

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>MET LABORATORIES, INC. 401K RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>	
	1c Effective date of plan	<u>07/01/1992</u>	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>MET LABORATORIES, INC.</u> <u>914 WEST PATAPSCO AVENUE</u> <u>BALTIMORE, MD 21230-3415</u>	2b Employer Identification Number (EIN) <u>52-1782529</u>	2c Sponsor's telephone number <u>410-354-3300</u>	2d Business code (see instructions) <u>541380</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2010	MARK S. CHLAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2010	MARK S. CHLAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") MET LABORATORIES, INC. 914 WEST PATAPSCO AVENUE BALTIMORE, MD 21230	3b Administrator's EIN 52-1782529 3c Administrator's telephone number 410-354-3300
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	137
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	117
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	42
d Subtotal. Add lines 6a , 6b , and 6c	6d	159
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	159
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	145
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	5
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:
 2E 2F 2G 2J 2K 2S 2T 3D

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

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

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☐ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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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 MET LABORATORIES, INC. 401K RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 MET LABORATORIES, INC.	D Employer Identification Number (EIN) 52-1782529	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	440235	490112
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	121286	161053
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	2506442	3828581
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3067963	4479746

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3067963	4479746
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	136152	
(B) Participants	2a(1)(B)	391853	
(C) Others (including rollovers)	2a(1)(C)	3700	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		531705

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	923	
(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)	8397	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		9320

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		997122
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1538147

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	126364	
(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)		126364
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		126364

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1411783
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

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

(1) Name: ELLIN & TUCKER, CHARTERED

(2) EIN: 52-0959934

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.).....	☒		20818
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.).....		☒	
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.)		☒	
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.).....		☒	
e Was this plan covered by a fidelity bond?.....	☒		435000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	☒		
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.).....		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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

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

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

A Name of plan <u>MET LABORATORIES, INC. 401K RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MET LABORATORIES, INC.</u>	D Employer Identification Number (EIN) <u>52-1782529</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-3583801</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**MET LABORATORIES, INC.
401(k) RETIREMENT PLAN
FINANCIAL STATEMENTS
December 31, 2009 and 2008**

Ellin & Tucker, Chartered



CERTIFIED PUBLIC ACCOUNTANTS AND BUSINESS CONSULTANTS



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FAX 410-727-1405

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202-638-0902
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FREDERICK

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FREDERICK, MD 21701-5589
301-696-1926
FAX 301-696-1933

BELCAMP

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BELCAMP, MD 21017-1535
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www.etnet.com

**MET LABORATORIES, INC.
401(k) RETIREMENT PLAN
FINANCIAL STATEMENTS
December 31, 2009 and 2008**

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INDEPENDENT AUDITORS' REPORT

To the Pension Committee of
MET Laboratories, Inc. 401(k) Retirement Plan

We were engaged to audit the financial statements of MET Laboratories, Inc. 401(k) Retirement Plan (Plan) as of December 31, 2009 and for the year ended December 31, 2009 and the supplemental schedules as of December 31, 2009 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 4, which was certified by Boston Financial Data Services, Inc. (Boston Financial), the recordkeeper for the Plan as agent for State Street Bank and Trust Company (State Street), the Trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from Boston Financial on behalf of State Street, as of and for the year ended December 31, 2009 and 2008, that the information provided to the Plan Administrator by State Street is complete and accurate.

Because of the significance of the information in the Plan's 2009 financial statements 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 agent on behalf of 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.

INDEPENDENT MEMBER OF



WITH AFFILIATED OFFICES WORLDWIDE

INDEPENDENT AUDITORS' REPORT, CONTINUED

We have audited the Statement of Net Assets Available for Benefits of MET Laboratories, Inc. 401(k) Retirement Plan as of December 31, 2008, and in our report dated October 12, 2009, we expressed our opinion that such financial statement presents fairly, in all material respects, the financial status of MET Laboratories, Inc. 401(k) Retirement Plan as of December 31, 2008, in conformity with accounting principles generally accepted in the United States of America.

A handwritten signature in cursive script that reads 'Ellin & Tucker, Chartered'.

ELLIN & TUCKER, CHARTERED
Certified Public Accountants

Baltimore, Maryland
September 29, 2010

MET LABORATORIES, INC. 401(k) RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
<u>INVESTMENTS:</u>		
Mutual Funds (Note 4)	\$ 4,318,693	\$ 2,946,677
Participant Loans	<u>161,053</u>	<u>121,286</u>
 Net Assets Available for Benefits	 <u>\$ 4,479,746</u>	 <u>\$ 3,067,963</u>

(See Independent Auditors' Report and Accompanying Notes)

MET LABORATORIES, INC. 401(k) RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2009

ADDITIONS:

Interest and Dividends	\$ 72,291
Employer Contributions	136,152
Employee Contributions	395,553
Net Appreciation in Fair Value of Investments	<u>934,151</u>

Total Additions	1,538,147
-----------------	-----------

DEDUCTIONS:

Benefit Payments	<u>126,364</u>
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Net Increase	1,411,783
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NET ASSETS AVAILABLE FOR BENEFITS – BEGINNING OF YEAR	<u>3,067,963</u>
---	------------------

NET ASSETS AVAILABLE FOR BENEFITS – END OF YEAR	<u>\$ 4,479,746</u>
---	---------------------

(See Independent Auditors' Report and Accompanying Notes)

**MET LABORATORIES, INC. 401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS**

1. DESCRIPTION OF THE PLAN

The following description of the MET Laboratories, Inc. 401(k) Retirement Plan (Plan) provides only general information. Participants should refer to the Plan document or Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of MET Laboratories, Inc. (Company), provided the employee is at least 21 years of age and has completed six months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Participants may contribute up to 100% of pretax annual compensation, as defined in the Plan. The Company shall make matching contributions that match 50% of a participant's elective deferral up to 6% of a participant's compensation.

Participant Accounts

Each participant's account is credited with the participant's contributions and an allocation of the Company's contributions and Plan earnings. Allocations are based on participant earnings or account balances, as specified in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested portion of the participant's account. Benefits are recorded when paid. Administrative expenses are paid by the Company.

Vesting

Participants are immediately 100% vested in their voluntary contributions. Employer contributions are vested at a rate of 20% per year after two years of service, as defined in the Plan, and are 100% vested after six years of service. Forfeitures are used for Plan expenses and/or to reduce future employer contributions.

Investment Options

Plan assets are invested in investments designated by the participants. Investment options consist of various classes of mutual funds including money market and domestic and international equity funds.

(See Independent Auditors' Report)

MET LABORATORIES, INC. 401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS, CONTINUED

Payment of Benefits

Upon retirement, death, disability, or termination of employment, a participant or his/her beneficiary may elect to receive the vested balance of his/her account in a lump sum distribution or installments over the participant's life expectancy and/or the beneficiary's life expectancy.

Participant Loans and Hardship Withdrawals

Participant loans and hardship withdrawals are permitted by the Plan, subject to limitations.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue Company contributions or terminate the Plan at any time subject to the provisions of ERISA. Upon termination of the Plan, all interests of the participants not previously vested would become vested and nonforfeitable and the net assets of the Plan would be distributed to participants in a lump sum.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

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

Accounting Standards Codification

In July 2009, the Financial Accounting Standards Board (FASB) issued FAS 168, Accounting Standards Codification and the Hierarchy of Generally Accepted Accounting Principles (GAAP). FAS 168 is referred to as the Codification and will be the single source of authoritative U.S. GAAP. The Codification does not change how an entity accounts for or reports transactions or the nature of the disclosures made.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan's management to make estimates and assumptions that affect certain amounts reported in the financial statements and accompanying notes. Accordingly, actual results could differ from those estimates.

(See Independent Auditors' Report)

**MET LABORATORIES, INC. 401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS, CONTINUED**

Valuation of Investments

Investments are stated at fair value. See Note 3 for a discussion of fair value measurements.

Risk and Uncertainties

The Plan provides for investments in various investment securities, which are exposed to various risks, such as interest rate, credit and overall volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term, and such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

Subsequent Events

The Plan has evaluated subsequent events and transactions for potential recognition or disclosure in the financial statements through September 29, 2010, the date the financial statements were available to be issued.

3. VALUATION OF INVESTMENTS

Investments are recorded at fair value in accordance with the provisions of the Fair Value Measurements and Disclosures Section of the Codification, which establishes a framework for measuring fair value. That framework provides a fair value hierarchy which prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

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;

(See Independent Auditors' Report)

MET LABORATORIES, INC. 401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS, CONTINUED

Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

Mutual funds: Valued at the net asset value (NAV) of shares held by the Plan at year end provided by the Custodian. NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. NAV is a quoted price in an active market.

Participant loans: Valued at cost plus accrued interest, which approximates fair value.

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

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

	Level 1	Level 3	Total
Mutual Funds	\$ 4,318,693	\$ -	\$ 4,318,693
Participant Loans	-	161,053	161,053
Total	<u>\$ 4,318,693</u>	<u>\$ 161,053</u>	<u>\$ 4,479,746</u>

(See Independent Auditors' Report)

MET LABORATORIES, INC. 401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS, CONTINUED

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

	<u>Level 1</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds	\$ 2,946,677	\$ -	\$ 2,946,677
Participant Loans	-	121,286	121,286
Total	<u>\$ 2,946,677</u>	<u>\$ 121,286</u>	<u>\$ 3,067,963</u>

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

	<u>Participant Loans</u>
Balance, Beginning of Year	\$ 121,286
Purchases, Sales, Issuances and Settlements (Net)	<u>39,767</u>
Total	<u>\$ 161,053</u>

4. INVESTMENTS

The Plan's investments are held by State Street Bank and Trust Company (State Street), the Trustee of the Plan, at December 31, 2009. Financial information related to those investments is included in the accompanying financial statements, based on information provided by Boston Financial Services, Inc. as agent for State Street. The information as of December 31, 2009 has not been audited by the Plan's auditors.

	<u>2009</u>		<u>2008</u>
T. Rowe Price International Stock	\$ 384,540 *	\$ 290,806 *	
T. Rowe Price New Income	239,709 *	263,705 *	
T. Rowe Price Prime Reserve	490,112 *	440,235 *	
T. Rowe Price New America Growth	501,275 *	318,492 *	
T. Rowe Price Science and Technology	578,233 *	328,003 *	
T. Rowe Price Equity Income	381,590 *	358,765 *	
T. Rowe Price Capital Appreciation	814,286 *	592,271 *	
T. Rowe Price Equity Index	347,092 *	354,400 *	
T. Rowe Price Retirement 2010	136,991	-	
T. Rowe Price Retirement 2030	66,916	-	
T. Rowe Price Retirement 2040	7,828	-	
T. Rowe Price Retirement Income	91	-	

(See Independent Auditors' Report)

**MET LABORATORIES, INC. 401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS, CONTINUED**

	<u>2009</u>	<u>2008</u>
American Century Heritage	549	-
T. Rowe Price Retirement 2005	9,266	-
T. Rowe Price Retirement 2015	366	-
T. Rowe Price Retirement 2025	326,394 *	-
T. Rowe Price Retirement 2035	6,190	-
T. Rowe Price Retirement 2045	21,098	-
Harbor International Fund	113	-
Artisan Mid Cap Value	395	-
T. Rowe Price Retirement 2050	2,135	-
T. Rowe Price Retirement 2055	1,119	-
Columbia Small Capital Growth	2,032	-
Allianz NFJ Small Capital Value	373	-
	<hr/>	<hr/>
Total	<u>\$ 4,318,693</u>	<u>\$ 2,946,677</u>

*Investments in excess of 5% of Plan assets

5. TAX STATUS

The Internal Revenue Service has determined and informed the Plan by letter dated December 21, 2001 that the Plan and the related trust are designed in accordance with applicable sections of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes the Plan is designed and currently being operated in compliance with applicable requirements of the Internal Revenue Code.

(See Independent Auditors' Report)

ADDITIONAL FINANCIAL INFORMATION

A Name of Plan

B Three-digit Plan Number

001

MET Laboratories, Inc. 401(k) Retirement PlanC Plan sponsor's name as shown on line
2a of Form 5500D Employer Identification Number **52-1781148****MET Laboratories, Inc.****December 31, 2009****SCHEDULE H – LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	T. Rowe Price	International Stock		\$ 384,540
*	T. Rowe Price	New Income		239,709
*	T. Rowe Price	Prime Reserve		490,112
*	T. Rowe Price	New America Growth		501,275
*	T. Rowe Price	Science and Technology		578,233
*	T. Rowe Price	Equity Income		381,590
*	T. Rowe Price	Capital Appreciation		814,286
*	T. Rowe Price	Equity Index		347,092
*	T. Rowe Price	Retirement 2010		136,991
*	T. Rowe Price	Retirement 2030		66,916
*	T. Rowe Price	Retirement 2040		7,828
*	T. Rowe Price	Retirement Income		91
	American Century Heritage	Mutual Fund		549
*	T. Rowe Price	Retirement 2005		9,266
*	T. Rowe Price	Retirement 2015		366
*	T. Rowe Price	Retirement 2025		326,394
*	T. Rowe Price	Retirement 2035		6,190
*	T. Rowe Price	Retirement 2045		21,098
*	Harbor International Fund	Mutual Fund		113
	Artisan Mid Cap Value	Mutual Fund		395
*	T. Rowe Price	Retirement 2050		2,135
*	T. Rowe Price	Retirement 2055		1,119
	Columbia Small Capital Growth	Mutual Fund		2,032
	Allianz NFJ Small Capital Value	Mutual Fund		373
*	Participant Loans	Rate of Interest 4% to 8%		161,053
				\$4,479,746

*Party-in-Interest

(See Independent Auditors' Report)

A Name of Plan

B Three-Digit Plan Number

001

MET Laboratories, Inc. 401(k) Retirement Plan

C Plan Sponsor's Name as Shown on Line 2a of Form 5500D Employer Identification Number **52-1781148**

MET Laboratories, Inc.

As of December 31, 2009

SCHEDULE H, LINE 4A - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Participant Contributions Transferred Late to Plan	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside of VFCP	Contributions Pending Correction in VFCP	
Check Here if Late Participant Loan Repayments are Included: ☐				
\$ 20,818	\$ -	\$ -	\$ 176	\$ -

(See Independent Auditors' Report)

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MET LABORATORIES, INC. 401K RETIREMENT PLAN

EIN: 52-1782529

Plan Sponsor's Name MET LABORATORIES, INC.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	T. ROWE PRICE INTERNATIONAL	MUTUAL FUND STOCK		384,540
	T. ROWE PRICE NEW INCOME	MUTUAL FUND		239,709
	T. ROWE PRICE PRIME RESERVE	MONEY MARKET		490,112
	T. ROWE PRICE NEW AMERICA GROWTH	MUTUAL FUND		501,275
	T. ROWE PRICE SCIENCE & TECHNOLOGY	MUTUAL FUND		578,233
	T. ROWE PRICE EQUITY INCOME	MUTUAL FUND		381,590
	T. ROWE PRICE CAPITAL APPRECIATION	MUTUAL FUND		814,286

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MET LABORATORIES, INC. 401(K) RETIREMENT PLAN

EIN: 52-1782529

Plan Sponsor's Name MET LABORATORIES, INC.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	T. ROWE PRICE EQUITY INDEX	MUTUAL FUND 500		347,092
	PARTICIPANT LOANS	4.00%-6.75% LOW-HIGH		161,053
	T. ROWE PRICE RETIREMENT 2010	MUTUAL FUND		136,991
	T. ROWE PRICE RETIREMENT 2030	MUTUAL FUND		66,916
	T. ROWE PRICE RETIREMENT 2040	MUTUAL FUND		7,828
	T. ROWE PRICE RETIREMENT INC	MUTUAL FUND		91
	AMERICAN CENTURY HERITAGE	MUTUAL FUND		549

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MET LABORATORIES, INC. 401(K) RETIREMENT PLAN

EIN: 52-1782529

Plan Sponsor's Name MET LABORATORIES, INC.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	T. ROWE PRICE RETIREMENT 2005	MUTUAL FUND		9,266
	T. ROWE PRICE RETIREMENT 2015	MUTUAL FUND		366
	T. ROWE PRICE RETIREMENT 2025	MUTUAL FUND		326,394
	T. ROWE PRICE RETIREMENT 2035	MUTUAL FUND		6,190
	T. ROWE PRICE RETIREMENT 2045	MUTUAL FUND		21,098
	HARBOR INT'L FUND	MUTUAL FUND		113
	ARTISAN MID CAP VALUE	MUTUAL FUND		395

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MET LABORATORIES, INC. 401(K) RETIREMENT PLAN

EIN: 52-1782529

Plan Sponsor's Name MET LABORATORIES, INC.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	T. ROWE PRICE RETIREMENT 2050	MUTUAL FUND		2,135
	T. ROWE PRICE RETIREMENT 2055	MUTUAL FUND		1,119
	COLUMBIA SMALL CAP GROWTH	MUTUAL FUND		2,032
	ALLIANZ NFJ SM CAP VAL	MUTUAL FUND		373