

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). ► Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 <div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2009</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>	
A This return/report is for:	<input checked="" type="checkbox"/> single-employer plan <input type="checkbox"/> multiple-employer plan (not multiemployer) <input type="checkbox"/> one-participant plan
B This return/report is for:	<input type="checkbox"/> first return/report <input type="checkbox"/> final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> short plan year return/report (less than 12 months)
C Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>CLASSIC PHARMACEUTICALS, LLC DEFINED BENEFIT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1b Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2005</u></td> </tr> </table>	1b Three-digit plan number (PN) ►	<u>003</u>	1c Effective date of plan <u>01/01/2005</u>	
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1c Effective date of plan <u>01/01/2005</u>					
2a Plan sponsor's name and address (employer, if for single-employer plan) <u>CLASSIC PHARMACEUTICALS, LLC</u> <u>29 CLASSIC ST., P.O. BOX 716</u> <u>SHERBURNE, NY 13460</u>	2b Employer Identification Number (EIN) <u>16-1581766</u>				
	2c Plan sponsor's telephone number <u>607-674-2837</u>				
	2d Business code (see instructions) <u>325410</u>				
	3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") <u>CLASSIC PHARMACEUTICALS, LLC</u> <u>29 CLASSIC ST., P.O. BOX 716</u> <u>SHERBURNE, NY 13460</u>				
3b Administrator's EIN <u>16-1581766</u>	3c Administrator's telephone number <u>607-674-2837</u>				
	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. Sponsor's name				
5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">4b EIN</td> <td style="width: 40%;"></td> </tr> <tr> <td>4c PN</td> <td></td> </tr> </table>	4b EIN		4c PN	
	4b EIN				
	4c PN				
	5a	<u>6</u>			
5b	<u>6</u>				
5c					
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

Part III	Financial Information																																										
7 Plan Assets and Liabilities	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;"></th> <th style="width: 35%; text-align: center;">(a) Beginning of Year</th> <th style="width: 35%; text-align: center;">(b) End of Year</th> </tr> <tr> <td>a Total plan assets</td> <td style="text-align: right;"><u>7a</u> <u>956691</u></td> <td style="text-align: right;"><u>1688585</u></td> </tr> <tr> <td>b Total plan liabilities</td> <td style="text-align: right;"><u>7b</u> <u>0</u></td> <td style="text-align: right;"><u>0</u></td> </tr> <tr> <td>c Net plan assets (subtract line 7b from line 7a)</td> <td style="text-align: right;"><u>7c</u> <u>956691</u></td> <td style="text-align: right;"><u>1688585</u></td> </tr> </table>		(a) Beginning of Year	(b) End of Year	a Total plan assets	<u>7a</u> <u>956691</u>	<u>1688585</u>	b Total plan liabilities	<u>7b</u> <u>0</u>	<u>0</u>	c Net plan assets (subtract line 7b from line 7a)	<u>7c</u> <u>956691</u>	<u>1688585</u>																														
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Part IV Plan Characteristics**9a** 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

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

	Yes	No	Amount
10 During the plan year:			
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c Was the plan covered by a fidelity bond?	X		200000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) ☒ Yes ☐ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	12b	
c Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	

e 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 year or any prior year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a** _____

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	10/08/2010	EDWARD J. LACORTE, SR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2010	EDWARD J. LACORTE, SR.
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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

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

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

A Name of plan CLASSIC PHARMACEUTICALS, LLC DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CLASSIC PHARMACEUTICALS, LLC	D Employer Identification Number (EIN) 16-1581766
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

Part I	Basic Information
1 Enter the valuation date: Month 01 Day 01 Year 2009	
2 Assets:	
a Market value	2a 949924
b Actuarial value	2b 949924
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 0 0
b For terminated vested participants	3b 0 0
c For active participants:	
(1) Non-vested benefits	3c(1) 0
(2) Vested benefits	3c(2) 1230959
(3) Total active	3c(3) 6 1230959
d Total	3d 6 1230959
4 If the plan is at-risk, check the box and complete items (a) and (b)	<input type="checkbox"/>
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 6.18 %
6 Target normal cost	6 312033

Statement by Enrolled Actuary

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

SIGN HERE		10/05/2010
Signature of actuary		Date
AARON VENOUIOU		08-02291
Type or print name of actuary		Most recent enrollment number
PENCERT, LTD.		630-789-0700
Firm name		Telephone number (including area code)
735 NORTH CASS AVENUE WESTMONT, IL 60559-1100		
Address of the firm		

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

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	11474	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	11474	0
10	Interest on item 9 using prior year's actual return of <u>-39.79</u> %	-4566	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		164040
b	Interest on (a) using prior year's effective rate of <u>5.93</u> %		9728
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	Reduction in balances due to elections or deemed elections.....	6908	19483
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	154285

Part III Funding percentages			
14	Funding target attainment percentage.....	14	64.63 %
15	Adjusted funding target attainment percentage.....	15	64.63 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	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					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/26/2010	100000	0	06/30/2010	75000	0
05/11/2010	100000	0			
09/07/2010	125000	0			
04/21/2010	100000	0			
06/30/2010	75000	0			
04/21/2010	100000	0			
			Totals ►	18(b)	675000
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contribution from prior years.....	19a 0
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 452659
20 Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c If 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 5.64 %	2nd segment: 6.40 %	3rd segment: 6.56 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	312033
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	361462	63756
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	375789
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	375789
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	452659
38 Interest-adjusted excess contributions for current year (see instructions).....	38	76870
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	

Form 5500-SFDepartment of the Treasury
Internal Revenue ServiceDepartment 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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1510-0110
1510-0089**2009**

This Form Is Open to Public Inspection.

Part I Annual Report Identification Information

For the calendar plan year 2009 or fiscal plan year beginning		01/01/2009	and ending	12/31/2009
A	This return/report is for:	<input checked="" type="checkbox"/> single-employer plan	<input type="checkbox"/> multiple-employer plan (not multiemployer)	<input type="checkbox"/> one-participant plan
B	This return/report is for:	<input type="checkbox"/> first return/report	<input type="checkbox"/> final return/report	
		<input type="checkbox"/> an amended return/report	<input type="checkbox"/> short plan year return/report (less than 12 months)	
C	Check box if filing under:	<input checked="" type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension	<input type="checkbox"/> DFVC program
		<input type="checkbox"/> special extension (enter description)		

Part II Basic Plan Information — enter all requested information.

1a Name of plan	1b Three-digit plan number (PN) ▶	003
Classic Pharmaceuticals, LLC Defined Benefit Plan	1c Effective date of plan	01/01/2005
2a Plan sponsor's name and address (employer, if for single-employer plan)	2b Employer Identification Number (EIN)	16-1581766
Classic Pharmaceuticals, LLC	2c Plan sponsor's telephone number (607) 674-2837	
29 CLASSIC St., P.O. BOX 716	2d Business code (see instructions)	325410
US SHERBURNE NY 13460	3b Administrator's EIN	
3a Plan administrator's name and address (If same as plan employer, enter "Same")	3c Administrator's telephone number	
Same	4b EIN	
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. Sponsor's Name	4c PN	
5a Total number of participants at the beginning of the plan year	5a	6
b Total number of participants at the end of the plan year	5b	6
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c	
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.		

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	956,691	1,688,585
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	956,691	1,688,585
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	500,000	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	257,718	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		757,718
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	25,824	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	0	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		25,824
i Net income (loss) (subject line 8h from line 8c)	8i		731,894
j Transfers to (from) the plan (see instructions)	8j	0	

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

Form 5500-SF (2009)
v.092308.1

Form 5500-SF (2009)

Page 2- **Part IV Plan Characteristics****9a** 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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**Part V Compliance Questions****10** During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contribution within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		<input checked="" type="checkbox"/>	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		<input checked="" type="checkbox"/>	
c Was the plan covered by a fidelity bond?	<input checked="" type="checkbox"/>		200,000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		<input checked="" type="checkbox"/>	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See instructions.)		<input checked="" type="checkbox"/>	
f Has the plan failed to provide any benefit when due under the plan?		<input checked="" type="checkbox"/>	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		<input checked="" type="checkbox"/>	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		<input checked="" type="checkbox"/>	
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** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) ☒ Yes ☐ No**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)**a** 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 letter ruling granting the waiver Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

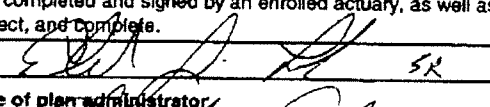
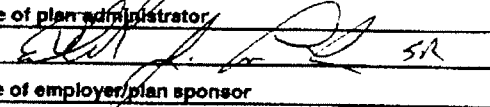
b Enter the minimum required contribution for this plan year	12b	
c Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Part VII Plan Terminations and Transfers of Assets**13a** Has a resolution to terminate the plan been adopted during the plan year or any prior year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a **b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No
c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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		Date 10-7-10	Edward J. LaCorte, Sr.
SIGN HERE		Date 10-7-10	Edward J. LaCorte, Sr.

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

Present Value of Accrued Benefit: 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

Valuation Date: 1/1/2009

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) Minimum

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

Lump Sum - G94 - 1994 Group Annuity Reserving Proj 2002 (unisex) at 5.5%
or
09E - 2009 Applicable Mortality Table for 417(e) (unisex)

Asset Valuation Method: 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:

Pre-Retirement - Interest - 8.5%

Post-Retirement - Interest - 8.5%

Mortality Table - U84 - 1984 Unisex

Permissively Aggregated Plans - Not tested As Single Plan

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 Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up 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 ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**This schedule is required to be filed under section 104 of the Employee
Retirement Income Security Act of 1974 (ERISA) and section 6059 of the
Internal Revenue Code (the Code).► **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009**This Form is Open to Public
Inspection**For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009► **Round off amounts to nearest dollar.**► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.**A Name of plan**Classic Pharmaceuticals, LLC Defined Benefit Plan**B Three-digit
plan number (PN) ►**003**C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ**Classic Pharmaceuticals, LLC**D Employer Identification Number (EIN)**16-1581766**E Type of plan:**☒ **Single**☐ **Multiple-A**☐ **Multiple-B**☐ **Multiple-C****F Prior year plan size:** ☒ **100 or fewer** ☐ **101-500** ☐ **More than 500****Part I Basic Information****1** Enter the valuation date: Month 01 Day 01 Year 2009**2 Assets:**

	2a	
a Market value	<u>949,924</u>	
b Actuarial value	<u>949,924</u>	

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	<u>0</u>	<u>0</u>
b For terminated vested participants	<u>0</u>	<u>0</u>
c For active participants:		
(1) Non-vested benefits	<u>0</u>	<u>0</u>
(2) Vested benefits	<u>1,230,959</u>	<u>1,230,959</u>
(3) Total active	<u>6</u>	<u>1,230,959</u>
d Total	<u>6</u>	<u>1,230,959</u>

4 If the plan is at-risk, check the box and complete lines a and b ☐

	4a	4b
a Funding target disregarding prescribed at-risk assumptions		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor		

5 Effective interest rate 6.18**6 Target normal cost** 312,033**Statement by Enrolled Actuary**

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

**SIGN
HERE**

Signature of actuary

AARON VENOZIOU

Type or print name of actuary

PENCERT, LTD.

Firm name

735 NORTH CASS AVENUEUS WESTMONTIL 60559-1100

Address of the firm

10/05/2010

Date

08-02291

Most recent enrollment number

(630) 789-0700

Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2009
v.092308.1

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (item 13 from prior year)	11,474	
8 Portion used to offset prior year's funding requirement (item 35 from prior year)	0	
9 Amount remaining (item 7 minus item 8)	11,474	0
10 Interest on item 9 using prior year's actual return of <u>-39.79 %</u>	(4,566)	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (item 38 from prior year)		164,040
b Interest on (a) using prior year's effective rate of <u>5.93 %</u>		9,728
c Total available at beginning of current plan year to add to prefunding balance . . .		173,768
d Portion of item (c) to be added to prefunding balance		173,768
12 Reduction in balances due to elections or deemed elections	6,908	19,483
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12).	0	154,285

14	Funding target attainment percentage	14	64.63	%
15	Adjusted funding target attainment percentage	15	64.63	%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	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		%

18 Contributions made to the plan for the the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/26/2010	100,000	0	04/21/2010	100,000	0
05/11/2010	100,000	0	06/30/2010	75,000	0
09/07/2010	125,000	0			
			Totals ▶ 18(b)	500,000	18(c)

19 Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year:		Totals ▶ 18(b) 500,000 18(c)	
a	Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	452,659

20 Quarterly contributions and liquidity shortfall(s):

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:			
a Segment rates:	1st segment 5.64 %	2nd segment 6.40 %	3rd segment 6.56 %
			<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed – combined <input type="checkbox"/> Prescribed – separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31 312,033
32 Amortization installments:	
a Net shortfall amortization installment	361,462
b Waiver amortization installment	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33 0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34 375,789
35 Balances used to offset funding requirement	
Carryover balance	0
Prefunding Balance	0
Total balance	0
36 Additional cash requirement (item 34 minus item 35)	36 375,789
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37 452,659
38 Interest-adjusted excess contributions for current year (see instructions)	38 76,870
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39
40 Unpaid minimum required contribution for all years	40