Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
HELENA LABORATORIES CORPORATION 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1973

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
HELENA LABORATORIES CORPORATION

1530 LINDBERGH DRIVE
BEAUMONT, TX 77707

1530 LINDBERGH DRIVE
BEAUMONT, TX 77707

2b Employer Identification Number (EIN)
74-1718734

2c Sponsor's telephone number
409-842-3714

2d Business code (see instructions)
339110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/08/2011	JOE GOLIAS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
HELENA LABORATORIES CORPORATION

1530 LINDBERGH DRIVE
BEAUMONT, TX 77707

3b Administrator's EIN
74-1718734

3c Administrator's telephone number
409-842-3714

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	507
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	417
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	53
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	471
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	6
f	Total. Add lines **6d** and **6e**	**6f**	477
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	458
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan
HELENA LABORATORIES CORPORATION 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HELENA LABORATORIES CORPORATION

D Employer Identification Number (EIN)
74-1718734

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FID.INV.INST.OPS.CO.

04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 37 65 60	RECORDKEEPER	4825	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

CAPITAL ONE N A

313 CARONDELET ST
NEW ORLEANS, LA 70130

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AF EUROPAC GRTH R4 - AMERICAN FUNDS 95-2566717	0.35%	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AF GRTH FUND AMER R4 - AMERICAN FUN 95-2566717	0.35%	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COLUMBIA ACORN Z - COLUMBIA MANAGEM 04-2838628	0.35%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DODGE AND COX STOCK - BOSTON FINANC 04-2526037	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO TOT RETURN ADM - BOSTON FINAN 04-2526037	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WFA SM CAP VAL INV - BOSTON FINANCI 04-2526037	0.35%

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan
HELENA LABORATORIES CORPORATION 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
HELENA LABORATORIES CORPORATION

D Employer Identification Number (EIN)
74-1718734

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

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

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3022712-026	C	130953

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan
HELENA LABORATORIES CORPORATION 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HELENA LABORATORIES CORPORATION

D Employer Identification Number (EIN)
74-1718734

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7449416	6829592
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	190028	203181
(9) Value of interest in common/collective trusts	1c(9)	184127	130953
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5943394	7597435
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	13766965	14761161
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	13766965	14761161

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)	529045	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		529045
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	941	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	10448	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		11389
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	111868	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		111868
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2058
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		631192
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1285552
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	286525	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		286525
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	4831	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		4831
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		291356
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		994196
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: FUNCHESS MILLS AND WHITE (2) EIN: 76-0154479

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan
HELENA LABORATORIES CORPORATION 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HELENA LABORATORIES CORPORATION

D Employer Identification Number (EIN)
74-1718734

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

HELENA LABORATORIES CORPORATION
401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION
FOR THE YEARS ENDED JUNE 30, 2010 AND 2009
TOGETHER WITH
INDEPENDENT AUDITORS' REPORT

FMW FUNCHESS, MILLS, WHITE & CO., P.C.
CERTIFIED PUBLIC ACCOUNTANTS • BUSINESS AND TAX CONSULTANTS

HELENA LABORATORIES CORPORATION 401(k) PROFIT SHARING PLAN

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FUNCHESS, MILLS, WHITE & CO., P.C.
CERTIFIED PUBLIC ACCOUNTANTS • BUSINESS AND TAX CONSULTANTS

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REBECCA L. ROGERS, CPA

H. B. FUNCHESS III, CPA
(1932-1995)

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Helena Laboratories Corporation 401(k) Profit Sharing Plan
Beaumont, Texas

We were engaged to audit the financial statements of the Helena Laboratories Corporation 401(k) Profit Sharing Plan as of June 30, 2010 and 2009, and for the year ended June 30, 2010 and the supplemental schedules as of and for the year ended June 30, 2010, as listed in the accompanying table of contents. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended June 30, 2010 and 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Funchess, Mills, White & Co., P.C.

Beaumont, Texas
April 4, 2011

1150 NORTH ELEVENTH STREET • BEAUMONT, TEXAS 77702-1207
409-838-3755 • 1-888-FMW-CPAS (369-2727) • FAX 409-838-1491 • www.fmwcpas.com

HELENA LABORATORIES CORPORATION 401(k) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
June 30, 2010 and 2009

Assets	***2010***	***2009***
Investments at fair value (Note 4)	$ 14,761,161	$ 13,766,965
Total Assets	14,761,161	13,766,965
Liabilities and Net Assets Available for Benefits		
Liabilities	-	-
Net Assets Available for Benefits	$ 14,761,161	$ 13,766,965

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

HELENA LABORATORIES CORPORATION 401(k) PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended June 30, 2010

Additions	
Additions to net assets attributed to -	
Investment income	
Net appreciation in fair value of investments	$ 631,192
Interest	11,389
Dividends	113,925
	756,506
Contributions	
Participants	529,045
Employers	-
Rollovers	-
	529,045
Total Additions	1,285,551
Deductions	
Deductions from net assets attributed to -	
Benefits paid to participants	286,525
Administrative expenses	4,830
Total Deductions	291,355
Net Increase	994,196
Net Assets Available for Benefits -	
Beginning of Year	13,766,965
End of Year	$ 14,761,161

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

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Helena Laboratories Corporation 401(k) Profit Sharing Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General -
The Plan is a defined contribution plan covering all employees of Helena Laboratories Corporation ("Company"). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions -
Participants may contribute up to 20% of pretax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Company may make matching contributions in an amount equal to a discretionary percentage to be determined by the Company's Board of Directors. Additional nonelective employer contributions may be made on behalf of eligible active participants at the option of the Company's board of directors. Participants' and employer contributions are directed by participants into several available investment accounts. Contributions are subject to certain limitations.

Participant Accounts -
Each participant's account is credited with the participant's contribution, the Company's matching contribution and earnings on the participant's and Company's contributions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting -
Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after six years of credited service.

Participant Loans -
Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of the Participant's elective contribution balance. The loans are secured by the balance in the participant's account and bear a rate of interest equal to the highest prime rate quoted in the Wall Street Journal on the day prior to the day the loan is made. If it is determined that interest rates for a similar loan from a local financial institution differ from the prime rate, the local rate may be used.

Payment of Benefits -
Distributions upon death are made pursuant to the election of the participant or beneficiary. Upon termination of employment, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Forfeited Accounts -
At June 30, 2010 and 2009, forfeited nonvested accounts totaled $11,418 and $7,549, respectively. Forfeited amounts are available to reduce the Company's matching contribution and in 2010 a portion of the forfeitures was utilized to reduce participants' trustee fees.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Use of Estimates -
The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition -
The Plan's investments are stated at fair value. Shares of mutual funds are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end. The fair value of the guaranteed investment contract is calculated by discounting the related cash flows based on current yields of similar instruments with comparable durations. Participant loans are valued at cost which approximates fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Expenses -
Certain of the Plan's administrative expenses are paid directly by the Company. Recordkeeping fees are paid from the Plan's assets.

Payment of benefits -
Benefits are recorded when paid.

Subsequent events -
Management has evaluated subsequent events through April 4, 2011, the date the financial statements were available to be issued.

NOTE 3 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustee.

	June 30, 2010
Investment at fair value	
Treasury fund	$ 6,829,592
Mutual funds	7,728,388
Participant loans	203,181
Investment gain	756,506

NOTE 4 - INVESTMENTS

The following table represents investments at June 30, 2010 and 2009. Investments that represent 5% or more of the Plan's net assets are separately identified.

	2010	*2009*
Fidelity Funds		
Treasury Fund	$ 6,829,592	$ 7,449,416
Fidelity Advisor Equity Growth Fund A	-	1,146,492
J P Morgan Equity Index A Fund	917,326	903,670
American Century Dividend Bond A Fund	710,722	-
MainStay MAP R2 Fund	719,471	-
TRP Blue Chip Growth R Fund	1,380,897	-
Other	3,999,972	4,077,359
Participant loans	203,181	190,028
	$ 14,761,161	$ 13,766,965

During the year ended June 30, 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during year) appreciated in value by $631,192.

NOTE 5 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of the Plan and ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE 6 - TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated July 25, 1994, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and is being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the plan's financial statements.

NOTE 7 - ADMINISTRATION OF PLAN ASSETS

Contributions are held and managed by the custodian who also makes distributions to participants. Certain administrative functions are performed by officers or employees of the Company. No such officers or employees receive compensation from the Plan.

SUPPLEMENTAL INFORMATION

HELENA LABORATORIES CORPORATION 401(k) PROFIT SHARING PLAN
EIN 74-1718734
Plan No. 001
Plan Year Ended June 30, 2010

Schedule H, line 4i -Schedule of Assets (Held at End of Year)

(a)	*(b) Identity of issue, borrower, lessor, or similar party*	*(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value*	*(d) Cost*	*(e) Current value*
	Fidelity Funds			
	Treasury Fund	6,829,592.050 shares	$ 6,829,592	$ 6,829,592
	Fidelity Advisor Balanced A Fund	28,955.594 shares	469,060	378,450
	American Century Dividend Bond A Fund	65,263.714 shares	680,676	710,722
	Columbia Small Cap Value I A Fund	3,148.299 shares	114,361	112,835
	Fidelity Advisor Small Cap A Fund	31,925.358 shares	729,737	671,710
	MainStay MAP R2 Fund	27,940.622 shares	655,311	719,471
	TRP Blue Chip Growth R Fund	46,825.934 shares	1,262,387	1,380,897
	Fidelity Advisor Stable Value Fund	130,952.970 shares	130,953	130,953
	Fidelity Advisor International Discovery A Fund	5,225.219 shares	151,465	137,056
	Fidelity Advisor Gold A Fund	1,160.799 shares	50,134	54,279
	Fidelity Advisor Freedom 2010 A Fund	12,532.898 shares	147,982	128,713
	Fidelity Advisor Freedom 2020 A Fund	29,860.761 shares	311,363	310,253
	Fidelity Advisor Freedom 2030 A Fund	7,476.651 shares	107,764	76,636
	Fidelity Advisor Freedom 2040 A Fund	1,471.867 shares	18,389	14,998
	Fidelity Advisor Government Income A Fund	30,753.282 shares	318,442	331,828
	Allianz NFJ Div Val A	12,829.702 shares	176,942	120,471
	J P Morgan International Equity Index A	18,221.472 shares	453,818	281,886
	J P Morgan Equity Index A Fund	39,201.963 shares	1,199,641	917,326
	J P Morgan Market Exp Index A Fund	8,188.409 shares	76,178	68,946
	RS Partners A Fund	1,900.737 shares	48,217	48,868
	Columbia Midcap Value Fund	6,852.700 shares	85,344	72,639
	Fidelity Advisor Freedom 2015 A Fund	4,943.453 shares	62,081	50,324
	Fidelity Advisor Freedom 2025 A Fund	9,423.345 shares	103,845	92,914
	Fidelity Advisor Freedom 2035 A Fund	4,214.442 shares	50,341	40,332
	Fidelity Advisor Freedom 2045 A Fund	388.190 shares	3,710	3,059
	Fidelity Advisor Freedom 2050 A Fund	2,721.046 shares	22,384	20,925
	Fidelity Advisor New Insights A Fund	7,267.785 shares	113,709	118,610
	Fidelity Advisor Freedom Income A	8.284 shares	69	84
	Fidelity Advisor Mid Cap II A Fund	21,940.691 shares	266,691	311,338
	Fidelity Advisor Strategic Income A Fund	34,635.885 shares	420,271	421,865
	Participant Loans	Interest rate: 3.75% - 8.75%	-	203,181

See independent auditors' report.

HELENA LABORATORIES CORPORATION 401(k) PROFIT SHARING PLAN
EIN 74-1718734
Plan No. 001
Plan Year Ended June 30, 2010

Schedule H, line 4i - Schedule of Assets (Acquired and Disposed of Within Year)

(a) *Identity of issue, borrower, lessor, or similar party*	*(b)* *Description of investment including maturity date, rate of interest, collateral, par or maturity value*	*(c)* *Costs of acquisitions*	*(d)* *Proceeds of dispositions*
Participant Loans	Interest rate: 3.75% - 8.75%	$ -	$ -

See independent auditors' report.

HELENA LABORATORIES CORPORATION
401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION
FOR THE YEARS ENDED JUNE 30, 2010 AND 2009
TOGETHER WITH
INDEPENDENT AUDITORS' REPORT

FMW FUNCHESS, MILLS, WHITE & CO., P.C.
CERTIFIED PUBLIC ACCOUNTANTS • BUSINESS AND TAX CONSULTANTS

HELENA LABORATORIES CORPORATION 401(k) PROFIT SHARING PLAN

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FUNCHESS, MILLS, WHITE & CO., P.C.
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H. B. FUNCHESS III, CPA
(1932-1995)

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Helena Laboratories Corporation 401(k) Profit Sharing Plan
Beaumont, Texas

We were engaged to audit the financial statements of the Helena Laboratories Corporation 401(k) Profit Sharing Plan as of June 30, 2010 and 2009, and for the year ended June 30, 2010 and the supplemental schedules as of and for the year ended June 30, 2010, as listed in the accompanying table of contents. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended June 30, 2010 and 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Funchess, Mills, White & Co., P.C.

Beaumont, Texas
April 4, 2011

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HELENA LABORATORIES CORPORATION 401(k) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
June 30, 2010 and 2009

Assets	***2010***	***2009***
Investments at fair value (Note 4)	$ 14,761,161	$ 13,766,965
Total Assets	14,761,161	13,766,965
Liabilities and Net Assets Available for Benefits		
Liabilities	-	-
Net Assets Available for Benefits	$ 14,761,161	$ 13,766,965

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

HELENA LABORATORIES CORPORATION 401(k) PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended June 30, 2010

Additions	
Additions to net assets attributed to -	
Investment income	
Net appreciation in fair value of investments	$ 631,192
Interest	11,389
Dividends	113,925
	756,506
Contributions	
Participants	529,045
Employers	-
Rollovers	-
	529,045
Total Additions	1,285,551
Deductions	
Deductions from net assets attributed to -	
Benefits paid to participants	286,525
Administrative expenses	4,830
Total Deductions	291,355
Net Increase	994,196
Net Assets Available for Benefits -	
Beginning of Year	13,766,965
End of Year	$ 14,761,161

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

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Helena Laboratories Corporation 401(k) Profit Sharing Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General -
The Plan is a defined contribution plan covering all employees of Helena Laboratories Corporation ("Company"). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions -
Participants may contribute up to 20% of pretax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Company may make matching contributions in an amount equal to a discretionary percentage to be determined by the Company's Board of Directors. Additional nonelective employer contributions may be made on behalf of eligible active participants at the option of the Company's board of directors. Participants' and employer contributions are directed by participants into several available investment accounts. Contributions are subject to certain limitations.

Participant Accounts -
Each participant's account is credited with the participant's contribution, the Company's matching contribution and earnings on the participant's and Company's contributions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting -
Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after six years of credited service.

Participant Loans -
Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of the Participant's elective contribution balance. The loans are secured by the balance in the participant's account and bear a rate of interest equal to the highest prime rate quoted in the Wall Street Journal on the day prior to the day the loan is made. If it is determined that interest rates for a similar loan from a local financial institution differ from the prime rate, the local rate may be used.

Payment of Benefits -
Distributions upon death are made pursuant to the election of the participant or beneficiary. Upon termination of employment, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Forfeited Accounts -
At June 30, 2010 and 2009, forfeited nonvested accounts totaled $11,418 and $7,549, respectively. Forfeited amounts are available to reduce the Company's matching contribution and in 2010 a portion of the forfeitures was utilized to reduce participants' trustee fees.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Use of Estimates -
The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition -
The Plan's investments are stated at fair value. Shares of mutual funds are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end. The fair value of the guaranteed investment contract is calculated by discounting the related cash flows based on current yields of similar instruments with comparable durations. Participant loans are valued at cost which approximates fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Expenses -
Certain of the Plan's administrative expenses are paid directly by the Company. Recordkeeping fees are paid from the Plan's assets.

Payment of benefits -
Benefits are recorded when paid.

Subsequent events -
Management has evaluated subsequent events through April 4, 2011, the date the financial statements were available to be issued.

NOTE 3 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustee.

	June 30, 2010
Investment at fair value	
Treasury fund	$ 6,829,592
Mutual funds	7,728,388
Participant loans	203,181
Investment gain	756,506

NOTE 4 - INVESTMENTS

The following table represents investments at June 30, 2010 and 2009. Investments that represent 5% or more of the Plan's net assets are separately identified.

	2010	*2009*
Fidelity Funds		
Treasury Fund	$ 6,829,592	$ 7,449,416
Fidelity Advisor Equity Growth Fund A	-	1,146,492
J P Morgan Equity Index A Fund	917,326	903,670
American Century Dividend Bond A Fund	710,722	-
MainStay MAP R2 Fund	719,471	-
TRP Blue Chip Growth R Fund	1,380,897	-
Other	3,999,972	4,077,359
Participant loans	203,181	190,028
	$ 14,761,161	$ 13,766,965

During the year ended June 30, 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during year) appreciated in value by $631,192.

NOTE 5 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of the Plan and ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE 6 - TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated July 25, 1994, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and is being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the plan's financial statements.

NOTE 7 - ADMINISTRATION OF PLAN ASSETS

Contributions are held and managed by the custodian who also makes distributions to participants. Certain administrative functions are performed by officers or employees of the Company. No such officers or employees receive compensation from the Plan.

SUPPLEMENTAL INFORMATION

HELENA LABORATORIES CORPORATION 401(k) PROFIT SHARING PLAN
EIN 74-1718734
Plan No. 001
Plan Year Ended June 30, 2010

Schedule H, line 4i -Schedule of Assets (Held at End of Year)

(a)	*(b) Identity of issue, borrower, lessor, or similar party*	*(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value*	*(d) Cost*	*(e) Current value*
	Fidelity Funds			
	Treasury Fund	6,829,592.050 shares	$ 6,829,592	$ 6,829,592
	Fidelity Advisor Balanced A Fund	28,955.594 shares	469,060	378,450
	American Century Dividend Bond A Fund	65,263.714 shares	680,676	710,722
	Columbia Small Cap Value I A Fund	3,148.299 shares	114,361	112,835
	Fidelity Advisor Small Cap A Fund	31,925.358 shares	729,737	671,710
	MainStay MAP R2 Fund	27,940.622 shares	655,311	719,471
	TRP Blue Chip Growth R Fund	46,825.934 shares	1,262,387	1,380,897
	Fidelity Advisor Stable Value Fund	130,952.970 shares	130,953	130,953
	Fidelity Advisor International Discovery A Fund	5,225.219 shares	151,465	137,056
	Fidelity Advisor Gold A Fund	1,160.799 shares	50,134	54,279
	Fidelity Advisor Freedom 2010 A Fund	12,532.898 shares	147,982	128,713
	Fidelity Advisor Freedom 2020 A Fund	29,860.761 shares	311,363	310,253
	Fidelity Advisor Freedom 2030 A Fund	7,476.651 shares	107,764	76,636
	Fidelity Advisor Freedom 2040 A Fund	1,471.867 shares	18,389	14,998
	Fidelity Advisor Government Income A Fund	30,753.282 shares	318,442	331,828
	Allianz NFJ Div Val A	12,829.702 shares	176,942	120,471
	J P Morgan International Equity Index A	18,221.472 shares	453,818	281,886
	J P Morgan Equity Index A Fund	39,201.963 shares	1,199,641	917,326
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	Columbia Midcap Value Fund	6,852.700 shares	85,344	72,639
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	Fidelity Advisor Freedom 2025 A Fund	9,423.345 shares	103,845	92,914
	Fidelity Advisor Freedom 2035 A Fund	4,214.442 shares	50,341	40,332
	Fidelity Advisor Freedom 2045 A Fund	388.190 shares	3,710	3,059
	Fidelity Advisor Freedom 2050 A Fund	2,721.046 shares	22,384	20,925
	Fidelity Advisor New Insights A Fund	7,267.785 shares	113,709	118,610
	Fidelity Advisor Freedom Income A	8.284 shares	69	84
	Fidelity Advisor Mid Cap II A Fund	21,940.691 shares	266,691	311,338
	Fidelity Advisor Strategic Income A Fund	34,635.885 shares	420,271	421,865
	Participant Loans	Interest rate: 3.75% - 8.75%	-	203,181

See independent auditors' report.

HELENA LABORATORIES CORPORATION 401(k) PROFIT SHARING PLAN
EIN 74-1718734
Plan No. 001
Plan Year Ended June 30, 2010

Schedule H, line 4i - Schedule of Assets (Acquired and Disposed of Within Year)

(a) *Identity of issue, borrower, lessor, or similar party*	*(b)* *Description of investment including maturity date, rate of interest, collateral, par or maturity value*	*(c)* *Costs of acquisitions*	*(d)* *Proceeds of dispositions*
Participant Loans	Interest rate: 3.75% - 8.75%	$ -	$ -

See independent auditors' report.

HELENA LABORATORIES CORPORATION
401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION
FOR THE YEARS ENDED JUNE 30, 2010 AND 2009
TOGETHER WITH
INDEPENDENT AUDITORS' REPORT

FMW FUNCHESS, MILLS, WHITE & CO., P.C.
CERTIFIED PUBLIC ACCOUNTANTS • BUSINESS AND TAX CONSULTANTS

HELENA LABORATORIES CORPORATION 401(k) PROFIT SHARING PLAN

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Helena Laboratories Corporation 401(k) Profit Sharing Plan
Beaumont, Texas

We were engaged to audit the financial statements of the Helena Laboratories Corporation 401(k) Profit Sharing Plan as of June 30, 2010 and 2009, and for the year ended June 30, 2010 and the supplemental schedules as of and for the year ended June 30, 2010, as listed in the accompanying table of contents. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended June 30, 2010 and 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Funchess, Mills, White & Co., P.C.

Beaumont, Texas
April 4, 2011

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HELENA LABORATORIES CORPORATION 401(k) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
June 30, 2010 and 2009

Assets	***2010***	***2009***
Investments at fair value (Note 4)	$ 14,761,161	$ 13,766,965
Total Assets	14,761,161	13,766,965
Liabilities and Net Assets Available for Benefits		
Liabilities	-	-
Net Assets Available for Benefits	$ 14,761,161	$ 13,766,965

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

HELENA LABORATORIES CORPORATION 401(k) PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended June 30, 2010

Additions	
Additions to net assets attributed to -	
Investment income	
Net appreciation in fair value of investments	$ 631,192
Interest	11,389
Dividends	113,925
	756,506
Contributions	
Participants	529,045
Employers	-
Rollovers	-
	529,045
Total Additions	1,285,551
Deductions	
Deductions from net assets attributed to -	
Benefits paid to participants	286,525
Administrative expenses	4,830
Total Deductions	291,355
Net Increase	994,196
Net Assets Available for Benefits -	
Beginning of Year	13,766,965
End of Year	$ 14,761,161

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

NOTE 1 - DESCRIPTION OF PLAN

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Contributions -
Participants may contribute up to 20% of pretax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Company may make matching contributions in an amount equal to a discretionary percentage to be determined by the Company's Board of Directors. Additional nonelective employer contributions may be made on behalf of eligible active participants at the option of the Company's board of directors. Participants' and employer contributions are directed by participants into several available investment accounts. Contributions are subject to certain limitations.

Participant Accounts -
Each participant's account is credited with the participant's contribution, the Company's matching contribution and earnings on the participant's and Company's contributions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting -
Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after six years of credited service.

Participant Loans -
Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of the Participant's elective contribution balance. The loans are secured by the balance in the participant's account and bear a rate of interest equal to the highest prime rate quoted in the Wall Street Journal on the day prior to the day the loan is made. If it is determined that interest rates for a similar loan from a local financial institution differ from the prime rate, the local rate may be used.

Payment of Benefits -
Distributions upon death are made pursuant to the election of the participant or beneficiary. Upon termination of employment, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Forfeited Accounts -
At June 30, 2010 and 2009, forfeited nonvested accounts totaled $11,418 and $7,549, respectively. Forfeited amounts are available to reduce the Company's matching contribution and in 2010 a portion of the forfeitures was utilized to reduce participants' trustee fees.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Use of Estimates -
The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition -
The Plan's investments are stated at fair value. Shares of mutual funds are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end. The fair value of the guaranteed investment contract is calculated by discounting the related cash flows based on current yields of similar instruments with comparable durations. Participant loans are valued at cost which approximates fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Expenses -
Certain of the Plan's administrative expenses are paid directly by the Company. Recordkeeping fees are paid from the Plan's assets.

Payment of benefits -
Benefits are recorded when paid.

Subsequent events -
Management has evaluated subsequent events through April 4, 2011, the date the financial statements were available to be issued.

NOTE 3 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustee.

	June 30, 2010
Investment at fair value	
Treasury fund	$ 6,829,592
Mutual funds	7,728,388
Participant loans	203,181
Investment gain	756,506

NOTE 4 - INVESTMENTS

The following table represents investments at June 30, 2010 and 2009. Investments that represent 5% or more of the Plan's net assets are separately identified.

	2010	*2009*
Fidelity Funds		
Treasury Fund	$ 6,829,592	$ 7,449,416
Fidelity Advisor Equity Growth Fund A	-	1,146,492
J P Morgan Equity Index A Fund	917,326	903,670
American Century Dividend Bond A Fund	710,722	-
MainStay MAP R2 Fund	719,471	-
TRP Blue Chip Growth R Fund	1,380,897	-
Other	3,999,972	4,077,359
Participant loans	203,181	190,028
	$ 14,761,161	$ 13,766,965

During the year ended June 30, 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during year) appreciated in value by $631,192.

NOTE 5 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of the Plan and ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE 6 - TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated July 25, 1994, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and is being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the plan's financial statements.

NOTE 7 - ADMINISTRATION OF PLAN ASSETS

Contributions are held and managed by the custodian who also makes distributions to participants. Certain administrative functions are performed by officers or employees of the Company. No such officers or employees receive compensation from the Plan.

SUPPLEMENTAL INFORMATION

HELENA LABORATORIES CORPORATION 401(k) PROFIT SHARING PLAN
EIN 74-1718734
Plan No. 001
Plan Year Ended June 30, 2010

Schedule H, line 4i -Schedule of Assets (Held at End of Year)

(a)	*(b) Identity of issue, borrower, lessor, or similar party*	*(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value*	*(d) Cost*	*(e) Current value*
	Fidelity Funds			
	Treasury Fund	6,829,592.050 shares	$ 6,829,592	$ 6,829,592
	Fidelity Advisor Balanced A Fund	28,955.594 shares	469,060	378,450
	American Century Dividend Bond A Fund	65,263.714 shares	680,676	710,722
	Columbia Small Cap Value I A Fund	3,148.299 shares	114,361	112,835
	Fidelity Advisor Small Cap A Fund	31,925.358 shares	729,737	671,710
	MainStay MAP R2 Fund	27,940.622 shares	655,311	719,471
	TRP Blue Chip Growth R Fund	46,825.934 shares	1,262,387	1,380,897
	Fidelity Advisor Stable Value Fund	130,952.970 shares	130,953	130,953
	Fidelity Advisor International Discovery A Fund	5,225.219 shares	151,465	137,056
	Fidelity Advisor Gold A Fund	1,160.799 shares	50,134	54,279
	Fidelity Advisor Freedom 2010 A Fund	12,532.898 shares	147,982	128,713
	Fidelity Advisor Freedom 2020 A Fund	29,860.761 shares	311,363	310,253
	Fidelity Advisor Freedom 2030 A Fund	7,476.651 shares	107,764	76,636
	Fidelity Advisor Freedom 2040 A Fund	1,471.867 shares	18,389	14,998
	Fidelity Advisor Government Income A Fund	30,753.282 shares	318,442	331,828
	Allianz NFJ Div Val A	12,829.702 shares	176,942	120,471
	J P Morgan International Equity Index A	18,221.472 shares	453,818	281,886
	J P Morgan Equity Index A Fund	39,201.963 shares	1,199,641	917,326
	J P Morgan Market Exp Index A Fund	8,188.409 shares	76,178	68,946
	RS Partners A Fund	1,900.737 shares	48,217	48,868
	Columbia Midcap Value Fund	6,852.700 shares	85,344	72,639
	Fidelity Advisor Freedom 2015 A Fund	4,943.453 shares	62,081	50,324
	Fidelity Advisor Freedom 2025 A Fund	9,423.345 shares	103,845	92,914
	Fidelity Advisor Freedom 2035 A Fund	4,214.442 shares	50,341	40,332
	Fidelity Advisor Freedom 2045 A Fund	388.190 shares	3,710	3,059
	Fidelity Advisor Freedom 2050 A Fund	2,721.046 shares	22,384	20,925
	Fidelity Advisor New Insights A Fund	7,267.785 shares	113,709	118,610
	Fidelity Advisor Freedom Income A	8.284 shares	69	84
	Fidelity Advisor Mid Cap II A Fund	21,940.691 shares	266,691	311,338
	Fidelity Advisor Strategic Income A Fund	34,635.885 shares	420,271	421,865
	Participant Loans	Interest rate: 3.75% - 8.75%	-	203,181

See independent auditors' report.

HELENA LABORATORIES CORPORATION 401(k) PROFIT SHARING PLAN
EIN 74-1718734
Plan No. 001
Plan Year Ended June 30, 2010

Schedule H, line 4i - Schedule of Assets (Acquired and Disposed of Within Year)

(a) *Identity of issue, borrower, lessor, or similar party*	*(b)* *Description of investment including maturity date, rate of interest, collateral, par or maturity value*	*(c)* *Costs of acquisitions*	*(d)* *Proceeds of dispositions*
Participant Loans	Interest rate: 3.75% - 8.75%	$ -	$ -

See independent auditors' report.