

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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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: <div><div>☐ a multiemployer plan;</div><div>☒ a single-employer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a DFE (specify) ____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☒ an amended return/report;</div><div>☐ the final return/report;</div><div>☐ a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div><div>☒ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan THE SUN PRODUCTS CORPORATION RETIREMENT SAVINGS PLAN	1b Three-digit plan number (PN) ▶ 002
		1c Effective date of plan 09/15/2008
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) THE SUN PRODUCTS CORPORATION 60 DANBURY ROAD WILTON, CT 06897	2b Employer Identification Number (EIN) 87-0321861
		2c Sponsor's telephone number 203-254-6700
		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.	10/14/2010	LISA NICHOLS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") THE SUN PRODUCTS CORPORATION 60 DANBURY ROAD WILTON, CT 06897	3b Administrator's EIN 87-0321861 3c Administrator's telephone number 203-254-6700
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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	149
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	249
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	10
d Subtotal. Add lines 6a , 6b , and 6c	6d	259
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	259
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	246
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	1
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 2T 2A

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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan THE SUN PRODUCTS CORPORATION RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 THE SUN PRODUCTS CORPORATION	D Employer Identification Number (EIN) 87-0321861	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

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

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

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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
64 37 65 60	RECORDKEEPER	1233	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
ALLNZ NFJ DIV VAL AD - BOSTON FINAN 04-2526037	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
ARTISAN INTL - BOSTON FINANCIAL DAT 04-2526037	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
ARTISAN MID CAP VAL - BOSTON FINANC 04-2526037	0.40%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
MSIF MID CAP GRTH P - JPMORGAN INVE 22-2382028	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
NB PARTNERS TRUST - STATE STREET BA ONE LINCOLN STREET BOSTON, MA 02111	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
PIMCO TOT RETURN ADM - BOSTON FINAN 04-2526037	0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TRP BLUE CHIP GR ADV - T ROWE PRICE 52-1184650	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
WFA SM CAP VAL INV - BOSTON FINANCI 04-2526037	0.35%	
(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:

<div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009					
A Name of plan THE SUN PRODUCTS CORPORATION RETIREMENT SAVINGS PLAN				B Three-digit plan number (PN) ▶ 002	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 THE SUN PRODUCTS CORPORATION				D Employer Identification Number (EIN) 87-0321861	
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: FID MGD INC PORT					
b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY					
c EIN-PN 04-3022712-024		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2153665	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of	

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>THE SUN PRODUCTS CORPORATION RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE SUN PRODUCTS CORPORATION</u>	D Employer Identification Number (EIN) <u>87-0321861</u>	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	5	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2649	0
(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)	185330	202784
(9) Value of interest in common/collective trusts.....	1c(9)	1365953	2153665
(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)	3638356	7882733
(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)	143804	0
(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	5336097	10239182

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	1484	0
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1484	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	5334613	10239182
---	-----------	---------	----------

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)	1072103	
(B) Participants	2a(1)(B)	1723911	
(C) Others (including rollovers)	2a(1)(C)	597535	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3393549

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	21	
(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)	12826	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		12847

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	5897	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	178076	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		183973

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	224900	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	184007	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		40893

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	-584	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-584
(6) Net investment gain (loss) from common/collective trusts	2b(6)		65647
(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)		1358978
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5055303

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	164763	
(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)		164763
f Corrective distributions (see instructions)	2f		2525
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)	2	
(4) Other	2i(4)	10927	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		10929
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		178217

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4877086
l Transfers of assets:			
(1) To this plan.....	2l(1)		27483
(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: GUNNIP & COMPANY LLP

(2) EIN: 51-0076769

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X		

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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

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

A Name of plan <u>THE SUN PRODUCTS CORPORATION RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE SUN PRODUCTS CORPORATION</u>	D Employer Identification Number (EIN) <u>87-0321861</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6568107</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

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

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

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): _____



Certified Public Accountants and Consultants

**THE SUN PRODUCTS CORPORATION
RETIREMENT SAVINGS PLAN**

**FINANCIAL STATEMENTS
and
SUPPLEMENTAL SCHEDULE**

DECEMBER 31, 2009

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Keith H. Fleury Principal

INDEPENDENT AUDITORS' REPORT

To the Benefits Administration Committee
The Sun Products Corporation
Retirement Savings Plan

We were engaged to audit the accompanying statements of net assets available for benefits of The Sun Products Corporation Retirement Savings Plan as of December 31, 2009 and December 31, 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009 and the period from inception to December 31, 2008, and supplemental schedule of Schedule H, line 4i – Schedule of Assets Held (At End of Year) as of or for the year ended December 31, 2009 and the period from inception to December 31, 2008. 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 the Fidelity Management Trust Company, the trustee of the Plan, except for comparing such 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 December 31, 2009 and 2008 and for the year ended December 31, 2009 and for the period from inception to December 31, 2008, respectively, 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 those 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.



September 30, 2010

FINANCIAL STATEMENTS

**STATEMENT OF NET ASSETS AVAILABLE
FOR BENEFITS**

**THE SUN PRODUCTS CORPORATION
RETIREMENT SAVINGS PLAN**

DECEMBER 31, 2009 AND 2008

	2009	2008
ASSETS		
Cash	\$ 6,204,166	\$ 0
Investments, at fair value		
Corporate common stock	0	144,973
Mutual funds (equity and fixed income securities)	1,654,273	3,638,356
Common/collective trust fund	<u>2,148,525</u>	<u>1,367,653</u>
	3,802,798	5,150,982
Participant loans	<u>202,784</u>	<u>185,330</u>
Total investments	4,005,582	5,336,312
Receivables		
Employer contributions	<u>488,733</u>	<u>295,311</u>
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	10,698,481	5,631,623
Adjustment from fair value to contract value for common collective trust fund	<u>43,847</u>	<u>71,982</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 10,742,328</u>	<u>\$ 5,703,605</u>

See accompanying notes to financial statements.

**STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS**

**THE SUN PRODUCTS CORPORATION
RETIREMENT SAVINGS PLAN**

**FOR THE YEAR ENDED DECEMBER 31, 2009 AND
THE PERIOD FROM INCEPTION TO DECEMBER 31, 2008**

	2009	2008
ADDITIONS		
Investment income		
Net appreciation/depreciation in fair value of investments	\$ 1,392,254	\$ (302,549)
Dividends and interest	227,480	112,073
	<u>1,619,734</u>	<u>(190,476)</u>
Contributions		
Employer	1,265,525	397,864
Employee	1,723,911	251,586
Rollovers	599,385	5,193,397
	<u>3,588,821</u>	<u>5,842,847</u>
Total additions	5,208,555	5,652,371
DEDUCTIONS		
Benefit payments	167,288	13,072
Advisory and management fees	2,544	99
	<u>169,832</u>	<u>13,171</u>
Total deductions	169,832	13,171
NET INCREASE	5,038,723	5,639,200
Transfers in	0	64,405
NET INCREASE AFTER TRANSFERS	5,038,723	5,703,605
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>5,703,605</u>	<u>0</u>
End of year	<u>\$ 10,742,328</u>	<u>\$ 5,703,605</u>

See accompanying notes to financial statements.

Note 1 Description of Plan

The Sun Products Corporation Retirement Savings Plan ("the Plan") was established on September 15, 2008. On July 26, 2008, The Sun Products Corporation ("the Company") acquired the North American laundry business of Unilever, P.L.C. through an Asset Purchase Agreement. The Plan was established to benefit the salaried employees who formerly worked for Unilever, P.L.C., and newly hired Sun Products Corporation located in Connecticut and Maryland. The amount transferred into the Plan totaled \$ 5,193,397.

The following description provides only general information. Interested parties should refer to the Plan agreement for a more complete description of the Plan's provisions.

A. General

The Plan is a Section 401(k) defined contribution plan covering all non-union employees of the Company. Employees are eligible to participate on the first day of the payroll period following the date of hire. Effective October 15, 2008, employees are automatically enrolled on the first day of the payroll period which is 60 days following the date of employment. Employees may opt out of automatic enrollment, otherwise, 3% of compensation will be deducted and deposited in the Plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan also allows participants to obtain loans from the Plan in accordance with the Plan's loan policy.

B. Contributions

The Plan is funded by contributions from its participants and the Company. Participants may make pre-tax contributions from 1% to 80% of eligible compensation, which the Company matches, \$ 1 for \$ 1 up to 3% of compensation. The Company will then contribute \$.50 for every dollar above the first 3% up to 5% of eligible compensation. The maximum the Company will contribute is 4% of eligible compensation.

At the end of the Plan Year, the Company will make true-up contributions to a participant's account if matching employer contributions ceased during the Plan year due to a participant having made accelerated contributions. For fixed percentage contributions the Company will contribute 2% of a participant's compensation to their account provided they are employed on the last business day of the plan year.

If an employee was employed with Unilever United States, Inc. immediately before September 15, 2008, the Company will contribute for the 2008 and 2009 Plan years a percentage of a participant's account based on his or her age on the last business day of the Plan year ranging from 1% -10%. The Company may also make a discretionary contribution on a year-to-year basis. If an employee was not vested in the UNICare Retirement Plan immediately before September 15, 2008, the Company will contribute a one-time flat dollar amount to be determined by the Company for the Plan Year beginning September 15, 2008.

Note 1 Description of Plan (cont'd)

C. Participant's account

Each participant's account is credited with their contributions, employer matching contributions, and plan earnings. Earnings are credited to the participants' accounts based on their end-of-month allocation elections. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Participants may borrow from their fund accounts a minimum of \$ 1,000 up to a maximum of \$ 50,000 or 50% of their account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at a rate determined by the plan administrator. Principal and interest is paid ratably through payroll deductions.

D. Vesting

Participants are immediately vested in their voluntary contributions, fixed flat dollar employer contributions, age-based employer contributions, matching contributions and earnings thereon. Participants will be fully vested in fixed employer percentage and discretionary employer contributions when they complete at least three years of vesting service. A vesting service is equal to a period of service with the Company plus any service with Unilever, P.L.C.

E. Payment of benefits

Vested participants' balances are payable in the form of lump-sum cash distributions as soon as administratively feasible after the end of the daily valuation period in which death, disability, normal retirement or termination of employment occurs. A participant may choose to receive a lump sum distribution or partial payment in cash or they may elect a direct rollover distribution or a combination of the two. A lump sum distribution is automatic for account balances of \$ 1,000 or less.

F. Administrative expenses

The Company absorbs all significant costs of the administration of the Plan.

G. Forfeited Accounts

At December 31, 2009 and 2008 forfeited non-vested accounts totaled \$ 4,411 and \$ 0 respectively. These accounts will be used to reduce future employer contributions.

Note 1 Description of Plan (cont'd)

H. Transfers

Participants may transfer their balance to or from the Sponsor's non-union plan in the event that their position changes from union to non-union or non-union to union. For the period from inception to December 31, 2008, the Plan transferred in \$ 64,405 from the Sun Products Corporation Union Employees Retirement Savings Plan.

Note 2 Summary of significant accounting policies

Basis of accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

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

Use of estimates in the preparation of financial statements

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

Investment valuation and income recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation/depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Note 2 Summary of significant accounting policies (cont'd)

Income tax status

The Plan has applied for but has not received a determination letter from the Internal Revenue Service stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code. However, the plan administrator believes that the Plan is qualified and, therefore, the related trust is exempt from taxation.

Benefit payments

Benefit payments are recorded when paid.

Subsequent events

The date to which events occurring after December 31, 2009, the date of the most recent Statement of Net Assets Available for Benefits, have been evaluated for possible adjustment to the financial statements or disclosure is September 30, 2010, which is the date on which the financial statements were available to be issued.

Note 3 Fair value measurements

FASB Accounting Standards Codification 820 ("ASC 820"), *Fair Value Measurements and Disclosures*, 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:

- | | |
|---------|--|
| 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 <ul style="list-style-type: none">◆ 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. |

Note 3 Fair value measurements (cont'd)

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

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

Common Stocks – valued at the closing price reported on the active market on which the individual securities are traded.

Mutual Funds - valued at the net asset values (NAV) of the shares held by the Plan at year-end.

Common Collective Trust - valued at the unit price of the Fidelity Managed Income Portfolio (MIP). The MIP value is determined by Fidelity Management Trust Company based on the value of the underlying assets (investment contracts, mutual funds, and bond trusts).

Participant loans - valued at amortized cost which approximates fair value.

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

NOTES TO FINANCIAL STATEMENTS
(cont'd)

THE SUN PRODUCTS CORPORATION
RETIREMENT SAVINGS PLAN

Note 3 Fair value measurements (cont'd)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008.

<u>Fair Value Measurements Using:</u>				
<u>December 31, 2009</u>	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Mutual funds:				
Intermediate-term	\$ 926,529	\$ 926,529	\$ 0	\$ 0
Large growth	364,137	364,137	0	0
Mid cap value	133,851	133,851	0	0
Mid cap growth	57,975	57,975		
Small blend	<u>171,781</u>	<u>171,781</u>	<u>0</u>	<u>0</u>
Total mutual funds:	1,654,273	1,654,273	0	0
Common/collective trust fund	2,148,525	0	2,148,525	0
Participant loans	<u>202,784</u>	<u>0</u>	<u>0</u>	<u>202,784</u>
Total	<u>\$ 4,005,582</u>	<u>\$ 1,654,273</u>	<u>\$ 2,148,525</u>	<u>\$ 202,784</u>

<u>Fair Value Measurements Using:</u>				
<u>December 31, 2008</u>	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Mutual funds:				
Asset allocation	\$ 12,549	\$ 12,549	\$ 0	\$ 0
Emerging market	25,538	25,538	0	0
Foreign large blend	222,626	222,626	0	0
Intermediate-term	128,071	128,071	0	0
Large blend	103,129	103,129	0	0
Large growth	255,806	255,806	0	0
Large value	9,943	9,943	0	0
Lifecycle	2,660,224	2,660,224	0	0
Mid cap growth	27,323	27,323	0	0
Mid cap value	26,039	26,039	0	0
Small blend	51,746	51,746	0	0
Specialty	<u>115,362</u>	<u>115,362</u>	<u>0</u>	<u>0</u>
Total mutual funds:	3,638,356	3,638,356	0	0
Common stocks:				
Consumer goods	144,973	144,973	0	0
Common/collective trust fund	1,367,653	0	1,367,653	0
Participant loans	<u>185,330</u>	<u>0</u>	<u>0</u>	<u>185,330</u>
Total	<u>\$ 5,336,312</u>	<u>\$ 3,783,329</u>	<u>\$ 1,367,653</u>	<u>\$ 185,300</u>

NOTES TO FINANCIAL STATEMENTS
(cont'd)

THE SUN PRODUCTS CORPORATION
RETIREMENT SAVINGS PLAN

Note 3 Fair value measurements (cont'd)

The following table provides further detail of the Level 3 fair value measurements:

	Participant Loans
<u>December 31, 2009</u>	
Beginning balance at fair value	\$ 185,330
Purchases, sales, issuances and settlements (net)	<u>17,454</u>
Ending balance at fair value	<u>\$ 202,784</u>
<u>December 31, 2008</u>	
Beginning balance at fair value	\$ 0
Purchases, sales, issuances and settlements (net)	<u>185,330</u>
Ending balance at fair value	<u>\$ 185,330</u>

Note 4 Investments

The following tables present the fair value of investments at December 31, 2009 and 2008. Investments that represent 5 percent or more of net assets are separately identified.

<u>Fair Value of Investments</u>	<u>December 31, 2009</u>
Investments at fair value as determined by quoted market price	
Mutual funds (equity and fixed-income securities)	
Pimco Total Return Fund	\$ 926,529
Other	<u>727,744</u>
	<u>\$ 1,654,273</u>
Investments at estimated fair value	
Participant loans	<u>\$ 202,784</u>
Investment at contract value	
Fidelity Managed Income Portfolio	<u>\$ 2,192,372</u>

NOTES TO FINANCIAL STATEMENTS
(cont'd)

THE SUN PRODUCTS CORPORATION
RETIREMENT SAVINGS PLAN

Note 4 Investments (cont'd)

<u>Fair Value of Investments</u>	<u>2008</u>
Investments at fair value as determined by quoted market price	
Mutual funds (equity and fixed-income securities)	
Fidelity Freedom 2020	\$ 882,243
Fidelity Freedom 2030	309,482
Fidelity Freedom 2025	831,874
Other	<u>1,614,757</u>
	<u>\$ 3,638,356</u>
Corporate common stock	<u>\$ 144,973</u>
Investments at estimated fair value	
Participant loans	<u>\$ 185,330</u>
Investment at contract value	
Fidelity Managed Income Portfolio	<u>\$ 1,439,635</u>

Investment activity for the year ended December 31, 2009 and from inception to December 31, 2008 was:

	2009	2008
Net appreciation/(depreciation) in fair value		
Mutual funds	<u>\$ 1,392,254</u>	<u>\$ (302,549)</u>
Interest and dividend income	<u>\$ 227,480</u>	<u>\$ 112,073</u>

Note 5 Related-Party transactions

The Plan invests in shares of mutual funds managed by an affiliate of Fidelity Management Trust Company (FMTC). FMTC acts as trustee for only these investments as defined in the Plan. Transactions in such investments qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

NOTES TO FINANCIAL STATEMENTS
(cont'd)

THE SUN PRODUCTS CORPORATION
RETIREMENT SAVINGS PLAN

Note 6 Plan termination

Although it has not expressed an intent to do so, 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 of Plan termination, participants will become 100 percent vested in their accounts.

Note 7 Risks and Uncertainties

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

Note 8 Change in trustee

On November 18, 2009, the Company notified plan participants that the Plan would be changing recordkeepers, trustees and investment options. The Plan switched from Fidelity Management Trust Company to New York Life Trust Company. A portion of the investments were liquidated and transferred as cash to New York Life as of the close of business December 31, 2009 (\$ 6,204,166). The remaining investments, including the common/collective trust and participant loans transferred in-kind to New York Life, as of the close of business December 31, 2009.

Note 9 Reconciliation of financial statements to Form 5500

The following is a reconciliation of net assets available for benefits on the financial statements to those on the Form 5500 for the year ended December 31, 2009 and from inception to December 31, 2008:

	2009	2008
Net assets available for benefits per the financial statements	\$ 10,742,328	\$ 5,703,605
Employer contribution receivable	(488,733)	(295,311)
Adjustment from fair value to contract value for common collective trust fund	0	(71,982)
Miscellaneous difference	<u>(14,413)</u>	<u>(1,699)</u>
Net assets available for benefits per the Form 5500	<u>\$ 10,239,182</u>	<u>\$ 5,334,613</u>

NOTES TO FINANCIAL STATEMENTS
(cont'd)

THE SUN PRODUCTS CORPORATION
RETIREMENT SAVINGS PLAN

Note 8 Reconciliation of financial statements to Form 5500 (cont'd)

The following is a reconciliation of the net increases in net assets available for benefits per the financial statements to the 5500 for the year ended December 31, 2009 and for the period from inception to December 31, 2008:

	2009	2008
Net increase per the financial statements	\$ 5,038,723	\$ 5,703,605
Employer contribution receivable – current year	(488,733)	(295,311)
Employer contribution receivable – prior year	295,311	0
Prior year adjustment from contract value to fair value for common/collective trust	71,982	0
Current year adjustment from contract value to fair value for common/collective trust	(43,847)	(71,982)
Transfer of assets posted on 5500 not on Trustee reports	27,483	0
Miscellaneous difference	<u>3,650</u>	<u>(1,699)</u>
Net increase per the Form 5500	<u>\$ 4,904,569</u>	<u>\$ 5,334,613</u>

SUPPLEMENTAL SCHEDULES

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2009

THE SUN PRODUCTS CORPORATION
RETIREMENT SAVINGS PLAN
E.I.N.: 87-0321861
PLAN NUMBER: 002

(a)	(b)	(c)		(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investments including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value		Cost	Current Value
	EQUITY AND FIXED INCOME SECURITIES				
	Mutual funds				
*	Artisan Mid-Cap Value Fund	7,405,092 shares,	\$ 17.98		133,851
	Fidelity Contrafund	6,235,449 shares,	\$ 58.21		364,137
	MSIF Mid-Cap Growth Fund	2,122,866 shares,	\$ 27.31		57,975
	Pimco Total Return Fund	85,789,785 shares,	\$ 10.80		926,529
	WEA Small-Cap Value Fund	6,262,524 shares,	\$ 27.43		171,781
	Total mutual funds				1,654,273
	Common/collective trust				
*	Fidelity Managed Income Portfolio	2,192,372.00 shares,	\$ 1.00		2,192,372
	Total assets held for investment purposes				<u>\$ 3,846,645</u>
*	Participant loans	Interest rates ranging from 5.00% to 9.50% with varying maturity dates			
				\$ 0	\$ 202,784

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2008

THE SUN PRODUCTS CORPORATION
RETIREMENT SAVINGS PLAN
E.I.N.: 87-0321861
PLAN NUMBER: 002

(a)	(b)	(c)		(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investments including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value		Cost	Current Value
	EQUITY AND FIXED INCOME SECURITIES				
	Corporate common stock				
	Unilever NV Stock	12,520.089 shares,	\$ 11.58		\$ 144,973
	Mutual funds				
	Allianz NFJ Dividend Value Fund	1,028.215 shares,	\$ 9.67		\$ 9,943
	Artisan International Fund	14,881.429 shares,	\$ 14.96		222,626
	Artisan Mid-Cap Value Fund	2,009.197 shares,	\$ 12.96		26,039
*	Fidelity Asset Manager 50%	1,157.643 shares,	\$ 10.84		12,549
*	Fidelity Contrafund	2,675.081 shares,	\$ 45.26		121,074
*	Fidelity Emerging Markets	1,965.969 shares,	\$ 12.99		25,538
*	Fidelity Freedom 2005	2,083.089 shares,	\$ 8.39		17,477
*	Fidelity Freedom 2010	3,173.330 shares,	\$ 10.36		32,876
*	Fidelity Freedom 2015	20,076.888 shares,	\$ 8.56		171,858
*	Fidelity Freedom 2020	87,785.417 shares,	\$ 10.05		882,243
*	Fidelity Freedom 2025	101,078.219 shares,	\$ 8.23		831,874
*	Fidelity Freedom 2030	31,709.196 shares,	\$ 9.76		309,482
*	Fidelity Freedom 2035	32,833.290 shares,	\$ 8.03		263,651
*	Fidelity Freedom 2040	21,026.883 shares,	\$ 5.59		117,540
*	Fidelity Freedom 2045	2,097.850 shares,	\$ 6.58		13,808
*	Fidelity Freedom 2050	2,792.691 shares,	\$ 6.46		18,041
*	Fidelity Freedom Income	144.054 shares,	\$ 9.56		1,377
*	Fidelity Magellan	2,829.656 shares,	\$ 45.86		129,768
*	Fidelity Select Financial	62.226 shares,	\$ 46.67		2,904
*	Fidelity Select Healthcare	295.076 shares,	\$ 80.99		23,898
*	Fidelity Select Natural Resource	4,696.520 shares,	\$ 18.83		88,435
*	Fidelity Select Technology	3.126 shares,	\$ 39.67		124
	MSIF Mid-Cap Growth Fund	1,597.865 shares,	\$ 17.10		27,323
	NB Partners Trust	20.423 shares,	\$ 11.86		242
	Pimco Total Return Fund	12,630.286 shares,	\$ 10.14		128,071
	Spartan US Equity Index Fund	3,225.306 shares,	\$ 31.90		102,887
	Trp Blue Chip Gr Adv	215.335 shares,	\$ 23.05		4,963
	WFA Small-Cap Value Fund	2,851.038 shares,	\$ 18.15		51,746
	Total mutual funds				3,638,357
	Common/collective trust				
*	Fidelity Managed Income Portfolio	1,439,634.91 shares,	\$ 1.00		1,439,635
	Total assets held for investment purposes				\$ 5,222,965
*	Participant loans		Interest rates ranging from 5.00% to 9.50% with varying maturity dates	\$ 0	\$ 185,330

Interest rates ranging
from 5.00% to 9.50% with
varying maturity dates

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2009

THE SUN PRODUCTS CORPORATION
RETIREMENT SAVINGS PLAN
E.I.N.: 87-0321861
PLAN NUMBER: 002

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investments including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
EQUITY AND FIXED INCOME SECURITIES				
Mutual funds				
•	Artisan Mid-Cap Value Fund	7,405,092 shares, \$ 17.98		133,851
	Fidelity Contrafund	6,235,449 shares, \$ 58.21		364,137
	MSIF Mid-Cap Growth Fund	2,122,866 shares, \$ 27.31		57,975
	Pimco Total Return Fund	85,789,785 shares, \$ 10.80		926,529
	WFA Small-Cap Value Fund	6,262,524 shares, \$ 27.43		171,781
	Total mutual funds			1,654,273
Common/collective trust				
•	Fidelity Managed Income Portfolio	2,192,372.00 shares, \$ 1.00		2,192,372
	Total assets held for investment purposes			\$ 3,846,645
Participant loans				
•		Interest rates ranging from 5.00% to 9.50% with varying maturity dates	\$ 0	\$ 202,784
Represents party-in-interest				

SCHEDULE H, LINE 41 - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2008

THE SUN PRODUCTS CORPORATION
RETIREMENT SAVINGS PLAN
E.I.N.: 87-0321861
PLAN NUMBER: 002

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
EQUITY AND FIXED INCOME SECURITIES				
	Corporate common stock			
	Unilever NV Stock	12,520.089 shares, \$	11.58	\$ 144,973
	Mutual funds			
	Allianz NFJ Dividend Value Fund	1,028.215 shares, \$	9.67	\$ 9,943
	Artisan International Fund	14,861.429 shares, \$	14.96	222,626
	Artisan Mid-Cap Value Fund	2,009.197 shares, \$	12.96	26,039
	Fidelity Asset Manager 50%	1,157.643 shares, \$	10.84	12,549
	Fidelity Contrafund	2,675.081 shares, \$	45.26	121,074
	Fidelity Emerging Markets	1,965.969 shares, \$	12.99	25,538
	Fidelity Freedom 2005	2,063.069 shares, \$	8.39	17,477
	Fidelity Freedom 2010	3,173.330 shares, \$	10.36	32,876
	Fidelity Freedom 2015	20,076.888 shares, \$	8.56	171,858
	Fidelity Freedom 2020	87,785.417 shares, \$	10.05	882,243
	Fidelity Freedom 2025	101,078.219 shares, \$	8.23	831,874
	Fidelity Freedom 2030	31,709.196 shares, \$	9.76	309,482
	Fidelity Freedom 2035	32,833.290 shares, \$	8.03	263,651
	Fidelity Freedom 2040	21,026.883 shares, \$	5.59	117,540
	Fidelity Freedom 2045	2,097.850 shares, \$	6.58	13,808
	Fidelity Freedom 2050	2,792.691 shares, \$	6.46	18,041
	Fidelity Freedom Income	144.054 shares, \$	9.56	1,377
	Fidelity Magellan	2,829.656 shares, \$	45.86	129,768
	Fidelity Select Financial	62.226 shares, \$	46.67	2,904
	Fidelity Select Healthcare	285.076 shares, \$	80.99	23,898
	Fidelity Select Natural Resource	4,686.520 shares, \$	18.83	88,435
	Fidelity Select Technology	3.126 shares, \$	39.67	124
	MSIF Mid-Cap Growth Fund	1,597.865 shares, \$	17.10	27,323
	NB Partners Trust	20.423 shares, \$	11.85	242
	Pimco Total Return Fund	12,630.286 shares, \$	10.14	128,071
	Spartan US Equity Index Fund	3,225.306 shares, \$	31.90	102,887
	Trp Blue Chip Gr Adv	215.335 shares, \$	23.05	4,963
	WFA Small-Cap Value Fund	2,851.038 shares, \$	18.15	51,746
	Total mutual funds			3,638,357
	Common/collective trust			
	Fidelity Managed Income Portfolio	1,439,634.91 shares, \$	1.00	1,439,535
	Total assets held for investment purposes			\$ 5,222,965
	Participant loans	Interest rates ranging from 5.00% to 9.50% with varying maturity dates		\$ 185,330
	Represents party-in-interest			