Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

2000

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	
		dentification Information				
For	calendar plan year 2009 or fisc	al plan year beginning 01/01/200	9	and ending 1	2/31/2	2009
Α.	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В	This return/report is for:	first return/report	final retur	n/report		
		an amended return/report	short plan	n year return/report (less than 12 mor	nths)	
С	Check box if filing under:	X Form 5558	automatio	extension		DFVC program
_		special extension (enter description	n)			
Do	rt II Pacia Plan Infor					
		mation—enter all requested inform	ation		1h	Throo digit
	Name of plan SSIC PHARMACEUTICALS, LL	C DEFINED BENEFIT DI ANI			10	Three-digit plan number
CLAC	SOIC I HARWACECTICAES, EL	O DET INED BENEFIT TEAM				(PN) ▶ 003
					1c	Effective date of plan
						01/01/2005
2a	Plan sponsor's name and addr	ress (employer, if for single-employer	plan)		2b	Employer Identification Number
CLAS	SSIC PHARMACEUTICALS, LL	.C				(EIN) 16-1581766
					2c	Plan sponsor's telephone number
	LASSIC ST., P.O. BOX 716 RBURNE, NY 13460				24	607-674-2837
0	1501112,111 10100				Zu	Business code (see instructions) 325410
3a	Plan administrator's name and	3b	Administrator's EIN			
	SSIC PHARMACEUTICALS, LL	BOX 716		16-1581766		
		SHERBURN	E, NY 134	60	3с	Administrator's telephone number
4 .	(4) 1/ 5151 (4) 1				41	607-674-2837
		an sponsor has changed since the la er from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN
	iamo, Ent, and the plan numbe	or morn the last retain, report. Opened	or o marrie		4c	PN
5a	Total number of participants a	t the beginning of the plan year			5a	6
b			5b	6		
C		rith account balances as of the end o			30	0
C					5c	
6a	•	during the plan year invested in eligib				X Yes No
		he annual examination and report of				
	under 29 CFR 2520.104-46?	(See instructions on waiver eligibility	and condit	ions.)		Yes No
		ner 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.	
Pa	rt III Financial Inform	ation	1	T		
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total plan assets		. 7a	956691		1688585
b	Total plan liabilities		. 7b	()	0
С	Net plan assets (subtract line	7b from line 7a)	- 7c	956691		1688585
8	Income, Expenses, and Trans	fers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or rece			50000		
	`, , ,			500000	<u>'</u>	
	(2) Participants		. 8a(2)	()	
	(3) Others (including rollovers))	
b	Other income (loss)		. 8b	257718	3	
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	. 8c			757718
d	. `	rollovers and insurance premiums	. 8d	25824	4	
е	• ,	tive distributions (see instructions)		()	
f		rs (salaries, fees, commissions)		()	
g					_	
h	•	8e, 8f, and 8g)				25824
i		e 8h from line 8c)				731894
i		ee instructions)				,5.004
J	mandidio to (monn) the plant (s		. 8i)	

Form 5500-SF 2009	Page 2- 1
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D (IV/	DI	O L	
Part IV	Plan	Charact	eristics

Signature of plan administrator

SIGN HERE Filed with authorized/valid electronic signature.

Signature of employer/plan sponsor

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

1A 1G 3D

D	11 1111	s plant provides wellare benefits, enter the applicable wellare heat	ure codes from the	List of Flatt Chara	ICICIIS	iic Coi	ics III	uie iiisuut	Alloris.	
Part	٧	Compliance Questions								
10	Dur	ing the plan year:				Yes	No		Amoun	t
а		s there a failure to transmit to the plan any participant contribution. CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial	•		10a		X			
b		re there any nonexempt transactions with any party-in-interest? (Dine 10a.)			10b		X			
С	Wa	s the plan covered by a fidelity bond?			10c	X				200000
d		the plan have a loss, whether or not reimbursed by the plan's fide ishonesty?	•	•	10d		X			
	e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)						X			
f	Has	the plan failed to provide any benefit when due under the plan? .			10f		X			
g	Did	the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		X			
_							X			
i	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3									
Part '	VI	Pension Funding Compliance								
11	ls th 550	is a defined benefit plan subject to minimum funding requirements	s? (If "Yes," see ins	tructions and com	plete	Schec	lule SE	3 (Form	X Y	es No
12	ls t	nis a defined contribution plan subject to the minimum funding req	uirements of sectio	n 412 of the Code	or se	ction 3	302 of	ERISA?	Y	es 🔀 No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)									
		waiver of the minimum funding standard for a prior year is being a ting the waiver								
	-	completed line 12a, complete lines 3, 9, and 10 of Schedule M					Day		Teal	
		er the minimum required contribution for this plan year		-			12b			
		er the amount contributed by the employer to the plan for this plan					12c			
d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the ative amount)	result (enter a min	us sign to the left	of a		12d			
е	Will	the minimum funding amount reported on line 12d be met by the	funding deadline?					Yes	No	N/A
Part '	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted during the plan y	ear or any prior yea	r?					☐ Ye	es X No
	If "Y	es," enter the amount of any plan assets that reverted to the empl	lover this vear				13a			
	Wei	e all the plan assets distributed to participants or beneficiaries, tra					ntrol	•	Y	es X No
		uring this plan year, any assets or liabilities were transferred from the assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	ne pla	n(s) to				
1:	3c(1	Name of plan(s):				13	c(2) El	N(s)	13c	(3) PN(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed	unless reasonab	le cau	ıse is	establ	ished.	1	
SB or	Sch	ralties of perjury and other penalties set forth in the instructions, I conclude MB completed and signed by an enrolled actuary, as well a true, correct, and complete.								
SIGN	F	led with authorized/valid electronic signature.	10/08/2010	EDWARD J. LAC	ORTE	E, SR.				
HERE	- [Signature of plan administrator	Date	Enter name of ir	ndividi	ual sin	ning as	s plan adn	ninistrato	r

Date

Date

10/08/2010

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

EDWARD J. LACORTE, SR.

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Single-Employer Defined Benefit Plan Actuarial Information

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

				<u> </u>					ent to Form	SOUU Or	2200-			40/04/0	2000			
			lan year 2009			ear	beginning 0	1/01/2009				and en	ding	12/31/2	2009			
			amounts to															
			· · · · · · · · · · · · · · · · · · ·	1,000 \	will be ass	es	sed for late filing o	of this report	unless reas	onable ca	use is	s establish	ned.					
A N	lame SSIC	of pla	n RMACEUTIC	CALS, I	LLC DEFI	NE	D BENEFIT PLAN	N			В	Three-d	•	· (PN))		003	
												p.aa.		(,				
						a of	f Form 5500 or 55	00-SF			D	Employe	r Ide	ntificatior	n Nu	mber (EIN)	
CLA	SSIC	PHA	RMACEUTIC	CALS, I	LLC						16-	1581766						
												1001100						
ΕT	уре о	f plan	X Single	M	lultiple-A		Multiple-B	F	Prior year pla	an size: 🕨	100	or fewer		101-500	00 More than 500			
Pa	rt I	В	asic Infor	matic	n													
1			valuation dat			Mor	nth 01 [Day01	Year	2009								
2	Ass		valuation da		•	VIOI	101	<u> </u>	rour_									
_	a		et value											2a				949924
	b													2b				949924
3			arget/particip							(4) N	lumba	r of portion	inon			(2)	Funding Tor	
3	_	U	0 , ,				vii aries receiving pay		3a	(1) 1	lumbe	er of partic	ipai	0		(2)	Funding Tar	gei 0
	a L		•	'			01,							0				0
	b				articipant	S			3b					-				0
	С	For	active particip						0 - (4)									0
		(1)							_ ` /									0
	(2) Vested benefits							1230959										
		(3)												6				1230959
	d										_			6				1230959
4	If th	e plar	is at-risk, ch	neck th	e box and	l co	mplete items (a) a	and (b)			-[]		_					
	а	Fund	ling target dis	sregard	ding presc	rib	ed at-risk assump	tions						4a				
	b						mptions, but disre							4b				
5	Effe												_	5				6.18 %
6														6				312033
			Enrolled Act															
	To the baccorda	est of r	ny knowledge, the	e informa and regu	lations. In my	opi /	his schedule and accon nion, each other assum nce under the plan.											
Ş	IGN																	
	ERE														1	0/05/2	010	
					Signa	tur	e of actuary				_					Date		
AAR	ON V	ENO	JZIOU		Oigila	tui	o or actuary									08-022	91	
					Typo or pri	int	name of actuary				_		_	Most roce	ont o	nrollm	ent number	
PFN	CERI	r, LTC).		Type of pri	IIIL	name of actuary						,	viosi rece		0-789-		
		,				-:					_		Falar	hono nu) da\
			SS AVENUE 60559-1100		F	·IIII	n name					'	ı eiep	onone nu	mbe	r (inciu	iding area co	ode)
					Addı	res	s of the firm				_							
If the	actua	arv ha	s not fully ref	flected	any regul	atio	on or ruling promu	llgated unde	er the statute	in comple	etina t	his sched	lule	check the	e bo	x and	see	П
	ction				, rogui		J 19 promo			55mpn	9 1	201100	,					Ш

Page	2-	1	
ago	_		

Pa	art II	Begin	ning of year	carryove	er and prefunding ba	lances									
	,			-				(a) C	arryover balance		(b)	Prefundii	ng balance		
7		-	•		cable adjustments (Item 13				1	1474			0		
8	Portion (used to c	offset prior year's	funding red	quirement (Item 35 from prid	or year)				0			0		
9	Amount	remainir	ng (Item 7 minus i	tem 8)					1	1474			0		
10	Interest	on item 9	9 using prior year	's actual re	turn of -39.79 %				-	4566			0		
11					to prefunding balance:										
	a Exce	ss contr	ibutions (Item 38	from prior y	year)						164040				
	b Intere	est on (a	ı) using prior year	's effective	rate of5.93 %						972				
	C Total available at beginning of current plan year to add to prefunding balance								173768						
	d Portion of (c) to be added to prefunding balance									173768					
12								6908			19483				
13	Balance	at begin	ning of current ye	ear (item 9	+ item 10 + item 11d – item	12)				0			154285		
P	art III	Fund	ding percenta	ages											
14	Funding											14	64.63 %		
15												15	64.63 %		
16	16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce								80.31 %						
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage									17	%					
	Part IV Contributions and liquidity shortfalls														
				•	ear by employer(s) and em	nlovees:									
	(a) Date		(b) Amount p		(c) Amount paid by) Da	te	(b) Amount pa	id by	(c) Amou	nt paid by		
	IM-DD-YY	YYY)	employer	,	employees	(MM-I			employer(s	•		emplo	,		
	3/26/2010			100000	0	06/30	/201	0		75000			0		
	5/11/2010			100000	0										
	9/07/2010			125000	0										
	1/21/2010			100000	0										
	5/30/2010			75000	0										
04	1/21/2010			100000	0	T-1-1-		40(1)			40(-)		0		
40						Totals		18(b)		675000	18(c)		0		
19					tructions for small plan with								0		
	_				imum required contribution				-	19a			0		
	b Contributions made to avoid restrictions adjusted to valuation date														
					uired contribution for current	ear adjust	ed to	o valuation	date	19c			452659		
20		='	utions and liquidit	-								<u></u>	l., 🗆		
		•	-		he prior year?							X	Yes No		
				-	tallments for the current yea		a ti	mely manı	ner?			·····L	Yes X No		
	C If 20a	is "Yes,"	see instructions	and comple	ete the following table as ap			- (() - (
		(1) 1s	t		Liquidity shortfall as of e (2) 2nd	nd of Qua	rter		n year 3rd	1		(4) 4th	1		
		(1) 13	0		(2) 2110	0		(5)	0.0			\ -'/ - u	0		

Pa	rt V Assumptio	ns used to determine f	funding target and ta	rget n	ormal cost						
21	Discount rate:										
	a Segment rates:	1st segment: 5.64 %	2nd segment: 6.40 %		3rd segment: 6.56 %		N/A, full yield curve used				
	b Applicable month	(enter code)				21b	0				
22	Weighted average ret	tirement age		<u></u>		22	65				
23	Mortality table(s) (see	e instructions)	escribed - combined	Pres	cribed - separate	Substitut	e				
Pa	rt VI Miscellane	ous items									
24	•	nade in the non-prescribed act			•		· · · · · · · · · · · · · · · · · · ·				
25	5 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment										
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see	instructi	ons regarding required	attachment.	X Yes No				
27	, ,	or (and is using) alternative fur	9 , 11			27					
Pa	Part VII Reconciliation of unpaid minimum required contributions for prior years										
28		uired contribution for all prior y	•		· · ·	28	0				
29							29 0				
30											
Pai	rt VIII Minimum	required contribution	for current year								
31		djusted, if applicable (see instr				31	312033				
32	Amortization installme				Outstanding Bala	ince	Installment				
	a Net shortfall amorti	ization installment				361462	63756				
	b Waiver amortization	on installment				0	0				
33		approved for this plan year, en Day Year				33	0				
34	0 1	ment before reflecting carryove	, ,			34	375789				
			Carryover balance		Prefunding balar	nce	Total balance				
35	Balances used to offs	set funding requirement		0		0	0				
36	Additional cash requir	rement (item 34 minus item 35	i)			36	375789				
37		ed toward minimum required co	•	•		37	452659				
38	Interest-adjusted exce	ess contributions for current ye	ear (see instructions)			38	76870				
39	Unpaid minimum requ	uired contribution for current ye	ear (excess, if any, of item 3	6 over i	em 37)	39	0				
40	Unpaid minimum regu	uired contribution for all years.		40							

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Gueranty Composition

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6068(a) of the internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2009
This Form is Open to Public

	Pension Benefit Guaranty Corporation	naardanaa udi	h the instructions to the For		Inspection.
7	Part I Annual Report Identification Information	ocoroance wit	n the instructions to the For	1 5500-SF.	<u> </u>
_	r the calendar plan year 2009 or fiscal plan year beginning		1/2009 and ending		2/35/0000
_					2/31/2009
A	This return/report is for:	multiple-e	mployer plan (not multiemployer)	one-participant plan
В	This return/report is for:	final retur	n/report		
	an amended return/report	Short plan	year return/report (less than 12	months	
_	\		• •	11,0114.37	[T]
U	A	U	extension		DFVC program
_	special extension (enter descrip	otion)			
P	art II Basic Plan Information enter all requested	information		***********	
1a	Name of plan			1b	Three-digit
					plan number
	Classic Pharmaceuticals, LLC Defined Benefi	t Plan			(PN) ▶ 003
				1c	Effective date of plan
	Plan sponsor's name and address (employer, if for single-employ				01/01/2005
	Classic Pharmaceuticals, LLC	er prami		20	Employer Identification Number
	Classic Francesucicals, Dic			20	(EIN) 16-1581766
	29 CLASSIC St., P.O. BOX 716			20	Plan sponsor's telephone number (607) 674-2837
				24	Business code (see instructions)
US	SHERBURNE NY 13460				325410
3a	in same as part of the state address (if same as part of project	r, enter "Same")	3b	Administrator's EIN
	Same				
				30	Administrator's telephone number
					Action a relabilities in that
<u> </u>					
4	If the name and/or EIN of the plan sponsor has changed since the name, EIN and the plan number from the last return. Sponsor's N.	last return/rep	ort filed for this plan, enter the	4b	EIN
	marie, and and the plan number from the last return. Sponsors N	ате		4c	PN
5a	Total number of participants at the beginning of the plan year			. 5a	1
Ь	Total number of participants at the end of the plan year				6 6
-					
C	Total number of participants with account balances as of the end	of the plen year	(defined begott plane do not	·	<u> </u>
C	Total number of participants with account balances as of the end	of the plan year	(defined benefit plans do not		
	Total number of participants with account balances as of the end complete this item)	of the plan year	(defined benefit plans do not	. 5c	
	Total number of participants with account balances as of the end complete this item)	of the plan year	(defined benefit plans do not	. 5c	· · · · XYes _No
6a	Total number of participants with account balances as of the end complete this item) Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	of the plan year ble assets? (Se an independer and conditions	(defined benefit plans do not a sinstructions.) It qualified public accountant (IQ.)	. 5c	
6a	Total number of participants with account balances as of the end complete this item)	of the plan year ble assets? (Se an independer and conditions	(defined benefit plans do not a sinstructions.) It qualified public accountant (IQ.)	. 5c	· · · · · · · · · · · · · · · · · · ·
6a b	Total number of participants with account balances as of the end complete this item) Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	of the plan year ble assets? (Se an independer and conditions	(defined benefit plans do not a sinstructions.) It qualified public accountant (IQ.)	. 5c	· · · · · · · · · · · · · · · · · · ·
6a b	Total number of participants with account balances as of the end complete this item) Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use F	of the plan year ble assets? (Se an independer and conditions	(defined benefit plans do not enstructions.) In qualified public accountant (iC) Ind must instead use Form 550	. 5c	
6a b	Total number of participants with account balances as of the end complete this item) Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Furt III Financial Information Plan Assets and Liabilities	of the plan year ble assets? (Se an independer and conditions form 5500-SF a	(defined benefit plans do not a instructions.) It qualified public accountant (iC.) Ind must instead use Form 556 (a) Beginning of Year	. 5c	XYes No XYes No (b) End of Year
6a b Pa 7	Total number of participants with account balances as of the end complete this item) Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information Plan Assets and Liabilities Total plan assets	of the plan year ole assets? (Se an independer and conditions form 5500-SF a	(defined benefit plans do not enstructions.) In qualified public accountant (iC) Ind must instead use Form 550	. 5c	
6a b Ps 7	Total number of participants with account balances as of the end complete this item) Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use First HI Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities	of the plan year ble assets? (Se an independer and conditions form 5500-SF a	(defined benefit plans do not a instructions.) It qualified public accountant (iC.) Ind must instead use Form 556 (a) Beginning of Year	. 5c	XYes No XYes No (b) End of Year
6a b Pa 7	Total number of participants with account balances as of the end complete this item) Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	of the plan year ole assets? (Se an independer and conditions form 5500-SF a	(defined benefit plans do not a instructions.) It qualified public accountant (iC.) Ind must instead use Form 556 (a) Beginning of Year	. 5c	
6a b Pa 7 a b	Total number of participants with account balances as of the end complete this item) Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use First HI Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities	of the plan year ole assets? (Se an independer and conditions form 5500-SF a	(defined benefit plans do not enstructions.) In qualified public accountant (iC) Ind must instead use Form 550 (a) Beginning of Year 956,6	. 5c	
Fa b c	Total number of participants with account balances as of the end complete this item) Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	of the plan year ole assets? (Se an independer and conditions form 5500-SF a	(defined benefit plans do not a instructions.)	. 5c	(b) End of Year 1,688,585 0 1,688,585
6a b 7 a b c 8	Total number of participants with account balances as of the end complete this item) Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	of the plan year ole assets? (Se an independer and conditions form 5500-SF a	(defined benefit plans do not a instructions.)	. 5c 	(b) End of Year 1,688,585 0 1,688,585
6a b 7 a b c 8	Total number of participants with account balances as of the end complete this item) Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	of the plan year ole assets? (Se an independer and conditions form 5500-SF a 7a 7b 7c	(defined benefit plans do not a instructions.)	. 5c 	(b) End of Year 1,688,585 0 1,688,585
6a b 7 a b c 8	Total number of participants with account balances as of the end complete this item) Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	of the plan year ole assets? (Se an independer and conditions form 5500-SF a 7b 7c 8a(1)	(defined benefit plans do not a instructions.)	. 5c 	(b) End of Year 1,688,585 0 1,688,585
6a b 7 a b c 8 a	Total number of participants with account balances as of the end complete this item) Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	of the plan year ole assets? (Se an independer and conditions form 5500-SF a 7a 7b 7c 8a(1) 8a(2)	(defined benefit plans do not a instructions.) It qualified public accountant (iC.) Ind must instead use Form 556 (a) Beginning of Year 956,69 (a) Amount \$00,00	. 5c	(b) End of Year 1,688,585 0 1,688,585
6a b 7 a b c 8 a	Total number of participants with account balances as of the end complete this item) Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers).	of the plan year ole assets? (Se an independer and conditions form 5500-SF a 7a 7b 7c 8a(1) 8a(2) 8b	(defined benefit plans do not a instructions.)	. 5c	Yes No Yes No (b) End of Year 1,688,585 0 1,688,585 (b) Total
6a b 7 a b c 8 a	Total number of participants with account balances as of the end complete this item) Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Firt 制 Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	of the plan year ole assets? (Se an independer and conditions form 5500-SF a 7a 7b 7c 8a(1) 8a(2)	(defined benefit plans do not a instructions.) It qualified public accountant (iC.) Ind must instead use Form 556 (a) Beginning of Year 956,69 (a) Amount \$00,00	. 5c	(b) End of Year 1,688,585 0 1,688,585
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6a b Pa 7 a b c 8 a	Total number of participants with account balances as of the end complete this item) Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	of the plan year ole assets? (Se an independer and conditions form 5500-SF a 7a 7b 7c 8a(1) 8a(2) 8b 8c 8d	(defined benefit plans do not a instructions.) It qualified public accountant (iC.) Ind must instead use Form 556 (a) Beginning of Year 956,69 (a) Amount \$00,00	. 5c 	Yes No Yes No (b) End of Year 1,688,585 0 1,688,585 (b) Total
Pa 7 a b c 8 a b cd	Total number of participants with account balances as of the end complete this item) Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-467 (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information Plan Assets and Liabilities Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions)	of the plan year ole assets? (Se an independer and conditions form 5500-SF a 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	(defined benefit plans do not a instructions.)	. 5c 	Yes No Yes No (b) End of Year 1,688,585 0 1,688,585 (b) Total
Pa b c 8 a b c d e f	Total number of participants with account balances as of the end complete this item) Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salarles, fees, commissions)	of the plan year ole assets? (Se an independer and conditions form 5500-SF a 7a 7b 7c 8a(1) 8a(2) 8b 8c 8d 8e 8f	(defined benefit plans do not a instructions.)	. 5c	Yes No Yes No (b) End of Year 1,688,585 0 1,688,585 (b) Total
Fa b c 8 a b c d e f g	Total number of participants with account balances as of the end complete this item) Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salarles, fees, commissions)	of the plan year ole assets? (Se an independer and conditions form 5500-SF a 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	(defined benefit plans do not a instructions.)	. 5c 	Yes No Yes No (b) End of Year 1,688,585 0 1,688,585 (b) Total
Fa b c 8 a b c d e f g	Total number of participants with account balances as of the end complete this item) Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salarles, fees, commissions)	of the plan year ole assets? (Se an independer and conditions form 5500-SF a 7a 7b 7c 8a(1) 8a(2) 8b 8c 8d 8e 8f	(defined benefit plans do not a instructions.)	. 5c	Yes No Yes No (b) End of Year 1,688,585 0 1,688,585 (b) Total
Pa 7 a b c 8 a b cd e f g h	Total number of participants with account balances as of the end complete this item) Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salarles, fees, commissions)	of the plan year ole assets? (Se an independer and conditions form 5500-SF a 7a 7b 7c 8a(1) 84(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	(defined benefit plans do not a instructions.)	. 5c	Yes No Yes No (b) End of Year 1,688,585 0 1,688,585 (b) Total

	Form 5500-SF (2009)		Page 2-					
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension fea	ature codes from the	List of Plan Characteristic	Code	s in th	e instructio	ıns:	
	1A 1G 3D If the plan provides welfare benefits, enter the applicable welfare feat							
Pal	t V Compilance Questions							
10	During the plan year:			Yes	No		Amount	·····
a	Was there a failure to transmit to the plan any participant contribution	on within the time pe	riod described in	1				
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not include trans	actions reported		x			
			· · · · · · · · · · · · · · · · · · ·	1	┝	+		
c d	Was the plan covered by a fidelity bond?		100	×	-	-		200,000
•	Did the plan have a loss, whether or not reimbursed by the plan's fit or dishonesty?		• • • • • • 100	<u> </u>	x			***
e	Were any fees or commisions paid to any brokers, agents, or other insurance services or other organization that provides some or all or instructions.)	f the benefits under I	he plan? (See		x			
f	Has the plan falled to provide any benefit when due under the plan?		· · · · · . 10f	l	x			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)	10g		x		******************************	····
h	If this is an individual account plan, was there a blackout period? (Si 2520.101-3.)	ee instructions and 2	9 CFR 10h		x			
1	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or or	e of the					
	Vi Pension Funding Compliance			_	L	<u> </u>	···	
11	Is this a defined benefit plan subject to minimum funding requirement 5500))	nts? (If "Yes," see ins	tructions and complete S	cheduk	SB (Form	₹Yes	Пио
12	Is this a defined contribution plan subject to the minimum funding re-	quirements of section	1 412 of the Code or secti	on 302	of FF	NSA2	. Tyes	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicat	ole.)			U. L .		• 1	<u>=</u>
	If a waiver of the minimum funding standard for a prior year is being granting the waiver		Month	nd ente	er the Day	date of the	letter ruling Year	*/**
ь,	Enter the minimum required contribution for this plan year	· ·	•	_	12b	г		
C	Enter the amount contributed by the employer to the plan for this plan				12c			
ď	Subtract the amount in line 12c from the amount in line 12b. Enter the	n year	us cion to the left of a	. -	120		-	
	negative amount)	· · · · · · · ·	as sign to the left of a	.	12d			
<u> </u>	Will the minimum funding amount reported on line 12d be met by the	funding deadline?	· · · · · · ·			Yes	□No	□N/A
Part '	The state of the state of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan t	year or any prior yea	?				Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the emp	oloyer this year .		\cdot \cdot	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transfer and the process	ansferred to another	plan, or brought under the	contro	 k		*	
C	of the PBGC? f during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another p	vian(s), identify the plan(s)	to	• •		. Yes	X No
13	c(1) Name of plan(s):			120	(2) EI	Alfa\	40.40	
				100	(<u>*) L:</u>	11(3)	13c(3) F	-N(S)
·· ·· ·· ··								
								····
autlor	: A penalty for the late or incomplete filing of this return/report w	ill be assessed uni	esa reasonable cause le	estab	liehar		L	
Inder p	enalties of perjury and other penalties set forth in the instructions. Lide	erlare that I have ev	minari this ratum/man		- 24 -		a Cahadula	
~ v. v.	medule into completed and signed by an entolled actuary, as well as	the electronic version	of this return/report, and	to the	best c	of my know	a Scheoule ledge and	
Ç1191, 11	Sirde, correct, and comprese.			·				
SIGN	5 1 5 1		Edward J. LaCorte	, Sr	•			
HERE		Date 10 · 7-10	Enter name of individual	signing	as p	lan adminis	strator	
SIGN	Elil f. for SA		Edward J. LaCorte	, Sr				
HERE	Signature of employer/plan sponsor	Date 10-7-10	Enter name of individual	signing	as e	mployer or	plan sponso	r

Schedule SB, Part V Summary of Plan Provisions

Classic Pharmaceuticals, LLC Defined Benefit Plan 16-1581766 / 002

For the plan year 1/1/2009 through 12/31/2009

Employer: Classic Pharmaceuticals, LLC

Type of Entity - Partnership

EIN: 16-1581766 TIN: 39-2048735 Plan #: 002

Dates: Effective - 1/1/2005 Year end - 12/31/2009 Valuation - 1/1/2009

Top Heavy Years - 2005, 2006, 2007, 2008, 2009

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 500 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - Attainment of age 62 and completion of 5 years of participation

Early - Not provided

Average Compensation: Highest 3 consecutive years of participation

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Derived from the graded benefit formula below:

Employee Classification Benefit Formula

1 - 99 YOS 8%

Accrued Benefit - Unit credit based on participation.

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit - Present Value of Accrued Benefit

Top Heavy Minimum: 2% of average compensation per top heavy year of participation excluding years prior to the adoption date of

the plan and 1984 (if earlier), limited to 10 years

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$195,000

Maximum 401(a)(17) compensation - \$245,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule: 100% vested in 3 years.

Service is calculated using all years of service

Schedule SB, Part V Summary of Plan Provisions

Classic Pharmaceuticals, LLC Defined Benefit Plan 16-1581766 / 002

For the plan year 1/1/2009 through 12/31/2009

<u>Present Value of Accrued Benefit:</u> Based on the greater of 417(e) or Actuarial Equivalence 417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	4.41
Segment 2	6 - 20	4.57
Segment 3	> 20	4.27

Mortality Table - 09E - 2009 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 5.5%

Mortality Table - None

Post-Retirement - Interest - 5.5%

Mortality Table - G94 - 1994 Group Annuity Reserving Proj 2002 (unisex)

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

Classic Pharmaceuticals, LLC Defined Benefit Plan 16-1581766 / 002

For the plan year 1/1/2009 through 12/31/2009

1/1/2009 **Valuation Date:**

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at nearest birthday

New participants are included in current year's valuation

Retrospective Compensation - Highest 3 consecutive years of participation

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is

the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e)

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C) & (G)

Segment #	Year	Rate %
Segment 1	0 - 5	5.64
Segment 2	6 - 20	6.40
Segment 3	> 20	6.56

Pre-Retirement - Mortality Table -None

> Turnover/Disability -None Salary Scale -None Expense Load -None Ancillary Ben Load -None

Post-Retirement - Mortality Table -09C - 2009 Funding Target - Combined - IRC 430(h)(3)(A)

> Cost of Living -None

G94 - 1994 Group Annuity Reserving Proj 2002 (unisex) at 5.5% Lump Sum -

09E - 2009 Applicable Mortality Table for 417(e) (unisex)

Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Asset Valuation Method:

Pre-Retirement - Interest -8.5%

> Mortality Table -U84 - 1984 Unisex

8.5%

Permissively Aggregated Plans - Not tested As Single Plan

Post-Retirement - Interest -

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Normal Form for MVAR - Joint with 50% Survivor Benefits

Schedule SB, line 32 - Schedule of Amortization Bases

Classic Pharmaceuticals, LLC Defined Benefit Plan 16-1581766 / 002

For the plan year 1/1/2009 through 12/31/2009

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	01/01/2008	135,816	Shortfall	119,404	6	22,843
	01/01/2009	242,058	Shortfall	242,058	7	40,913
Totals:				\$361,462		\$63,756

Schedule SB, line 26 - Schedule of Active Participant Data

Classic Pharmaceuticals, LLC Defined Benefit Plan 16-1581766/002 For the plan year 1/1/2009 through 12/31/2009

Years of Credited Service

Attained		1 to 4	5 to 9	10 to 14	15 to 19	20 to 24		30 to 34		40 & up
Age	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Under										
25										
25 to 29										
30 to 34										
35 to 39										
40 to 44		3								
45 to 49		1								
50 to 54										
55 to 59		1								
60 to 64										
65 to 69										
70 & up		1								

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Classic Pharmaceuticals, LLC Defined Benefit Plan 16-1581766 / 002 For the plan year 1/1/2009 through 12/31/2009

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, line 19 - Discounted Employer Contributions

Classic Pharmaceuticals, LLC Defined Benefit Plan 16-1581766 / 002

For the plan year 1/1/2009 through 12/31/2009 Valuation Date: 1/1/2009

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	3/26/2010	\$100,000					
Applied to Quarterly Contribution	4/15/2009	62,159	55,281	0	62,159	6.18	11.18
Applied to Quarterly Contribution	7/15/2009	37,841	34,042	0	37,841	6.18	11.18
Deposited Contribution	4/21/2010	\$100,000					
Applied to Quarterly Contribution	7/15/2009	24,318	21,712	0	24,318	6.18	11.18
Applied to Quarterly Contribution	10/15/2009	62,159	56,146	0	62,159	6.18	11.18
Applied to Quarterly Contribution	1/15/2010	13,523	12,357	0	13,523	6.18	11.18
Deposited Contribution	5/11/2010	\$100,000					
Applied to MRC	1/1/2009	51,364	47,352	0	0	6.18	0
Applied to Quarterly Contribution	1/15/2010	48,636	44,186	0	48,636	6.18	11.18
Deposited Contribution	6/30/2010	\$75,000					
Applied to MRC	1/1/2009	75,000	68,577	0	0	6.18	0
Deposited Contribution	9/7/2010	\$125,000					
Applied to Additional Contribution	1/1/2009	85,029	76,870	0	0	6.18	0
Applied to MRC	1/1/2009	39,971	36,136	0	0	6.18	0
Totals for Deposited Contribution		\$500,000	\$452,659	\$0	\$248,636		

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

		► File as a	n attachment to F	orm 5500 c	or 5500-\$F.			
For	calendar plan year 2009 or fiscal plan year	beginning	01/01/2009		and ending	12/3	31/2009	
	ound off amounts to nearest dollar.						• • • • • • • • • • • • • • • • • • • •	
<u> </u>	aution: A penalty of \$1,000 will be assess	ed for late filing of thi	s report unless rea	sonable cau	ise is established.		_	
A۱	lame of plan			•	B Thi			
	Classic Pharmaceuticals,	LLC Defined Be	nefit Plan		pla	n numbe	er (PN) ▶	003
C F	lan sponsor's name as shown on line 2a o		EZ		D Em	ployer lo	lentificatio	n Number (EIN)
	Classic Pharmaceuticals,	LLC			16	-15817	166	
	ype of plan: X Single Multip	le-A Multiple-B	F Prior y	ear plan size	e: X 100 or fewer	1	01-500	More than 500
Par	Basic Information							
	Enter the valuation date:	Month 01	Day 01	Year	2009			
2	Assets:							
	a Market value		<i></i>			. 2a	1	949,924
	b Actuarial value					. 2k)	949,924
3	Funding target/participant count breakdow				(1) Number of pa	rticipant	s (2) Funding Target
	a For retired participants and beneficiari	es receiving payment		3a	()		0
	b For terminated vested participants	<i></i>		3b	()		0
	C For active participants:							
	(1) Non-vested benefits			3c(1)				0
	(2) Vested benefits			3c(2)				1,230,959
	d Total			3c(3)		5	_	1,230,959
4	d Total		• • • • • • • • • • • • • • • • • • • •	3d		5		1,230,959
•	a Funding target disregarding prescriber	-			•• 🗀	. 4a		
	b Funding target reflecting at-risk assum				have been	•		
	at-risk for fewer than five consecutive			-		. 4k)	
_5	Effective interest rate					. 5		6.18
<u>6</u>	Target normal cost					. 6		312,033
State	ement by Enrolled Actuary							
F (7) (2)	To the best of my knowledge, the information supplied in this accordance with applicable law and regulations. In my opion, combination, offer my best estimate of anticipated experience	each oiner assumption is reasona	edules, statements and attack able (taking into account the e	hments, if any, is o experience of the p	complete and accurate. Each plan and reasonable expectat	prestibed as ions) and su	sumption was a sh other assump	pplied in Nations, in
			(10,	/05/201	0
important de boefet de la	, , _ -	ure of actuary	/				Date	
	AARON VENOUZIOU	_Y				0	8-02291	•
	<i>y</i> " '	nt name of actuary					enrollmen	t number
	PENCERT, LTD.						9-0700	
	735 NORTH CASS AVENUE	m name			Telephone	e numbe	r (includin	g area code)
US	: WESTMONT IL	60559-1100						
		ss of the firm						
	actuary has not fully reflected any regulatio		ed under the statute	e in complet	ing this schedule, o	heck the	box and	see
								

2.2	nam Degiii	ining of year carryover	and prefunding balances	_						
			***		(a) Carryover balance (b) Prefunding balance					
7	Balance at be	eginning of prior year after	applicable adjustments (item 13 fron	n prior		ν.	-, , , , , , , , , , , , , , , , , , ,	y bolianoo		
_	year)	 			11,4	74				
_8	Portion used	to offset prior year's fundin	g requirement (item 35 from prior ye	ar)		0				
9	Amount rema	aining (item 7 minus item 8)			11,4				0	
<u>10</u>	Interest on ite	em 9 using prior year's actu	al return of <u>-39.79</u> %		(4,56			·	- 0	
11	Prior year's e	xcess contributions to be a	ded to prefunding balance:		(3/30				0	
	a Excess co	entributions (item 38 from p	ior year)					1.64	0.40	
	b Interest or	(a) using prior year's effect	tive rate of5.93 %			·			,040	
	C Total avail	lable at beginning of curren	t plan year to add to prefunding bala	nce					728	
_	d Portion of	item (c) to be added to pre	funding balance			-	 		,768	
<u>12</u>	Reduction in	balances due to elections of	r deemed elections		6,9	173,768				
13	Balance at be	eginning of current year (ite	m 9 + item 10 + item 11d - item 12).		0,3	0				
Pa	ctill Fund	ding percentages	7.			01		154	,285	
					· · · · · · · · · · · · · · · · · · ·					
<u>15</u>	Adjusted fund	ling target attainment perce	ntage		· · · · · · · · · · · · · · · · · · ·	• • • •	14	64.63		
16	Prior year's fu	inding percentage for purpo	ses of determining whether carryove	er/prefunding b	olonoon moule words		15	64.63	<u>%</u>	
	current year's	funding requirement	in less than 70 and 160 f	cirpletariality b	diances may be used to n	eauce	16	22.24		
<u>17</u>	If the current	value of the assets of the p	an is less than 70 percent of the fun	ding target en	ter such percenters	· · · ·		80.31		
Pa	rt IVa Cont	tributions and liquidity	shortfalls	iding target, en	iter such percentage .	· · · ·	17		<u>%</u>	
			e plan year by employer(s) and emp	lovees.	· · · · · · · · · · · · · · · · · · ·		····			
	(a) Date	(b) Amount paid by	(c) Amount paid by	(a) Date	(h) A		1			
(M	M-DD-YYYY)	employer(s)	employees	(MM-DD-YYY	(b) Amount paid Y) employer(s)	ру		ount paid by ployees		
03,	/26/2010	100,0	00 0	04/21/201	, , , , , , , , , , , , , , , , , , , ,	00,000		noyees		
	/11/2010	100,0		06/30/201		75,000	<u> </u>			
09/	/07/2010	125,0	00 0	30,00,000		73,000	<u> </u>			
										
						···	 			
				· · · · · · · · · · · · · · · · · · ·			-	 -		
							 			
				Totals ▶ 18	2(b) 5:	00,000	404-3			
19	Discounted en	nployer contributions see	instructions for small plan with a val	uation date aft	er the heginning of the year	.r.	[18(C)]		°	
	a Contribution	ns allocated toward unpaid	minimum required contribution from	prior years	or are beginning or are yea	19a	<u> </u>			
	b Contribution	ns made to avoid restriction								
	C. Contributions allocated toward minimum and in the contributions allocated toward minimum and in the contributions allocated toward minimum and in the contributions allocated toward minimum and contributions are contributed as a contribute of the contribution and contributed minimum and contributed mini							450	0	
20 Quarterly contributions and liquidity shortfall(s):								452,	, 659	
a Did the plan have a "funding showfall" for the										
h If 20a is "Voe " word required guarterly installed at 1										
	c if 20a is "Yes," see instructions and complete the following table as applicable:									
	Liquidity shortfall as of end of Quarter of this plan year									
		(1) 1st	(2) 2nd		3rd	T	(A) A6h			
	······			(0)	VIG		(4) 4th			
_										
			· · · · · · · · · · · · · · · · · · ·	<u> </u>				·		

Part V Assumpt	ions used to determine fo	unding target and target norm	nal cost				
21 Discount rate:	*****						
a Segment rates:	1st segment	2nd segment	3rd segment		□N/A, full yield curve used		
	5.64 %	6.40 %	6.56 %		E ANTA, Idil Fiold balte doca		
b Applicable month	21b	0					
22 Weighted average	22	65					
23 Mortality table(s) (Substitute					
Part VI Miscella	neous items				•		
24 Has a change bee attachment		d actuarial assumptions for the cur					
25 Has a method cha		nt plan year? If "Yes," see instruct					
		ctive Participants? If "Yes," see ins					
27 If the plan is eligib	le for (and is using) alternativ	e funding rules, enter applicable c	ode and see instructions				
regarding attachm	ent			27			
Part VIII Reconci	liation of unpaid minimu	m required contributions for	prior years				
28 Unpaid minimum	required contribution for all pr	ior years		28	0		
29 Discounted emplo	yer contributions allocated to	ward unpaid minimum required co	ntributions from prior years				
(item 19a)		• • • • • • • • • • • • • • • • • • • •		29	0		
30 Remaining amour	nt of unpaid minimum required	d contributions (item 28 minus iten	n 29)	30	0		
Part VIII Minimur	n required contribution fo	or current year					
		instructions)		31	312,033		
32 Amortization insta	llments:		Outstanding Balance		Installment		
a Net shortfall amor	tization installment	• • • • • • • • • • • • • • • • • • • •	361,	,462 63,			
bWaiver amortization	on installment			0	0		
33 If a waiver has be	en approved for this plan yea	r, enter the date of the ruling letter	granting the approval				
(Month	Yea	r) and the waived a	mount	33	0		
	irement before reflecting carr						
(item 31 + item 32	ta + item 32b - item 33)			34	375,789		
		Carryover balance	Prefunding Balance		Total balance		
	offset funding requirement	0		0	0		
		n 35)		36	375,789		
		ed contribution for current year adj		37	452,659		
38 Interest-adjusted	(item 19c)						
		nt year (excess, if any, of item 36		38 39	76,870		
		ars		40			
							