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

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
CHESAPEAKE PHARMACEUTICAL 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/01/2009

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
CHESAPEAKE PHARMACEUTICAL PACKAGING COMPANY, LLC

325 DUFFY AVENUE
HICKSVILLE, NY 11801

2b Employer Identification Number (EIN)
26-4349657

2c Sponsor's telephone number
516-277-8600

2d Business code (see instructions)
325410

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2011	YVES REGNIERS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
CHESAPEAKE PHARMACEUTICAL PACKAGING COMPANY, LLC

325 DUFFY AVENUE
HICKSVILLE, NY 11801

3b Administrator's EIN
26-4349657

3c Administrator's telephone number
516-277-8600

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**	321
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**	263
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	37
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	300
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	300
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	213
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:
2E 2F 2G 2J 2K 2T

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		___ **A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)	X	**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
CHESAPEAKE PHARMACEUTICAL 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CHESAPEAKE PHARMACEUTICAL PACKAGING COMPANY, LLC

D Employer Identification Number (EIN)
26-4349657

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

HARTFORD RETIREMENT SERVICES, LLC

26-1589907

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 49 50 64 65 99	N/A	6620	Yes [X] No [ ]	Yes [X] No [ ]	18945	Yes [ ] No [X]

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

RELIANCE TRUST COMPANY

58-1428634

(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?
19 99	N/A	0	Yes [X] No [ ]	Yes [ ] No [X]	278	Yes [ ] No [X]

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

BANK OF AMERICA

94-1687665

(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?
51 56 59 60 63 72	N/A	3082	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

GPC SECURITIES

58-1517899

(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?
16 64 65	N/A	0	Yes [X] No [ ]	Yes [ ] No [X]	1110	Yes [ ] No [X]

(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
HARTFORD RETIREMENT SERVICES	15	18945

(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.
BANK OF AMERICA CORPORATION 94-1687665	SEE FORM 5500 SCHEDULE C REPORT ATTACHMENT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
RELIANCE TRUST COMPANY	19 99	278

(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.
HARTFORD RETIREMENT SERVICES 26-1589907	SEE FORM 5500 SCHEDULE C REPORT ATTACHMENT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BANK OF AMERICA CORPORATION	51 56 59 60 63 72	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SEE FORM 5500 SCHEDULE C ATTACHMENT 94-1687665	SEE FORM 5500 SCHEDULE C REPORT ATTACHEMENT

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
GPC SECURITIES, INC	15 64 65	1110
(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.	
HARTFORD RETIREMENT SERVICES 26-1589907	SEE FORM 5500 SCHEDULE C REPORT ATTACHMENT	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
CHESAPEAKE PHARMACEUTICAL 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CHESAPEAKE PHARMACEUTICAL PACKAGING COMPANY, LLC

D Employer Identification Number (EIN)
26-4349657

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE: STABLE ASSET FUND

b Name of sponsor of entity listed in (a): BANK OF AMERICA, NA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
22-6459592-001	C	518494

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
CHESAPEAKE PHARMACEUTICAL 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CHESAPEAKE PHARMACEUTICAL PACKAGING COMPANY, LLC

D Employer Identification Number (EIN)
26-4349657

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
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)	137963	229534
(9) Value of interest in common/collective trusts	1c(9)	452326	518494
(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)	4089506	5033504
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	4679795	5781532
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4679795	5781532

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)	334211	
	(B) Participants	2a(1)(B)	594409	
	(C) Others (including rollovers)	2a(1)(C)	38334	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		966954
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	11358	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		11358
	(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)	87212	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		87212
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		14189
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		504112
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1583825
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	472391	
(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)		472391
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)	6620	
(3) Investment advisory and management fees	2i(3)	3077	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		9697
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		482088
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1101737
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: PASCALE,RAZZINO,ALEXANDERSON & CO (2) EIN: 11-3516387

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		5000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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.	4n		X	

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
CHESAPEAKE PHARMACEUTICAL 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CHESAPEAKE PHARMACEUTICAL PACKAGING COMPANY, LLC

D Employer Identification Number (EIN)
26-4349657

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): 06-0974148

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% 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):

CHESAPEAKE PHARMACEUTICAL PACKAGING COMPANY
401(K) SAVINGS PLAN

FINANCIAL STATEMENTS

AND

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

DECEMBER 31, 2010 (AUDITED) AND FROM
MAY 1, 2009 (DATE OF INCEPTION) TO DECEMBER 31, 2009 (UNAUDITED)

CHESAPEAKE PHARMACEUTICAL PACKAGING COMPANY
401(K) SAVINGS PLAN

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DECEMBER 31, 2010 (AUDITED) AND 2009 (UNAUDITED)

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Pascale Razzino Alexanderson & Co., PLLC
Certified Public Accountants

2688 S.E. WILLOUGHBY BLVD.
STUART, FL 34994
TEL: 772-221-9930
FAX: 772-221-9929

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

To the Trustees
Chesapeake Pharmaceutical Packaging Company 401(k) Savings Plan

We were engaged to audit the financial statements of the Chesapeake Pharmaceutical Packaging Company 401(k) Savings Plan as of and for the year ended December 31, 2010 as listed in the accompanying table of contents. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by Reliance Trust Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental information. The plan administrator has informed us that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2010 that the information provided to the plan administrator by the custodian 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 taken as a whole. The supplemental schedules of Assets Held for Investment are presented for the purpose of additional analysis and are not a required part of the basic financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. These supplemental schedules are the responsibility of the Plan's management. The form and content of the information included in the financial statements for the year ended December 31, 2010, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, is presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

We have compiled the accompanying statement of net assets available for benefits of the Chesapeake Pharmaceutical Packaging Company 401(k) Savings plan as of December 31, 2009, and the related statement of changes in net assets available for benefits from May 1, 2009 (date of inception) to December 31, 2009.

The CPA. Never Underestimate The Value.®

We have not audited or reviewed the accompanying financial statements and, accordingly, do not express an opinion or provide any assurance about whether the financial statements are in accordance with accounting principles generally accepted in the United States of America.

Plan management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the compilation in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist the plan administrator in presenting financial information in the form of financial statements without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements.

North Bellmore, NY
October 5, 2011

Pascale, Razzino, Alexanderson & Co., PLLC

CHESAPEAKE PHARMACEUTICAL PACKAGING COMPANY
401(K) SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2010 (AUDITED) AND 2009 (UNAUDITED)

ASSETS	2010 (Audited)	2009 (Unaudited)
Investments, at fair value (See Notes 6 and 9)	$5,551,998	$4,541,832
Participants' loans receivable	229,534	137,963
Total assets	$5,781,532	$4,679,795
Total Net Assets Available For Benefits	$5,781,532	$4,679,795

The accompanying notes are an integral part of these statements.

CHESAPEAKE PHARMACEUTICAL PACKAGING COMPANY
401(K) SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2010 (AUDITED) AND FROM MAY 1, 2009 (DATE OF INCEPTION) TO DECEMBER 31, 2009 (UNAUDITED)

	2010 (Audited)	2009 (Unaudited)
Additions:		
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments (See Note 6)	$ 518,300	$ 498,967
Interest	11,358	4,794
Dividends	87,212	57,589
Contributions:		
Participants'	594,409	478,732
Employer's	334,211	279,505
Rollovers	38,334	3,591,628
Total additions	$1,583,824	$ 4,911,215
Deductions:		
Deductions from net assets attributed to:		
Benefits paid to participants	472,391	385,024
Administrative expenses	9,696	3,450
Total deductions	482,087	388,474
Net increase	1,101,737	4,522,741
Net Assets Available for Benefits:		
Beginning of year	$ 4,679,795	$ -
Transfers of assets to this plan	-	157,054
End of year	$5,781,532	$4,679,795

The accompanying notes are an integral part of these statements.

CHESAPEAKE PHARMACEUTICAL PACKAGING COMPANY
401(K) SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2010 (AUDITED) AND FROM MAY 1, 2009 (DATE OF INCEPTION) TO DECEMBER 31, 2009 (UNAUDITED)

Note 1 - Description of the Plan

The following description of the Chesapeake Pharmaceutical Packaging Company 401(k) Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more comprehensive description of the Plan's provisions. Chesapeake Pharmaceutical Packaging Company, LLC is referred to in the notes as the Company or the Sponsor.

On November 1, 2010, a trust agreement by and between the Company and Bank of America was executed establishing the Chesapeake Pharmaceutical Packaging Company 401(k) Savings Plan Trust to receive and hold contributions and fund benefits under the Plan. The Company intends by this Trust Agreement to create a Trust forming a part of the Plan which shall qualify under Section 401 of the Code and which shall be exempt from tax pursuant to Code Section 501(a).

a. General - The Plan (which is a 401(k) plan) is a defined-contribution plan covering all full-time eligible employees of the Company who have three months of service and are age 21 or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

b. Contributions - Each year, participants may contribute up to the maximum percentage allowable under the federal statutory limit of Code Section 401(k). The limit for 2010 and 2009 is $16,500, but participants who were at least age 50 by the end of the 2010 and 2009 tax years could make an additional "catch-up" contribution of $5,500. The Company contributes an amount equal to the sum of 100 percent of the amount of the participant's elective deferral that does not exceed 3 percent of the participant's compensation, plus 50 percent of the amount of the participant's elective deferral that exceeds 3 percent of the participant's compensation but does not exceed 5 percent of the participant's compensation. All employer contributions are invested in the same proportion to that of the participants. Contributions are subject to certain limitations. Participants may also roll over amounts representing distributions from other qualified defined-benefit or defined-contribution plans.

Note 1 - Description of the Plan (continued)

c. Participant Accounts and Forfeitures - Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings or losses. Administrative expenses were paid by the Plan through October 31, 2010 and allocated to each participant's account. If there are certain expenses attributable to one participant's account these expenses will be charged to that participant's account. On November 1, 2010, an amendment to the Plan was made. Fees for the management and administration of the Plan are now paid by the Company. Forfeited balances of terminated participants' non-vested amounts are credited to a forfeiture account and become fully vested following the participant's termination of employment. Any amount in the forfeiture account occurring in the plan year just ending is reallocated on a pro rated basis, and credited to the accounts of participants.

d. Vesting - Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100 percent vested after six years of credited service earned at 20 percent after the first two years and each year thereafter.

e. Investment options - Upon enrollment in the Plan, all assets in the Plan are subject to participant investment direction.

f. Participants' Loans Receivable - Participants may borrow from their fund accounts a minimum of $1,000 and up to a maximum equal to the lesser of $50,000 or 50% of their vested interest in the Plan. Participants may only have one loan outstanding at any time. Loan transactions are treated as a transfer to (from) the respective investment funds from (to) the Participants' Loans Receivable Fund. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan administrator. During 2010, interest rates were at 4.25 percent. Principal and interest are paid ratably through payroll deductions.

g. Payment of Benefits - On termination of service due to death, disability, retirement, or termination of service due to other reasons, a participant or his or her beneficiary will receive a single lump-sum payment equal to the value of the participant's vested interest in his or her account. Benefits paid to the participants will be made in cash.

CHESAPEAKE PHARMACEUTICAL PACKAGING COMPANY
401(K) SAVINGS PLAN

NOTES TO THE FINANCIAL STATMENTS

DECEMBER 31, 2010 (AUDITED) AND FROM MAY 1, 2009
(DATE OF INCEPTION) TO DECEMBER 31, 2009 (UNAUDITED)

Note 2 - Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value as determined by Reliance Trust Company as of December 31, 2010 and 2009. Shares of registered investment companies are valued at quoted market prices, which represent the net asset value of shares held in the Plan at year-end. Participants' loans receivable are valued at cost, which approximates fair value. Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis.

The Plan adopted the provisions of Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820-10, formerly (SFAS) No. 157, "Fair Value Measurements" which defines fair value, establishes a framework for measuring fair value, and expands disclosures about fair value measurements. The standard also prioritizes, within the measurement of fair value, the use of market-based information over entity specific information and establishes a three-level hierarchy of fair value measurements based on the nature of inputs used in the valuation of an asset or liability as of the measurement date.

Note 2 - Summary of Accounting Policies (continued)

Investment Valuation and Income Recognition

Therefore, even when market assumptions are not readily available, the Plan's own assumptions are set to reflect those that market participants would use in pricing the asset or liability at the measurement date. The Plan uses prices and inputs that are current as of the measurement date, including during periods of market dislocation. In periods of market dislocation, the observability of prices and inputs may be reduced for many securities. This condition could cause a security to be reclassified to a lower level within the fair value hierarchy.

The hierarchy established under "ASC" 820-10 gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). As required by "ASC" 820-10, the Plan's investments are classified within the fair value hierarchy based on the lowest level of input that is significant to the fair value measurement. The three levels of the fair value hierarchy under "ASC" 820-10, and its applicability to the Plan's investments are described below:

Level 1 - Pricing 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 - Pricing inputs to the valuation methodology included quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Pricing inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Note 2 - Summary of Accounting Policies (continued)

Investment Valuation and Income Recognition

The following table presents the investments carried at fair value as of December 31, 2010 by "ASC" 820-10 valuation hierarchy (as defined above):

	Level 1	Level 2	Level 3	Total
Investments, at fair value	$5,551,998	$ -	$ -	$5,551,998
Participants' loans receivable	229,534	-	-	229,534
Total assets at fair value	$5,781,532	$ -	$ -	$5,781,532

The following table presents the investments carried at fair value as of December 31, 2009 by "ASC" 820-10 valuation hierarchy (as defined above):

	Level 1	Level 2	Level 3	Total
Investments, at fair value	$4,541,832	$ -	$ -	$4,541,832
Participants' loans receivable	137,963	-	-	137,963
Total assets at fair value	$4,679,795	$ -	$ -	$4,679,795

Payment of Benefits

Benefits are recorded when paid.

Note 3 - Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, no further contributions will be made to the Plan and all amounts credited to the participants' accounts will continue to be 100 percent vested.

Note 4 – Risks and Uncertainties

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

Note 5 - Tax Status

The Internal Revenue Service determined and informed the Company by letter during the inception of the Plan, 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 and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC as of December 31, 2010 and 2009.

CHESAPEAKE PHARMACEUTICAL PACKAGING COMPANY
401(K) SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2010 (AUDITED) AND FROM MAY 1, 2009 (DATE OF INCEPTION) TO DECEMBER 31, 2009 (UNAUDITED)

Note 6 - Investments

The following investments represent 5% or more of total plan's net assets as of December 31.

	2010 (Audited)	%	2009 (Unaudited)	%
Stable Asset Fund	$ 518,494	9.0	$ 452,418	9.7
JP Morgan Smart Retirement 2020	641,696	11.1	-	-
JP Morgan Smart Retirement 2030	858,200	14.8	-	-
JP Morgan Smart Retirement 2040	481,053	8.3	-	-
Columbia Retirement 2020 Z	-	-	484,886	10.4
Columbia Retirement 2030 Z	-	-	777,214	16.6
Columbia Retirement 2040 Z	-	-	394,834	8.4
Federated U.S. Government 25 Yr	-	-	367,049	7.8
Janus Overseas	363,116	6.3	298,999	6.4
Total	$2,862,559	49.5	$2,775,400	59.3

The table shown below represents how the Plan's investments appreciated during the year ended December 31, 2010 (including gains and losses on investments bought and sold, as well as held during the year). This information has been obtained from data that has been prepared and certified to as complete and accurate by Reliance Trust Company for the year ended December 31, 2010.

	2010
Equity Funds	$ 486,253
Bond Funds	3,935
Hybrid Funds	28,112
Totals	$ 518,300

Note 7 – Employer Contribution

The Company's required contribution amounted to $334,211 and $279,505 for the year ended December 31, 2010 and from May 1, 2009 (date of inception) to December 31, 2009, respectively.

Note 8 - Note Defaults

A participant loan receivable default is viewed as a distribution to that respective participant. The distribution is accounted for as benefits paid to participants. There were no such defaults for the year ended December 31, 2010 and from May 1, 2009 (date of inception) to December 31, 2009.

Note 9 - Information Certified By The Custodian (Unaudited)

Reliance Trust Company, the custodian of the Plan as of December 31, 2010 and from May 1, 2009 (date of inception) to December 31, 2009 held the Plan's investment assets and executes investment transactions as directed by the plan participants. Financial information relating to the investments and changes therein included in the financial statements and supplemental schedules is based on information provided and certified as complete and accurate by the custodian. Such information has not been audited by the independent auditors.

The fair value of investments as of December 31, 2010 and 2009, as reported by the custodian is summarized as follows:

CHESAPEAKE PHARMACEUTICAL PACKAGING COMPANY
401(K) SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2010 (AUDITED) AND FROM MAY 1, 2009 (DATE OF INCEPTION) TO DECEMBER 31, 2009 (UNAUDITED)

Note 9 - Information Certified By The Custodian (Unaudited) (continued)

	2010	2009
Stable Asset Fund	$ 518,494	$ 452,901
JP Morgan Smart Retirement 2010	49,736	-
JP Morgan Smart Retirement 2020	641,696	-
JP Morgan Smart Retirement 2030	858,200	-
JP Morgan Smart Retirement 2040	481,053	-
Columbia Large Cap Index-Z	-	77,243
Columbia Retirement 2010 Z	-	35,252
Columbia Retirement 2020 Z	-	484,886
Columbia Retirement 2030 Z	-	777,214
Columbia Retirement 2040 Z	-	394,834
Columbia Dividend Income-Z	-	155,971
Invesco Van Kampen Small Cap	213,738	58,515
Pimco Total Return	245,800	184,934
Blackrock U.S. Opportunities	223,926	185,110
American Cent Inflation Adj Bond	221,017	188,232
American Cent Equity Income	242,125	180,918
Victory Established Value Fund	260,507	192,013
Federated U.S. Government 25 YR	271,587	367,049
Federated Strategic Value	179,797	-
Nuveen Tradewinds Value Opportunities	102,483	-
American Funds Inc Fund of Amer R3	263,735	204,758
Delaware Emerging Markets	257,389	187,643
Fidelity Advisor Small Cap	157,599	115,843
Janus Overseas	363,116	298,999
Total Investments, at fair value	$5,551,998	$4,542,315

Note 10 - Plan Administrative Expenses

Administrative expenses incurred to administer the Plan were paid directly by the Plan through October 31, 2010, and allocated to each participant's account including but not limited to those involved in retaining necessary professional assistance from an attorney, accountant, an actuary, or an investment advisor. Administrative expenses amounted to $9,696 and $3,450 for the year ended December 31, 2010 and from May 1, 2009 (date of inception) to December 31, 2009, respectively. On November 1, 2010, an amendment to the Plan was made. Fees for the management and administration of the Plan are now paid by the Company.

Note 11 - Forfeited Accounts

Forfeited balances of terminated participants' non-vested amounts are credited to a forfeiture account upon the occurrence of a 1 year break in service following the participant's termination of employment. Any amount in the forfeiture account occurring in the plan year just ending is reallocated on a pro rated basis, and credited to the accounts of participants who have one year of service or more. There were no such forfeitures for the year ended December 31, 2010 and from May 1, 2009 (date of inception) to December 31, 2009.

Note 12 - Evaluation of Subsequent Events

The Organization has adopted Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 855-10, formerly (SFAS) No. 165 which requires the Organization to disclose the date through which subsequent events were evaluated. Management has evaluated subsequent events through October 5, 2011, the date the financial statements are available for issuance. During the 2011 Plan Year, the Company changed third party administrators from Hartford Retirement Services to ADP HR Services who will now handle the administration for the Plan.

SUPPLEMENTARY INFORMATION

CHESAPEAKE PHARMACEUTICAL PACKAGING COMPANY
401(K) SAVINGS PLAN

SCHEDULES OF ASSETS HELD FOR INVESTMENT

AS OF DECEMBER 31, 2010 (AUDITED) AND 2009 (UNAUDITED)

	2010 (Audited)	2009 (Unaudited)
Investments, at fair value:		
Stable Asset Fund	$ 518,494	$ 452,901
JP Morgan Smart Retirement 2010	49,736	-
JP Morgan Smart Retirement 2020	641,696	-
JP Morgan Smart Retirement 2030	858,200	-
JP Morgan Smart Retirement 2040	481,053	-
Columbia Large Cap Index-Z	-	77,243
Columbia Retirement 2010 Z	-	35,252
Columbia Retirement 2020 Z	-	484,886
Columbia Retirement 2030 Z	-	777,214
Columbia Retirement 2040 Z	-	394,834
Columbia Dividend Income-Z	-	155,971
Invesco Van Kampen Small Cap	213,738	58,515
Pimco Total Return	245,800	184,934
Blackrock U.S. Opportunities	223,926	185,110
American Cent Inflation Adj Bond	221,017	188,232
American Cent Equity Income	242,125	180,918
Victory Established Value Fund	260,507	192,013
Federated U.S. Government 25 YR	271,587	367,049
Federated Strategic Value	179,797	-
Nuveen Tradewinds Value Opportunities	102,483	-
American Funds Inc Fund of Amer R3	263,735	204,758
Delaware Emerging Markets	257,389	187,643
Fidelity Advisor Small Cap	157,599	115,843
Janus Overseas	363,116	298,999
Total Investments, at fair value	$5,551,998	$4,542,315

2010 Fee and Compensation Disclosure Report

This document is intended to assist a plan administrator ("you") in understanding the fees and compensation associated with your plan. If your plan is required to complete a *Form 5500 Schedule C*, this report identifies the different types of reportable compensation paid with respect to the Hartford product utilized by the retirement plan.

As permitted under the Schedule C reporting rules, compensation is disclosed in the attached report as an actual dollar amount, an estimate, or a formula or rate.

- Where it is an actual dollar amount, no further notation is provided.
- Where it is an estimate, we have used a reasonable method to arrive at the estimate and described the method used to arrive at the estimated amount.
- Where a formula or rate is provided, the formula may be disclosed under the Schedule C reporting rules. Alternatively, for purposes of Schedule C or for your fiduciary review of the compensation paid with respect to the plan's product, you may calculate an actual or estimated dollar amount by multiplying the rate by the total assets to which it applies. Thus, much of the compensation information being provided can be expressed in the form of a formula.

Please note that all compensation is being reported for the 2010 calendar year. This report includes compensation actually paid to or by The Hartford within the 2010 calendar year as part of your Hartford product. This report does not include amounts deducted from plan assets and paid to third parties (other than The Hartford). In addition, the report does not include compensation related to investments held by the plan that are not serviced on our recordkeeping system. You should contact your other service providers for reportable compensation information. You may also receive information on the compensation reported here directly from other service providers.

Please note that we have provided suggested service codes with respect to services provided through our Hartford product. These service codes are listed in the 2010 Instructions for Schedule C (Form 5500). Please review with your experienced benefits counsel and other professionals to determine the most appropriate service codes for your plan.

Please contact your Hartford Client Service Team should you require additional information regarding the compensation paid to or by The Hartford with respect to your plan.

Information provided in this document and related materials we provide are not intended to be and shall not be deemed tax advice, tax form preparation services, legal advice or accounting or other professional services. We strongly encourage you to review all Schedule C and other Form 5500 materials with experienced benefits counsel and other professionals.

FORM 5500 SCHEDULE C REPORT
SCHEDULE C, LINE 2(h) AND LINE 3(e) FORMULA DESCRIPTION

CHESAPEAKE PHARMACEUTICAL 401K PLAN (060123)
PLAN YEAR END: 12/31

For use with lines 2(h), 3(c), 3(d), 3(e)

Recipient: Hartford Retirement Services, LLC EIN: 26-1589907

Service Codes: 15, 37, 38, 49, 64, 65, 99, 50 (if direct compensation amount reflected below)

1. Direct Compensation **$9,697.30**

The total amount identified above reflects all fees deducted from plan assets at the plan administrator's direction for the 2010 calendar year. Of this amount, our records indicate that Hartford Retirement Services, LLC received **$6,620.00**. Please review your records to determine what other service providers (e.g., a reimbursement paid to any plan fiduciary, your employee benefits counsel, plan auditor) received all or any portion of the remaining amount.

Note: Due to system accounting protocols (including 'cash basis' accounting), amounts reported as Direct Compensation and amounts reported as paid to Hartford Retirement Services, LLC are the net result of aggregating direct compensation after the effects of adjustments processed in 2010, some of which may have pertained to prior years.

2. Indirect Compensation

Recordkeeping Service Fees Payor: Bank of America Corporation EIN: 94-1687665 **$18,944.52**

Recipient: Reliance Trust Company EIN: 58-7428634

Indirect Compensation

Custodial/Trust service fee **$277.60**

Service Codes: 19, 99, 25 (if Reliance Trust Company is acting as directed trustee)

Payors: Hartford Life Insurance Company EIN: 06-0974148
Hartford Retirement Services, LLC EIN: 26-1589907

Recipient: Bank of America Corporation EIN: 94-1687665

Direct/Indirect Compensation

Bank of America Corporation issue their own fee, expense, and revenue-sharing disclosures directly to Plan Sponsors. Please refer to these disclosures for more detail about indirect and direct fees charged by, or paid to, Bank of America Corporation.

Recipient: GPC Securities EIN: Inc. 58-1517899

Service Codes: 15, 64, 65

Indirect Compensation

Transaction Processing Services Payor: Hartford Retirement Services, LLC EIN: 26-1589907 **$1,110.40**

CHESAPEAKE PHARMACEUTICAL PACKAGING COMPANY
401(K) SAVINGS PLAN

FINANCIAL STATEMENTS

AND

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

DECEMBER 31, 2010 (AUDITED) AND FROM
MAY 1, 2009 (DATE OF INCEPTION) TO DECEMBER 31, 2009 (UNAUDITED)

CHESAPEAKE PHARMACEUTICAL PACKAGING COMPANY
401(K) SAVINGS PLAN

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Pascale Razzino Alexanderson & Co., PLLC
Certified Public Accountants

2688 S.E. WILLOUGHBY BLVD.
STUART, FL 34994
TEL: 772-221-9930
FAX: 772-221-9929

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

To the Trustees
Chesapeake Pharmaceutical Packaging Company 401(k) Savings Plan

We were engaged to audit the financial statements of the Chesapeake Pharmaceutical Packaging Company 401(k) Savings Plan as of and for the year ended December 31, 2010 as listed in the accompanying table of contents. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by Reliance Trust Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental information. The plan administrator has informed us that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2010 that the information provided to the plan administrator by the custodian 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 taken as a whole. The supplemental schedules of Assets Held for Investment are presented for the purpose of additional analysis and are not a required part of the basic financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. These supplemental schedules are the responsibility of the Plan's management. The form and content of the information included in the financial statements for the year ended December 31, 2010, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, is presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

We have compiled the accompanying statement of net assets available for benefits of the Chesapeake Pharmaceutical Packaging Company 401(k) Savings plan as of December 31, 2009, and the related statement of changes in net assets available for benefits from May 1, 2009 (date of inception) to December 31, 2009.

The CPA. Never Underestimate The Value.®

We have not audited or reviewed the accompanying financial statements and, accordingly, do not express an opinion or provide any assurance about whether the financial statements are in accordance with accounting principles generally accepted in the United States of America.

Plan management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the compilation in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist the plan administrator in presenting financial information in the form of financial statements without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements.

North Bellmore, NY
October 5, 2011

Pascale, Razzino, Alexanderson & Co., PLLC

CHESAPEAKE PHARMACEUTICAL PACKAGING COMPANY
401(K) SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2010 (AUDITED) AND 2009 (UNAUDITED)

ASSETS	2010 (Audited)	2009 (Unaudited)
Investments, at fair value (See Notes 6 and 9)	$5,551,998	$4,541,832
Participants' loans receivable	229,534	137,963
Total assets	$5,781,532	$4,679,795
Total Net Assets Available For Benefits	$5,781,532	$4,679,795

The accompanying notes are an integral part of these statements.

CHESAPEAKE PHARMACEUTICAL PACKAGING COMPANY
401(K) SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2010 (AUDITED) AND FROM MAY 1, 2009 (DATE OF INCEPTION) TO DECEMBER 31, 2009 (UNAUDITED)

	2010 (Audited)	2009 (Unaudited)
Additions:		
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments (See Note 6)	$ 518,300	$ 498,967
Interest	11,358	4,794
Dividends	87,212	57,589
Contributions:		
Participants'	594,409	478,732
Employer's	334,211	279,505
Rollovers	38,334	3,591,628
Total additions	$1,583,824	$ 4,911,215
Deductions:		
Deductions from net assets attributed to:		
Benefits paid to participants	472,391	385,024
Administrative expenses	9,696	3,450
Total deductions	482,087	388,474
Net increase	1,101,737	4,522,741
Net Assets Available for Benefits:		
Beginning of year	$ 4,679,795	$ -
Transfers of assets to this plan	-	157,054
End of year	$5,781,532	$4,679,795

The accompanying notes are an integral part of these statements.

CHESAPEAKE PHARMACEUTICAL PACKAGING COMPANY
401(K) SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2010 (AUDITED) AND FROM MAY 1, 2009 (DATE OF INCEPTION) TO DECEMBER 31, 2009 (UNAUDITED)

Note 1 - Description of the Plan

The following description of the Chesapeake Pharmaceutical Packaging Company 401(k) Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more comprehensive description of the Plan's provisions. Chesapeake Pharmaceutical Packaging Company, LLC is referred to in the notes as the Company or the Sponsor.

On November 1, 2010, a trust agreement by and between the Company and Bank of America was executed establishing the Chesapeake Pharmaceutical Packaging Company 401(k) Savings Plan Trust to receive and hold contributions and fund benefits under the Plan. The Company intends by this Trust Agreement to create a Trust forming a part of the Plan which shall qualify under Section 401 of the Code and which shall be exempt from tax pursuant to Code Section 501(a).

a. General - The Plan (which is a 401(k) plan) is a defined-contribution plan covering all full-time eligible employees of the Company who have three months of service and are age 21 or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

b. Contributions - Each year, participants may contribute up to the maximum percentage allowable under the federal statutory limit of Code Section 401(k). The limit for 2010 and 2009 is $16,500, but participants who were at least age 50 by the end of the 2010 and 2009 tax years could make an additional "catch-up" contribution of $5,500. The Company contributes an amount equal to the sum of 100 percent of the amount of the participant's elective deferral that does not exceed 3 percent of the participant's compensation, plus 50 percent of the amount of the participant's elective deferral that exceeds 3 percent of the participant's compensation but does not exceed 5 percent of the participant's compensation. All employer contributions are invested in the same proportion to that of the participants. Contributions are subject to certain limitations. Participants may also roll over amounts representing distributions from other qualified defined-benefit or defined-contribution plans.

Note 1 - Description of the Plan (continued)

c. Participant Accounts and Forfeitures - Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings or losses. Administrative expenses were paid by the Plan through October 31, 2010 and allocated to each participant's account. If there are certain expenses attributable to one participant's account these expenses will be charged to that participant's account. On November 1, 2010, an amendment to the Plan was made. Fees for the management and administration of the Plan are now paid by the Company. Forfeited balances of terminated participants' non-vested amounts are credited to a forfeiture account and become fully vested following the participant's termination of employment. Any amount in the forfeiture account occurring in the plan year just ending is reallocated on a pro rated basis, and credited to the accounts of participants.

d. Vesting - Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100 percent vested after six years of credited service earned at 20 percent after the first two years and each year thereafter.

e. Investment options - Upon enrollment in the Plan, all assets in the Plan are subject to participant investment direction.

f. Participants' Loans Receivable - Participants may borrow from their fund accounts a minimum of $1,000 and up to a maximum equal to the lesser of $50,000 or 50% of their vested interest in the Plan. Participants may only have one loan outstanding at any time. Loan transactions are treated as a transfer to (from) the respective investment funds from (to) the Participants' Loans Receivable Fund. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan administrator. During 2010, interest rates were at 4.25 percent. Principal and interest are paid ratably through payroll deductions.

g. Payment of Benefits - On termination of service due to death, disability, retirement, or termination of service due to other reasons, a participant or his or her beneficiary will receive a single lump-sum payment equal to the value of the participant's vested interest in his or her account. Benefits paid to the participants will be made in cash.

CHESAPEAKE PHARMACEUTICAL PACKAGING COMPANY
401(K) SAVINGS PLAN

NOTES TO THE FINANCIAL STATMENTS

DECEMBER 31, 2010 (AUDITED) AND FROM MAY 1, 2009
(DATE OF INCEPTION) TO DECEMBER 31, 2009 (UNAUDITED)

Note 2 - Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value as determined by Reliance Trust Company as of December 31, 2010 and 2009. Shares of registered investment companies are valued at quoted market prices, which represent the net asset value of shares held in the Plan at year-end. Participants' loans receivable are valued at cost, which approximates fair value. Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis.

The Plan adopted the provisions of Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820-10, formerly (SFAS) No. 157, "Fair Value Measurements" which defines fair value, establishes a framework for measuring fair value, and expands disclosures about fair value measurements. The standard also prioritizes, within the measurement of fair value, the use of market-based information over entity specific information and establishes a three-level hierarchy of fair value measurements based on the nature of inputs used in the valuation of an asset or liability as of the measurement date.

Note 2 - Summary of Accounting Policies (continued)

Investment Valuation and Income Recognition

Therefore, even when market assumptions are not readily available, the Plan's own assumptions are set to reflect those that market participants would use in pricing the asset or liability at the measurement date. The Plan uses prices and inputs that are current as of the measurement date, including during periods of market dislocation. In periods of market dislocation, the observability of prices and inputs may be reduced for many securities. This condition could cause a security to be reclassified to a lower level within the fair value hierarchy.

The hierarchy established under "ASC" 820-10 gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). As required by "ASC" 820-10, the Plan's investments are classified within the fair value hierarchy based on the lowest level of input that is significant to the fair value measurement. The three levels of the fair value hierarchy under "ASC" 820-10, and its applicability to the Plan's investments are described below:

Level 1 - Pricing 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 - Pricing inputs to the valuation methodology included quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Pricing inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Note 2 - Summary of Accounting Policies (continued)

Investment Valuation and Income Recognition

The following table presents the investments carried at fair value as of December 31, 2010 by "ASC" 820-10 valuation hierarchy (as defined above):

	Level 1	Level 2	Level 3	Total
Investments, at fair value	$5,551,998	$ -	$ -	$5,551,998
Participants' loans receivable	229,534	-	-	229,534
Total assets at fair value	$5,781,532	$ -	$ -	$5,781,532

The following table presents the investments carried at fair value as of December 31, 2009 by "ASC" 820-10 valuation hierarchy (as defined above):

	Level 1	Level 2	Level 3	Total
Investments, at fair value	$4,541,832	$ -	$ -	$4,541,832
Participants' loans receivable	137,963	-	-	137,963
Total assets at fair value	$4,679,795	$ -	$ -	$4,679,795

Payment of Benefits

Benefits are recorded when paid.

Note 3 - Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, no further contributions will be made to the Plan and all amounts credited to the participants' accounts will continue to be 100 percent vested.

Note 4 – Risks and Uncertainties

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

Note 5 - Tax Status

The Internal Revenue Service determined and informed the Company by letter during the inception of the Plan, 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 and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC as of December 31, 2010 and 2009.

CHESAPEAKE PHARMACEUTICAL PACKAGING COMPANY
401(K) SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2010 (AUDITED) AND FROM MAY 1, 2009 (DATE OF INCEPTION) TO DECEMBER 31, 2009 (UNAUDITED)

Note 6 - Investments

The following investments represent 5% or more of total plan's net assets as of December 31.

	2010 (Audited)	%	2009 (Unaudited)	%
Stable Asset Fund	$ 518,494	9.0	$ 452,418	9.7
JP Morgan Smart Retirement 2020	641,696	11.1	-	-
JP Morgan Smart Retirement 2030	858,200	14.8	-	-
JP Morgan Smart Retirement 2040	481,053	8.3	-	-
Columbia Retirement 2020 Z	-	-	484,886	10.4
Columbia Retirement 2030 Z	-	-	777,214	16.6
Columbia Retirement 2040 Z	-	-	394,834	8.4
Federated U.S. Government 25 Yr	-	-	367,049	7.8
Janus Overseas	363,116	6.3	298,999	6.4
Total	$2,862,559	49.5	$2,775,400	59.3

The table shown below represents how the Plan's investments appreciated during the year ended December 31, 2010 (including gains and losses on investments bought and sold, as well as held during the year). This information has been obtained from data that has been prepared and certified to as complete and accurate by Reliance Trust Company for the year ended December 31, 2010.

	2010
Equity Funds	$ 486,253
Bond Funds	3,935
Hybrid Funds	28,112
Totals	$ 518,300

Note 7 – Employer Contribution

The Company's required contribution amounted to $334,211 and $279,505 for the year ended December 31, 2010 and from May 1, 2009 (date of inception) to December 31, 2009, respectively.

Note 8 - Note Defaults

A participant loan receivable default is viewed as a distribution to that respective participant. The distribution is accounted for as benefits paid to participants. There were no such defaults for the year ended December 31, 2010 and from May 1, 2009 (date of inception) to December 31, 2009.

Note 9 - Information Certified By The Custodian (Unaudited)

Reliance Trust Company, the custodian of the Plan as of December 31, 2010 and from May 1, 2009 (date of inception) to December 31, 2009 held the Plan's investment assets and executes investment transactions as directed by the plan participants. Financial information relating to the investments and changes therein included in the financial statements and supplemental schedules is based on information provided and certified as complete and accurate by the custodian. Such information has not been audited by the independent auditors.

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401(K) SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

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Note 9 - Information Certified By The Custodian (Unaudited) (continued)

	2010	2009
Stable Asset Fund	$ 518,494	$ 452,901
JP Morgan Smart Retirement 2010	49,736	-
JP Morgan Smart Retirement 2020	641,696	-
JP Morgan Smart Retirement 2030	858,200	-
JP Morgan Smart Retirement 2040	481,053	-
Columbia Large Cap Index-Z	-	77,243
Columbia Retirement 2010 Z	-	35,252
Columbia Retirement 2020 Z	-	484,886
Columbia Retirement 2030 Z	-	777,214
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Columbia Dividend Income-Z	-	155,971
Invesco Van Kampen Small Cap	213,738	58,515
Pimco Total Return	245,800	184,934
Blackrock U.S. Opportunities	223,926	185,110
American Cent Inflation Adj Bond	221,017	188,232
American Cent Equity Income	242,125	180,918
Victory Established Value Fund	260,507	192,013
Federated U.S. Government 25 YR	271,587	367,049
Federated Strategic Value	179,797	-
Nuveen Tradewinds Value Opportunities	102,483	-
American Funds Inc Fund of Amer R3	263,735	204,758
Delaware Emerging Markets	257,389	187,643
Fidelity Advisor Small Cap	157,599	115,843
Janus Overseas	363,116	298,999
Total Investments, at fair value	$5,551,998	$4,542,315

Note 10 - Plan Administrative Expenses

Administrative expenses incurred to administer the Plan were paid directly by the Plan through October 31, 2010, and allocated to each participant's account including but not limited to those involved in retaining necessary professional assistance from an attorney, accountant, an actuary, or an investment advisor. Administrative expenses amounted to $9,696 and $3,450 for the year ended December 31, 2010 and from May 1, 2009 (date of inception) to December 31, 2009, respectively. On November 1, 2010, an amendment to the Plan was made. Fees for the management and administration of the Plan are now paid by the Company.

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Forfeited balances of terminated participants' non-vested amounts are credited to a forfeiture account upon the occurrence of a 1 year break in service following the participant's termination of employment. Any amount in the forfeiture account occurring in the plan year just ending is reallocated on a pro rated basis, and credited to the accounts of participants who have one year of service or more. There were no such forfeitures for the year ended December 31, 2010 and from May 1, 2009 (date of inception) to December 31, 2009.

Note 12 - Evaluation of Subsequent Events

The Organization has adopted Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 855-10, formerly (SFAS) No. 165 which requires the Organization to disclose the date through which subsequent events were evaluated. Management has evaluated subsequent events through October 5, 2011, the date the financial statements are available for issuance. During the 2011 Plan Year, the Company changed third party administrators from Hartford Retirement Services to ADP HR Services who will now handle the administration for the Plan.

SUPPLEMENTARY INFORMATION

CHESAPEAKE PHARMACEUTICAL PACKAGING COMPANY
401(K) SAVINGS PLAN

SCHEDULES OF ASSETS HELD FOR INVESTMENT

AS OF DECEMBER 31, 2010 (AUDITED) AND 2009 (UNAUDITED)

	2010 (Audited)	2009 (Unaudited)
Investments, at fair value:		
Stable Asset Fund	$ 518,494	$ 452,901
JP Morgan Smart Retirement 2010	49,736	-
JP Morgan Smart Retirement 2020	641,696	-
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CHESAPEAKE PHARMACEUTICAL PACKAGING COMPANY
401(K) SAVINGS PLAN

FINANCIAL STATEMENTS

AND

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

DECEMBER 31, 2010 (AUDITED) AND FROM
MAY 1, 2009 (DATE OF INCEPTION) TO DECEMBER 31, 2009 (UNAUDITED)

CHESAPEAKE PHARMACEUTICAL PACKAGING COMPANY
401(K) SAVINGS PLAN

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Certified Public Accountants

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TEL: 772-221-9930
FAX: 772-221-9929

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

To the Trustees
Chesapeake Pharmaceutical Packaging Company 401(k) Savings Plan

We were engaged to audit the financial statements of the Chesapeake Pharmaceutical Packaging Company 401(k) Savings Plan as of and for the year ended December 31, 2010 as listed in the accompanying table of contents. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by Reliance Trust Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental information. The plan administrator has informed us that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2010 that the information provided to the plan administrator by the custodian 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 taken as a whole. The supplemental schedules of Assets Held for Investment are presented for the purpose of additional analysis and are not a required part of the basic financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. These supplemental schedules are the responsibility of the Plan's management. The form and content of the information included in the financial statements for the year ended December 31, 2010, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, is presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

We have compiled the accompanying statement of net assets available for benefits of the Chesapeake Pharmaceutical Packaging Company 401(k) Savings plan as of December 31, 2009, and the related statement of changes in net assets available for benefits from May 1, 2009 (date of inception) to December 31, 2009.

The CPA. Never Underestimate The Value.®

We have not audited or reviewed the accompanying financial statements and, accordingly, do not express an opinion or provide any assurance about whether the financial statements are in accordance with accounting principles generally accepted in the United States of America.

Plan management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the compilation in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist the plan administrator in presenting financial information in the form of financial statements without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements.

North Bellmore, NY
October 5, 2011

Pascale, Razzino, Alexanderson & Co., PLLC

CHESAPEAKE PHARMACEUTICAL PACKAGING COMPANY
401(K) SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2010 (AUDITED) AND 2009 (UNAUDITED)

ASSETS	2010 (Audited)	2009 (Unaudited)
Investments, at fair value (See Notes 6 and 9)	$5,551,998	$4,541,832
Participants' loans receivable	229,534	137,963
Total assets	$5,781,532	$4,679,795
Total Net Assets Available For Benefits	$5,781,532	$4,679,795

The accompanying notes are an integral part of these statements.

CHESAPEAKE PHARMACEUTICAL PACKAGING COMPANY
401(K) SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2010 (AUDITED) AND FROM MAY 1, 2009 (DATE OF INCEPTION) TO DECEMBER 31, 2009 (UNAUDITED)

	2010 (Audited)	2009 (Unaudited)
Additions:		
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments (See Note 6)	$ 518,300	$ 498,967
Interest	11,358	4,794
Dividends	87,212	57,589
Contributions:		
Participants'	594,409	478,732
Employer's	334,211	279,505
Rollovers	38,334	3,591,628
Total additions	$1,583,824	$ 4,911,215
Deductions:		
Deductions from net assets attributed to:		
Benefits paid to participants	472,391	385,024
Administrative expenses	9,696	3,450
Total deductions	482,087	388,474
Net increase	1,101,737	4,522,741
Net Assets Available for Benefits:		
Beginning of year	$ 4,679,795	$ -
Transfers of assets to this plan	-	157,054
End of year	$5,781,532	$4,679,795

The accompanying notes are an integral part of these statements.

CHESAPEAKE PHARMACEUTICAL PACKAGING COMPANY
401(K) SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2010 (AUDITED) AND FROM MAY 1, 2009 (DATE OF INCEPTION) TO DECEMBER 31, 2009 (UNAUDITED)

Note 1 - Description of the Plan

The following description of the Chesapeake Pharmaceutical Packaging Company 401(k) Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more comprehensive description of the Plan's provisions. Chesapeake Pharmaceutical Packaging Company, LLC is referred to in the notes as the Company or the Sponsor.

On November 1, 2010, a trust agreement by and between the Company and Bank of America was executed establishing the Chesapeake Pharmaceutical Packaging Company 401(k) Savings Plan Trust to receive and hold contributions and fund benefits under the Plan. The Company intends by this Trust Agreement to create a Trust forming a part of the Plan which shall qualify under Section 401 of the Code and which shall be exempt from tax pursuant to Code Section 501(a).

a. General - The Plan (which is a 401(k) plan) is a defined-contribution plan covering all full-time eligible employees of the Company who have three months of service and are age 21 or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

b. Contributions - Each year, participants may contribute up to the maximum percentage allowable under the federal statutory limit of Code Section 401(k). The limit for 2010 and 2009 is $16,500, but participants who were at least age 50 by the end of the 2010 and 2009 tax years could make an additional "catch-up" contribution of $5,500. The Company contributes an amount equal to the sum of 100 percent of the amount of the participant's elective deferral that does not exceed 3 percent of the participant's compensation, plus 50 percent of the amount of the participant's elective deferral that exceeds 3 percent of the participant's compensation but does not exceed 5 percent of the participant's compensation. All employer contributions are invested in the same proportion to that of the participants. Contributions are subject to certain limitations. Participants may also roll over amounts representing distributions from other qualified defined-benefit or defined-contribution plans.

Note 1 - Description of the Plan (continued)

c. Participant Accounts and Forfeitures - Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings or losses. Administrative expenses were paid by the Plan through October 31, 2010 and allocated to each participant's account. If there are certain expenses attributable to one participant's account these expenses will be charged to that participant's account. On November 1, 2010, an amendment to the Plan was made. Fees for the management and administration of the Plan are now paid by the Company. Forfeited balances of terminated participants' non-vested amounts are credited to a forfeiture account and become fully vested following the participant's termination of employment. Any amount in the forfeiture account occurring in the plan year just ending is reallocated on a pro rated basis, and credited to the accounts of participants.

d. Vesting - Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100 percent vested after six years of credited service earned at 20 percent after the first two years and each year thereafter.

e. Investment options - Upon enrollment in the Plan, all assets in the Plan are subject to participant investment direction.

f. Participants' Loans Receivable - Participants may borrow from their fund accounts a minimum of $1,000 and up to a maximum equal to the lesser of $50,000 or 50% of their vested interest in the Plan. Participants may only have one loan outstanding at any time. Loan transactions are treated as a transfer to (from) the respective investment funds from (to) the Participants' Loans Receivable Fund. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan administrator. During 2010, interest rates were at 4.25 percent. Principal and interest are paid ratably through payroll deductions.

g. Payment of Benefits - On termination of service due to death, disability, retirement, or termination of service due to other reasons, a participant or his or her beneficiary will receive a single lump-sum payment equal to the value of the participant's vested interest in his or her account. Benefits paid to the participants will be made in cash.

CHESAPEAKE PHARMACEUTICAL PACKAGING COMPANY
401(K) SAVINGS PLAN

NOTES TO THE FINANCIAL STATMENTS

DECEMBER 31, 2010 (AUDITED) AND FROM MAY 1, 2009
(DATE OF INCEPTION) TO DECEMBER 31, 2009 (UNAUDITED)

Note 2 - Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value as determined by Reliance Trust Company as of December 31, 2010 and 2009. Shares of registered investment companies are valued at quoted market prices, which represent the net asset value of shares held in the Plan at year-end. Participants' loans receivable are valued at cost, which approximates fair value. Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis.

The Plan adopted the provisions of Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820-10, formerly (SFAS) No. 157, "Fair Value Measurements" which defines fair value, establishes a framework for measuring fair value, and expands disclosures about fair value measurements. The standard also prioritizes, within the measurement of fair value, the use of market-based information over entity specific information and establishes a three-level hierarchy of fair value measurements based on the nature of inputs used in the valuation of an asset or liability as of the measurement date.

Note 2 - Summary of Accounting Policies (continued)

Investment Valuation and Income Recognition

Therefore, even when market assumptions are not readily available, the Plan's own assumptions are set to reflect those that market participants would use in pricing the asset or liability at the measurement date. The Plan uses prices and inputs that are current as of the measurement date, including during periods of market dislocation. In periods of market dislocation, the observability of prices and inputs may be reduced for many securities. This condition could cause a security to be reclassified to a lower level within the fair value hierarchy.

The hierarchy established under "ASC" 820-10 gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). As required by "ASC" 820-10, the Plan's investments are classified within the fair value hierarchy based on the lowest level of input that is significant to the fair value measurement. The three levels of the fair value hierarchy under "ASC" 820-10, and its applicability to the Plan's investments are described below:

Level 1 - Pricing 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 - Pricing inputs to the valuation methodology included quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Pricing inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Note 2 - Summary of Accounting Policies (continued)

Investment Valuation and Income Recognition

The following table presents the investments carried at fair value as of December 31, 2010 by "ASC" 820-10 valuation hierarchy (as defined above):

	Level 1	Level 2	Level 3	Total
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CHESAPEAKE PHARMACEUTICAL PACKAGING COMPANY
401(K) SAVINGS PLAN

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Forfeited balances of terminated participants' non-vested amounts are credited to a forfeiture account upon the occurrence of a 1 year break in service following the participant's termination of employment. Any amount in the forfeiture account occurring in the plan year just ending is reallocated on a pro rated basis, and credited to the accounts of participants who have one year of service or more. There were no such forfeitures for the year ended December 31, 2010 and from May 1, 2009 (date of inception) to December 31, 2009.

Note 12 - Evaluation of Subsequent Events

The Organization has adopted Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 855-10, formerly (SFAS) No. 165 which requires the Organization to disclose the date through which subsequent events were evaluated. Management has evaluated subsequent events through October 5, 2011, the date the financial statements are available for issuance. During the 2011 Plan Year, the Company changed third party administrators from Hartford Retirement Services to ADP HR Services who will now handle the administration for the Plan.

SUPPLEMENTARY INFORMATION

CHESAPEAKE PHARMACEUTICAL PACKAGING COMPANY
401(K) SAVINGS PLAN

SCHEDULES OF ASSETS HELD FOR INVESTMENT

AS OF DECEMBER 31, 2010 (AUDITED) AND 2009 (UNAUDITED)

	2010 (Audited)	2009 (Unaudited)
Investments, at fair value:		
Stable Asset Fund	$ 518,494	$ 452,901
JP Morgan Smart Retirement 2010	49,736	-
JP Morgan Smart Retirement 2020	641,696	-
JP Morgan Smart Retirement 2030	858,200	-
JP Morgan Smart Retirement 2040	481,053	-
Columbia Large Cap Index-Z	-	77,243
Columbia Retirement 2010 Z	-	35,252
Columbia Retirement 2020 Z	-	484,886
Columbia Retirement 2030 Z	-	777,214
Columbia Retirement 2040 Z	-	394,834
Columbia Dividend Income-Z	-	155,971
Invesco Van Kampen Small Cap	213,738	58,515
Pimco Total Return	245,800	184,934
Blackrock U.S. Opportunities	223,926	185,110
American Cent Inflation Adj Bond	221,017	188,232
American Cent Equity Income	242,125	180,918
Victory Established Value Fund	260,507	192,013
Federated U.S. Government 25 YR	271,587	367,049
Federated Strategic Value	179,797	-
Nuveen Tradewinds Value Opportunities	102,483	-
American Funds Inc Fund of Amer R3	263,735	204,758
Delaware Emerging Markets	257,389	187,643
Fidelity Advisor Small Cap	157,599	115,843
Janus Overseas	363,116	298,999
Total Investments, at fair value	$5,551,998	$4,542,315