

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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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:	☐ 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 DIFCO LABORATORIES, INC. LOCAL 246 UAW AFL-CIO RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 002
	1c Effective date of plan 09/01/1964
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) DIFCO LABORATORIES, INC. P.O. BOX 4800 SPARKS, MD 21152-4800	2b Employer Identification Number (EIN) 38-0488100 2c Sponsor's telephone number 410-316-4758 2d Business code (see instructions) 325900

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.	06/09/2011	CHARLES BURAK
	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

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")

DIFCO LABORATORIES, INC.

P.O. BOX 4800
SPARKS, MD 21152-4800**3b** Administrator's EIN

38-0488100

3c Administrator's telephone number

410-316-4758

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:**a** Sponsor's name**4b** EIN**4c** PN**5** Total number of participants at the beginning of the plan year**5**

130

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**

30

b Retired or separated participants receiving benefits.....**6b**

71

c Other retired or separated participants entitled to future benefits.....**6c**

25

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

126

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

6

f Total. Add lines **6d** and **6e**.....**6f**

132

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g****h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h**

0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7****8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1B 1G 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**9a** Plan funding arrangement (check all that apply)(1) ☐

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

9b Plan benefit arrangement (check all that apply)(1) ☐

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)**a Pension Schedules**(1) ☒**R** (Retirement Plan Information)(2) ☐**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary(3) ☒**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary**b General Schedules**(1) ☒**H** (Financial Information)(2) ☐**I** (Financial Information - Small Plan)(3) ☐**A** (Insurance Information)(4) ☒**C** (Service Provider Information)(5) ☐**D** (DFE/Participating Plan Information)(6) ☐**G** (Financial Transaction Schedules)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>DIFCO LABORATORIES, INC. LOCAL 246 UAW AFL-CIO RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>DIFCO LABORATORIES, INC.</u>	D Employer Identification Number (EIN) <u>38-0488100</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>
2	Assets:
a	Market value 2a <u>4623838</u>
b	Actuarial value 2b <u>5086221</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>69</u> <u>3156672</u>
b	For terminated vested participants 3b <u>28</u> <u>676523</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>101217</u>
(2)	Vested benefits 3c(2) <u>1376590</u>
(3)	Total active 3c(3) <u>32</u> <u>1477807</u>
d	Total 3d <u>129</u> <u>5311002</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>8.26</u> %
6	Target normal cost 6 <u>79382</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>10/06/2010</u>
Signature of actuary	Date
<u>EDWARD CARD</u>	<u>08-06538</u>
Type or print name of actuary	Most recent enrollment number
<u>MERCER</u>	<u>203-229-6000</u>
Firm name	Telephone number (including area code)
<u>601 MERRITT 7</u> <u>NORWALK, CT 06856</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	1235549	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	105500	
9	Amount remaining (Item 7 minus item 8).....	1130049	0
10	Interest on item 9 using prior year's actual return of <u>-28.06</u> %	-317092	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>5.99</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	13060	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	799897	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	80.70 %
15	Adjusted funding target attainment percentage.....	15	95.77 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	108.18 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2009	30000				
07/15/2009	23738				
10/20/2009	2000000				
Totals ►			18(b)	2053738	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	1929044
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of Quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th 0

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	79382
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	79382
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	26375	0
36 Additional cash requirement (item 34 minus item 35).....	36	53007
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	1929044
38 Interest-adjusted excess contributions for current year (see instructions).....	38	1876037
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan DIFCO LABORATORIES, INC. LOCAL 246 UAW AFL-CIO RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 DIFCO LABORATORIES, INC.	D Employer Identification Number (EIN) 38-0488100	

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
NORTHERN TRUST
36-1561860

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

NORTHERN TRUST

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	TRUST COMPANY	21509	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan DIFCO LABORATORIES, INC. LOCAL 246 UAW AFL-CIO RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 DIFCO LABORATORIES, INC.		
		D Employer Identification Number (EIN) 38-0488100

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	33048	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	25	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(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)	4623812	7069874
(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	4656885	7069874

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	4656885	7069874
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2053738	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2053738
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	17799	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		17799
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	-502116	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-502116
(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)		1293876
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2863297

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	428798	
(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)		428798
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)	21510	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		21510
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		450308

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2412989
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: REHMANN ROBSON

(2) EIN: 38-3567911

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		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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.			

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

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

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

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

A Name of plan <u>DIFCO LABORATORIES, INC. LOCAL 246 UAW AFL-CIO RETIREMENT 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>DIFCO LABORATORIES, INC.</u>	D Employer Identification Number (EIN) <u>38-0488100</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
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3 <u>0</u>

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

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

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

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

DIFCO LABORATORIES, INC.
LOCAL 246 UAW AFL-CIO RETIREMENT PLAN
Sparks, Maryland

FINANCIAL STATEMENTS
AND
SUPPLEMENTARY INFORMATION

For the Years Ended
December 31, 2009 and 2008

DIFCO LABORATORIES, INC.
LOCAL 246 UAW AFL-CIO RETIREMENT PLAN
Sparks, Maryland

FINANCIAL STATEMENTS
AND
SUPPLEMENTARY INFORMATION

For the Years Ended
December 31, 2009 and 2008

DIFCO LABORATORIES, INC.
LOCAL 246 UAW AFL-CIO RETIREMENT PLAN

TABLE OF CONTENTS

	<u>Page</u>
Independent Auditors' Report	1
Financial Statements	
Statements of Net Assets Available for Benefits	2
Statements of Changes in Net Assets Available for Benefits	3
Statements of Accumulated Plan Benefits	4
Statements of Changes in Accumulated Plan Benefits	5
Notes to Financial Statements	6-18
Supplementary Information as of and for the Year Ended December 31, 2009	
Form 5500 Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	19
Form 5500 Schedule H, Line 4j - Schedule of Reportable Transactions	20

Note: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

INDEPENDENT AUDITORS' REPORT

May 17, 2011

Administrative Council
DIFCO Laboratories, Inc.
Local 246 UAW AFL-CIO Retirement Plan
P.O. Box 4800
Sparks, Maryland 21152

We were engaged to audit the accompanying statements of net assets available for benefits of the ***DIFCO Laboratories, Inc. Local 246 UAW AFL-CIO Retirement Plan*** (the "Plan") as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended, and the statements of accumulated plan benefits as of December 31, 2008 and 2007, and the related statements of changes in accumulated plan benefits for the years then ended, and the December 31, 2009 supplemental schedules of assets (held at end of year) and of reportable transactions for the year then ended. 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 information referred to in Note 2, which was certified by Comerica Bank, the trustee of the Plan from January 1, 2008 through March 2, 2009, and The Northern Trust Company, the trustee of the Plan from March 3, 2009 through December 31, 2009, 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 trustees hold the Plan's investment assets and execute investment transactions. The Plan Administrator has obtained certifications from the trustees as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan Administrator by the trustees is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustees, 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 and Disclosure under the Employee Retirement Income Security Act of 1974.



**DIFCO LABORATORIES, INC.
LOCAL 246 UAW AFL-CIO RETIREMENT PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

ASSETS	December 31	
	2009	2008
Investments at fair value		
Plan interest in Becton Dickinson and Company Master Retirement Trust	\$ 7,069,874	\$ -
Mutual funds	-	4,578,770
Common collective trust funds	-	45,042
Total investments at fair value	7,069,874	4,623,812
Other assets		
Cash and cash equivalents	-	33,048
Accrued income	-	25
Total assets (equal to net assets available for benefits)	\$ 7,069,874	\$ 4,656,885

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

DIFCO LABORATORIES, INC.
LOCAL 246 UAW AFL-CIO RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31	
	2009	2008
Additions to net assets attributed to		
Investment income		
Plan interest in Becton Dickinson and Company Master Retirement Trust - investment income	\$ 1,293,876	\$ -
Interest	17,799	164,328
Total investment income	1,311,675	164,328
Employer contributions	2,053,738	-
Total additions to income	3,365,413	164,328
Deductions from net assets attributed to		
Benefits paid to participants	428,798	390,504
Administrative expenses	21,510	-
Total deductions	450,308	390,504
Net depreciation in fair value of investments	(502,116)	(2,043,809)
Net increase (decrease)	2,412,989	(2,269,985)
Net assets available for benefits		
Beginning of year	4,656,885	6,926,870
End of year	\$ 7,069,874	\$ 4,656,885

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

DIFCO LABORATORIES, INC.
LOCAL 246 UAW AFL-CIO RETIREMENT PLAN

STATEMENTS OF ACCUMULATED PLAN BENEFITS

	December 31	
	2008	2007
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payments	\$ 3,197,480	\$ 3,002,006
Terminated vested participants	688,422	650,100
Active participants	<u>1,393,123</u>	<u>1,396,235</u>
Total vested benefits	5,279,025	5,048,341
Nonvested benefits	<u>100,016</u>	<u>115,126</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 5,379,041</u>	<u>\$ 5,163,467</u>

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

**DIFCO LABORATORIES, INC.
LOCAL 246 UAW AFL-CIO RETIREMENT PLAN**

STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS

	Year Ended December 31	
	2008	2007
Increase (decrease) during the year attributable to		
Decrease in the discount period	\$ 397,435	\$ 405,454
Benefits paid	(390,504)	(407,377)
Benefits accumulated and losses (gains)	209,197	(90,341)
Change in plan provisions	(554)	(16,134)
Net increase (decrease)	215,574	(108,398)
Actuarial present value of accumulated plan benefits		
Beginning of year	5,163,467	5,271,865
End of year	<u>\$ 5,379,041</u>	<u>\$ 5,163,467</u>

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

DIFCO LABORATORIES, INC.
LOCAL 246 UAW AFL-CIO RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF THE PLAN AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following brief description of the *DIFCO Laboratories, Inc. Local 246 UAW AFL-CIO Retirement Plan* (the “Plan”) is provided for general information purposes only. Additional information about the Plan agreement, vesting and benefit provisions, and the Pension Benefit Guarantee Corporation’s (“PBGC”) benefit guarantee can be found in the Summary Plan Description. Copies of this Summary Plan Description are available from the Plan Administrator.

Description of the Plan

General

The Plan is a defined benefit, non-contributory plan, which provides pension, death, and disability benefits to all members of Local 246 of the International Union, United Automobile, Aerospace, Aircraft and Agricultural Implement Workers of America (UAW, AFL-CIO) employed by DIFCO Laboratories, Inc. (“the Company”) who are twenty-one years old and have completed three months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Funding Policy

The Company has agreed to contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan members. This amount, determined by an independent actuary, is equal to the sum of the annual current service contribution attributable to a year’s cost for continuous service and the prior service obligation. The Plan has met the minimum funding requirements prescribed by ERISA.

Pension Benefits

Employees with five or more years of service are entitled to monthly pension benefits beginning at normal retirement age (65) equal to \$36.00 for each year of service. In addition, each member who retires at their normal retirement age will also receive the lesser of \$43.80 or Medicare Part B (or successor) provision per month added to their retirement benefits. Also, a participant who is permanently laid off by the Company and qualifies for retirement at the time of the layoff will receive an additional special benefit of \$35.00 per month after age 60 upon retirement in addition to the monthly benefit for each year of service in effect in the year in which they retire. The Plan permits early

DIFCO LABORATORIES, INC.
LOCAL 246 UAW AFL-CIO RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

retirement at age 55 with benefits reduced by 1/3% for each calendar month benefits begin prior to normal retirement date. An unreduced benefit is available for participants retiring on or after age 60 with 25 years of service. Employees may elect to receive their pension benefits in the form of a joint and survivor annuity. If employees terminate before rendering five years of service and prior to becoming eligible for a retirement benefit, they lose all rights under the Plan.

Death and Disability Benefits

If an active employee dies at pre-retirement age with at least five years of service, and has elected the Qualified Joint and Survivor Option, a benefit is payable to the spouse equal to 50% of the vested portion of the employee's accrued normal retirement benefit reduced by 1/3% for each calendar month from the date of election of such option to the date of death. Active employees with 10 years of service who become totally and permanently disabled receive a benefit equal to their accrued benefit with payment commencing as of the date of disability. An additional \$100 per month (to a maximum of \$5,000) shall be paid until age 65.

Vesting

A participant becomes fully vested after five years of service.

Administrative Expense

The Plan's administrative expenses, including salaries, actuarial, accounting, legal costs, trustee and record keeping (through March 2, 2009) are paid by the Company and qualify as party-in-interest transactions, which are exempt from prohibited transaction rules. Administrative expenses related to the Master Trust from March 3, 2009 through December 31, 2009 were paid by the Plan.

Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan Administrator to make estimates and assumptions that affect

DIFCO LABORATORIES, INC.
LOCAL 246 UAW AFL-CIO RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

the reported amounts of assets, liabilities and changes therein, disclosures of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for a discussion of fair value measurements.

Purchases and sales of investments 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) in aggregate fair value includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Management fees and operating expenses charged to the Plan for investments in mutual funds were deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses for the year ended December 31, 2008 and through March 2, 2009, were reflected as a reduction of net appreciation or an addition to net depreciation in the aggregate fair value of such investments.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the services employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

Benefits under the Plan are based on employees' length of credited service. The accumulated plan benefits for active employees are based on their length of service on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by Mercer Human Resource Consulting, the Plan's actuary, and is the amount that results from applying

DIFCO LABORATORIES, INC.
LOCAL 246 UAW AFL-CIO RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuations as of December 31, 2008 and 2007 are as follows:

Investment return	8.00%
Life expectancy of participants	RP2000 Combined White-Collar Mortality Table, projected to 2010 using scale AA
Retirement age	Normal retirement assumed to occur at age 65
Discount rate	8.00%

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

Payment of Benefits

Benefit payments to participants are recorded when paid.

New Accounting Pronouncements

In April and September 2009, the Financial Accounting Standards Board (FASB) issued guidance which (i) provided additional guidance for estimating fair value when the volume and level of activity for the asset or liability have significantly decreased, (ii) provided guidance on identifying circumstances that indicate a transaction is not orderly, (iii) permitted, as a practical expedient, entities to measure the fair value of certain investments based on the net asset value per share, and (iv) expanded the required disclosures about fair value measurements. The adoption of this guidance did not have a material effect on the Plan's net assets available for benefits or the changes in net assets available for benefits.

DIFCO LABORATORIES, INC.
LOCAL 246 UAW AFL-CIO RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Reclassifications

Certain amounts as reported in the 2008 financial statements have been reclassified to conform with the 2009 presentation.

Subsequent Events

In preparing the accompanying financial statements, management has evaluated, for potential recognition or disclosure, significant events or transactions that occurred during the period subsequent to December 31, 2009, the most recent statement of net assets available for benefits presented herein, through May 17, 2011, the date these financial statements were available to be issued. No significant such events or transactions were identified.

2. INVESTMENTS

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Comerica Bank, the Plan trustee, from January 1, 2008 through March 2, 2009, and The Northern Trust Company, the trustee of the Plan from March 3, 2009 through December 31, 2009 have certified the completeness and accuracy of all investment information reflected in (1) the accompanying statements of net assets available for benefits as of December 31, 2009 and 2008, (2) the December 31, 2009, supplemental schedules of assets (held at end of year) and reportable transactions for the year then ended, (3) the related investment activity reflected in the statements of changes in net assets available for benefits during 2009 and 2008, and (4) information summarized below and in Note 4.

DIFCO LABORATORIES, INC.
LOCAL 246 UAW AFL-CIO RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

The Plan's investments as of December 31, 2008 were held in a trust administered by Comerica Bank. The fair value of individual investments that represented 5% or more of the Plan's net assets are as follows at December 31, 2008:

Mutual Funds

Munder Bond Fund CL	\$ 1,746,127
Munder Large Cap Core Growth Fund	1,054,837
Munder Large Cap Value Fund CL	991,373
Munder Mid Cap Core Growth Fund	390,164

Other investments, individually less than 5% of the Plan's net assets available for benefits	<u>441,311</u>
---	----------------

Total	<u>\$ 4,623,812</u>
--------------	----------------------------

At December 31, 2009 the Plan's interest in the Becton Dickinson and Company Master Retirement Trust represented greater than 5% of the Plan's net assets totaling \$7,069,874 (see Note 4).

Net depreciation in fair value of investments for 2009 and 2008, relate entirely to mutual funds.

3. FAIR VALUE MEASUREMENTS

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

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;

DIFCO LABORATORIES, INC.
LOCAL 246 UAW AFL-CIO RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

- inputs other than quoted prices that are observable for the asset or liability; and
- 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 measurements. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Cash and cash equivalents: Valued at cost which approximates fair value due to the short-term nature of such investments.

U.S. government securities: Valued at the closing price reported in the active market in which the individual security is traded.

Corporate debt securities: Corporate debt securities are valued at the closing price reported in the active market in which the bond is traded.

Common stock: Valued at the closing price reported on various stock market exchanges.

Preferred stock: Valued at the net asset value ("NAV") of shares held by the Plan at year end.

Mutual funds: Shares held in mutual funds traded on national securities exchanges are valued at the NAV of shares held by the Plan at year-end. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities then divided by the number of shares outstanding.

DIFCO LABORATORIES, INC.
LOCAL 246 UAW AFL-CIO RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Common/collective trust funds: These investments are public investment securities valued using the NAV provided by the trustee. The NAV is quoted on a private market that is not active; however, the unit price is based on underlying investments which are traded on an active market.

Other: Valued at the NAV of shares held by the Plan at year end.

Net payable for security purchase: Valued at the short-term liability associated with the purchase of securities.

The preceding methods 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.

The fair value of Trust assets and liabilities as of December 31, 2009 are discussed in Note 4. 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 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds				
Fixed income funds	\$1,746,127	\$ -	\$ -	\$1,746,127
Growth funds	1,516,504	-	-	1,516,504
Value funds	1,186,944	-	-	1,186,944
Balanced fund	<u>129,195</u>	<u>-</u>	<u>-</u>	<u>129,195</u>
Total mutual funds	4,578,770	-	-	4,578,770
Common collective trust fund	<u>-</u>	<u>45,042</u>	<u>-</u>	<u>45,042</u>
Total investments at fair value	<u>\$4,578,770</u>	<u>\$ 45,042</u>	<u>\$ -</u>	<u>\$4,623,812</u>

DIFCO LABORATORIES, INC.
LOCAL 246 UAW AFL-CIO RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

4. INTEREST IN BECTON DICKINSON AND COMPANY MASTER RETIREMENT TRUST

On March 3, 2009 all of the Plan's investments were transferred from Comerica Bank to the Becton Dickinson and Company Master Retirement Trust ("Master Trust") managed by The Northern Trust Company. The Master Trust was established for the investment of assets of the Plan and several other Becton Dickinson Company (parent company of DIFCO Laboratories, Inc.) sponsored retirement plans. Each participating retirement plan has an undivided interest in the Master Trust. The assets of the Master Trust are held by The Northern Trust Company (Trustee). At December 31, 2009, the Plan's interest in the net assets of the Master Trust was approximately 0.7%. Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based upon average monthly balances invested by each plan.

The Trustee is the custodian of all investments and is authorized to execute transactions. Financial information relating to the assets held by the Trustee is included in the accompanying financial statements based on information provided by the Trustee. The Plan's share of net assets in the Master Trust was determined by the Trustee as of December 31, 2009 and for the period March 3, 2009 through December 31, 2009, on the basis of the cumulative contributions and cumulative proportional share of investment gain for the Plan, less the Plan's cumulative benefit payments and share of administrative expenses. That information, which has not been audited by independent auditors, is summarized below:

The following table represents the fair value of investments for the Master Trust at December 31, 2009:

Investments (at fair value):	
Cash and equivalents	\$ 190,586,396
U.S. government securities	170,883,103
Corporate debt securities	131,786,761
Common stock	515,992,668
Preferred stock	645,449
Net payables for security purchase	(870,299)
Other	<u>6,800,412</u>
Total master trust investments	<u>\$ 1,015,824,490</u>

DIFCO LABORATORIES, INC.
LOCAL 246 UAW AFL-CIO RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Investment income from Master Trust investments are as follows:

Investments and dividend income	\$ 16,397,097
Net appreciation (depreciation):	
Cash and equivalents	326,842
U.S. government securities	1,488,437
Corporate debt securities	24,811,357
Common stock	105,569,006
Preferred stock	130,085
Other	<u>(558,865)</u>
Net appreciation	<u>131,766,862</u>
Investment income	<u>\$ 148,163,959</u>

The closing prices reported in the active markets in which the securities are traded are used to value the investments in the Master Trust. The following table sets forth by level, within the fair value hierarchy, the Trust's assets and liabilities at fair value as of December 31, 2009.

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash and cash equivalents	\$ 190,586,396	\$ -	\$ -	\$ 190,586,396
U.S. Government securities	170,883,103	-	-	170,883,103
Corporate debt securities	131,786,761	-	-	131,786,761
Common stock				
Domestic	509,887,477	-	-	509,887,477
International	<u>6,105,191</u>	<u>-</u>	<u>-</u>	<u>6,105,191</u>
Total common stock	515,992,668	-	-	515,992,668
Preferred stock	-	645,449	-	645,449
Net payable for security purchase	-	(870,299)	-	(870,299)
Other	<u>-</u>	<u>6,800,412</u>	<u>-</u>	<u>6,800,412</u>
Total assets at fair value	<u>\$ 1,009,248,928</u>	<u>\$ 6,575,562</u>	<u>\$ -</u>	<u>\$ 1,015,824,490</u>

DIFCO LABORATORIES, INC.
LOCAL 246 UAW AFL-CIO RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

5. RELATED PARTY TRANSACTIONS

Certain Plan investments for the period January 1, 2008 through March 2, 2009 consisted of mutual funds managed by Munder Capital Management, an affiliate of Comerica Bank. For the period March 3, 2009 to December 31, 2009, The Northern Trust Company managed the Master Trust. Comerica Bank and The Northern Trust Company were the trustees of the Plan for these periods and therefore, these transactions qualify as party-in-interest.

6. INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter, dated November 15, 2002, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently designed and is operating in compliance with the applicable requirements of the IRC. The Plan has no income subject to unrelated business income tax.

7. PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to terminate the Plan and discontinue its contributions subject to the provisions of the Collective Bargaining Agreement between the Company and the Union and also subject to the provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. To provide retirement benefits to retired employees (spouses), whose retirement benefits commenced three or more years prior to the date of the termination of the Plan, based on the Plan provisions in effect during the five-year period prior to the date of termination of the Plan under which such benefits would be the least;
- b. To provide retirement benefits to other retired employees (spouses), employees and vested employees, who at least three years prior to the date of the termination of the Plan had attained age sixty (60) with ten (10) or more years of service, based on the Plan provisions in effect during the five-year period prior to the date of the termination of the Plan under which the benefit would be the least;

DIFCO LABORATORIES, INC.
LOCAL 246 UAW AFL-CIO RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

- c. To provide retirement benefits to all retired employees (spouses), employees, and vested employees based on their retirement benefits guaranteed on their behalf under Section 4022 of the Employee Retirement Income Security Act of 1974, less any amounts set forth in (a) and (b) above;
- d. To provide retirement benefits to all retired employees (spouses), employees, and vested employees based on their nonforfeitable retirement benefits in excess of the amounts payable under subparagraph (c) above as of the date of the termination of the Plan;
- e. To provide retirement benefits to all other employees based on their accrued benefits at the date of the termination of the Plan.

If, after having made provisions in the above order of precedence for some but not all of the above categories, the assets then remaining in the fund are not sufficient to provide completely for the benefits for employees in the next category, such benefits shall be provided for each such employee in an amount proportionate to the actuarially determined present value of such accrued retirement benefits at the date of termination of the Plan. Should the Plan terminate at some future time, its net assets generally will not be available on a pro-rata basis to provide participants' benefits. Whether the full amount of a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") at that time. Some benefits may be fully or partially provided for by then existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

8. 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 fair values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

DIFCO LABORATORIES, INC.
LOCAL 246 UAW AFL-CIO RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

* * * * *

SUPPLEMENTARY INFORMATION

**DIFCO LABORATORIES, INC.
LOCAL 246 UAW AFL-CIO RETIREMENT PLAN**

**FORM 5500 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)**

**EMPLOYER IDENTIFICATION NUMBER 38-2236295
PLAN #002**

DECEMBER 31, 2009

(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
*	The Northern Trust Company	Beneficial interest in Becton Dickinson and Company Master Retirement Trust	\$ 6,738,576	\$ 7,069,874

* An asterisk in this column identifies a person known to be a party in interest.

The above information has been certified by The Northern Trust Company as complete and accurate

**DIFCO LABORATORIES, INC.
LOCAL 246 UAW AFL-CIO RETIREMENT PLAN**

FORM 5500 SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

**EMPLOYER IDENTIFICATION NUMBER 38-2236295
PLAN #002**

YEAR ENDED DECEMBER 31, 2009

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset (Including Interest Rate and Maturity in Case of a Loan)	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Loss
a) A single transaction within the plan year in excess of 5% of the current value of the Plan assets.						
Comerica Bank	Comerica Short Term Fund					
	Purchase *	\$ 4,086,071	\$ -	\$ 4,086,071	\$ 4,086,071	\$ -
	Sale	-	4,106,391	4,106,391	4,106,391	-
Munder Capital Management	Munder Mid Cap Core Growth					
	Sale *	-	339,174	606,240	390,164	(50,990)
Munder Capital Management	Munder Large Cap Core Growth					
	Sale *	-	924,981	1,619,673	1,054,837	(129,856)
Munder Capital Management	Munder Bond Fund CL					
	Sale	-	1,688,574	1,897,050	1,755,210	(66,636)
Munder Capital Management	Munder Large Cap Value Fund CL					
	Sale *	-	825,663	1,490,374	991,373	(165,710)
c) A series of transactions with respect to securities of the same issue which amount in the aggregate to more than 5% of the current value of Plan assets:						
Comerica Bank	Comerica Short Term Fund					
	11 purchases	4,094,479	-	4,094,479	4,094,479	-
	4 sales	-	4,139,521	4,139,521	4,139,521	-
Munder Capital Management	Munder Bond Fund CL					
	2 purchases	17,603	-	17,603	17,603	-
	2 sales	-	1,696,761	1,906,259	1,763,730	(66,969)

* Amounts are also reportable under category c) but are not repeated therein.

There were no reportable transactions under categories b) or d) during 2009.

The above information has been certified by Comerica Bank, Trustee, as complete and accurate.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan DIFCO LABORATORIES, INC. HRLY EES' RETIREMENT PL	B Three-digit plan number (PN) <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Difco Laboratories, Inc.	D Employer Identification Number (EIN) 38-0488100
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value.....	2a	4,623,838	
b Actuarial value.....	2b	5,086,222	
3 Funding target/participant count breakdown			
	(1) Number of participants	(2) Funding Target	
a For retired participants and beneficiaries receiving payment	3a	69	3,156,672
b For terminated vested participants	3b	28	676,523
c For active participants:			
(1) Non-vested benefits.....	3c(1)		101,217
(2) Vested benefits.....	3c(2)		1,376,590
(3) Total active	3c(3)	32	1,477,807
d Total.....	3d	129	5,311,002
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	8.26 %	
6 Target normal cost.....	6	79,382	

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

SIGN HERE	<div style="text-align: center;"> Signature of actuary Edward Card Type or print name of actuary Mercer Firm name 601 Merritt 7 Address of the firm Norwalk CT 06856 </div>	<div style="text-align: center;"> <u>October 6, 2010</u> Date 08-06538 Most recent enrollment number (203) 229-6000 Telephone number (including area code) </div>
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	1,235,549	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	105,500	0
9 Amount remaining (Item 7 minus item 8)	1,130,049	0
10 Interest on item 9 using prior year's actual return of <u>(28.06)%</u>	(317,092)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>5.99 %</u>		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	13,060	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	799,897	0

Part III Funding percentages

14 Funding target attainment percentage	14	80.71 %
15 Adjusted funding target attainment percentage	15	95.77 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	108.18 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2009	30,000				
07/15/2009	23,738				
10/20/2009	2,000,000				
Totals ►			18(b)	2,053,738	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1,929,044

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	79,382
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	79,382
35 Balances used to offset funding requirement	Carryover balance	Prefunding balance
	26,375	0
36 Additional cash requirement (item 34 minus item 35)	36	53,007
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	1,929,044
38 Interest-adjusted excess contributions for current year (see instructions)	38	1,876,037
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

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

Discount rate elections	Full yield curve as of November 2008		
Mortality elections			
▪ Healthy participants	2009 PPA separate static annuitant and nonannuitant mortality tables		
Other economic assumptions			
▪ Salary increases	N/A		
▪ Flat-dollar benefit increases	N/A		
▪ Social Security wage base	N/A		
▪ Inflation	3.50% per year for increase in IRC Section 415 and 401(a)(17) limitations		
▪ Expected investment return	8.00% for 2007 through 2009		
▪ Expenses	\$25,000 added to current year normal cost		
Demographic assumptions			
Withdrawal	A sample of rates, showing the percentage of participants assumed to terminate in the next year, is as follows:		
	Attained age	Male Rate	Female Rate
	20	7.5%	12.5%
	25	5.0%	7.5%
	30	3.5%	5.0%
	35	2.5%	3.5%
	40	1.5%	2.5%
	45	1.0%	1.5%
	50	0.5%	1.0%
	55	0.0%	0.5%
	60 and over	0.0%	0.0%
	No withdrawal is assumed to occur after eligibility for early retirement.		
Disability incidence	40% of disability incidence under the 1972 – 1976 OASDI study		

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

It is assumed that normal and early retirements will occur in accordance with the following rates:

Age	Rate
55	5.0%
56	3.0%
57	3.0%
58	3.0%
59	3.0%
60	3.0%
61	3.0%
62	25.0%
63	10.0%
64	10.0%
65	75.0%
66	75.0%
67	75.0%
68	75.0%
69	75.0%
70	100.0%

Benefit commencement age for

- Future vested deferred 60
- Current vested deferred 60

Spouse assumptions**Male participants****Female participants**

- Percentage married 85% 85%
- Spouse age difference 3 years younger 3 years older

Form of payment**Lump sum****Single life****50% J&S**

- Active retirements 0% 75% 25%
- Future vested deferred 0% 75% 25%
- Future disabilities 0% 75% 25%
- Future deaths 0% 100% 0%
- Current vested deferred 0% 75% 25%

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

Actuarial methods

Asset methods

We used financial data submitted by the trustee as of the valuation date without further audit. Customarily, this information would not be verified by a plan's actuary. We have reviewed the information for internal consistency and we have no reason to doubt its substantial accuracy.

The asset valuation method is the average value of assets.

Participant methods

We used the participant data supplied by the plan sponsor. We have reviewed the data and have no reason to doubt its substantial accuracy. Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.
- **Transferred participants:** The liabilities for employees who have transferred into another plan of the plan sponsor have been included with the liabilities for terminated vested participants.

Plan sponsor elections

Funding interest rate

Full yield curve

2 look-back months (November 2008)

Mortality

Static annuitant and non-annuitant tables

Asset Valuation

Average Value of Assets

Valuation of lump sums based on IRC Section 417(e) assumptions:

Not applicable

Normal Cost

The target normal cost includes assumed plan expenses.

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

Minimum funding method

Target liability for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- An individual's **accrued liability** is the present value of benefits based on credited service as of the beginning of the plan year, and an individual's **normal cost** is the present value of the benefit deemed to accrue in the plan year. If multiple decrements are used, the accrued liability and the normal cost for an individual are the sum of the component accrued liabilities and normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual normal costs, and the plan's **funding target liability** is the sum of the accrued liabilities for all participants under the plan.

Maximum deductible contribution method

Calculations of maximum deductible contributions include the excess of the accrued liability computed using the projected unit credit method over the minimum funding target liability. The objective of the projected unit credit method is to fund each participant's benefits under the plan as they accrue, taking into consideration future compensation increases. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- An individual's **projected accrued liability** is the present value of benefits based on credited service as of the beginning of the plan year and projected compensation that would be used in the calculation of the benefit on each expected separation date. If multiple decrements are used, the accrued liability for an individual is the sum of the component accrued liabilities associated with the various anticipated separation dates.

Schedule SB, Line 26 — Schedule of Active Participant Data*Distribution of active participants as of January 1, 2009*

Attained age	< 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Up
< 25										
25 - 29										
30 - 34		3								
35 - 39		3	1							
40 - 44		3			1					
45 - 49					1			1		
50 - 54		1					1	3	1	
55 - 59		1	1	1				4	2	
60 - 64								2	2	
65 - 69										
70+										

In each cell, the number is the count of active participants for each age/service combination.

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 63.

(A) Retirement age	(B) Number of employees expected to retire, per 1000 retirements	(C) (A) X (B)
55	50.00	2,750.00
56	28.50	1,596.00
57	27.65	1,575.77
58	26.82	1,555.31
59	26.01	1,534.66
60	25.23	1,513.85
61	24.47	1,492.91
62	197.83	12,265.51
63	59.35	3,739.00
64	53.41	3,418.52
65	360.55	23,435.54
66	90.14	5,949.02
67	22.53	1,509.79
68	5.63	383.08
69	1.41	97.18
70	0.47	32.86
Total	1,000.00	62,849.00
Average		62.85

Schedule SB, Line 25 — Change in Method

The sponsor updated the funding interest rate election from segmented rate with a 4 month look-back to the full yield curve with a 2 month look-back (yield curve as of November 1, 2008 reflecting October bond yields).

The sponsor updated the asset valuation method from the fair market value to the 2 year smoothed asset value as defined in IRC Section 430.

Schedule SB, Line 21b – Explanation of Discount Rate Applicable Month Discrepancy

The full yield curve with an applicable lookback month of November 2008 was used to value funding liabilities as of January 1, 2009.

The applicable month has not been entered here due to restrictions within the EFAST2 system which did not allow for an entry in line 21b if the "N/A, full yield curve used" option was selected in line 21a. Since the applicable month was the second month preceding the month including the valuation date (November 2008), "2" would have been entered in line 21b had the system allowed an entry.

Line 21b was completed on the pdf attachment of the Schedule SB.

**DIFCO LABORATORIES, INC.
LOCAL 246 UAW AFL-CIO RETIREMENT PLAN**

FORM 5500 SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

**EMPLOYER IDENTIFICATION NUMBER 38-2236295
PLAN #002**

YEAR ENDED DECEMBER 31, 2009

(a)	(b)	(c)	(d)	(g)	(h) Current Value of Asset on Transaction Date	(i) Net Loss
Identity of Party Involved	Description of Asset (Including Interest Rate and Maturity in Case of a Loan)	Purchase Price	Selling Price	Cost of Asset		
a) A single transaction within the plan year in excess of 5% of the current value of the Plan assets.						
Comerica Bank	Comerica Short Term Fund Purchase *	\$ 4,086,071	\$ -	\$ 4,086,071	\$ 4,086,071	\$ -
	Sale	-	4,106,391	4,106,391	4,106,391	-
Munder Capital Management	Munder Mid Cap Core Growth Sale *	-	339,174	606,240	390,164	(50,990)
Munder Capital Management	Munder Large Cap Core Growth Sale *	-	924,981	1,619,673	1,054,837	(129,856)
Munder Capital Management	Munder Bond Fund CL Sale	-	1,688,574	1,897,050	1,755,210	(66,636)
Munder Capital Management	Munder Large Cap Value Fund CL Sale *	-	825,663	1,490,374	991,373	(165,710)
c) A series of transactions with respect to securities of the same issue which amount in the aggregate to more than 5% of the current value of Plan assets:						
Comerica Bank	Comerica Short Term Fund 11 purchases	4,094,479	-	4,094,479	4,094,479	-
	4 sales	-	4,139,521	4,139,521	4,139,521	-
Munder Capital Management	Munder Bond Fund CL 2 purchases	17,603	-	17,603	17,603	-
	2 sales	-	1,696,761	1,906,259	1,763,730	(66,969)

* Amounts are also reportable under category c) but are not repeated therein.

There were no reportable transactions under categories b) or d) during 2009.

The above information has been certified by Comerica Bank, Trustee, as complete and accurate.

**DIFCO LABORATORIES, INC.
LOCAL 246 UAW AFL-CIO RETIREMENT PLAN**

**FORM 5500 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)**

**EMPLOYER IDENTIFICATION NUMBER 38-2236295
PLAN #002**

DECEMBER 31, 2009

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
*	The Northern Trust Company	Beneficial interest in Becton Dickinson and Company Master Retirement Trust	\$ 6,738,576	\$ 7,069,874

* An asterisk in this column identifies a person known to be a party in interest.

The above information has been certified by The Northern Trust Company as complete and accurate

Schedule SB, Part V — Summary of Plan Provisions**Plan provisions**

Following is a summary of the major plan provisions used to determine the plan's financial position. It should not be used in determining plan benefits.

Effective date and plan year	Effective date: September 1, 1964 Plan year: January 1 – December 31
Most recent amendment	January 1, 2002
Significant events that occurred during the year	None
Covered employees	All employees covered by the collective bargaining agreement between the Company and the UAW; AFL-CIO Local 246 participate as of their employment commencement date.
Participation	Full-time and part-time employees begin participation on the date they commence employment.
Years of Service	Prior to January 1, 1976 an employee receives one year of service for each year or portion of a year employed. On or after January 1, 1976 an employee receives one year of service for each year in which the employee is credited with at least 1000 hours. Years of service shall not be less than credited service.
Credited service	Service from date of hire to date of termination, based on the number of hours worked during each plan year. A full year is credited for 1700 hours worked, with proportionate credit to nearest 1/10th of a year if the employee works less than 1700 hours.
Employee contributions	Employees are not required or permitted to make any contributions under the Plan
Deferred vested eligibility	Completion of 5 years of service
Deferred vested benefit	Accrued benefit deferred to normal retirement date or a reduced benefit (1/3% for each completed calendar month prior to normal date) payable on or after age 55. For termination prior to April 28, 2000, a reduced benefit (5/9% for each completed month prior to the normal retirement date) is payable on or after age 60.
Monthly Benefit	Years of credited service multiplied by \$36.

Schedule SB, Part V — Summary of Plan Provisions

Actuarial Equivalence	<p><u>Annuity conversions:</u> 6.00% interest and UP 1984 Mortality</p> <p><u>Lump Sums:</u></p> <p><i>Prior to January 1, 2003</i></p> <p>30 year Treasury Constant Maturity for November preceding plan year of distribution and Unisex 1983 GAM Mortality table (50% male plus 50% female) as defined in Revenue Ruling 95-6.</p> <p><i>On or after January 1, 2003</i></p> <p>An interest rate published by the IRS under Code Section 417(e) for November preceding the plan year of distributions and mortality table defined in Revenue Ruling 2001-62 (a blend of 50% male and 50% female mortality rates from the 1994 Uninsured Pension Mortality Table projected to 2002 by Scale AA).</p>
Normal retirement eligibility	A participant may retire on the normal retirement date which is the first day of the month coinciding with or following age 65 and the completion of 5 years of service.
Early retirement eligibility	Attainment of age 55 and completion of 5 years of service
Early retirement benefit	Accrued benefit deferred to age 65 or payable immediately but reduced 1/3% for each complete calendar month that benefits begin prior to normal retirement date. An unreduced benefit is payable immediately for participants retiring on or after age 60 with 25 years of service.
Late retirement eligibility	A participant may continue in the active service of the Company after normal retirement date.
Late retirement benefit	If retirement occurs after the normal retirement date, the later retirement income will be equal to the accrued benefit calculated using credited service and benefit rate in effect as of the late retirement date.
Disability eligibility	Total and permanent disability, eligibility for disability benefits under the Federal Social Security Act and 10 years of service.
Disability benefit	Accrued benefit is payable as of the date of disability. An additional \$100.00 per month (to a maximum of \$5,000) shall be paid until age 65.

Schedule SB, Part V — Summary of Plan Provisions

Special Age 65 Benefit	
Eligibility	Any retiree who retired under the normal, early or disability retirement provisions of the plan or otherwise terminates with 25 years of service and special early retirees laid-off between April 28, 2000 and April 27, 2005.
Monthly Benefit	Upon attaining age 65 the retiree will receive the lesser of \$43.80 per month or Medicare Part B.
Benefits for Participants Laid-off April 28, 2000 – April 27, 2005	
Eligibility	Employees who are permanently laid off and retire from active employment during the April 28, 2000 through April 27, 2005 collective bargaining agreement shall be eligible.
Special Deferred Early Retirement Benefit	Employees who are less than age 60 with at least 25 years of service will have no reduction in their benefit if they defer payment to age 60.
Special Age Supplemental Benefit	Employees who retire from active service with a normal, early or late retirement benefit will receive a supplemental benefit of \$35.00 per month after age 60 in addition to their regular benefits.
Pre-Retirement Death Benefits	
Eligibility	5 years of service and married for at least one year.
Benefit	The surviving spouse will receive a 50% survivor benefit computed as if the employee had terminated employment on the date of death, survived until the benefit commencement date and elected the 50% Joint & Survivor annuity. The benefit is reduced for early commencement and the election of the 50% Joint & Survivor Annuity. The benefit commencement date is the first day of the month following the later of the date of death, the date the employee would have attained age 55 or a later date as the spouse may elect.

Schedule SB, Part V — Summary of Plan Provisions

Form of Benefits	
Automatic form for unmarried participants	Single life annuity
Automatic form for married participants	50% Joint & Survivor annuity, actuarially equivalent to the single life amount.
Optional form	Joint & Survivor Option with 50% payable to spouse at death of retiree; lump sum payments for values under \$5,000.
Optional form conversion factor	Mortality: PPA2009C Interest rate: 6%
Miscellaneous	
Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. For 2008 this limit is \$185,000 and \$195,000 for 2009.
Change in plan provision since prior valuation	Maximum compensation and maximum benefits were updated from 2008 to 2009. The applicable mortality table under 417(e) was updated from 2008 to 2009.

Benefits included or excluded

Unless noted below, all benefits provided by the plan are included in this valuation.

- **Plan amendments:** Amendments adopted after the valuation date or effective after the current plan year are excluded from the valuation.
- **Scheduled benefit increases:** Scheduled benefit increases effective after the end of the current plan year are excluded from minimum funding requirements.
- **Shutdown benefits:** We are not aware of any corporate actions that would create shutdown benefits; therefore, they are excluded.
- **IRC Section 415(b):** The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.
- **Benefit restrictions:** Benefit restrictions (if applicable) are ignored in this valuation.