Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF KOLMAR LABORATORIES, INC. AND ITS SUBSIDIARIES AND AFFILIATES

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/01/1965

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
KOLMAR LABORATORIES, INC.

20 WEST KING STREET
PORT JERVIS, NY 12771

2b Employer Identification Number (EIN) 14-1439595

2c Sponsor's telephone number 845-856-5311

2d Business code (see instructions) 325600

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2010	LISA SMITH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2010	RICH POLIFRONI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
KOLMAR LABORATORIES, INC.

20 WEST KING STREET
PORT JERVIS, NY 12771

3b Administrator's EIN
14-1439595

3c Administrator's telephone number
845-856-5311

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	1209
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**	260
b	Retired or separated participants receiving benefits	**6b**	463
c	Other retired or separated participants entitled to future benefits	**6c**	421
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1144
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	37
f	Total. Add lines **6d** and **6e**	**6f**	1181
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1G 1A 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)	X	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)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)	X	**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

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
RETIREMENT PLAN FOR EMPLOYEES OF KOLMAR LABORATORIES, INC. AND ITS SUBSIDIARIES AND AFFILIATES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
KOLMAR LABORATORIES, INC.

D Employer Identification Number (EIN)
14-1439595

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

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

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2009			
2	Assets:			
a	Market value	**2a**		14821816
b	Actuarial value	**2b**		16303969
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	493	9178816
b	For terminated vested participants	**3b**	426	5247653
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		0
	(2) Vested benefits	**3c(2)**		4824027
	(3) Total active	**3c(3)**	290	4824027
d	Total	**3d**	1209	19250496
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**		8.18 %
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

	10/06/2010
Signature of actuary	Date
BEN UPCHURCH	08-03820
Type or print name of actuary	Most recent enrollment number
MILLIMAN, INC.	206-624-7970
Firm name	Telephone number (including area code)
945 E. PACES FERRY RD. NE, STE 2500 ATLANTA, GA 30326-2605	
Address of the firm	

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	25826	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	25826	0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of 27.80 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		0
	b Interest on (a) using prior year's effective rate of ____ %		
	c Total available at beginning of current plan year to add to prefunding balance		
	d Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	%
15	Adjusted funding target attainment percentage	15	84.69 %
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	89.48 %
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	104930				
07/15/2009	104930				
10/15/2009	104930				
01/15/2010	67560				
			Totals ► 18(b)	382350	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	363982

20 Quarterly contributions and liquidity shortfalls:

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

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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

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

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code) **21b**

22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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	[X] No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.		[X] Yes	[ ] No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		[X] 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		1791497	363982
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**		
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	**34**		363982

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

36 Additional cash requirement (item 34 minus item 35)	**36**	363982
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	363982
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40 Unpaid minimum required contribution for all years	**40**	0

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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	**B** Three-digit plan number (PN) ▶	
RETIREMENT PLAN FOR EMPLOYEES OF KOLMAR LABORATORIES, INC. AND ITS SUBSIDIARIES AND AFFILIATES		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
KOLMAR LABORATORIES, INC.	14-1439595	

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

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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)

FIRST STATE TRUST COMPANY

13-3124172

(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?
13 50	CONTRACT ADMINISTRATOR	20125	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIRST STATE TRUST COMPANY

13-3124172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	TRUSTEE	82983	Yes [X] No [ ]	Yes [X] No [ ]	33634	Yes [ ] No [X]

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

MORGAN STANLEY SMITH BARNEY HOLDING

26-4310632

(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?
26 50	INVESTMENT ADVISORY	42914	Yes [X] No [ ]	Yes [X] No [ ]	7531	Yes [ ] No [X]

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

MILLIMAN

91-0675640

(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?
11 50	ACTUARY	38000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ENNIS, PREZIOSO & COMPANY, LLC

11-3689999

(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?
10 50	AUDITOR	8000	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.

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

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF KOLMAR LABORATORIES, INC. AND ITS SUBSIDIARIES AND AFFILIATES

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
KOLMAR LABORATORIES, INC.

D Employer Identification Number (EIN)
14-1439595

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP GROWTH EQUITY FUND

b Name of sponsor of entity listed in (a): FIRST STATE TRUST COMPANY

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)
83-1795109-001	C	900820

a Name of MTIA, CCT, PSA, or 103-12 IE: CORE FIXED INCOME FUND

b Name of sponsor of entity listed in (a): FIRST STATE TRUST COMPANY

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)
83-1795794-001	C	6242340

a Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY INDEX GROWTH FUND

b Name of sponsor of entity listed in (a): FIRST STATE TRUST COMPANY

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)
83-1795786-001	C	769215

a Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY INDEX VALUE FUND

b Name of sponsor of entity listed in (a): FIRST STATE TRUST COMPANY

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)
83-1795604-001	C	385549

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL EQUITY FUND

b Name of sponsor of entity listed in (a): FIRST STATE TRUST COMPANY

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)
83-1795307-001	C	3756557

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH EQUITY FUND

b Name of sponsor of entity listed in (a): FIRST STATE TRUST COMPANY

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)
83-1795208-001	C	515818

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE EQUITY FUND

b Name of sponsor of entity listed in (a): FIRST STATE TRUST COMPANY

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)
83-1795828-001	C	383826

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

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
RETIREMENT PLAN FOR EMPLOYEES OF KOLMAR LABORATORIES, INC. AND ITS SUBSIDIARIES AND AFFILIATES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
KOLMAR LABORATORIES, INC.

D Employer Identification Number (EIN)
14-1439595

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	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	124898	67560
(2) Participant contributions	1b(2)	0	
(3) Other	1b(3)	132503	133623
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	129384	95504
(2) U.S. Government securities	1c(2)	0	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	
(B) All other	1c(3)(B)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	
(B) Common	1c(4)(B)	2849902	4474827
(5) Partnership/joint venture interests	1c(5)	0	
(6) Real estate (other than employer real property)	1c(6)	0	
(7) Loans (other than to participants)	1c(7)	0	
(8) Participant loans	1c(8)	0	
(9) Value of interest in common/collective trusts	1c(9)	11590088	12954125
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	
(12) Value of interest in 103-12 investment entities	1c(12)	0	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	
(2) Employer real property	1d(2)	0	
e Buildings and other property used in plan operation	1e	0	
f Total assets (add all amounts in lines 1a through 1e)	1f	14826775	17725639
Liabilities			
g Benefit claims payable	1g	0	
h Operating payables	1h	25533	31274
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	3501	21511
k Total liabilities (add all amounts in lines 1g through1j)	1k	29034	52785
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	14797741	17672854

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)	382350	
(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)		382350
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	104	
(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)		104
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	52133	
(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)		52133
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	3525166	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3219386	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		305780

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1259713	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1259713
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2379846
(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		4379926
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1214807	
(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)		1214807
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)	49000	
(2) Contract administrator fees	2i(2)	20299	
(3) Investment advisory and management fees	2i(3)	42914	
(4) Other	2i(4)	177793	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		290006
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1504813
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		2875113
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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: ENNIS, PREZIOSO & COMPANY, LLC **(2)** EIN: 11-3689999

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.)	4a		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.)	4b		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.)	4c		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.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		5000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j	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?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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.	4n			

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.

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

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF KOLMAR LABORATORIES, INC. AND ITS SUBSIDIARIES AND AFFILIATES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
KOLMAR LABORATORIES, INC.

D Employer Identification Number (EIN)
14-1439595

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): _____ _____

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** 1

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

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):

---

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: 64% Investment-Grade Debt: 36% High-Yield Debt: 0% Real Estate: 0% Other: 0%

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): AVERAGE

Ennis, Prezioso & Company, LLC
Certified Public Accountants

William Ennis (N.J. & N.Y.)
John Prezioso (N.J.)

739 Palisade Avenue
Cliffside Park, NJ 07010

Tel # (201) 871-8710
Fax # (201) 716-3929

INDEPENDENT AUDITORS' REPORT

Board of Trustees
Retirement Plan for Employees of Kolmar
Laboratories, Inc., and its Subsidiaries and Affiliates

We were engaged to audit the financial statements and supplemental schedules of the Retirement Plan for Employees of Kolmar Laboratories, Inc., and its Subsidiaries and Affiliates 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 First State Trust Company (formerly Citigroup Institutional Trust Company), 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 that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, 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.

Ennis, Prezioso & Company, LLC

Cliffside Park, New Jersey
June 22, 2010

Appendix A

The Retirement Plan for the Employees of Kolmar Laboratories, Inc. and Its Subsidiaries and Affiliates

Description of the Actuarial Cost Method

The true cost of a pension plan will ultimately be determined by the excess of benefits actually paid and the expenses incurred in its administration over investment income earned on monies set aside for its funding. Thus, the ultimate cost of a plan cannot be known until the last payment has been made to its last participant. The actuarial cost method is the technique adopted by the actuary for establishing the amount and incidence of annual actuarial costs. The actuarial cost method determines the portion of the ultimate cost of a pension plan which should be allocated to each plan year (known as the normal cost). The cost method is thus a budgeting tool which helps to ensure that the pension plan will be adequately and systematically funded.

In accordance with the Pension Protection Act of 2006 (PPA), the actuarial cost method used in the valuation of this Plan is known as the ***unit credit cost method***. Under this cost method a projected retirement benefit at assumed retirement age is computed for each participant using one year's future pay increases. The Target Normal Cost for each participant is computed as the present value of the pro-rate portion of the participant's projected benefit which is accrued or earned during the plan year being valued. The Target Normal Cost for the plan is the total of the individually computed Target Normal Costs for all participants including the costs for any death or disability benefits under the plan.

The Funding Target at any point in time for an active participant is the present value of the benefit which has been accrued up to the valuation date. For persons receiving benefits or entitled to a deferred vested retirement income, the Funding Target is equal to the present value of their future benefit payments. The Funding Target for the plan is the total of the individually computed Funding Target amounts for all participants. The Funding Shortfall for the plan is the excess of the Funding Target over the assets less the carryover and prefunding balances. The shortfall amortization installment is the payment that will amortize the Shortfall Amortization Base in level annual installments over a seven year period.

The funding cost of the Plan is derived by making certain specific assumptions as to rates of interest, mortality, turnover, etc. which are assumed to hold for many years into the future. Since actual experience may differ somewhat from the assumptions, the costs determined by the valuation must be regarded as estimates of the true costs of the Plan.

For purposes of applying the actuarial cost method, the asset valuation method is a two-year smoothing method in compliance with IRC Section 430(g)(3)(B), as amended by WRERA, and as clarified in IRS Notice 2009-22.

Appendix B

The Retirement Plan for the Employees of Kolmar Laboratories, Inc. and Its Subsidiaries and Affiliates

Summary of Actuarial Assumptions

Funding Target Segment Rates

Full Yield Curve for November 2008 elected

Effective Interest Rate – 8.18%

Interest Rate – FAS 35

8.0% per annum, compounded annually

Earnings Progression

No increase is assumed since Plan is frozen

Explicit Provision for Expenses

None assumed

Assumed Form of Payment

Single Life Annuity

Healthy Mortality Rates

PPA Liabilities:

Males – RP 2000 system table with floating Scale AA projections for Males
Females – RP 2000 system table with floating Scale AA projections for Females
Employee mortality is projected to valuation year plus 15 years
Annuitant mortality is projected to valuation year plus 7 years

FAS 35 Liabilities:

Funding – 1983 Male and Female Group Annuity Mortality Table

Disability Mortality Rates

1983 Male and Female Group Annuity Mortality Table

Retirement Rates

The assumed retirement age is 65

Withdrawal Rates

Representative rates (per 100 employees):

Age	Withdrawal (Male)	Withdrawal (Female)
25	5.29	5.29
40	4.19	4.19
55	.94	.94

Marriage Rates

a. Percentage married: Males 100%
Females 100%

b. Age difference: Males are assumed to be 3 years older than their spouse.

Appendix C

The Retirement Plan for the Employees of Kolmar Laboratories, Inc. and Its Subsidiaries and Affiliates

Summary of Plan Provisions

1. Definitions

Accrued Benefit
The Accrued Benefit for each Participant is determined using the same formula which is used to compute such Participant's Normal Retirement Benefit, taking into account the Participant's years of benefit service, compensation, and covered compensation through the date of determination.

Actuarial Equivalent
Actuarial Equivalent means an accrued benefit having the same value as another stated benefit on the date payment commences or on any other date calculated on the basis of the following factors:

Interest:	6.0% per annum, compounded annually
Mortality:	UP-1984 Mortality Table

Compensation

The form W-2 compensation that is actually paid in gross income during the plan years.

Effective Date
The Effective Date of the Plan is February 1, 1965.

The Plan was frozen effective December 31, 2003, with no future benefit accruals or new entrants after such date.

Plan Year
The Plan Year is the 12 month period beginning January 1 and ending December 31 (or the short plan year beginning February 1, 1991, and ending December 31, 1991).

Year of Service
A Plan Year during which an Employee is credited with at least 1,000 hours of service.

2. Participation

Upon attainment of age 21 and completion of 1 year of service.

3. **Normal Retirement**

A Participant who retires on his or her Normal Retirement Date shall be entitled to receive a Normal Retirement Benefit.

(a) Eligibility

Attainment of age 65 with 5 years of participation.

(b) Benefit Amount

1% of a Participant's compensation up to one-half of the Participant's covered compensation plus 1.5% of the Participant's compensation in excess of one-half of the Participant's covered compensation for each Year of Benefit Service. The Plan was frozen effective December 31, 2003, with no future benefit accruals or new entrants after such date.

4. **Early Retirement**

(a) Eligibility

Attainment of age 55 with 5 years of service.

(b) Benefit Amount

The Accrued Benefit reduced by .5% for each month prior to Normal Retirement Age.

5. **Late Retirement**

(a) Eligibility

Employment beyond age 65.

(b) Benefit Amount

The monthly benefit based on the Normal Retirement Benefit formula using the Participant's years of service and earnings through his late retirement date.

6. **Disability Retirement**

No special disability benefits are provided.

7. Optional Benefit Forms

A Participant who elects not to receive the standard form of distribution may elect to have his or her benefit distributed in one of the following optional forms:

(1) Life Annuity with 120 payments guaranteed, payable monthly to the Participant for life. Any of the guaranteed 120 payments due to the Participant shall be payable to the Participant's designated beneficiary upon the Participant's death if it precedes completion of the 120 payments.

(2) A reduced benefit to be paid during the Participant's lifetime with 50%, 66.67%, 75%, or 100% of the reduced benefit to the joint annuitant for life after the Participant's death.

(3) A lump sum payment if the amount is less than $3,500 for plan years beginning prior to August 6, 1997, or less than $5,000 for plan years beginning on or after August 6, 1997.

8. Pre-Retirement Death Benefit

(a) Eligibility

The death of a vested Participant with a surviving spouse prior to the commencement of monthly retirement benefits.

(b) Benefit Amount

The surviving spouse is entitled to receive a monthly benefit payable for life equal to 50% of the amount the Participant would have received if he had survived and elected to commence receiving a benefit at the earliest date allowed under the Plan, payable as a 50% joint and survivor annuity.

RETIREMENT PLAN FOR EMPLOYEES OF KOLMAR LABORATORIES, INC., AND ITS SUBSIDIARIES AND AFFILIATES

FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

RETIREMENT PLAN FOR EMPLOYEES OF KOLMAR LABORATORIES, INC.,
AND ITS SUBSIDIARIES AND AFFILIATES

FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

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Ennis, Prezioso & Company, LLC
Certified Public Accountants

William Ennis (N.J. & N.Y.)
John Prezioso (N.J.)

739 Palisade Avenue
Cliffside Park, NJ 07010

Tel # (201) 871-8710
Fax # (201) 716-3929

INDEPENDENT AUDITORS' REPORT

Board of Trustees
Retirement Plan for Employees of Kolmar
Laboratories, Inc., and its Subsidiaries and Affiliates

We were engaged to audit the financial statements and supplemental schedules of the Retirement Plan for Employees of Kolmar Laboratories, Inc., and its Subsidiaries and Affiliates 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 First State Trust Company (formerly Citigroup Institutional Trust Company), 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 that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, 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.

Ennis, Prezioso & Company, LLC

Cliffside Park, New Jersey
June 22, 2010

RETIREMENT PLAN FOR EMPLOYEES OF KOLMAR LABORATORIES, INC.,
AND ITS SUBSIDIARIES AND AFFILIATES

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009 AND 2008

ASSETS

	2009	2008
Investments at Fair Value (Schedule I)		
Equity Securities	$ 4,474,827	$ 2,849,902
Common and Collective Funds	12,954,125	11,590,088
Money Market Funds	95,504	129,384
Total Investments	17,524,456	14,569,374
Receivables		
Employer Contributions	67,560	124,898
Accrued Investment Income	4,339	3,584
Due from Broker for Securities Sold	129,284	128,919
Total Receivables	201,183	257,401
TOTAL ASSETS	17,725,639	14,826,775

LIABILITIES AND NET ASSETS AVAILABLE FOR BENEFITS

Liabilities		
Accrued Expenses	31,274	25,533
Due To Broker for Securities Purchased	21,511	3,501
TOTAL LIABILITIES	52,785	29,034
NET ASSETS AVAILABLE FOR BENEFITS	$ 17,672,854	$ 14,797,741

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

RETIREMENT PLAN FOR EMPLOYEES OF KOLMAR LABORATORIES, INC., AND ITS SUBSIDIARIES AND AFFILIATES

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

	2009	2008
Additions to Net Assets Attributed to:		
Investment Income		
Net Appreciation (Depreciation) in Fair Value of Investments	$ 3,945,339	$ (5,608,041)
Interest Income	104	2,621
Dividend Income	52,133	44,939
Net Investment Income (Loss)	3,997,576	(5,560,481)
Employer Contributions	382,350	408,209
Total Additions	4,379,926	(5,152,272)
Deductions from Net Assets Attributed to:		
Benefits Paid Directly to Participants	1,214,807	1,134,936
Administrative Expenses	290,006	273,455
Total Deductions	1,504,813	1,408,391
Net Increase (Decrease) in Net Assets Available for Benefits	2,875,113	(6,560,663)
Net Assets Available for Benefits		
Beginning of Year	14,797,741	21,358,404
END OF YEAR	$ 17,672,854	$ 14,797,741

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

RETIREMENT PLAN FOR EMPLOYEES OF KOLMAR LABORATORIES, INC., AND ITS SUBSIDIARIES AND AFFILIATES

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

(1) DESCRIPTION OF THE PLAN

The accompanying summarized description of the Retirement Plan for Employees of Kolmar Laboratories, Inc. (the "Company"), and its Subsidiaries and Affiliates (the "Plan") is intended only to highlight some of the features of the Plan. Participants should refer to the plan document for a more complete description of the Plan's provisions.

- General

  The Plan is a noncontributory, defined benefit pension plan sponsored by the Company. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

  First State Trust Company (formerly Citigroup Institutional Trust Company) is the Plan's Trustee and custodian of the Plan's assets.

- Pension Benefits

  Under the terms of the Plan, employees are eligible for participation upon attaining age 21 and completing one year (1,000 hours) of credited service. Benefits are generally paid in the form of a life annuity payable monthly. When the present value of the benefit is $5,000 or less, eligible participants will receive a lump-sum actuarial equivalent of the benefit in lieu of any other payments. Participants with at least 5 years of participation become eligible for monthly benefits at the normal retirement age of 65, or reduced monthly benefits at the early retirement age of 55. Participants who terminate their employment after periods of service equal to five or more years, or after attaining age 55, will receive specified retirement income benefits at their retirement date.

  During the year ended December 31, 2003 the Plan was amended effective January 1, 2004 to not allow any new participants to enter the Plan and to stop all future benefit accruals of current participants. Years of benefit service, compensation, covered compensation, and any other applicable benefit accrual service or compensation earned after December 31, 2003 shall not count for purposes of calculating any accrued benefit under the Plan.

(2) SIGNIFICANT ACCOUNTING POLICIES AND INFORMATION

This summary of significant accounting policies and information of Retirement Plan for Employees of Kolmar Laboratories, Inc., and its Subsidiaries and Affiliates is presented to assist in understanding the Plan's financial statements. The financial statements and notes are representations of the Plan's trustees, who are responsible for their integrity and objectivity. These accounting policies conform to U.S. generally accepted accounting principles and have been consistently applied in the preparation of these financial statements.

- Method of Accounting

  The accounting records of the Plan are maintained on the accrual basis.

- Valuation of Investments

  The Plan's investments are stated at fair market value as determined by First State Trust Company, who is the custodian. Quoted market prices are used to value investments. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year end. Shares of common and collective funds are valued at market value determined by the fund sponsor. Purchases and sales of securities are recorded on a trade date basis.

- Statement of Changes in Net Assets Available for Benefits

  The Fund presents in the Statement of Changes in Net Assets Available for Benefits the net appreciation (depreciation) in the fair value of its investments which consists of the realized gains or losses and the unrealized appreciation (depreciation) on those investments.

- Tax Status

  The Internal Revenue Service has determined and informed the Company by letter dated February 23, 2005 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

(2) SIGNIFICANT ACCOUNTING POLICIES AND INFORMATION - (Continued)

- Administrative Expenses

  Substantially all administrative expenses are paid by the Plan. The balance of such expenses are paid by the Company.

- Estimates

  The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

(3) INVESTMENT INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED)

The Plan's assets are held by a trust fund administered by the trustee. The following is a summary of assets (at fair value) and changes in assets certified as complete and accurate by the trustee as of and for the years ended December 31, 2009 and 2008. Investments that represent 5% or more of the Plan's total assets are separately identified.

Description	2009	2008
Investments at Fair Value		
Equity Securities	$ 4,474,827	$ 2,849,902
Common and Collective Funds		
Core Fixed Income Fund	6,242,340	5,505,986
International Equity Fund	3,756,557	3,361,093
Large Cap Growth Equity Fund	900,820	820,790
Other	2,054,408	1,882,219
Money Market Funds	95,504	129,384
TOTAL INVESTMENTS AT FAIR VALUE	$ 17,524,456	$ 14,569,374

During the years ended December 31, 2009 and 2008 the Plan's investments (including investments bought, sold, and held during the period) appreciated (depreciated) in value as follows:

(3) INVESTMENT INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED) - (Continued)

NET APPRECIATION (DEPRECIATION) IN FAIR VALUE:

	2009	2008
Equity Securities	$ 1,565,493	$(2,343,319)
Common and Collective Funds	2,379,846	(3,264,722)
NET APPRECIATION (DEPRECIATION) IN FAIR VALUE OF INVESTMENTS	$ 3,945,339	$(5,608,041)

Other additions and deductions to the Plan's assets during the years ended December 31, 2009 and 2008 were as follows:

	2009	2008
Interest Income	$ 104	$ 2,621
Dividend Income	52,133	44,939
Investment Expenses	128,464	151,760
Benefits Paid Directly to Participants	1,214,807	1,134,936
Administrative Expenses	161,542	121,695

(4) RISKS AND UNCERTAINTIES

The Plan's assets are invested in various securities and shares of common and collective funds. These investments are exposed to various risks, such as, interest rate, market, and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially effect the amounts reported in the statements of net assets available for benefits and statements of changes in net assets available for benefits.

(5) ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the services employees have rendered through the valuation date, which is as of January 1, 2009. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on the number of years of credited service and reported compensation.

(5) ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS - (Continued)

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary and is calculated by applying actuarial assumptions to accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

Calculations of the present value of accumulated benefits were made using the service prorated unit credit cost method. The significant actuarial assumption used in determining the actuarial present value of accumulated plan benefits were as follows.

Interest Rate - 8.0%

Mortality Table - 1983 Male and Female Group Annuity Mortality Table

Termination Rates - Age 25 - 5.29%
Age 40 - 4.19%
Age 55 - 0.94%.

Assumed Retirement Age - Age 65

Marriage Rate - 100%. Males are assumed to be 3 years older than their spouse.

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

The actuarial present value of accumulated plan benefits as of January 1, 2009 were as follows:

Actuarial Present Value of Accumulated Plan Benefits:	
Vested Benefits	
Participants Currently Receiving Payment	$ 8,465,159
Other Participants	10,339,991
Total Vested Benefits	18,805,150
Nonvested Benefits	92,737
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	$18,897,887

(5) ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS - (Continued)

The changes in the actuarial present value of accumulated plan benefits for the year ended January 1, 2009 were as follows

Actuarial Present Value of Accumulated Plan Benefits, Beginning of Year,	$18,691,692
Increase (Decrease) during the year attributable to:	
Actuarial Gains and (Losses)	(109,680)
Increase for Interest Due to Decrease in the Discount Period	1,450,811
Benefits Paid	(1,134,936)
Net Increase (Decrease)	206,195
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS, END OF YEAR	$18,897,887

(6) FUNDING POLICY

The Company makes contributions to the Plan as determined by the Plan's independent actuary in amounts that meet or exceed the minimum funding requirements of ERISA. Contributions for 2009 and 2008 were $382,350 and $408,209, respectively. The Plan met the minimum funding requirements of ERISA as of December 31, 2009.

(7) LEGAL MATTERS

According to the Plan's Trustees and legal counsel, the Fund is not a party to any litigation the outcome of which would have a material effect on these financial statements.

(8) PLAN TERMINATION

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations. Upon termination, the employees become vested in the present value of their accrued benefit, to the extent funded, and benefits will be distributed in the following order:

(8) PLAN TERMINATION - (Continued)

- Monthly benefits former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.

- All other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC"), up to specified limitations. The PBGC is a government agency established under ERISA.

- All other vested retirement benefits under the Plan not insured by the PBGC.

- All nonvested benefits.

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

If the Plan terminates at some future time, participant benefits will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

(9) FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ASC 820, *Fair Value Measurements and Disclosures* (formerly FAS 157 Fair Value Measurements), establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described as follows:

(9) FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

	Level 1	Level 2	Level 3	Total
Equity Securities	$4,474,827	$ -	$ -	$ 4,474,827
Common and Collective Funds	-	12,954,125	-	12,954,125
Money Market Funds	95,504	-	-	95,504
Total Assets at Fair Value	$4,570,331	$12,954,125	$ -	$17,524,456

(9) FAIR VALUE MEASUREMENTS (CONTINUED)

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

	Level 1	Level 2	Level 3	Total
Equity Securities	$2,849,902	$ -	$ -	$ 2,849,902
Common and Collective Funds	-	11,590,088	-	11,590,088
Money Market Funds	129,384	-	-	129,384
Total Assets at Fair Value	$2,979,286	$11,590,088	$ -	$14,569,374

SCHEDULE I

RETIREMENT PLAN FOR EMPLOYEES OF KOLMAR LABORATORIES, INC.,
AND ITS SUBSIDIARIES AND AFFILIATES

ASSETS HELD FOR INVESTMENT PURPOSES
DECEMBER 31, 2009

Identity Of Issue	Interest Rate	Due Date	No of Units Par Value	Cost	Current Value
MONEY MARKET FUNDS					
Prime Obligation Fd Cl C #234	Varies	N/A	95,504	$ 95,504	$ 95,504
TOTAL MONEY MARKET FUNDS				95,504	95,504
COMMON EQUITY SECURITIES					
Abbott Labs			1,154	52,218	62,304
Ace Limited			843	41,549	42,487
Aetna U S Healthcare Inc			1,336	45,215	42,351
Allergan Inc			1,846	84,014	116,316
Altria Group Inc			3,541	56,672	69,510
Amazon Com Inc			1,252	87,845	168,419
America Movil S.A.B. De C.V. Adr			1,345	52,109	63,188
Ameriprise Financial Inc.			1,484	51,736	57,609
Anadarko Petroleum Corp			732	37,143	45,691
Apple Computer Inc			804	60,765	169,429
Applied Matls Inc			3,239	42,109	45,152
Bank Of New York Mellon Corp			1,550	44,385	43,354
Baxter Intl Inc			769	44,991	45,125
BP Amoco Plc			1,506	91,567	87,303
Broadcom Corp Cl A			1,408	48,729	44,310
Charles Schwab Corp			1,716	32,124	32,295
Chevron Corporation			858	57,901	66,057
Cme Group Inc.			182	49,710	61,145
Cooper Industries Plc			1,144	42,979	48,780
CVS Caremark Corp			2,194	64,964	70,669
D S T Sys Inc Del			667	25,589	29,048
Devon Energy Corporatioin New			948	60,442	69,678
Directv-Cl A			1,353	28,832	45,122
Entergy Corp			539	36,501	44,112
Flextronics Intl Ltd			6,462	59,746	47,237
Flir Sys Inc			1,276	35,666	41,763
Fmc Technologies Inc			1,472	69,373	85,140
Genzyme Corp			1,954	117,319	95,766
Google Inc-Cl A			252	49,660	156,235
Halliburton Co			1,574	34,169	47,362
Hess Corporation			1,119	65,659	67,700
Honeywell Intl Inc			1,722	55,593	67,502
Hospira Inc			1,053	34,731	53,703
Illumina Inc			1,044	44,289	32,030
Ingram Micro Inc			1,834	36,043	32,003
Intel Corp			2,107	35,776	42,983
Intercontinental Exchange Inc			804	60,167	90,289
Interpublic Group Cos Inc			4,330	41,380	31,955
Intuitive Surgical Inc			461	47,423	139,881
Iron Mtn Inc Pa			980	19,029	22,305
Kbr Inc			2,311	42,087	43,909

The accompanying notes are an integral part of these schedules.

SCHEDULE I

RETIREMENT PLAN FOR EMPLOYEES OF KOLMAR LABORATORIES, INC.,
AND ITS SUBSIDIARIES AND AFFILIATES

ASSETS HELD FOR INVESTMENT PURPOSES
DECEMBER 31, 2009

Identity Of Issue	Interest Rate	Due Date	No of Units Par Value	Cost	Current Value
Las Vegas Sands			2,728	68,592	40,756
Microsoft Corp			2,271	45,903	69,220
Monsanto Co New			1,077	81,828	88,045
National-Oilwell Inc			2,750	131,453	121,248
News Corp Inc-A			3,543	40,810	48,504
Nike Inc Class B			918	52,880	60,652
Norfolk Southern Corp			1,276	43,822	66,888
Philip Morris International			1,284	54,612	61,876
Qualcomm Inc			2,574	102,744	119,073
Ralcorp Hldgs Inc New			556	32,141	33,199
Salesforce.Com			1,526	73,173	112,573
Schlumberger Ltd			1,495	104,866	97,310
Staples Inc			1,845	41,690	45,369
Starbucks Corp			2,564	75,230	59,126
Stryker Corp			836	41,205	42,109
Symantec Corporation			4,121	64,769	73,725
Target Corp			942	42,107	45,565
Teva Pharmaceutical Inds Ltd Adr			580	25,257	32,584
Time Warner Inc			1,547	40,939	45,079
Unilever N V -Ny Shares			1,421	33,413	45,941
Union Pac Corp			737	42,302	47,094
Varian Medical Systems Inc			1,242	71,149	58,188
Visa Inc-Class A			1,207	78,940	112,561
Vmware Inc.			765	24,595	32,421
Weatherford Intntl Ltd			3,939	65,014	70,547
Western Union-Wi			3,889	52,490	73,308
Willis Group Holdings Ltd			1,547	36,928	40,810
Xto Energy Inc			1,372	63,792	63,839
TOTAL COMMON STOCK				3,720,843	4,474,827
COMMON AND COLLECTIVE FUNDS					
CORE FIXED INCOME FUND			114,601.4340	5,288,284	6,242,340
EQUITY INDEX GROWTH FUND			37,142.1810	768,383	769,215
EQUITY INDEX VALUE FUND			20,486.1490	401,967	385,549
INTERNATIONAL EQUITY FUND			202,509.8070	3,787,593	3,756,557
LARGE CAP GROWTH EQUITY FUND			8,491.8930	893,869	900,820
SMALL CAP GROWTH EQUITY FUND			4,010.7119	499,323	515,818
SMALL CAP VALUE EQUITY FUND			16,046.2290	313,875	383,826
TOTAL COMMON AND COLLECTIVE FUNDS				11,948,294	12,954,125
TOTAL ASSETS HELD FOR INVESTMENT PURPOSES				$ 15,764,641	$ 17,524,456

The accompanying notes are an integral part of these schedules.

RETIREMENT PLAN FOR EMPLOYEES OF KOLMAR LABORATORIES, INC.

FORM 5500
DECEMBER 31, 2009
EIN 14-1439595

SCHEDULE H - LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

Identity Of Issue	Interest Rate	Due Date	No of Units Par Value	Cost	Current Value
MONEY MARKET FUNDS					
Prime Obligation Fd Cl C #234	Varies	N/A	95,504	$ 95,504	$ 95,504
TOTAL MONEY MARKET FUNDS				95,504	95,504
COMMON EQUITY SECURITIES					
Abbott Labs			1,154	52,218	62,304
Ace Limited			843	41,549	42,487
Aetna U S Healthcare Inc			1,336	45,215	42,351
Allergan Inc			1,846	84,014	116,316
Altria Group Inc			3,541	56,672	69,510
Amazon Com Inc			1,252	87,845	168,419
America Movil S.A.B. De C.V. Adr			1,345	52,109	63,188
Ameriprise Financial Inc.			1,484	51,736	57,609
Anadarko Petroleum Corp			732	37,143	45,691
Apple Computer Inc			804	60,765	169,429
Applied Matls Inc			3,239	42,109	45,152
Bank Of New York Mellon Corp			1,550	44,385	43,354
Baxter Intl Inc			769	44,991	45,125
BP Amoco Plc			1,506	91,567	87,303
Broadcom Corp Cl A			1,408	48,729	44,310
Charles Schwab Corp			1,716	32,124	32,295
Chevron Corporation			858	57,901	66,057
Cme Group Inc.			182	49,710	61,145
Cooper Industries Plc			1,144	42,979	48,780
CVS Caremark Corp			2,194	64,964	70,669
D S T Sys Inc Del			667	25,589	29,048
Devon Energy Corporatioin New			948	60,442	69,678
Directv-Cl A			1,353	28,832	45,122
Entergy Corp			539	36,501	44,112
Flextronics Intl Ltd			6,462	59,746	47,237
Flir Sys Inc			1,276	35,666	41,753
Fmc Technologies Inc			1,472	69,373	85,140
Genzyme Corp			1,954	117,319	95,766
Google Inc-Cl A			252	49,660	156,235
Halliburton Co			1,574	34,169	47,362
Hess Corporation			1,119	65,659	67,700
Honeywell Intl Inc			1,722	55,593	67,502
Hospira Inc			1,053	34,731	53,703
Illumina Inc			1,044	44,289	32,030
Ingram Micro Inc			1,834	36,043	32,003
Intel Corp			2,107	35,776	42,983

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FORM 5500
DECEMBER 31, 2009
EIN 14-1439595

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Interpublic Group Cos Inc			4,330	41,380	31,955
Intuitive Surgical Inc			461	47,423	139,881
Iron Mtn Inc Pa			980	19,029	22,305
Kbr Inc			2,311	42,087	43,909
Las Vegas Sands			2,728	68,592	40,756
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RETIREMENT PLAN FOR EMPLOYEES OF KOLMAR LABORATORIES, INC.

FORM 5500
DECEMBER 31, 2009
EIN 14-1439595

SCHEDULE H - LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

Identity Of Issue	Interest Rate	Due Date	No of Units Par Value	Cost	Current Value
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SMALL CAP VALUE EQUITY FUND			16,046.2290	313,875	383,826
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FORM 5500
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EQUITY INDEX VALUE FUND			20,486.1490	401,967	385,549
INTERNATIONAL EQUITY FUND			202,509.8070	3,787,593	3,756,557
LARGE CAP GROWTH EQUITY FUND			8,491.8930	893,869	900,820

RETIREMENT PLAN FOR EMPLOYEES OF KOLMAR LABORATORIES, INC.

FORM 5500
DECEMBER 31, 2009
EIN 14-1439595

SCHEDULE H - LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

Identity Of Issue	Interest Rate	Due Date	No of Units Par Value	Cost	Current Value
SMALL CAP GROWTH EQUITY FUND			4,010.7119	499,323	515,818
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TOTAL COMMON AND COLLECTIVE FUNDS				11,948,294	12,954,125
TOTAL ASSETS HELD FOR INVESTMENT PURPOSES				$ 15,764,641	$ 17,524,456

RETIREMENT PLAN FOR EMPLOYEES OF KOLMAR LABORATORIES, INC.

FORM 5500
DECEMBER 31, 2009
EIN 14-1439595

SCHEDULE H - LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Identity of Party Involved	Purchase Price	Selling Price	Lease Rental	Expense Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Prime Obligation Fund CL C #234	$ 1,702,814	$ 1,736,694	N/A	N/A	$ 1,736,694	$ 1,736,694	$ -

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 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

Retirement Plan for Employees of Kolmar Laboratories, Inc And Its

B Three-digit plan number (PN) ▶ 001

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

Kolmar Laboratories, Inc.

D Employer Identification Number (EIN)

14-1439595

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

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

Part I Basic Information

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

2 Assets:

a	Market value	2a	14,821,816
b	Actuarial value	2b	16,303,969

3 Funding target/participant count breakdown

			(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a	493	9,178,816
b	For terminated vested participants	3b	426	5,247,653
c	For active participants:			
	(1) Non-vested benefits	3c(1)		0
	(2) Vested benefits	3c(2)		4,824,027
	(3) Total active	3c(3)	290	4,824,027
d	Total	3d	1,209	19,250,496

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	8.18 %
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

Ben Upchurch — Signature of actuary

10/06/10 — Date

Ben Upchurch — Type or print name of actuary

08-03820 — Most recent enrollment number

Milliman, Inc. — Firm name

(206)624-7970 — Telephone number (including area code)

945 E. Paces Ferry Rd. NE, STE 2500

Atlanta GA 30326-2605 — Address of the firm

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	25,826	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	25,826	0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of 27.80 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		0
	b Interest on (a) using prior year's effective rate of _____ %		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	84.69 %
15	Adjusted funding target attainment percentage	15	84.69 %
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	89.48 %
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	104,930				
07/15/2009	104,930				
10/15/2009	104,930				
01/15/2010	67,560				
			Totals ► 18(b)	382,350	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	363,982

20 Quarterly contributions and liquidity shortfalls:

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

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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

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

21 Discount rate:

	1st segment: %	2nd segment: %	3rd segment: %	
a Segment rates:				[X] N/A, full yield curve used

b Applicable month (enter code) **21b**

22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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	[X] No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	[X] Yes	[ ] No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	[X] 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	1,791,497	363,982
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	**34**	363,982

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

36 Additional cash requirement (item 34 minus item 35)	**36**	363,982
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	363,982
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40 Unpaid minimum required contribution for all years	**40**	0

Attachment to 2009 Form 5500
Schedule SB, line 32 - Schedule of Amortization Bases

Plan Name Retirement Plan for Employees of Kolmar Laboratories, Inc. **EIN:** 11-1439595
Plan Sponsor's Name Kolmar Laboratories, Inc. **PN:** 001

Type of Base	Present Value of Any Remaining Installments	Valuation Date	Years Remaining	Amortization Installment
2008 Funding Shortfall	2,105,610	01/01/2009	6	419,721
2009 Funding Shortfall	(314,113)	01/01/2009	7	(55,739)

Attachment to 2009 Form 5500
Schedule SB, line 19 - Discounted Employer Contributions

Plan Name Retirement Plan for Employees of Kolmar Laboratories, Inc. **EIN:** 14-1439595
Plan Sponsor's Name Kolmar Laboratories, Inc. **PN:** 001

Date of Contributon	Amount	Year Applied	Effective Interest Rate	Interest Adjusted Contribution:
04/15/2009	104,930	2009	8.18	102,561
07/15/2009	104,930	2009	8.18	100,565
10/15/2009	104,930	2009	8.18	98,608
01/15/2010	67,560	2009	8.18	62,248

Attachment to 2009 Form 5500
Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name Retirement Plan for Employees of Kolmar Laboratories, Incorporated **EIN:** 14-1439595
Plan Sponsor's Name Kolmar Laboratories, Inc. **PN:** 001

The weighted average retirement age is equal to the normal retirement age of 65 .

List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.
100% of future retirees are assumed to retire at age 65

Attachment to 2009 Form 5500
Schedule SB, line 25 - Change in Method

Plan Name Retirement Plan for Employees of Kolmar Laboratories, Inc. and Its **EIN:** 14-1439595
Plan Sponsor's Name Kolmar Laboratories, Inc. **PN:** 001

Describe the change:
For purposes of applying the actuarial cost method, the asset valuation method is a three-year smoothing method in compliance with IRC Section 430(g)(3)(B), as amended by WRERA, and as clarified in IRS Notice 2009-22. Previously, the market value of assets was used.

Additionally, the interest rate basis for determining plan liabilities was changed, upon election of the plan sponsor, to the full yield curve with two month lookback.

Both changes above were granted automatic approval for the 2009 plan year under current IRS guidance.

Attachment to 2009 Form 5500
Schedule SB, line 26 - Schedule of Active Participant Data

Plan Name Retirement Plan for Employees of Kolmar Laboratories, Inc. **EIN:** 41-1439595
Plan Sponsor's Name Kolmar Laboratories, Inc. **PN:** 001

Attained Age	YEARS OF CREDITED SERVICE								
	Under 1	Average		1 to 4	Average		5 to 9	Average	
	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.
Under 25	0			0			0		
25 to 29	0			0			3		
30 to 34	0			0			8		
35 to 39	0			0			12		
40 to 44	0			0			4		
45 to 49	0			0			10		
50 to 54	0			0			4		
55 to 59	0			0			4		
60 to 64	0			0			4		
65 to 69	0			0			4		
70 & up	0			0			0		

Attained Age	YEARS OF CREDITED SERVICE								
	10 to 14	Average		15 to 19	Average		20 to 24	Average	
	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.
Under 25	0			0			0		
25 to 29	3			0			0		
30 to 34	4			0			0		
35 to 39	8			4			3		
40 to 44	5			9			7		
45 to 49	6			5			11		
50 to 54	8			5			9		
55 to 59	3			2			12		
60 to 64	3			3			2		
65 to 69	1			2			4		
70 & up	1			1			0		

Attained Age	YEARS OF CREDITED SERVICE											
	25 to 29	Average		30 to 34	Average		35 to 39	Average		40 & up	Average	
	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.
Under 25	0			0			0			0		
25 to 29	0			0			0			0		
30 to 34	0			0			0			0		
35 to 39	0			0			0			0		
40 to 44	0			0			0			0		
45 to 49	17			7			0			0		
50 to 54	6			15			3			0		
55 to 59	9			13			9			0		
60 to 64	6			10			3			7		
65 to 69	1			2			1			3		
70 & up	1			2			1			0		