2a(1)(C)	416429	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3414203
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)	91760	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		91760
(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)	1059274	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1059274
(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)		474885
(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)		8699128
c Other income.....	2c		242112
d Total income. Add all income amounts in column (b) and enter total.....	2d		13981362

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10412874	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	5260	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		10418134
f Corrective distributions (see instructions)	2f		2299
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)	39952	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		39952
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		10460385

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3520977
l Transfers of assets:			
(1) To this plan.....	2l(1)		6419756
(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: **TORRILLO & ASSOCIATES, LLC**

(2) EIN: **83-0414789**

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)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>TEGRANT INVESTMENT AND RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TEGRANT CORPORATION</u>	D Employer Identification Number (EIN) <u>20-8493827</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
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>23-2186884</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

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

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

INDEPENDENT AUDITORS' REPORT

To the Participants and Plan Administrator of the
Tegrant Investment and Retirement Plan:

We were engaged to audit the financial statements of the Tegrant Investment and Retirement Plan (the "Plan") as of December 31, 2009 and 2008, and for the years then ended and the supplemental schedule as of December 31, 2009, as listed in the accompanying index. These financial statements and supplemental schedule 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 Vanguard Fiduciary Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of 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 that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



August 27, 2010

Tegant Investment and Retirement Plan

**Financial Statements
As of and for the Years Ended December 31, 2009 and 2008
and
Supplemental Schedule
As of December 31, 2009**

Index

<u>Title</u>	<u>Page No.</u>
Independent Auditors' Report	1
Statements of Net Assets Available for Benefits	2
Statements of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4 – 13

Supplemental Information

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	14
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- * The supplemental schedule included is presented for purposes of additional analysis and is not a required part of the basic financial statements but is required by the Employee Retirement Income Security Act of 1974 ("ERISA"). Other schedules required by section 2520.103-10 of the Department of Labor Rules and Regulations for reporting and disclosure under ERISA have been omitted because they are not applicable.

INDEPENDENT AUDITORS' REPORT

To the Participants and Plan Administrator of the
Tegrant Investment and Retirement Plan:

We were engaged to audit the financial statements of the Tegrant Investment and Retirement Plan (the "Plan") as of December 31, 2009 and 2008, and for the years then ended and the supplemental schedule as of December 31, 2009, as listed in the accompanying index. These financial statements and supplemental schedule 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 Vanguard Fiduciary Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of 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 that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



August 27, 2010

Tegrant Investment and Retirement Plan
Statements of Net Assets Available for Benefits
As of December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Assets:		
Investments, at fair value:		
Registered investment companies	\$ 48,949,918	\$ 40,054,575
Retirement savings trust	11,238,893	10,074,403
Participant loans	<u>1,547,548</u>	<u>1,431,715</u>
Total investments, at fair value	61,736,359	51,560,693
Receivables:		
Participants' contributions	0	42,903
Employer's contributions	<u>0</u>	<u>192,030</u>
Total receivables	<u>0</u>	<u>234,933</u>
Net assets available for benefits at fair value	<u>61,736,359</u>	<u>51,795,626</u>
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>(242,964)</u>	<u>130,006</u>
Net assets available for benefits	<u><u>\$ 61,493,395</u></u>	<u><u>\$ 51,925,632</u></u>

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

Tegrant Investment and Retirement Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Additions to net assets attributed to:		
Investment income (loss):		
Interest and dividend income	\$ 1,151,034	\$ 1,993,681
Net appreciation (depreciation) in fair value of investments	9,043,155	(19,855,157)
Net investment income (loss)	<u>10,194,189</u>	<u>(17,861,476)</u>
Contributions:		
Employer's	537,860	2,077,522
Participants'	2,876,343	3,197,734
Total contributions	<u>3,414,203</u>	<u>5,275,256</u>
Asset transfers in	<u>6,419,756</u>	<u>235,605</u>
Total additions and net investment income (loss)	<u>20,028,148</u>	<u>(12,350,615)</u>
Deductions from net assets attributed to:		
Benefits paid to participants	10,420,433	7,621,696
Administrative expenses	<u>39,952</u>	<u>21,410</u>
Total deductions	<u>10,460,385</u>	<u>7,643,106</u>
Net increase (decrease) in net assets available for benefits	9,567,763	(19,993,721)
Net assets available for benefits		
Beginning of year	<u>51,925,632</u>	<u>71,919,353</u>
End of year	<u><u>\$ 61,493,395</u></u>	<u><u>\$ 51,925,632</u></u>

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

Tegrant Investment and Retirement Plan
Notes to Financial Statements
As of and for the Years Ended December 31, 2009 and 2008

1. Description of Plan

The following brief description of the Tegrant Investment and Retirement Plan (formerly known as the SCA Industrial Packaging, Inc. Hourly Investment and Retirement Plan) (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan covers salaried, hourly union and non-union employees of Tegrant Corporation, formerly, SCA North America-Packaging Division, Inc. (the “Company”). Employees who are at least age eighteen are eligible to participate in the Plan on the first day of the first payroll period after completing ninety days. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

During 2008, the DOT Group LLC was acquired by the Company. The management of the Company merged the DOT Group LLC Cash or Deferred 401(k) Profit Sharing Plan into the Plan. As a result of the merger, net Plan assets of \$6,585,201 were transferred to the Tegrant Investment and Retirement Plan. During 2009, assets of \$6,350,811 were transferred into the Plan from the DOT Group LLC Cash or Deferred 401(k) Profit Sharing Plan. During 2008, participant loans of \$234,390 were transferred in from the DOT Group LLC Cash or Deferred 401(k) Profit Sharing Plan.

Prior to 2009, Merrill Lynch was custodian of the DOT Group LLC Cash or Deferred 401(k) Profit Sharing Plan. Vanguard Fiduciary Trust Company is the trustee and third-party recordkeeper of the Plan. As a result of the merger of the Plans, effective January 2, 2009, plan investment assets of the DOT Group LLC Cash or Deferred 401(k) Profit Sharing Plan were transferred to Vanguard Fiduciary Trust Company. The assets were transferred into funds comparable to those offered by the previous custodian. The conversion initiated a “Black Out” period beginning on December 23, 2009 and continued through January 11, 2010. During this period, DOT Group LLC participants’ plan accounts were not available for investment fund exchanges and distribution requests, including loans. Participant loan assets of the DOT Group LLC Cash or Deferred 401(k) Profit Sharing Plan were transferred to the Plan effective December 31, 2008. During the Black Out period, DOT Group LLC employee payments on existing loans continued to be made through payroll deductions. Investment allocation changes were permitted to be made after January 11, 2010 including changes to additional investment options offered by the Plan.

Additionally, during 2009 and 2008, total assets of \$68,945 and \$1,215, respectively were transferred into the Plan from the SCA North America, Inc. Investment and Retirement Plan.

Contributions

Each year participants in the Plan may generally contribute 1% to 25% of pretax compensation, with the allowable contribution amount based on location and classification, as defined in the Plan document. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

If a participant is at least 50 years of age by the end of the calendar year and their pretax compensation is limited by Plan or IRS imposed limits, they may make additional pretax contributions from 1% to 75% of their pay to the Plan for each payroll period as catch-up

Tegrant Investment and Retirement Plan
Notes to Financial Statements
As of and for the Years Ended December 31, 2009 and 2008

contributions. These catch-up contributions are limited to \$5,500 for 2009 and \$5,000 for 2008, and are not eligible for the Company match contribution.

Prior to the change in sponsorship to Tegrant Corporation, the Plan provided for a discretionary matching contribution by the Company, which varied for differing employee locations. For most participants, the Company's discretionary matching contribution was 100% of the first 3% of compensation that a participant contributed to the Plan plus 50% of the next 2% of eligible compensation that a participant contributed to the Plan. The Plan allowed for the following additional contributions for differing employee locations as defined in the Plan document. For most participants, the Company made an additional Employer Contribution equal to 5.5% of a participant's eligible compensation. However, depending upon the employee location, such contribution could range from 4% to 6% of the participant's eligible compensation. Certain employees may also have been entitled to a Supplemental Contribution from the Company based on their combined years of service with predecessor companies.

Effective March 8, 2007 (the date of the change in sponsorship to Tegrant Corporation), for salaried and non-union participants, the Plan provides a matching contribution of 100% of the first 5% of compensation that a participant contributes to the Plan. The Plan also discontinued the 5.5% supplemental contribution for salaried and non-union hourly participants. Certain union participants at Butner, NC (effective November 30, 2007) and Hayward, CA Production (effective August 31, 2007) also adopted the matching contribution of 100% of the first 5% of compensation and had the 5.5% supplemental contribution discontinued. During 2008, certain other union participants at New Brighton, PA (effective October 24, 2008) and Pardeeville, WI (effective November 2, 2008) adopted the matching contribution of 100% of the first 5% of compensation and had the 5.5% (New Brighton) and 6% (Pardeeville) supplemental contribution discontinued. Certain union participants at the Marion, OH location continue to have the matching contributions and supplemental contributions in place prior to the change in sponsorship as detailed in the Plan agreement and in accordance with the terms of their respective collective bargaining agreement. Effective as of March 29, 2009, the Plan was amended to suspend the matching contribution. The matching contribution was reinstated as of January 1, 2010. Refer to Note 9 regarding Plan amendments.

Participants direct contributions into various investments options offered by the Plan. For participants who do not make an affirmative election, the Company designates the age-appropriate "Target Fund" as the default investment fund. A Target Fund is an investment fund that provides a mixture of fixed income and equity investments that are matched to an individual's age and presumed retirement age. Contributions are subject to certain limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of the Company's contributions and Plan earnings. Allocations are based on participant earnings or account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

A participant, at all times, has a fully vested (100%) interest in their contribution accounts, matching contribution accounts, and rollover accounts, plus actual earnings thereon.

Tegrant Investment and Retirement Plan
Notes to Financial Statements
As of and for the Years Ended December 31, 2009 and 2008

A participant is 100% vested after 3 years of credited service in his or her Employer Contribution account.

Notwithstanding the above vesting for the Employer Contribution, a participant will become 100% vested in these accounts upon their attainment of normal retirement age while an employee, death while an employee, or becoming disabled while an employee.

Participant Loans

The Plan allows for participants to take loans against their account balances. The plan allows for only one loan (including a loan transferred in from the predecessor plan) at any one time.

Participants may borrow from their fund accounts up to a maximum amount equal to the lesser of \$50,000 or 50 percent of their vested account balances. Loan terms range from 1 to 5 years or up to 15 years to purchase a primary residence. The loans are secured by the balance in the participant's account and bear interest at the prime rate as reported by Reuters. Interest rates vary from 4.25% to 9.25%. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

In the event of a participant's death, retirement, disability or termination of employment for other reasons, the participant or his beneficiary may elect to receive the entire account balance in a lump sum. Account balances which do not exceed \$1,000 will automatically be paid in a lump sum as soon as administratively feasible. Mandatory distributions that are greater than \$1,000 and less than \$5,000 may be paid in a direct rollover to an individual retirement account designated by the Plan Administrator, unless the Participant previously elected to have such distribution paid directly to an eligible retirement plan in a direct rollover or to receive the distribution directly.

A participant may also withdraw all or a portion of his entire account balance upon attainment of age 59½ or in the case of financial hardship, as defined.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan have been prepared using the accrual basis of accounting.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because the contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statements of net assets available for benefits present the fair value of the investment contracts, as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statements of changes in net assets available for benefit include changes in net assets attributable to fully benefit-responsive investment contracts on a contract value basis.

Tegrant Investment and Retirement Plan
Notes to Financial Statements
As of and for the Years Ended December 31, 2009 and 2008

Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America, requires the Plan management to make significant estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and the changes in net assets available for benefits during the reporting period, and, when applicable, disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Net appreciation or depreciation in the fair value of investments consists of the realized gains or losses and the unrealized appreciation or depreciation of those investments.

Risks and Uncertainties

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

Payments of Benefits

Benefits are recorded when paid.

Administrative Expenses

Loan fees and other participant-specific fees are deducted from participant accounts. The Company pays other administrative expenses of the Plan.

Forfeited Accounts

When certain terminations of participants in the Plan occur, the non-vested portion of the participant's employer contribution account represents forfeitures. Total unallocated forfeitures, which will be used to reduce future employer contributions, were \$37,885 and \$150,306 at December 31, 2009 and 2008, respectively. Forfeitures used to offset employer contributions totaled \$161,850, and \$245,687 for the years ended December 31, 2009 and 2008, respectively.

Subsequent Events

The Plan has evaluated subsequent events through August 27, 2010 the date the financial statements were available to be issued.

Recently Issued Accounting Guidance

The Financial Accounting Standards Board ("FASB") *Accounting Standards Codification* ("ASC") was approved by the FASB as the single source of authoritative accounting principles generally accepted in the United States of America for interim and annual periods ending after September 15, 2009. Financial statements issued after September 15, 2009 are

Tegrant Investment and Retirement Plan
Notes to Financial Statements
As of and for the Years Ended December 31, 2009 and 2008

required to conform references within the financial statements to the relevant FASB ASC references. Additionally, new guidance is now issued through FASB Accounting Standards Updates (“ASU”).

FASB ASC 855, *Subsequent Events*, became effective for interim and annual periods after June 15, 2009 and establishes general standards of accounting for and disclosure of subsequent events (see above).

In April 2009, the FASB issued FASB Staff Position (“FSP”) FAS 157-4, *Determining Fair Value When the Volume and Level of Activity for the Asset or Liability Have Significantly Decreased and Identifying Transactions That Are Not Orderly*. FSP FAS 157-4 is codified in FASB ASC 820, *Fair Value Measurements and Disclosures*. This FSP provides additional guidance for estimating fair value when the volume and level of activity for the asset or liability have significantly decreased. This FSP also includes guidance on identifying circumstances that indicate a transaction is not orderly. In addition, FSP 157-4 states that certain fair value measurement information must be disclosed by major category of assets and liabilities. For equity and debt securities, major category should be defined as major security type as described in FASB ASC 320, *Investments – Debt and Equity Securities*. This FSP is effective for interim and annual reporting periods ending after June 15, 2009, and should be applied prospectively. This FSP does not require disclosures for earlier periods presented for comparative purposes at initial adoption. In periods after initial adoption, this FSP requires comparative disclosures only for periods ending after initial adoption. The Plan has adopted FSP 157-4, see Note 4.

Future Adoption of Accounting Guidance

In January 2010, the FASB issued ASU No. 2010-06, *Fair Value Measurements and Disclosures (Topic 820): Improving Disclosures about Fair Value Measurements* (ASU No. 2010-06), which primarily requires new disclosures related to the levels within the fair value hierarchy. An entity will be required to disclose transfers in and out of Levels 1 and 2 of the fair value hierarchy, and separately present information related to purchases, sales, issuances and settlements in the reconciliation of fair value measurements classified as Level 3. ASU No. 2010-06 is effective for interim and annual reporting periods beginning after December 15, 2009, except for the disclosures related to purchases, sales, issuances and settlements for Level 3 fair value measurements, which are effective for reporting periods beginning after December 15, 2010. The Plan will include the disclosures as required by ASU No. 2010-06 in the notes to the Plan’s financial statements effective January 1, 2010, except for the disclosures related to the rollforward of activity in Level 3 fair value measurements, which will be included in the notes to the Plan’s financial statements effective January 1, 2011.

3. Unaudited Information Certified by the Plan 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, as permitted under such election, the following information included in the accompanying financial statements and supplemental schedule was certified by the trustee as complete and accurate:

Certified by the Vanguard Fiduciary Trust Company (trustee):

- Registered investment companies, retirement savings trust and participant loan investments, as shown in the statements of net assets available for benefits at December 31, 2009 and 2008.

Tegrant Investment and Retirement Plan
Notes to Financial Statements
As of and for the Years Ended December 31, 2009 and 2008

- Investment activity, including interest and dividend income and net appreciation (depreciation) in fair value of investments for the years ended December 31, 2009 and 2008, as follows:

	For the Year Ended December 31	
	<u>2009</u>	<u>2008</u>
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	\$ 9,043,155	\$ (19,855,157)
Interest and dividends	1,151,034	1,993,681

- The information for all registered investment companies, the retirement savings trust and participant loans listed in the schedule of assets (held at end of year) at December 31, 2009 as shown in the supplemental schedule.

During 2009 and 2008, the Plan's investments in mutual funds (including gains and losses on investments bought and sold as well as held during the year) appreciated (depreciated) in value by \$9,043,155 and \$(19,855,157), respectively.

Investments of the Plan that exceed 5 percent of net assets available for benefits at December 31, 2009 are summarized as follows:

	<u>2009</u>
Vanguard 500 Index Fund	\$ 7,081,250
Vanguard Retirement Savings Trust*	11,238,893
Vanguard Extended Market Index Fund Investor Shares	4,462,859
Vanguard Target Retirement 2020 Fund	3,125,487
Vanguard Target Retirement 2025 Fund	3,939,410
Vanguard Target Retirement 2030 Fund	3,130,838
Vanguard Total Bond Market Index Fund Investor Shares	4,085,752
Vanguard Windsor II Fund Investor Shares	4,032,239
American Funds Euro Pacific Growth Fund, R-4 Shares	4,776,133

* Amount is at fair value. Contract value is \$10,995,929 for this investment.

Investments of the Plan that exceed 5 percent of net assets available for benefits at December 31, 2008 are summarized as follows:

	<u>2008</u>
Vanguard 500 Index Fund	\$ 6,149,559
Vanguard Retirement Savings Trust*	10,074,403
Vanguard Extended Market Index Fund Investor Shares	3,115,046
Vanguard Target Retirement 2020 Fund	2,920,960
Vanguard Target Retirement 2025 Fund	3,695,097
Vanguard Target Retirement 2030 Fund	3,079,780
Vanguard Total Bond Market Index Fund Investor Shares	3,626,822
Vanguard Windsor II Fund Investor Shares	2,770,508
American Funds Euro Pacific Growth Fund, R-4 Shares	3,179,663

* Amount is at fair value. Contract value is \$10,204,409 for this investment.

Tegrant Investment and Retirement Plan
Notes to Financial Statements
As of and for the Years Ended December 31, 2009 and 2008

The Vanguard Retirement Savings Trust invests in high-quality fixed income securities with financial backing from insurance companies and banks. As described in Note 2, the Vanguard Retirement Savings Trust is fully benefit-responsive and therefore contract value is the relevant measurement attribute for that portion of net assets available for benefits. Contract value represents contributions made plus interest accrued at the contract rate less withdrawals and administrative expenses. Participants who invest in the Vanguard Retirement Savings Trust agree to limitations imposed by issuers of investment contracts. These limitations include restriction on the timing and amounts which can be transferred from the Vanguard Retirement Savings Trust to short-term bond funds. Additionally, once money is transferred from the Vanguard Retirement Savings Trust into stock, balanced or bond funds with an average duration of more than four years, the money must remain in the fund for at least 90 days before it can be transferred into a shorter-term bond fund. Money, however, can always be transferred back into the Vanguard Retirement Savings Trust. The average yield was 2.98% and 4.28% for the years ended December 31, 2009 and 2008, respectively.

4. Fair Value Measurements

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

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2: Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2009 and 2008.

<i>Registered investment companies</i>	Valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end.
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Tegrant Investment and Retirement Plan
Notes to Financial Statements
As of and for the Years Ended December 31, 2009 and 2008

<i>Retirement Savings Plan Trust:</i>	This common/collective trust fund is comprised of traditional contracts issued by insurance companies and banks, alternative investment contracts, and short-term investments. For traditional investment contracts, fair value is determined by calculating the present value of expected future cash flows for each contract. The fair value for alternative investment contracts is determined by aggregating the market value of the underlying investment in Vanguard mutual funds and bond trusts plus the value of the wrap contract, if any. The investments in mutual funds and bond trusts are valued at the net asset value of each fund or trust determined as of the close of the NYSE on the valuation date.
<i>Participant loans:</i>	Valued at amortized cost, which approximates fair value.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2009:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered investment company:				
Equity funds	\$ 25,608,047	\$ -	\$ -	\$ 25,608,047
Fixed income funds	5,994,804	-	-	5,994,804
Target date funds	17,309,181	-	-	17,309,181
Money market funds	37,886	-	-	37,886
Total registered investment company	<u>\$ 48,949,918</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 48,949,918</u>
Retirement Savings Trust	-	11,238,893	-	11,238,893
Participant loans	-	-	1,547,548	1,547,548
Total assets at fair value	<u>\$ 48,949,918</u>	<u>\$ 11,238,893</u>	<u>\$ 1,547,548</u>	<u>\$ 61,736,359</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2008:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered investment company:				
Equity funds	\$ 17,641,592	\$ -	\$ -	\$ 17,641,592
Fixed income funds	5,559,426	-	-	5,559,426
Target date funds	16,853,557	-	-	16,853,557
Money market funds	-	-	-	-
Total registered investment company	<u>\$ 40,054,575</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 40,054,575</u>
Retirement Savings Trust	-	10,074,403	-	10,074,403
Participant loans	-	-	1,431,715	1,431,715
Total assets at fair value	<u>\$ 40,054,575</u>	<u>\$ 10,074,403</u>	<u>\$ 1,431,715</u>	<u>\$ 51,560,693</u>

Tegrant Investment and Retirement Plan
Notes to Financial Statements
As of and for the Years Ended December 31, 2009 and 2008

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the years ended December 31, 2008 and 2009:

	<u>Participant Loans</u>
Balance, beginning of year 2008	\$ 1,181,527
Realized gains/(losses)	0
Unrealized gains/(losses) relating to instruments still held at the reporting date	0
Purchases, sales, issuances and settlements (net)	250,188
Balance, end of year 2008	<u>\$ 1,431,715</u>
Realized gains/(losses)	0
Unrealized gains/(losses) relating to instruments still held at the reporting date	0
Purchases, sales, issuances and settlements (net)	115,833
Balance, end of year 2009	<u><u>\$ 1,547,548</u></u>

5. Tax Status

The Internal Revenue Service ("IRS") determined and informed the Company by letter dated May 30, 2002, that the Plan was qualified under Internal Revenue Code ("IRC") Section 401. The Plan has been amended since receiving the determination letter. The Company has restated and amended the Plan document effective January 2, 2008 and a Unanimous Consent of the Tegrant Corporation Benefits Steering Committee was executed on October 2, 2008 adopting the restated plan. An Application for Determination for Employee Benefit Plan was submitted to the IRS on January 30, 2009. However, the management of the Plan believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

6. Related Party Transactions

The Plan invests in shares of mutual funds and a collective trust managed by Vanguard, the trustee. Transactions in such investments qualify as party-in-interest, which are exempt from the prohibited transaction rules.

7. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its matching contribution, employer contribution, and supplemental contribution at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

8. Plan Expenses

The Company pays all recordkeeping expenses for the administration of the Plan, with the exception of certain miscellaneous fees. Effective October 1, 2008, the annual account maintenance fee of \$40 is now charged to the accounts of terminated participants who have deferred receipt of distributions and continue to maintain account balances under the Plan.

Tegrant Investment and Retirement Plan
Notes to Financial Statements
As of and for the Years Ended December 31, 2009 and 2008

9. Plan Amendments

Effective March 29, 2009, the Plan was amended to suspend the matching contributions. The matching contribution was reinstated effective January 1, 2010. Also during 2009 the Plan was amended to make other administrative changes.

During 2009, the Plan was amended to reflect the appropriate effective dates of certain provisions of the Economic Growth and Tax Relief Reconciliation Act of 2001 ("EGTRRA") and final regulation under section 401(a)(9) of the Internal Revenue Code.

During 2008, the Plan was amended and restated in order to:

- Discontinue the 5.5% and 6% supplemental contribution for certain union participants at New Brighton, PA and Pardeeville, WI respectively;
- Change the eligibility of certain union participants at the New Brighton, PA location from one (1) year to that of ninety (90) days of continuous employment;
- Increase the company matching contribution to 100% for the first 5% of the eligible employee compensation for certain union participants at New Brighton, PA (effective October 24, 2008) and Pardeeville, WI (effective November 2, 2008);
- Add automatic enrollment of 1% and 2% of eligible employee compensation for union participants at New Brighton, PA (effective October 24, 2008) and Pardeeville, WI (effective November 2, 2008) respectively;
- Charge, effective October 1, 2008, an annual account maintenance fee of \$40 to the accounts of terminated participants who have deferred receipt of distributions and continue to maintain account balances under the Plan;
- Permit participant loans (See Note 1);
- Make other administrative changes to the Plan.

10. Reconciliation of Form 5500 to Financial Statements

The following is a reconciliation of net assets available for benefits per Schedule H of Form 5500 to the financial statements at December 31, 2009 and 2008:

	2009	2008
Net assets available for benefits per the Form 5500	\$ 61,736,359	\$ 51,795,626
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(242,964)	130,006
Net assets available for benefits per the financial statements	<u>\$ 61,493,395</u>	<u>\$ 51,925,632</u>

The following is a reconciliation of the change in net assets available for benefits per Schedule H of Form 5500 to the financial statements for the year ended December 31, 2009 and 2008:

	2009	2008
Increase (decrease) in net assets available for benefits per the Form 5500	\$ 3,520,977	\$ (20,359,332)
Asset transfer in	6,419,756	235,605
Change in adjustment from fair value to contract value for fully benefit-responsive investment contracts	(372,970)	130,006
Increase (decrease) in net assets available for benefits per the financial statements	<u>\$ 9,567,763</u>	<u>\$ (19,993,721)</u>

SUPPLEMENTAL SCHEDULE

Tegrant Investment and Retirement Plan
Schedule H, Item 4(i) – Schedule of Assets (Held at End of Year)
As of December 31, 2009

EIN: 20-8493827 Plan #: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	Registered Investment Companies:		
*	American Funds	Euro Pacific Growth Fund, R-4 Shares	\$ 4,776,133
*	Vanguard	500 Index Fund Investor Shares	7,081,250
*	Vanguard	Explorer Fund	1,293,230
*	Vanguard	Extended Market Index Fund Investor Shares	4,462,859
*	Vanguard	Long-Term Investment Grade Investor Shares	1,909,052
*	Vanguard	Morgan Growth Fund Investor Shares	1,401,257
*	Vanguard	PRIMECAP Fund	2,418,650
*	Vanguard	Prime Money Market Fund	37,886
*	Vanguard	Target Retirement 2005 Fund	262,258
*	Vanguard	Target Retirement 2010 Fund	1,432,234
*	Vanguard	Target Retirement 2015 Fund	2,093,963
*	Vanguard	Target Retirement 2020 Fund	3,125,487
*	Vanguard	Target Retirement 2025 Fund	3,939,410
*	Vanguard	Target Retirement 2030 Fund	3,130,838
*	Vanguard	Target Retirement 2035 Fund	1,554,489
*	Vanguard	Target Retirement 2040 Fund	876,913
*	Vanguard	Target Retirement 2045 Fund	677,048
*	Vanguard	Target Retirement 2050 Fund	177,813
*	Vanguard	Target Retirement Income	38,728
*	Vanguard	Total Bond Market Index Fund	4,085,752
*	Vanguard	Windsor II Fund Investor Shares	4,032,239
*	Veracity	Small Cap Value Fund	142,429
	Common/Collective Trust		
*	Vanguard	Retirement Savings Trust	11,238,893
*	Participant Loans	Loans with interest rates ranging from 4.25% to 9.25%, maturing from 2009 through 2023	1,547,548
Total Investments			<u>\$ 61,736,359</u>

*: Indicates party-in-interest to the Plan

“Cost” is not required as all the investments are participant-directed.

The information in this schedule has been certified as to its completeness and accuracy by Vanguard Fiduciary Trust Company, the Trustee of the Plan.

Tegrant Investment and Retirement Plan
Schedule H, Item 4(i) – Schedule of Assets (Held at End of Year)
As of December 31, 2009

EIN: 20-8493827 Plan #: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	Registered Investment Companies:		
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